

Healthcare and Hospital Preparedness

Oregon HRSA Region 3

December 19, 2006

The Challenge

- How can our healthcare system respond most effectively to a major health emergency that could overwhelm its routine capacity and resources

Capacity vs. Capability

- Surge Capacity – “the ability to manage increased patient care volume that otherwise would severely challenge or exceed the existing medical infrastructure.”
- Surge Capability – “the ability to manage patients requiring unusual or very specialized medical evaluation and intervention, often for uncommon medical conditions.”

-Barbera and Macintyre

Current Situation

- Each hospital has some form of an Emergency Operations Plan or Disaster Plan
- Most hospitals have adopted and use an Incident Command Structure for emergency response
- Region 3 hospitals exercise together
- All Region 3 hospitals have used Federal funding to support institutional and regional emergency preparedness

Current Emergency Response Structure

Tier 6: Federal Response
Support to state and local

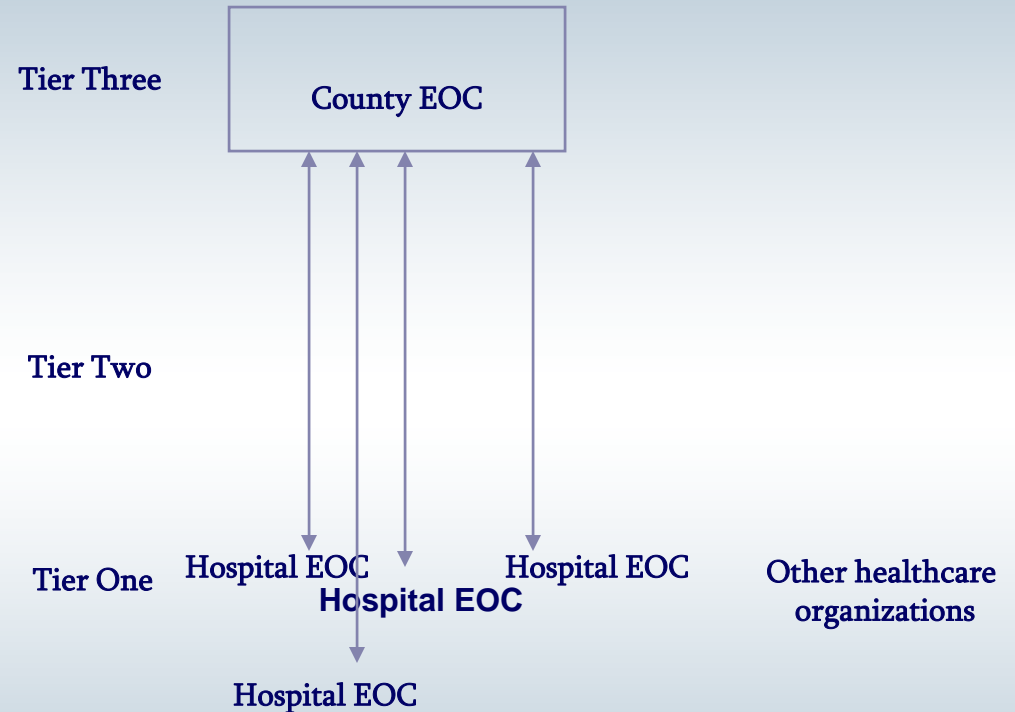
Tier 5: Interstate Regional
Management, coordination & mutual support

Tier 4: State Response
Management, coordination and support to jurisdictions

Tier 3: Local Jurisdiction
Jurisdiction incident management, medical IMS and emergency support

Tier 2: Multi-organizational
Information sharing, cooperative planning & mutual aid

Tier 1: Individual organizations
Healthcare asset management



Gaps

- The healthcare system is fragmented
- Planning by individual facilities is necessary but not sufficient for robust community emergency response
- Community-wide healthcare emergency response structures and plans are not sufficiently comprehensive to respond to major disasters and in some cases don't exist.
- In an emergency, there is no operational mechanism in place to coordinate response activities across healthcare organizations (Tiered Response)
- The linkages between the overall healthcare system and the incident command structure need to be strengthened

Then what?

- Regional Healthcare Response Plan is needed.
- Plan identifies roles for hospitals, public health, and emergency management as well as resource management
- Hospital Leadership has identified and authorized key personnel for plan review, changes and implementation
- Plan will be exercised

The Proposal

- Development of a *Regional Resource Function (Tier 2)*
 - Acts as a “broker” for patient transfers
 - Coordinates hospital response and resource requests within region
 - Represents hospital needs and issues to Public Health and/or Emergency Management
 - Provides situational awareness
- Shared responsibility for alternate care sites between hospitals, public health, and emergency management
- Considers the role of the healthcare response in the larger picture

The Objectives

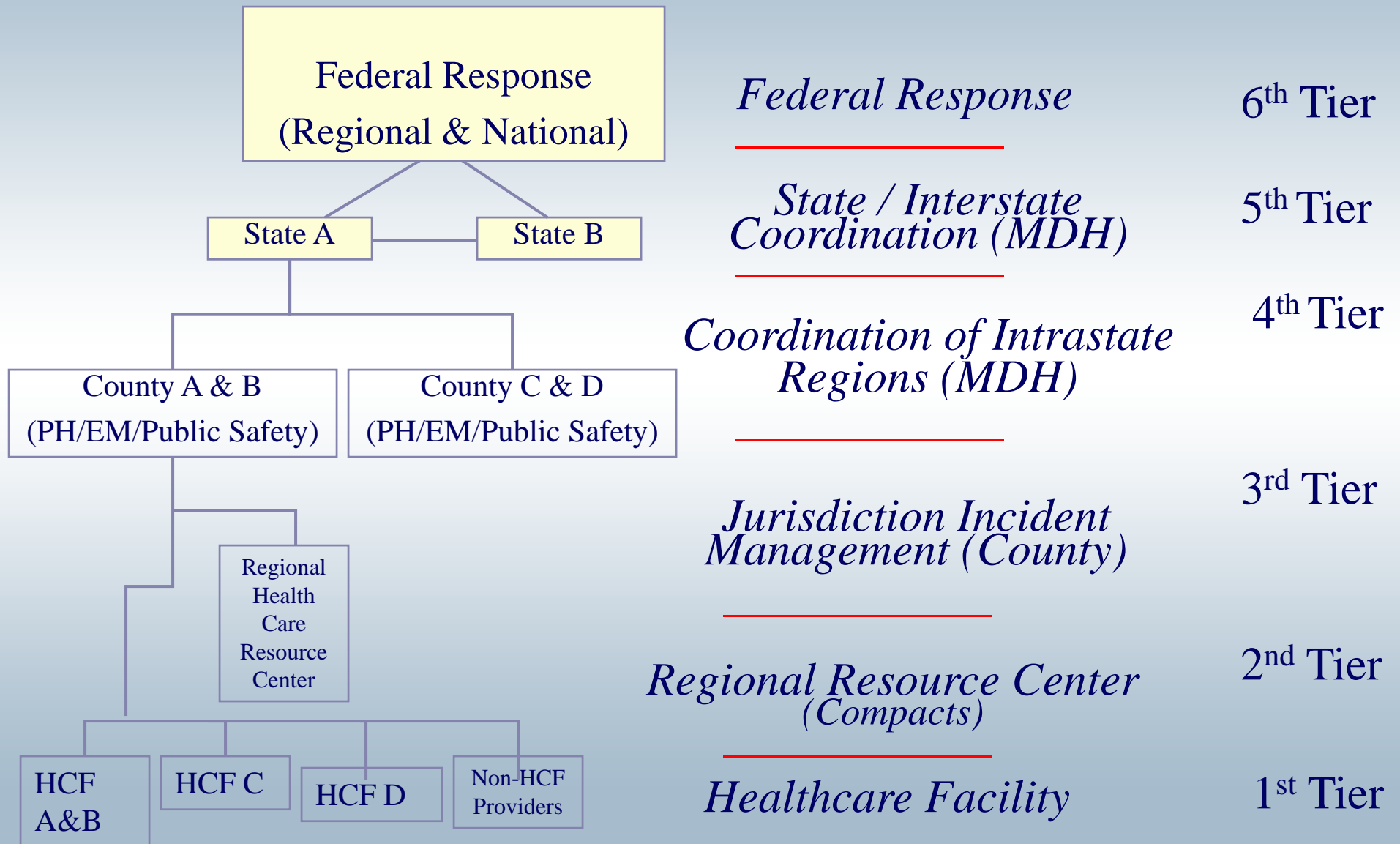
- Expand the health system's emergency response capacity through regional agreements and plans
- Coordinate the emergency response of health communications
- Integrate the health system's response into the larger emergency response
- Advise public officials on health policy matters during emergencies

-D. Teeter, 2005

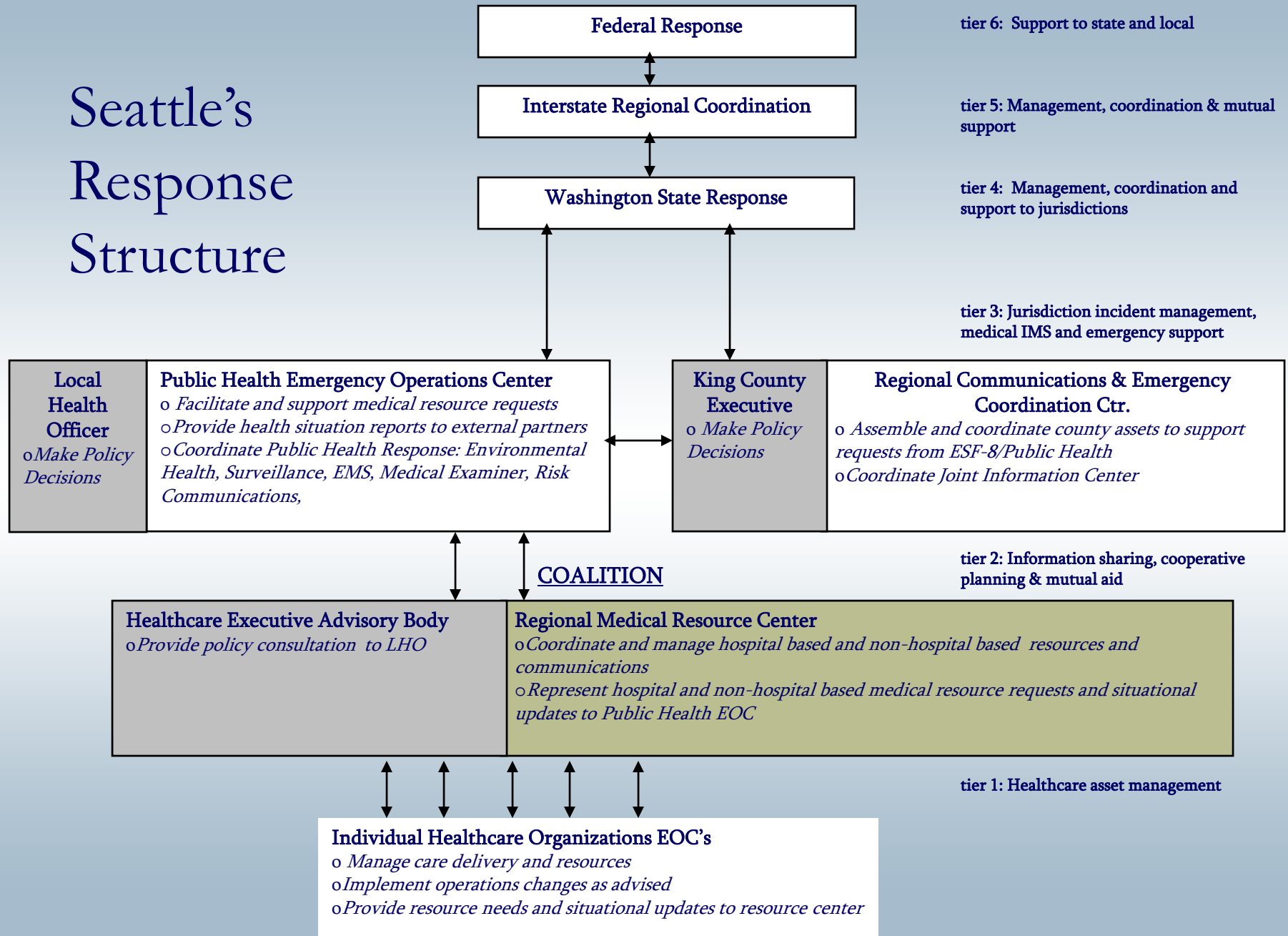
Concept of Operations

- Standardization
 - Incident Management System
 - Public Information Systems
 - Interoperability (personnel and resource typing)
- Scalability
- Flexibility
- Tiers of capacity (spillover to next level and trigger points)

Tiers of Response – Patient Care



Seattle's Response Structure



Basic Assumptions

- Coordinated action is more effective than multiple individual organizational efforts
- Cooperative agreements/compacts and plans promote the most effective use of resources
- Leadership and operational management must come from within the healthcare community

Basic Assumptions

- The County Public Health Director and the Health Officer have emergency powers to preserve the public health
- The use of emergency health powers, if necessary, will be more effective with advance planning and in timely consultation with healthcare leaders

Basic Assumptions

- Public Health's primary role in this context is to support and facilitate the healthcare system's emergency preparedness planning and response

Best Practices

- The **Regional Resource Function** was adapted from the Medical Surge Capacity and Capability (MSCC) Management System
- Consistent with the requirements of the National Incident Management System (NIMS)
- Similar coalitions have been formed and effectively used in emergency situation in other communities, including Minnesota, Washington DC, and Northern Virginia and HRSA Region 5

Next Steps

- Establish and convene an Executive Advisory Body and Region 3 HRSA Board
- Develop Regional Medical Resource Function
- Focus on continued development of acute care medical surge plans, training and exercises
- Focus initial preparedness work of the coalition on planning for an influenza pandemic and medical surge capacity (ref. CDC and HRSA Phase III Funding)

Next Steps

- Complete the Region 3 Surge Plan
- Convene Work Groups with appropriate technical experts to address priority areas including:
 - Critical care and hospital surge capacity
 - Ambulatory care and triage surge strategies
 - EMS
 - Mass fatalities
 - Financial and reimbursement issues

Preparedness Responsibilities

- A policy advisory body has been appointed by the CEO of each hospital to review plans and offer solutions
- Healthcare Preparedness Board (Region 3 HRSA) reviews regional plan and oversees/directs exercise of plan. Changes plan as appropriate
- Preparedness Board oversees/directs preparedness budget toward capacity, capability, and tier 2 response in healthcare
- Responsibilities for alternate care sites will be shared by hospitals, emergency management, and public health

The Executives

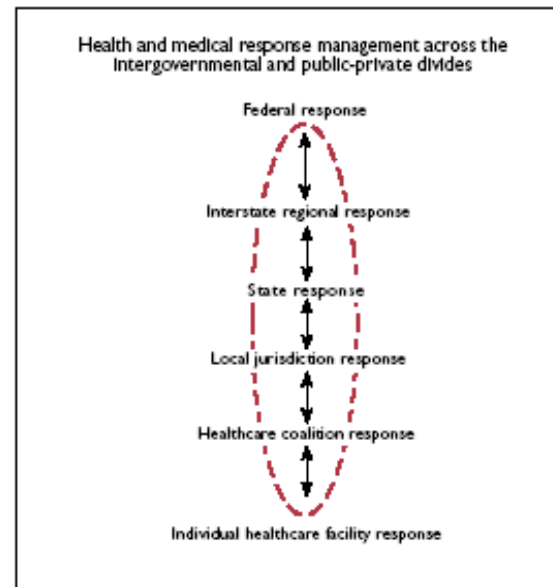
- Create policy
- Members are the executive leaders
- Meet semi-annually and as needed in emergencies
- Review & approves agreements, policies, and plans
- Develop a single Regional Hospital Compact

Executive Body: Sample Issues

- Regional Agreements
 - Review resource-sharing agreements developed by workgroups, including the Hospital Emergency Preparedness Committees
 - Defines elective admissions, surgeries, and procedures to be suspended to expand bed capacity based on advisory body recommendations
 - Identifies essential healthcare workers for prioritization of vaccines and antiviral medications based on advisory body recommendations
 - Implement adjusted standards of care when necessary based on advisory and state guidance

Resources

- Teeter, D., (2005). Forming An Emergency Healthcare Coalition. Public Health-Seattle and King County
- Hick, J. (2005). No Vacancy: Healthcare Surge Capacity in Disasters. State of Minnesota
- Allen, S. et al (2004) The Medical Surge Capacity and Capability Handbook. Washington DC
- DePew, B. HRSA Region 5 Coordinator



What the MSCC Management System Is

The MSCC Management System is designed to promote the integration of existing programs for incident management used by hospitals, public health, and traditional response entities into an overarching *management system* for major medical response. It defines the basic requirements for medical and health asset participation in the overall response system. Rather than focus on narrow topics (e.g., communications or training), the MSCC Management System examines functional relationships across the range of response needs. In so doing, it provides a systematic approach to organize and coordinate available health and medical resources so they perform optimally under the stress of an emergency or disaster.

The MSCC Management System seeks to enhance management integration and coordination by: