

Community Approach to Managing Large Scale Incidents

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Healthcare Preparedness Activity

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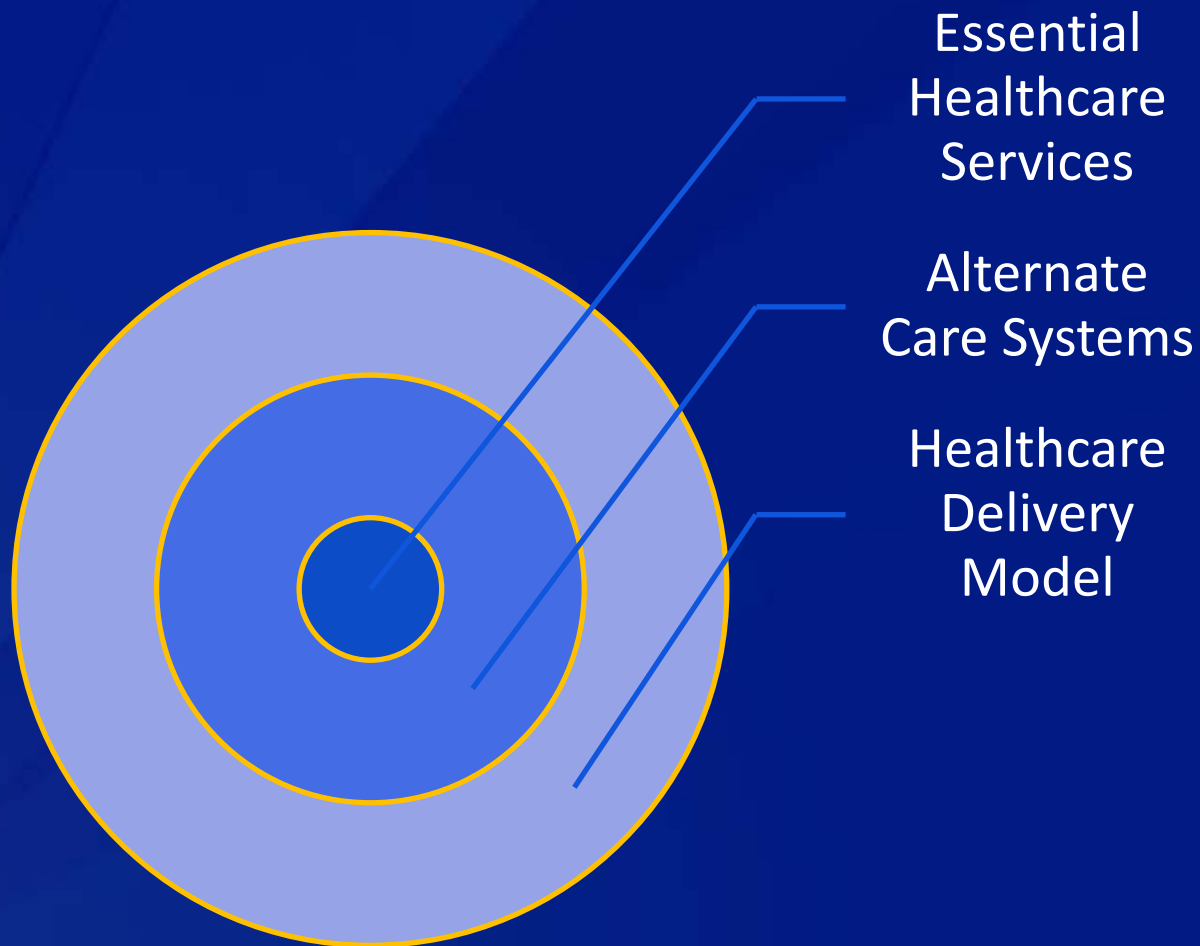


US Department of Health and Human Services
Centers for Disease Control and Prevention

Overview

- ❑ Bottom line up front
- ❑ Introduction and background
- ❑ Developing a community healthcare delivery model
- ❑ Implementing alternate care systems
- ❑ Determining essential healthcare services
- ❑ Putting all the pieces together

Community Healthcare Delivery Model for Effectively Managing Patient Surge



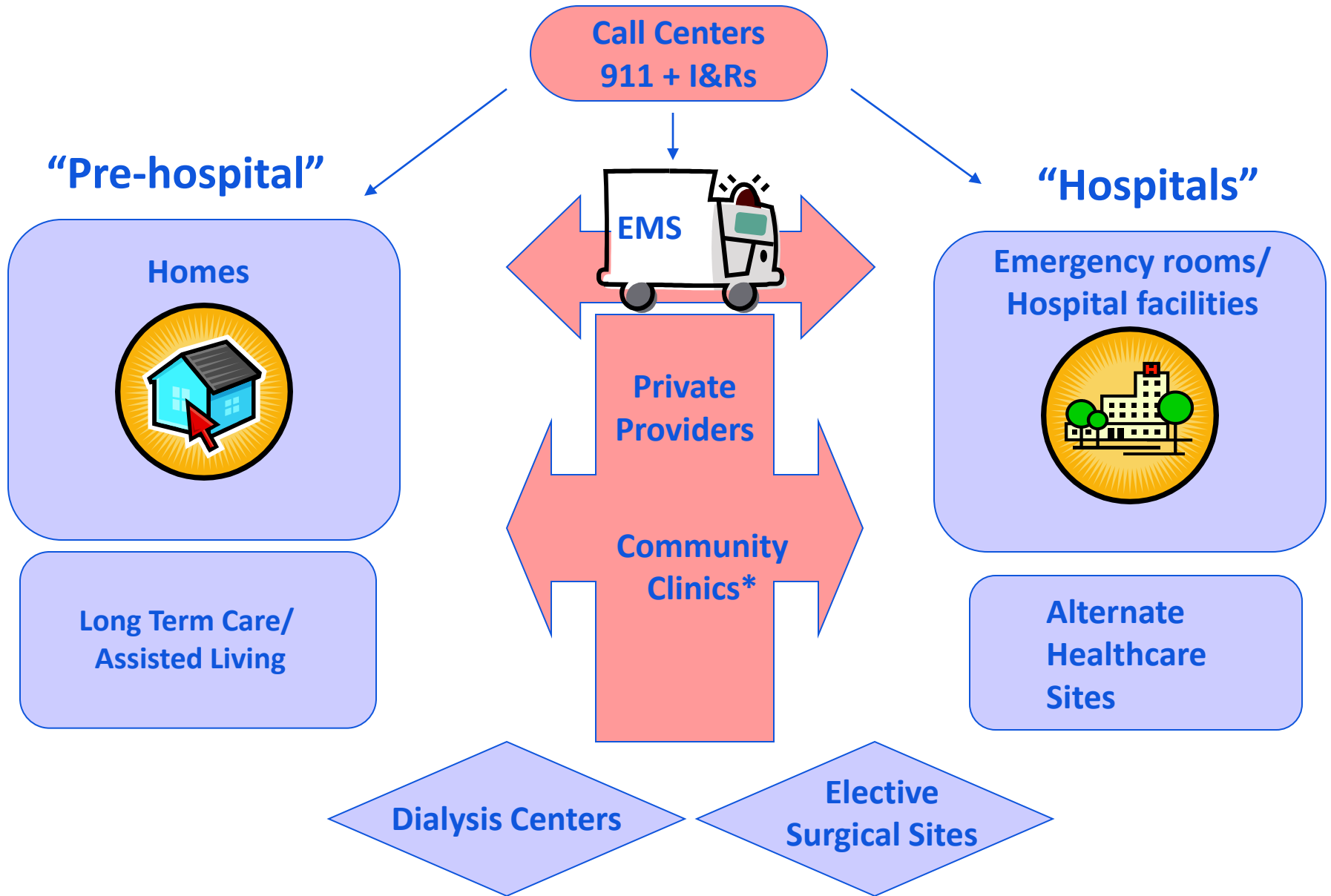
Introduction and Background

- ❑ Who are you and at what level do you work?
 - