Medical Surge: Health Care Coalitions, Tier Response, and Disaster Medical Coordination

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Outline

• WHEPP Background
• Healthcare Coalition Concept
• Tier Coordination and Disaster Medical Coordination Centers
• Role of EMS
Wisconsin Hospital Emergency Preparedness Program

- Supports hospital emergency preparedness planning and response to mass casualty incidents or pandemic events

- Funded by the Office of the Assistant Secretary for Preparedness and Response (ASPR) in the U.S. Department of Health and Human Services. (DHHS)
Wisconsin Hospital Emergency Preparedness Program (WHEPP)

- **Wisconsin Department of Health Services**
  - Division of Public Health
    - Office of Preparedness and Emergency Health Care
      - Preparedness Section
        - WHEPP
        - Public Health Preparedness
      - Emergency Medical Services Section
      - Trauma Section
Time of Transition

- Guidance from ASPR based on recent events (e.g. Joplin Tornado, Hurricane Sandy) now focuses on the development of Healthcare Coalitions
- Shift from funding specific agencies/entities to focusing on strengthening regional response and recovery using an Healthcare Coalitions
- Moving focus toward all of healthcare sector (and not just hospitals)
Wisconsin Gaps

- Coordinated health plans for large scale disasters
- Formal regional medical coordination structure
- Regional system for “off-loading” and “on-loading” patients in mass-casualty incidents
- Established indicators for crisis standards of care when resources are exhausted and systems are overwhelmed
- Evacuation and patient tracking capability
Health Emergency Priorities

- Improved system for medical surge
- Patient transport and evacuation plans in disasters
- Health surveillance and information sharing
- Ability to mobilize and coordinate medical resources
- Build situational awareness of medical resources
- Improve alerting and communication coordination
- Bed availability and patient tracking
Healthcare Coalitions (HCC)

- Group of healthcare organizations, public safety and public health partners that join forces for the common goal of making their communities safer, healthier and more resilient
- Support communities before, during and after disasters and other health-related crises
- Development is required by ASPR as condition of continued funding
HCC Purpose

- Coordinate how public health, healthcare institutions, and first responder agencies will manage their efforts to enact a uniform and unified response to an emergency, specifically the medical surge aspect of an event (ESF-8)
- **Does not replace day-to-day functioning of individual agencies/organizations**
Healthcare Coalitions in WI

- At state level, coordinated by Preparedness Section in DHS
- Regions have been defined by the Department of Health Services
- Regions are developing their own coalitions
- Initial discussions just starting
- Goal is to have initial regional HCC’s established with basic structure by July 1, 2015
Healthcare Coalition Partners

- Emergency Medical Services
- Hospitals and Clinics
- Trauma
- Emergency Management
- Public Health
- Long Term Care
- Mental and Behavioral Health
- Community and Faith Based Organizations
- Volunteer Organizations
- Businesses
- Human Services
- Medical Examiners and Coroners
- And many, many more!
Health Emergency Response Regions

- Seven Regions in state
- Determined at state level by DHS
- Based on previous WHEPP regions, which had been developed based on patient referral patterns
- Will be RTAC regions going forward
- Public Health and Emergency Management will participate and support region structure
Key Components of HCC

- Regional Board of Directors*
- Regional HCC coordinator*
- Regional Trauma coordinator*
- HCC Medical Advisor*
- Medical Coordination Centers

* Comprise the HCC Leadership Team
Regional Board of Directors

- Responsible for overall function of HCC
- Accountable to DHS, HCC state leadership, and HCC member organizations
- Exact size and membership at HCC discretion
- Composition should be representative of organizations, disciplines, and localities that form region and HCC
- Must include at least:
  - One representative from a hospital/hospital system
  - One representative from a public health department/organization
  - One representative from an emergency management department/organization
  - One representative from emergency medical services
  - One representative from trauma
Tiered Coordination

- ASPR and WHEPP have developed a tier response concept
  - Modular, bottom-up approach
  - Consistent with Incident Command System principles
  - Locally driven - each tier decides when to activate the next level
  - Area or Regional Medical Coordinating Centers only assume coordination function when tier below requests it (or if tier below is obviously incapacitated)
Disaster Medical Coordination

• Purpose: Help to close critical gaps in medical surge capacity, continuity of operations, and enhance coordination

• Components include:
  ▫ Collection and collation of regional health information
  ▫ Situation awareness
  ▫ Monitoring of health care system performance and capacity
  ▫ Support to health care system logistic requests in coordination with state and local agencies
Disaster Medical Coordination Centers

• Designated healthcare or healthcare-related entity serving an area with the pre-determined ability to support the area or coalition as a whole
• Serve as the “response” arm of the healthcare coalition
Disaster Medical Coordination Centers

- Two levels of Disaster Medical Coordination Centers within HCC
  - **Area Medical Coordination Centers**
    - Located geographically in the area of an incident
    - Likely multiple area centers within a region
  - **Regional Medical Coordination Center**
    - Designated entity serving a Health Emergency Region’s coalition
    - One per region
Regional Medical Coordination Centers

• Activities may include:
  ▫ Monitoring and alerting healthcare coalition partners in an emergency
  ▫ Coordination of:
    ▪ Information
    ▪ Hospital beds
    ▪ Patient Movement
  ▫ Providing situational awareness during a disaster to all response partners
  ▫ Providing clinical consultation and coordination
RMCC Pilot Projects

- WHEPP is currently finding two pilots on RMCC development: Rural and Urban
- Medical Directors for each pilot serve as WHEPP Medical Advisors
  - Rural: Michael Clark, MD - Ministry Health Care/Ministry St. Clare’s Hospital/Ministry Spirit Medical Transportation
  - Urban: Jason Liu, MD - Medical College of WI/Froedtert Hospital/Childrens Hospital of WI/Milwaukee County EMS
Objectives of Pilot Project

• Development and testing of policies/procedures for tiered disaster coordination
  ▫ Outline for a database of bed capacity and medical capabilities
  ▫ Disaster/special incident medical consultation expert panel
  ▫ Information collection/situational awareness indicators
  ▫ Alerting and notification processes
• Assistance/technical consultation to DHS and WHEPP in on-going preparedness projects
• Assistance/technical consultation to the Department of Health Services (DHS) and the Wisconsin Hospital Emergency Preparedness Program (WHEPP) Leadership as needed
How does HCC participation benefit an EMS agency (healthcare organization)?

- Gateway to all partners involved in a healthcare emergency/special incident
  - Able to reach all receiving hospitals and other coalition partners more efficiently
  - Receiving hospital(s) able to off-load patients in order to receive additional incident patients
  - Allows scene Incident Command to have information to better coordinate patient distribution/transport
  - Healthcare sector able to collectively work with government and private partners

- Provides enhanced resources
  - Knowledge resources – clinicians/providers, HCC Medical Advisor, regional experts, etc.
  - Physical resources – equipment, supplies, medications, bed space, etc.
How does HCC participation benefit an EMS agency (healthcare organization)?

- **Streamlined information flow**
  - Surveillance/intelligence
  - Treatment recommendations
  - Situational awareness/updates
  - Public and media information

- **Translation of recommendations into treatment delivery**
  - Receive information and translate into care actions
  - Ability to reach multi-disciplinary healthcare providers across region
Potential Roles of an EMS Agency in HCCs

• Planning
  ▫ Provide EMS/field perspective
  ▫ Assist with HCC area and regional plan development
  ▫ Participation in training/education and exercises

• Response
  ▫ Patient transport (scene response and inter-facility)
    ● EMS’s distribution of patients from scene to hospitals sets stage for entire healthcare system response to an incident
  ▫ Personnel support of HCC partners
How does HCC participation benefit a Trauma Center (healthcare organization)?

- Gateway to all partners involved in a healthcare emergency/special incident
  - Able to reach all hospitals, EMS, and other coalition partners more efficiently
  - Receiving hospital(s) able to off-load patients in order to receive additional incident patients
  - Allows partner to have information to better coordinate patient distribution/transport
  - Healthcare sector able to collectively work with government and private partners
- Provides enhanced resources
  - Knowledge resources – clinicians/providers, HCC Medical Advisor, regional experts, etc.
  - Physical resources – equipment, supplies, medications, bed space, etc.
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Potential Roles of a Trauma Center in HCCs

- **Planning**
  - Provide trauma system perspective
  - Assist with HCC area and regional plan development
  - Day to Day procedures/infrastructure represent foundation of response to MCI events
  - Participation in training/education and exercises

- **Response**
  - Trauma centers serve as leadership role in the healthcare system response to an MCI incident
  - Personnel support of HCC partners
Additional Resources & Documents