**Statewide Strategies for Health Care COVID-19 Response**

**State appointed** [**Vice Admiral Raquel Bono**](https://www.navy.mil/navydata/bios/navybio_ret.asp?bioID=626) **as Director for COVID-19 Health System Response Management.**

**Strategy for regional coordination**

* State will stand up two robust Regional Coordination Centers (Seattle and Spokane) which will be responsible for coordinating patient movement.
  + Will be led by the healthcare coalitions in coordination with designated lead hospital placement centers under the direction of Vice Admiral Raquel Bono.
  + Will lead situational awareness across healthcare system
  + Will have logistics team to support coordination of resources (supplies and staff)
  + Will coordinate patient tracking as needed
  + Will need to be supplemented by staff from the healthcare system and state staff.
* The healthcare system will provide staff for a regional CSC Triage team which will sit in the Regional Coordination Center and oversee the institutional Crisis Standard of Care triage teams to ensure consistency in approach. (See below.)

**State has requested the following federal resources (to provide space, staff and stuff):**

* State has requested two 750-1500 person alternate care facilities from US DHHS.
  + USNS Mercy may be coming to Seattle on ~March 28th (CA has also requested the ship)
    - Would serve as COVID-free hospital to off load patients from healthcare system
    - Initially set up with 250 beds + 50 ICU beds
    - Planning underway to use ship upon arrival
  + Second 750-1500 patient scalable capability—likely an Army Field Hospital
* State is requesting Federal Medical Stations (FMS) from FEMA
  + Comes with medical staff, wrapping around service and transportation
  + HHS recently vetted sites in Washington for FMS – fair grounds, convention centers, etc.

**Statewide strategies to expand “space”**

* Hospitals will maximize all space within their hospitals
  + Hospitals will stand up all licensed.
  + Hospitals will implement surge plans to the greatest extent utilizing tools such as those developed by Russell Phillips & Associates
  + Hospitals will cancel procedures and surgeries that, if delayed, will not cause harm to the patient within the next three months.
  + Hospitals will transfer pediatric patients and potentially patients 20-22 years old to the three state pediatric facilities.
  + DSHS and HCA will move difficult to discharge patients out of acute care hospitals.
  + DSHS will work with LTCFs to quickly readmit their patients after hospitalization.
  + DSHS/HCA will submit federal waivers to address barriers to rapid throughput.
  + DOH will submit regulatory waivers to the governor’s office related to expansion, operations, and alternative care sites
  + Do you need resources?
* State and healthcare system will partner to establish additional alternate care facilities. We need a state plan. Current site list includes:
  + Ambulatory surgery centers
  + Astria in Yakima County—closed hospital
  + Walla Walla General—closed hospital
  + Closed camp in Auburn with a motel
  + Kindred Northgate—closed LTAC hospital
  + Central Hospital
* State has purchased:
  + 1 x 250-bed FMS bed kits staged in Yakima
  + 4 x 250-bed FMS bed kits staged nearby out of state and awaiting tasking

**Statewide strategies for conserving and/or accessing more “stuff”**

* *Statewide PPE conservation and acquisition strategies*
* DOH issued COVID-19 infection control guidance on use of PPE consistent with WHO.
* Healthcare partners will all use PPE conservation strategies
* State ordered dentists to cancel all routine, preventative care visits.
* State is acquiring additional PPE from:
  + Strategic National Stockpile, as available
  + Other vendors—multiple opportunities being pursued
* State is working with manufacturing plants in Washington to produce PPE.
* State is setting up PPE collection sites for donations.
* State (Department of Corrections) is making disposable gowns.
* *Statewide strategy for ventilators*
  + State has requested 1000 LTV1200 ventilators from the Strategic National Stockpile to treat non-COVID patients.
  + State is currently procuring ~500 additional ventilators that can treat COVID/ARDS patients.

**Statewide strategies to expand “staff”**

* State is planning to stand up robust centralized personnel system to identify personnel needs and register volunteers to help with the response.
* DOH will take additional steps to advertise and encourage use of the emergency volunteer practitioner option created under chapter 70.15 RCW, which allows for a centralized deployment of registered volunteers
* DOH will resource and staff the emergency volunteer practitioner process to ensure timely deployment of health care providers and technical assistance
* DOH has identified and submitted staffing regulatory barriers to the governor’s office and will continue to identify and remove barriers within its current authority.
* DOH is exploring all options for enhancing the workforce, including reaching out to the state’s nursing schools and extending the expiration date of current licensees
* DOH will encourage retired providers and those with inactive license to become licensed.

**Statewide strategy for implementing crisis standards of care (which we hopefully will not need)**

* The Regional Coordination Centers will coordinate regional sharing of resources.
* When regional demand for a resource exceeds the supply, the Regional Coordination Center will report to the Director of Health Systems Response Management.
* The Secretary of Health will issue an order acknowledging crisis standards of care and directing hospitals to follow the state crisis standards of care guidance documents (scarce resource cards; critical care algorithms and triage teams guidance).
* If region-wide ICU capacity is exceeded:
  + Each hospital will establish a triage team(s) that will assess patients per the ICU triage algorithm.
  + Each hospital triage team will report to the regional triage team to ensure consistent application of the ICU triage algorithm.
* The coalitions and WSHA are bringing clinicians together to orient them to this work. It’s a major shift in how health care is performed.