

Preparedness Communication Systems Steering Committee Strategic Plan 2014-2015

Vision

Build and maintain a sustainable process of information management and sharing to promote a common operating picture between the health and medical community and all agencies involved in emergency management activities.

Process

The Preparedness Communication Systems Steering Committee has developed strategic goals for the development of the system of information management and sharing applications and equipment. For each of these goals, a series of objectives have and will be developed to take actions towards the successful completion and maintenance of that goal. These objectives will be considered each year during the development of the Preparedness Cooperative Agreement work plan development and budget discussions. The Steering Committee will meet on an on-going basis to review and update the objectives in a manner consistent with goal achievement.

Members:

David Marshall- Lead (KDHE), Bryan Murdie (KDEM), Daniel Neises (KDHE), Janis Goedeke (Crawford County Health Department), Con Olson (EMS), Ron Marshall (KHERF), Michael McNulty (KDHE), Brian Smith (Wamego Health Center), Laura Ross (KDHE), Samantha Ramskill (KDHE).

Goal 1: Provide situational awareness that contributes to the common operating picture				
Objective	Frequency of Monitoring	Measure	Responsible Agency	Updates
Identify and develop processes for coordinated development of on-line applications and data elements for sharing between applications.	Quarterly	<ol style="list-style-type: none"> 1. Develop a state-level information sharing work group to discuss on-going strategies for coordination between applications and processes for further refinement of applications. 2. The information sharing work group will develop, maintain, update and disseminate this strategic plan and tools with current and future action items. 3. Evaluate duplicative functions, prioritize and consolidate applications as financial 	KDHE	<ol style="list-style-type: none"> 1. The work group was established on February 20, 2014. Members of the committee consist of Kansas Association of Counties (KALHD), the Kansas Hospital Education and Research Foundation (KHERF), the Kansas Division of Emergency Management (KDEM), KDHE, local community hospital, Emergency Medical Services (EMS), and local health department representatives. 2. The steering committee was able to

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		resources decline.		identify two duplicative systems inventory management systems: AIMS and CRMCS. It was decided through KDHE and KHERF leadership to no longer maintain the AIMS system and all inventory information from AIMS will be transferred to CRMCS. AIMS' contract will expire December 31, 2014. Training for the local managers on the CRMCS system will be completed at the end of March 2015.
Develop an inter-agency written process that describes and outlines situation information sharing by application, responsible party and trigger point.	Quarterly	<ol style="list-style-type: none"> 1. Identify a of application administrators to address this objective. <ol style="list-style-type: none"> a. EMResource b. KS-HAN c. WebEOC d. EpiTrax e. IMATS f. CRMCS g. BioSense h. Kansas Planner 2. Define <ol style="list-style-type: none"> a. When information should be shared b. Time sensitivity of the information c. Who is authorized to receive information d. Relevance to the receiving agency e. Who is authorized to share information 	KDEM KDHE KHERF	<ol style="list-style-type: none"> 1. David Marshall, Operations Specialist, will lead the committee. The following individuals were identified to be added to the committee: <ol style="list-style-type: none"> a. Marlo Tangney, marlo.g.tangney.nfg@mail.mil b. Laura Ross, lross@kdheks.gov c. A member of the Office of Emergency Communications

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		<ul style="list-style-type: none"> f. What type(s) of information can be shared g. Information use and re-release parameters h. What information protections are sufficient i. Sensitivity of the information j. Action ability of the information <ul style="list-style-type: none"> i. Awareness ii. Information request in return iii. Request for action 		
Develop and maintain an on-line application that hospitals, EMS, health departments and other emergency response and management personnel can access to determine near real-time facility operating status for healthcare facilities.	Quarterly	<ol style="list-style-type: none"> 1. Evaluate the current accessibility to EMResource for hospitals, EMS, health departments, emergency management. 2. Discuss and consider additional health and medical facilities and emergency response/management organizations inclusion on EMResource as organizations to monitor operating status. 3. Evaluate data exchange to WebEOC of facility operating status (information to share, frequency, county/region/statewide view(s)). 	KDHE KHERF	<ol style="list-style-type: none"> 1. The goal is get long-term care facilities to utilize EMResource.
Develop and maintain an on-line query that hospitals, EMS, health departments and other emergency response and management personnel can access to determine near real-time facility critical	As needed	<ol style="list-style-type: none"> 1. Evaluate and document desired critical services elements and definitions to be monitored (e.g., electric, water, sanitation, heating, ventilation, and air conditioning). 2. Ensure the functionality of the HHS 	KDHE KHERF KDEM	<ol style="list-style-type: none"> 1. Work with KDEM to get the “boards” updated on WebEOC. 2. Educate the Emergency Managers on how to utilize WebEOC.

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service status for healthcare facilities.		Infrastructure Query on EMResource.		
Goal 2: Maintain a resource management system of on-line applications to share information related to availability of, credentialing/typing of, accountability of, and tracking of resources.				
Develop and maintain a health and medical personnel credentialing and accountability application consistent with the State of Kansas Emergency Management Program Strategic Plan	Quarterly	<ol style="list-style-type: none"> 1. Develop a health and medical specific educational campaign for the CRMCS. 2. Review the need for additional personnel and equipment categories to include in the CRMCS application. 	CRMCS Charter group KDHE	<ol style="list-style-type: none"> 1. Michael and Bryan are working on identifying additional personnel via the ESF 8 working group and charter group.
Develop a system of resource management applications consistent with the State of Kansas Emergency Management Program Strategic Plan	Semi-annually	<ol style="list-style-type: none"> 1. Identify and discuss strengths and weaknesses of current resource management applications. 2. Discuss any current application specific strategic development plan including CRMCS, KS-CRA and EMInventory. 		<ol style="list-style-type: none"> 1. Ron Marshall and Bryan Murdie are working on getting data from AIMS into CRMCS; this process should be completed by the end of the March 2015. 2. David and Bryan will work to get presentations at the Regional Coalition meetings and disseminate the training schedules to the regions.
Identify a document database for regional and state level sharing across local health departments and hospitals.		<ol style="list-style-type: none"> 1. Identify business requirements for the process to share documentation. 2. Identify the disciplines that will need access to the documents. 		<ol style="list-style-type: none"> 1. David Marshall will discuss with the Statewide Steering Committee on April 20, 2015 what documents and data will need to be stored. 2. Based on the results from the Statewide Steering Committee, David will compile a list of those disciplines that will need access and bring back to the Communications Committee at the next meeting.
Goal 3: Develop and maintain a surveillance system made up of electronic disease surveillance and syndromic surveillance applications.				
Develop and maintain applications,	Quarterly	<ol style="list-style-type: none"> 1. Unusual cluster(s) or illness that 	KDHE	<ol style="list-style-type: none"> 1. BioSense 2.0 is a cloud-based syndromic

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<p>EpiTrax and BioSense, currently in use for appropriate essential elements of data as defined by CDC and HHS Preparedness Capabilities</p>		<p>threaten closure of institutional settings (e.g., illness among healthcare workers or prisoners)</p> <ol style="list-style-type: none"> 2. High burden of illness or a cluster of illness confined to a specific population (e.g., racial or ethnic group, or vulnerable populations) 3. Illness burden that is expected to overwhelm local medical or public health resources 4. A public health laboratory finding of interest (e.g., a novel virus identified by lab) that is not picked up clinically or through other surveillance 5. Large numbers of patients with similar and unusual symptoms 6. Large number of unexplained deaths 7. Higher than expected morbidity and mortality associated with common symptoms and/or failure of patients to respond to traditional therapy 8. Simultaneous clusters of similar illness in noncontiguous areas 		<p>surveillance system, designed to support the ability of public health agencies to monitor and analyze emergency department data from hospitals. A user can log in to BioSense using their internet browser, then run a query for various standard syndromes, such as “Influenza-like Illness” or “Gastrointestinal Illness”. Since data is submitted to BioSense daily, this can provide near real-time situational awareness for public health.</p> <ol style="list-style-type: none"> 2. While BioSense has been online for years, the number of participating hospitals and data quality has been poor. As of January 2015, 19 of 131 emergency departments in Kansas are currently submitting validated data; 41 additional facilities are in the process of establishing a connection. 3. As the number of submitting hospitals expands, BioSense may become a useful tool for local health departments. KDHE is implementing a workgroup to explore what type of access can be granted to local users, and developing guidance for local users.
<p>Goal 4: Encourage participation in communications interoperability systems that includes health, medical, response, and emergency management organizations.</p>				
<p>Provide information to health, medical, pre-hospital, and</p>	<p>Annually</p>	<ol style="list-style-type: none"> 1. Work with associations representing health, medical, and pre-hospital care to 	<p>KDHE</p>	<ol style="list-style-type: none"> 1. KDHE staff is continuing to provide educational materials at health and

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emergency management personnel on the Kansas Health Alert Network (KS-HAN).		<p>discuss outreach opportunities, challenges and needs to encourage participation.</p> <ol style="list-style-type: none"> 2. Annually review the literature related to KS-HAN to assure that it is current, relevant and directed at appropriate personnel. 3. Annually, in June, capture a “snap shot” of provider numbers, by category, in KS-HAN to identify trends and numbers of users. 		<p>medical association/professional conferences.</p> <ol style="list-style-type: none"> 2. Kansas Health Alert Network and the Kansas System for the Early Registration of Volunteers system applications are going through a rewrite process within KDHE. The two systems will actually become one with two features (KS-HAN and KSERV). The ideal roll out will be July 2015. In the meantime KS-HAN literature will be updated on an as needed basis.
Provide information to health, medical, and pre-hospital personnel on the Government Emergency Telecommunications Service (GETS) program.	Annually	<ol style="list-style-type: none"> 1. Annually review the KDHE subscriber information in the GETS on-line portal. 2. Annually review material available to Kansas health, medical, and pre-hospital partners on the GETS program. 3. Annually review with health, medical, and pre-hospital association partners the availability of GETS for their membership and discuss any challenges with providing educational material to members. 	KDHE	<ol style="list-style-type: none"> 1. Michael McNulty reviews the GETS subscriber data on a monthly basis. 2. Michael will be reaching out to the Kansas TAG to get more materials and will be sending out to health department administrators.
Provide information and (as available) resources to health and medical partners to assure fullest involvement with the state’s 800 MHz radio network.	Annually	<ol style="list-style-type: none"> 1. Provide contact information for the Office of Emergency Communications training program every quarter in a Friday Preparedness Update. 2. Request drill results from OEC for the past year, evaluate those results and identify gaps. 	TAG/OEC	<ol style="list-style-type: none"> 1. It was determined at the June 2014 preparedness communication steering committee meeting that a member from Office of Emergency Communications should be part of this steering committee. Bryan Murdie will extend an invitation to a member of the TAG- Jason Bryant. 2. Results from the monthly tests should be

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