

Mass Casualty Incident Management Conference: From Surge Capacity to Fatality Management

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Overview

- Massachusetts Environment
- DPH Role
- Med Surge Planning
- Clinical Surge
- Regional Medical Coordination
- To Do List

MA Public Health Environment

- Decentralized Public Health System
 - ✓ DPH
 - ✓ 351 towns & cities/351 Local Health Authorities
 - ✓ 2 Tribal Nations
- 16 PH EP Planning Jurisdictions Across 7 regions
- 74 Acute Care Hospitals
- 60+ Community Health Centers
- 500+ Long-term Care Facilities

Massachusetts By the Numbers

- 6.5 million residents (2009)
 - ✓ 5.9% < 5 years old
 - ✓ 13.6% ≥ 65 years old
 - ✓ 17% report living with disability (2000)
 - ✓ 18% language other than English (2000)

DPH & EPB Role in Preparedness

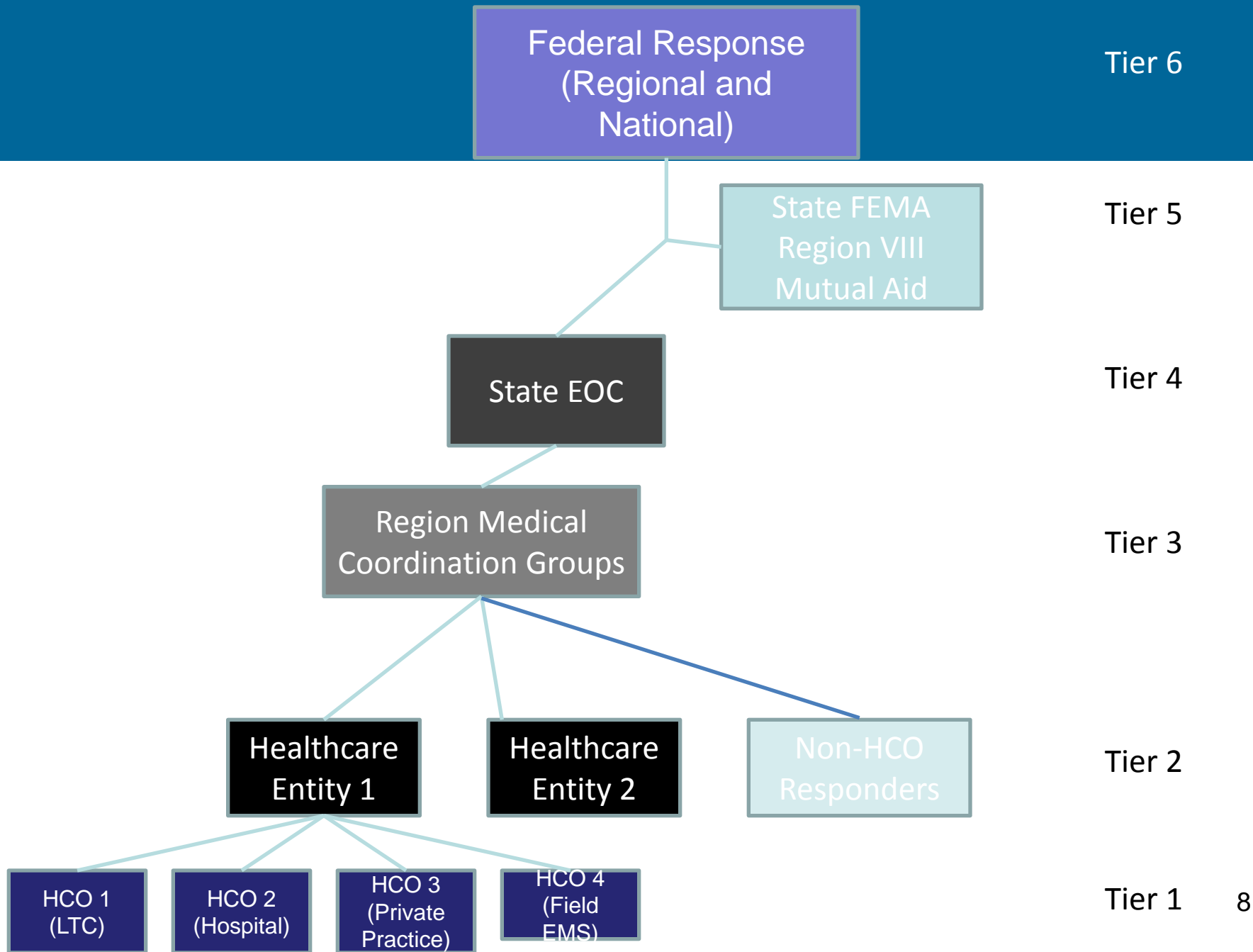
- DPH coordinates planning for health & medical response to emergencies that put public health at risk
- Works with state agencies, local health & public safety, American Red Cross, CBOs serving individuals with access & functional needs
- Emergency Preparedness Bureau
 - ✓ Coordinates planning within DPH & with local health & healthcare system partners
 - ✓ Staffs health & medical desk during emergencies
 - ✓ Supports operations of 2 health & medical volunteer programs: MA Responds & MRC

During an Emergency

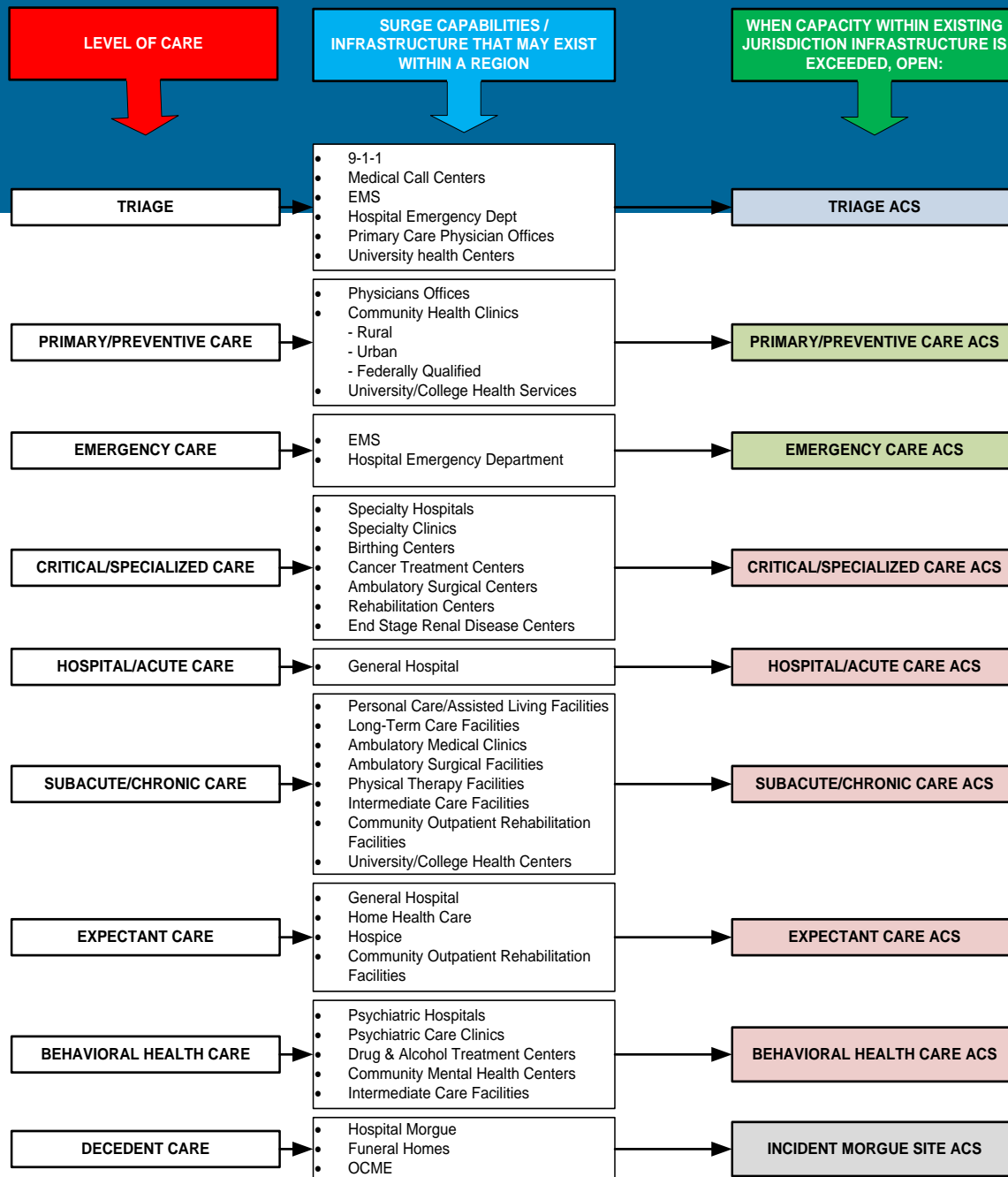
- DPH, through ESF8:
 - ✓ Coordinates state effort to meet health & medical needs, including PH, mental & behavioral health, health care services, mortuary services, ambulance services, & health/medical care for individuals with disabilities or functional needs
 - ✓ Assists local & regional entities in identifying & meeting medical needs of individuals affected by a disaster
 - ✓ Works to ensure access to care, medical/behavioral health support for individuals in shelters, safety of health care facilities, food safety, monitoring disease outbreaks, public information & warnings about health issues, etc

Goals

- A flexible and scalable operational plan
- Identify DPH responsibilities, response partners, available resources & how those resources will be allocated and coordinated.
- Serve as an operational plan for MDPH, but planning guidance for response partners
- Make the connection between hospital surge plans, EMS, & EMA components; coordinate their actions; & unify them to some degree



Medical surge response system discussion



Clinical Surge

Acute Care Inpatient Beds

- 2 hrs: 5%
- 12 hrs: 10%
- 24 hrs: 15%
- 72 hrs: 20%

Home Health

- Home health would respond by increasing its ability increase the number of referrals from the inpatient setting.
- Within in 4-6 hours be able to double the number of referrals normally processed.
- Within 24 hours have all of those patients discharged to another setting.

Regional Medical Coordination

- Situational awareness
- Manage communication vertically/(horizontally, if appropriate) within tiers of the MSCC model
- Process and manage logistical requests to & from the state
- Know assets & contacts across healthcare sectors to ensure ability to quickly send resources where needed

Regional Coordination

- Coordination & tracking of patient movement and bed availability
- Information sharing among the healthcare entities in Tier 2 and Tier 1
- Work with the state to develop guidance for making local-level decisions in the initial hours (days) of incident, when federal guidance may be slow in coming
- Coordination with partner agencies outside the regional medical surge framework

DPH To-Do List

- Identification of Waivers
- Surge Triggers
- Declaration of Emergency
- Fiscal Impacts/Reimbursement Issues
- Licensing Issues

QUESTIONS?

