

Regional Hospital Preparedness:

Overview of the Northern Virginia Hospital Alliance  
and Regional Hospital Coordinating Center

September 10, 2008

# Overview of the Northern Virginia Hospital Alliance (NVHA)

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- A non-profit company formed by 13 of the Northern Virginia Hospitals for the purpose of improving hospital emergency preparedness and coordination in Northern Virginia.
- Governed by a Board of Directors (primarily the CEOs or COOs from member hospitals) responsible for setting the goals and vision of the EP&R program.
- Members are bound together by a Mutual Aid Agreement to coordinate resources, manpower and preparedness activities in response to regional emergencies. This agreement was recently updated and revised as part of the 2006 MMRS planning development.
- Within the VDH/VHHA statewide system, NVHA is responsible for managing the Emergency Preparedness & Response program for the Northern Hospital Region, including management and administration of ASPR Grant Funds.
- Also responsible for managing / administering other grant funds such as UASI and MMRS.
- Responsible for management of the Regional Healthcare Coordinating Center (RHCC).

# Northern Virginia Hospital Alliance Members

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## **Voting Members:**

- DeWitt Army Community Hospital
- Fauquier Hospital
- Inova Alexandria Hospital
- Inova Fair Oaks Hospital
- Inova Fairfax Hospital
- Inova Mount Vernon Hospital
- Inova Loudoun Hospital Center
- Mary Washington Hospital
- Potomac Hospital
- Prince William Hospital
- Reston Hospital Center
- Virginia Hospital Center

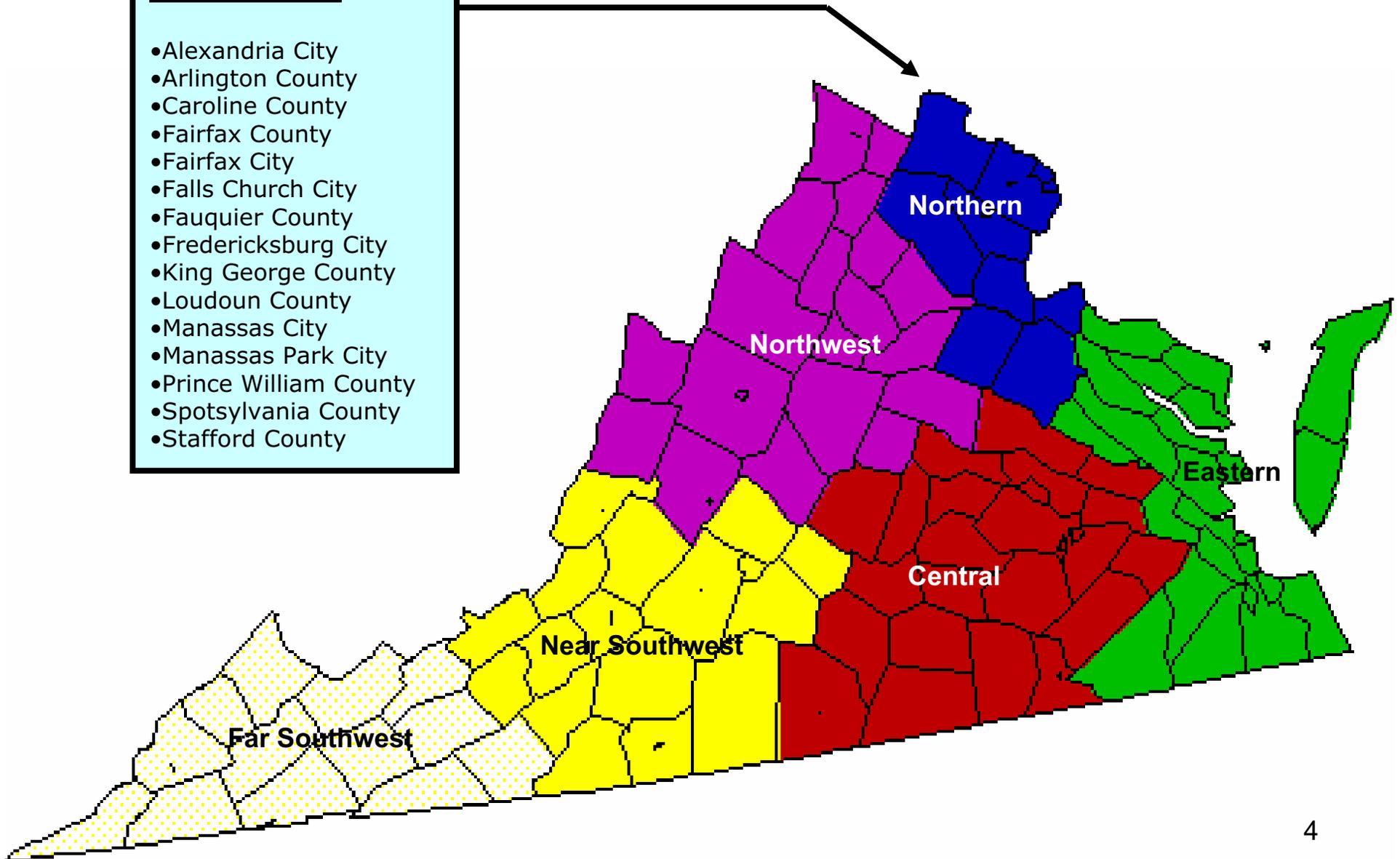
## **Non-Voting Members:**

- Inova Emergency Care Center – Fairfax
- Inova Emergency Care Center – Healthplex (Springfield Franconia)
- Inova Emergency Care Center – Cornwall (Leesburg)
- Inova Emergency Care Center – Reston

# NVHA Hospital Preparedness Region

## **Jurisdictions**

- Alexandria City
- Arlington County
- Caroline County
- Fairfax County
- Fairfax City
- Falls Church City
- Fauquier County
- Fredericksburg City
- King George County
- Loudoun County
- Manassas City
- Manassas Park City
- Prince William County
- Spotsylvania County
- Stafford County



## September 11, 2001

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On September 11<sup>th</sup>, 2001, the hospitals in Northern Virginia had:

- Limited identified surge capacity.
- Insufficient disaster equipment and supplies.
- Outdated or Insufficient hospital emergency response plans.
- Limited integration of hospital response plans with local plans, policies, procedures.
- No regional hospital emergency operations plan.
- No pharmaceutical stockpiles to respond to chemical or biological terrorism.
- No capacity to decontaminate large numbers of patients.
- No Mutual Aid Agreement.
- No interoperable hospital radio communications system.
- No web-based incident management tools.
- No unified incident command structure.

# Major Achievements since 9/11

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## Organization / Leadership

- Strong executive leadership from an active and engaged Board of Directors.
- Strong operational leadership from an active and engaged Emergency Management Committee.
- Expanded the program to include participation from other disciplines such as pharmacy, materials management, respiratory therapy, and others.

## Grant Management

- Successfully completed 5 years of external audits with no major findings.

## Regional Coordination

- Developed a Regional Hospital Coordinating Center, including a staffing, communications and operational plan.
- Revised and updated the NVHA Mutual Aid Agreement.
- Begun to integrate the RHCC into local response agency plans, polices and procedures.
- Developed strong working partnerships and relationships with key local response agencies such as Fire/EMS, Public Health, Law Enforcement and Emergency Management.

## Communications

- Deployed the Medcomm radio system in each hospital to provide redundant radio communications.
- Deployed WebEOC in each hospital to provide redundant web-based communications and information management.
- Deployed 5 disaster laptops (with 3 nationwide broadband cards) in each hospital to provide dedicated hardware and redundant internet connectivity.
- Deployed Amateur Radio capabilities in each hospital.
- Developed and deployed a new web-based resource management system.
- Successfully developed and piloted a patient tracking system that is fully integrated to hospital Admissions, Discharge and Transfer applications (ADT).

## Planning

- Developed effective Hospital Emergency Operations / Surge plans in each member hospital.
- Revised and updated the Regional Hospital Emergency Operations Plan (RHEOP).
- Developed a standardized Incident Command System to be implemented in all member hospitals.
- Developed a strong patient movement plan with local EMS community.
- Actively participated in the MMRS emergency planning process with the 5 jurisdictions of Arlington, Alexandria, Prince William, Loudoun and Fairfax.

# Major Achievements since 9/11 (continued)

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## Surge Capacity / Capabilities

- Developed a collective surge capacity above staffed bed capacity capable of providing 72 hours of patient care to:
  - 1197 general medical/surgical patients.
  - 238 trauma patients.
  - 90 burn patients.
  - 264 patients with acute radiation poisoning.
  - 225 patients suffering from botulism poisoning.
- Developed a collective isolation capacity capable of providing negative pressure isolation to 240 patients above normal capacity.
- Purchased equipment, supplies and pharmaceuticals for each hospital required to meet surge capacity for 72 hours.
- Developed a regional inventory of surge supplies and equipment and assets including:
  - 3 Burn Kits (20 burn patient per kit).
  - 125 disaster ventilators (w/ 32 pre-deployed to hospitals)
  - 230,000 N95 masks to protect hospital staff for 3 days.
  - Basic medical supplies for 1,250 patients for 3 days.
  - Disposable linen for 1,250 patients for 3 days.
  - Disposable scrubs for 5,000 hospital staff for 3 days.
  - 1 dedicated disaster towing vehicle.
  - 4 dedicated 24<sup>ft</sup> trailers to move supplies / store fatalities.
- Secured a 3,700<sup>sq ft</sup> regional warehouse.

## Staff and Family Protection

- Developed stockpiles of antibiotic medications at each member hospital to provide prophylaxis to their staff and family members for 3 days.

## Decontamination / PPE Capabilities

- Developed DECON plans, teams and associated equipment (i.e., showers, tents, etc) at each hospital to protect staff and patients from contaminated victims.
- Stockpiled more than 1,200 sets of Level C PPE at member hospitals to protect DECON team members.

## Training / Education

- Trained more than 3,000 hospital staff in emergency management competencies.
- Participated in more than 10 full scale regional exercises.
- Trained more than 20 executive team members to staff RHCC incident command positions.
- Provided detailed training on all communications tools to each hospital.
- Provided detailed training to more than 30 respiratory therapists on disaster ventilators.
- Launched Advanced Burn Life Support Initiative to train more than 400 clinicians in basic burn management.

## Overview of the Regional Hospital Coordinating Center (RHCC)

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- Each of the six hospital disaster regions in Virginia has a Regional Healthcare Coordinating Center (RHCC).
- The RHCC is a function, not just a place. It is a Multi-Agency Coordinating center responsible for ensuring the emergency response activities of hospitals in Northern Virginia are performed in a uniform and coordinated manner through the activation of the Northern Virginia Regional Hospital Emergency Operations Plan, including:
  - Implementing strategies for managing patient surge
  - Coordinating with other NCR response agencies and hospitals
  - Managing and coordinating resources
  - Disseminating patient care guidance as needed
- The NoVA RHCC is the operational arm of the NVHA Emergency Preparedness & Response Program.
- The RHCC utilizes the Hospital Incident Command System to guide all response activities.
- 2 physical RHCC facilities are maintained:
  - Primary: 2980 Fairview Park Drive, Falls Church VA
  - Back-up: Prince William Hospital, Manassas, VA

# Moving Forward: Strategic Goals of the NVHA Emergency Preparedness & Response Program

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- **Partnership Development**: Continue to build strategic partnerships with local emergency response partners such as Fire/EMS, Law Enforcement, Public Health and Emergency Management.
  - Northern Virginia Emergency Response System (NVERS) – a.k.a., MMRS
  - Advanced Burn Life Support Initiative – EMS expansion.
  - Regional Alternate Care Site Planning Initiative.
  - Northern Virginia Patient Tracking System – EMS expansion
- **Sustainability**: Position the program to be capable of sustainment without Federal Grant Funding within 5 years.
- **Specialty Surge Capacity**: Invest in the specialized equipment, supplies, training and planning required to build regional surge capacity in the areas of Burn, Trauma and Pediatrics.
- **Training and Education**: Investment more than 75% of all new Federal Grant Funding in ongoing emergency preparedness training and education.



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