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Thank you for joining today's webinar. We will begin promptly at 12:00 pm Central.

Emergency Preparedness and Response Efforts in Critical Access Hospitals

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Your *First STOP* for
Rural Health
INFORMATION



Emergency Preparedness and Response Efforts in Critical Access Hospitals

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The [Rural Emergency Preparedness and Response Toolkit](#) and this webinar were supported with funding from the Centers for Disease Control and Prevention (CDC).

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Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

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If you have questions...

The image shows a Zoom meeting slide on the left and a separate question box on the right. The slide features the RHIhub logo (Rural Health Information Hub) and the website ruralhealthinfo.org. The main text on the slide reads: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, a red arrow points to the text: "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". The question box on the right is titled "Question and Answer" and contains the text: "Welcome Feel free to ask the host and panelists questions" and a text input field with the placeholder "Type your question here...".

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Featured Speakers



Alana Knudson, PhD, Director of NORC's Walsh Center for Rural Health Analysis and Program Area, Director in NORC's Public Health Research Department



Gary Hall, Chief Operating Officer (COO) and Chief Information Officer (CIO) at Estes Park Health, Park Hospital District



Steve Barnett, DHA, CRNA, FACHE, Chief Executive Officer (CEO) at McKenzie Health System

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Emergency Preparedness and Response Efforts in Critical Access Hospitals

Supporting and Strengthening Rural Preparedness and Response Programs

June 6, 2023

Presenters:

Alana Knudson, NORC



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INTRODUCTION: NORC WALSH CENTER



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Who We Are

NORC Walsh Center for Rural Health Analysis

- Established in 1996 and now part of the Public Health Research department at NORC at the University of Chicago. NORC is an independent and nonpartisan research organization that provides expertise in public health and other areas.
- Mission: Conduct timely policy analysis, research, and evaluation to address the needs of policymakers, the healthcare workforce, and the public on issues that affect healthcare and public health in rural America.

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Who We Are

Rural Health Information Hub (RHIhub)

- Funded by the Federal Office of Rural Health Policy (FORHP) to be a national clearinghouse on rural health issues. RHIhub is committed to supporting healthcare and population health in rural communities. RHIhub's website, ruralhealthinfo.org, offers an online library of resources, including toolkits, topic guides, state guides, and podcasts, on an array of rural health topics.

Rural Community Health Toolkit <p>Start here for a guide to building rural community health programs to address any type of health issue. Learn how to identify community needs, find evidence-based models, plan and implement your program, evaluate results, and much more.</p>	HIV/AIDS Prevention and Treatment Toolkit <p>Explore models and resources for implementing HIV/AIDS prevention and treatment programs in rural communities.</p>	Maternal Health Toolkit <p>Find resources and models for developing programs to address rural maternal health issues.</p>
Aging in Place Toolkit <p>Explore program models and approaches to support rural aging in place.</p>	Care Coordination Toolkit <p>Find models and program examples for delivering high-quality care across different rural healthcare settings.</p>	Mental Health Toolkit <p>Discover resources and models to develop rural mental health programs, with a primary focus on adult mental health.</p>
Chronic Obstructive Pulmonary Disease Toolkit <p>Learn how to develop programs to address COPD in rural communities.</p>	Community Health Workers Toolkit <p>Learn about roles community health workers (CHWs) fill, as well as CHW training approaches.</p>	Obesity Prevention Toolkit <p>Find out how rural communities, schools, and healthcare providers can develop programs to help address obesity.</p>
Community Paramedicine Toolkit <p>Discover models and resources for developing community paramedicine programs in rural areas.</p>	Diabetes Prevention and Management Toolkit <p>Find resources and best practices to develop diabetes prevention and management programs in rural areas.</p>	Philanthropy Toolkit <p>Find emerging practices and resources for building successful relationships with philanthropies.</p>
Early Childhood Health Promotion Toolkit <p>Learn how to develop early childhood health promotion programs in rural communities.</p>	Emergency Preparedness and Response Toolkit <p>Discover strategies, resources, and case studies to support rural emergency planning, response, and recovery.</p>	Services Integration Toolkit <p>Learn how rural communities can integrate health and human services to increase care coordination, improve health outcomes, and reduce healthcare costs.</p>
Health Equity Toolkit <p>Explore evidence-based frameworks and promising strategies to advance health equity in rural communities.</p>	Health Literacy Toolkit <p>Discover resources and model programs for improving personal and organizational health literacy in rural communities.</p>	Suicide Prevention Toolkit <p>Find evidence-based models and resources for implementing a suicide prevention program in rural areas.</p>
Health Networks and Coalitions Toolkit <p>Find resources and strategies to help create or expand a rural health network or coalition.</p>	Health Promotion and Disease Prevention Toolkit <p>Learn about strategies and models for rural health promotion and disease prevention in the community, clinic, and workplace.</p>	Tobacco Control and Prevention Toolkit <p>Explore program examples and resources for implementing tobacco control and prevention programs in rural areas.</p>
		Prevention and Treatment of Substance Use Disorders Toolkit <p>Learn about models and resources for developing substance use disorder prevention and treatment programs in rural communities.</p>
		Social Determinants of Health Toolkit <p>Discover evidence-based models and resources to address social determinants of health in rural communities.</p>
		Telehealth Toolkit <p>Discover program examples and resources for developing a telehealth program to address access issues in rural America.</p>
		Transportation Toolkit <p>Explore how communities can provide transportation services to help rural residents maintain their health and well-being.</p>



25+ toolkits, with updates and new toolkits released annually

Archived toolkits: Additional toolkits are available in a PDF format but are no longer updated.

Rural Emergency Preparedness Toolkit



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www.ruralhealthinfo.org/toolkits/emergency-preparedness

Support and strengthen rural programs

- The toolkit was developed to help rural and tribal communities, healthcare facilities, and other organizations serving rural populations access evidence-based and promising models and resources to support emergency planning, response, and recovery efforts

Build the rural evidence base

- Combines evidence, expert advice, and the actual experiences of rural communities into an easy-to-use resource to support successful rural health programs.

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TOOLKIT: DEVELOPMENT



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Developing the Rural Emergency Preparedness and Response Toolkit

1.

Literature and resource review

Extensive review of existing literature, resources, and materials for rural preparedness and response



2.

Expert interviews

Interviews with 35 individuals with subject matter expertise in rural emergency preparedness and response



3.

Rural case studies

Examined findings from case studies that collected real-world experiences and lessons learned from over 30 rural and tribal organizations



4.

Toolkit development

Developed toolkit with information, resources, and case studies to support emergency planning, response, and recovery efforts



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Rural Emergency Preparedness Toolkit



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www.ruralhealthinfo.org/toolkits/emergency-preparedness

- **Module 1:** Introduction to Rural Emergency Preparedness and Response
- **Module 2:** Rural Community Planning, Response, and Recovery
- **Module 3:** Cross-Cutting Issues for Rural Emergency Preparedness and Response
- **Module 4:** Types of Public Health Emergencies and Disasters
- **Module 5:** Post-Emergency Assessment and Sharing of Lessons Learned
- **Module 6:** Funding, Resources, and Support for Rural Emergency Preparedness and Response
- **Case Studies**

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TOOLKIT: **MODULE 4**



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Module 4: Types of Public Health Emergencies and Disasters

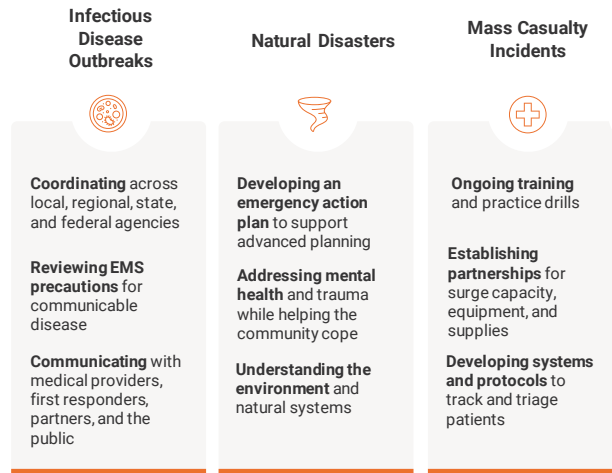


In this module:

- Infectious Disease Outbreaks
- Natural Disasters and Agricultural Impacts
- Equipment and Infrastructure Failure
- Chemical and Radiation Emergencies
- Mass Casualty Incidents
- Bioterrorism

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Rural considerations for common types of emergencies and disasters.



