

Emergency Preparedness Communications



Public Health

Prevent. Promote. Protect.

**Meeker-McLeod-Sibley
Community Health Services**

Primary Methods of EP Communication

- Email
- MRC Correspondence
- Code-Red
- Armor Radio
- Calling Tree
- Health Alert Network (HAN)

Health Alert Network



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The basics: What is HAN?

The **Health Alert Network (HAN)** is a notification system designed to quickly distribute urgent information from public health to thousands of healthcare professionals -doctors, nurses, and other key partners across Minnesota.

MDH relies on local and tribal health departments to maintain contacts with each of their healthcare organizations, who in turn handle distribution inside the organization.

How it works:

Messages are distributed via a **three bounce system**.

- **Bounce 1:** CDC and/or *MDH* to *local* and tribal health departments
- **Bounce 2:** *Local and tribal health* to hospitals, clinics, emergency management, skilled nursing and others
- **Bounce 3:** *Distribution within organizations* to doctors, nurses and others who treat patients.

When a HAN is issued...LPH Team

1. Be able to ***quickly identify*** incoming Health Alerts
2. ***Acknowledge and forward*** know how to acknowledge the message and who to give it to next.
3. ***Have a backup plan***- (3 deep) in case primary staff are sick or out on vacation
4. Have an ***after-hours plan***- know how our LHD will be contacted, and how we will contact key providers

Other requirements

Maintain Contact Lists

- Notify your local or tribal health department if contact information changes

HAN Tests

- HAN Tests are no longer used- data will be collected from each HAN message.

Other requirements

Know the difference between a Health Advisory and a Health Alert

- ***Health Advisory*** response time is ***24 hours***: this is the time you have to acknowledge and forward within our agency (most common)
- ***Health Alert*** response time is ***ONE HOUR*** to acknowledge and forward within our agency. Health Alert data is more urgent.

2015 Quality Improvement Project

Collaborative QI team was formed at MDH

- Learned that test rates from Hospitals were near 100% but rates from clinics lagged
- Discovered that reporting response rates to tests was not measuring if intended end user (providers) were actually receiving the messages
- MDH used quality improvement methods to adopt, adapt and spread best practices to increase HAN response rates

Results = Change

- MDH is working with LPH on reducing the number of contacts in the HAN workspace to the necessary 280-300 people within LPH/THD's
- MDH requests ***only one person in LPH acknowledge the HAN message.***
 - *This should also be the person that is forwarding the message to external partners*

Results = Change

- HAN messages will be randomly selected to report response time and end user receipt for PHEP grant.
 - Data is collected and stored for **every HAN** sent to external partners.
- An after-hours test will be conducted in BP5

Results = Change = Improvement

- Treating every HAN message like it is a timed response will reduce the confusion of when and who should respond to a HAN Message.
- Frequent updates to contact information and HAN policies ensures no providers are missed in a HAN message.

Take Away

- Keep LPH contacts current
- Review and update agency HAN Policy routinely
- Acknowledge and track every HAN (1 person/ agency)
- Forward every HAN as indicated (that same person)
- Every HAN is considered a timed test
 - Report randomly selected HAN 2 times/ grant year
- Know the time difference between a Health Advisory (24hrs) and a Health Alert (1 hour)

Questions?

*For more assistance with please contact:

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