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Module 5: Post-Emergency Assessment and Sharing of Lessons Learned

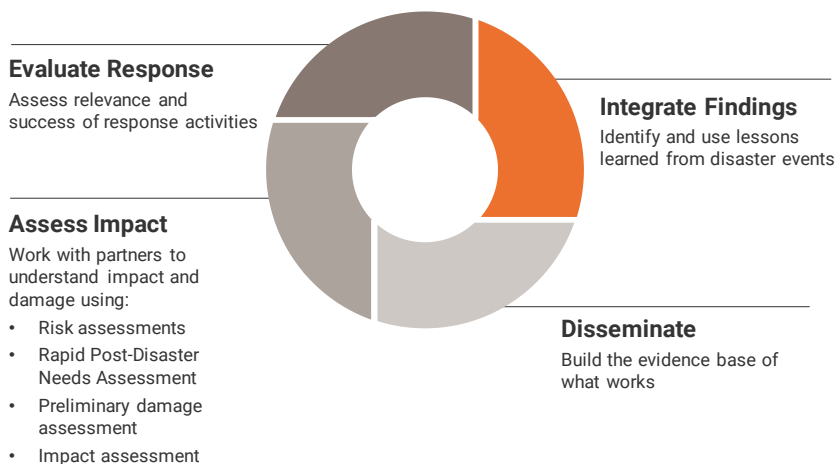


In this module:

- Assess Impact and Damage Post-Emergency
- Evaluate the Response
- Integrate Post-Emergency Evaluation Findings
- Dissemination Strategies

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Create a feedback loop to build upon strengths and identify opportunities for improvement.



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Module 6: Funding, Resources, and Support for Rural Emergency Preparedness and Response



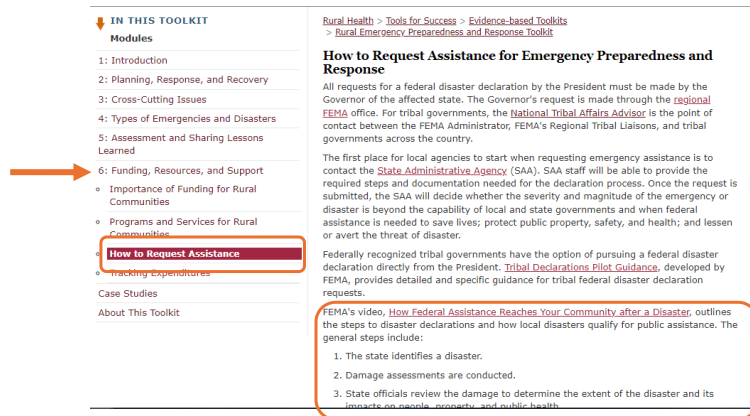
In this module:

- Importance of Funding for Rural Communities
- Programs and Services for Rural Communities
- How to Request Assistance
- Tracking Expenditures

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How to request assistance for emergency preparedness and response.

Learn the steps local agencies and tribes can take to **request** state and federal **disaster** declarations.



IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Planning, Response, and Recovery
- 3: Cross-Cutting Issues
- 4: Types of Emergencies and Disasters
- 5: Assessment and Sharing Lessons Learned
- 6: Funding, Resources, and Support
 - Importance of Funding for Rural Communities
 - Programs and Services for Rural Communities
 - How to Request Assistance**
 - Tracking Expenditures
- Case Studies
- About This Toolkit

Rural Health > Tools for Success > Evidence-based Toolkits
> Rural Emergency Preparedness and Response Toolkit

How to Request Assistance for Emergency Preparedness and Response

All requests for a federal disaster declaration by the President must be made by the Governor of the affected state. The Governor's request is made through the [regional FEMA](#) office. For tribal governments, the [National Tribal Affairs Advisor](#) is the point of contact between the FEMA Administrator, FEMA's Regional Tribal Liaisons, and tribal governments across the country.

The first place for local agencies to start when requesting emergency assistance is to contact the [State Administrative Agency \(SAA\)](#). SAA staff will be able to provide the required steps and documentation needed for the declaration process. Once the request is submitted, the SAA will decide whether the severity and magnitude of the emergency or disaster is beyond the capability of local and state governments and when federal assistance is needed to save lives; protect public property, safety, and health; and lessen or avert the threat of disaster.

Federally recognized tribal governments have the option of pursuing a federal disaster declaration directly from the President. [Tribal Declarations Pilot Guidance](#), developed by FEMA, provides detailed and specific guidance for tribal federal disaster declaration requests.

FEMA's video, [How Federal Assistance Reaches Your Community after a Disaster](#), outlines the steps to disaster declarations and how local disasters qualify for public assistance. The general steps include:

1. The state identifies a disaster.
2. Damage assessments are conducted.
3. State officials review the damage to determine the extent of the disaster and its impacts on people, property, and public health.

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Case studies

Case studies include:

- What happened (including planning, response, recovery)
- Success factors
- Barriers
- Lessons learned
- Advice



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Thank you.

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✦ Research You Can Trust™



Gary Hall
Chief Information
Officer, Estes Park
Health (Colorado)

Estes Park Health: Will It Get Us?



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Estes Park Health: Two Disasters in One

- Estes Park has a history of challenges: floods, storms, communication outages, fires, cyberattack, pandemics, and more
- This has helped us stay sharp in our Emergency Management planning
- Drills and exercises and planning ahead were key to our evacuation success



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Estes Park Health: Distracted by Fire

- On August 13, the Cameron Peak Fire started northwest of the national park
- Over the next weeks, this fire continued to flirt with Rocky and Estes Park; still managing the COVID challenges
- Additional fires in the neighborhood: Calwood Fire to the southeast on October 17
- By early September, we had established an Incident Command and began evacuation planning, for all departments, including our nursing home and inpatient wing, but we kept getting saved by favorable changes in the wind, and by heroic firefighting

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Estes Park Health: On All Sides



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Estes Park Health: Evacuation Considerations

- Initially considered offsite emergency staging area to east of town; determined that if/when fire arrived, we wouldn't be able to stick with these options, anyway
- Where will we move nursing home residents and inpatients?
 - Have agreements ready
- What to take?
 - Computer components, meds, personal effects: "go bag"
- Will the network stay up or not?
- Will we have a hospital when we return? How to keep the hospital safe from other dangers?

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Estes Park Health: Evacuation Considerations, continued

- Who can work remotely, who can't?
- How do we communicate with our community at time of, during, after evacuation?
- Clinical equipment: Lab analyzers re-calibration? MRI drop? Etc.
- EMS to stay to support firefighters
- What we didn't consider thoroughly: time compression – immediate evacuation challenges

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Estes Park Health: Closing In

- East Troublesome Creek fire to the west by Grand Lake (over the Continental Divide) began on October 14, was fanned by wind, grew in a couple of days to 100,000+ acres
- October 22, the East Troublesome leaped the Divide and was spotted rapidly expanding in the Spruce Creek area in RMNP a few miles from Estes
- Mandatory evacuation order given to Town around 12:15 PM October 22
- Denver Fire Type 1 trucks, day becomes night
- Nursing home and inpatients primary focus
- Quick tour for firefighters in case they need to close things down

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Estes Park Health: Closing Time



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Estes Park Health: The Parade

- Entire town evacuated, with high urgency, EPH was completely shut down by 4 PM that afternoon
- Evacuation plans worked well, with nursing home most challenging, but safely and effectively and quickly
- Fire continued to approach; many staff were leaving to evacuate their own homes
- Traffic jam on all exit road of Estes Park

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Estes Park Health: The Parade



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Estes Park Health: Remote Management

- Laptop stack; additional telecommuting
- Marketing and press releases and social media
- Electrical stayed up (and network, lab analyzers, MRI, etc.) throughout
- Fast-track of alternate broadband options with federal help

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Estes Park Health: Relief and Rebuild

- October 26 major winter snowstorm moved in; winds changed
- Clear cut that had kept the fire away from Estes saved the town until the conditions changed to help
- Returned to building October 28, state CMS survey required to reopen, begin opening services by October 30

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Estes Park Health: Lessons

- Pandemic helped us by forcing telehealth, telecommuting, videoconferencing earlier in 2021; expanded with the evacuation; strong remote capabilities a must. Pandemic challenged us by having to maintain all safety considerations during the evacuation and restoration
- Spend time considering the highly improbable – because it is possible
- Evacuation planning must be kept up-to-date for all departments at least annually
- Be prepared for staff bailing for personal (evacuation) purposes
- Cybersecurity needs don't change during even doubled-up disaster, attention must be given
- Options for communication and continued work must exist in the event of loss of network and/or electricity

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Estes Park Health: Lessons, Future, Aftermath

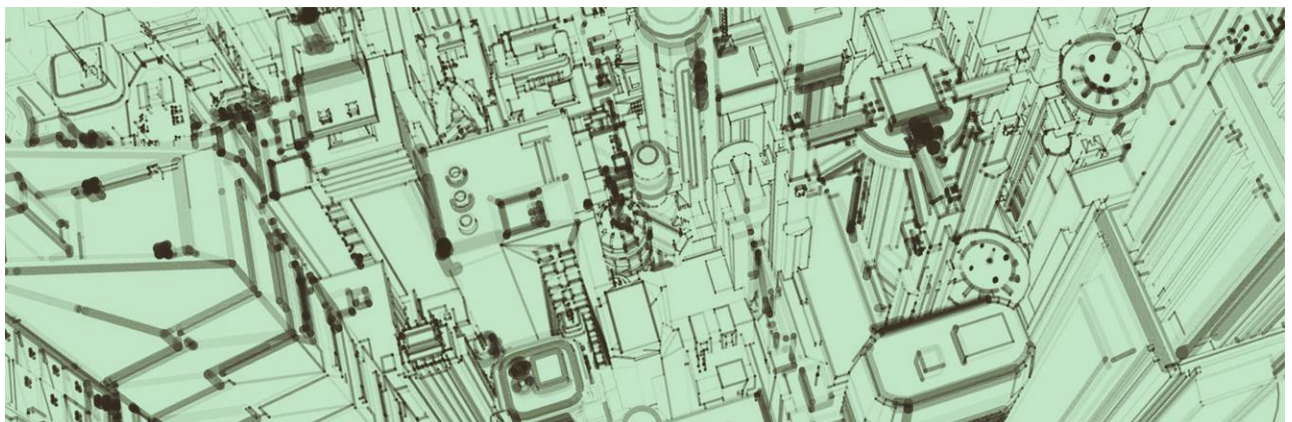
- Methods of communications during crisis
- Better to over-prepare and not have to use
- Advantage of quick communications in small critical-access hospital
- Concern about coming years and the beetle-killed forests, climate considerations; continued challenges from COVID; anticipation of more of the same.
- Give same planning to reinstatement of services: deserving of same planning.
- Consider the unimaginable no matter how unreasonable it may appear.
- IF long term closure, how can we serve our community and patients?
- CMS Condition of Participation: emergency preparedness has been good for us; liaisons, MOUs, and open comm with county, town, peer institutions, other public institutions; FEMA ICS training for new management

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QUESTIONS?



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Cyber Attack

Critical Access Hospital Targeted



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What Happened?

- March 2022 I was notified by IT that we were under attack.
- Attack began approximately 24 hours before being notified.
- Threat actor was demanding a 7-figure ransom for our PHI.
- IT describes this as a “smash & grab” type of attack.

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Response

- We are not paying a ransom fee.
- We immediately went back to paper.
- We began cleaning our servers.
- We then brought them back up and began rebuilding the information.
- Contacted our insurance carrier and engaged legal & forensic staff.

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Planning

- Keeping our firewalls up-to-date is important.
- Educating everyone on phishing techniques.
- Having an off-site disaster recovery system is key to getting back online quickly.
- Always having paper as a back-up is important.
- Be sensitive to communicating with forensics before removing evidence of the attack.

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Recovery

- Word gets out quickly, and local inquiries began coming in.
- We worked with legal to craft messages that went out to press.
- Begin assembling patient notification lists.
- Offer credit monitoring for a year.
- Add additional monitoring software that reduces some attempts.

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Remember

If you are operating in an electronic environment, as most healthcare providers are, it is not if you will suffer from a cyber attack, it is when you will become a victim. Organizations should make sure they are educating, communicating, and preparing for disaster recovery: threat actors will get into your system eventually!

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If you have questions...

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Your *First* **STOP** for
Rural Health
INFORMATION

Examining Rural Cancer Prevention and Control Efforts from the
National Advisory Committee on Rural Health and Human Services

Question and Answer

Welcome

Feel free to ask the host and panelists questions

Type your question here...

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Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website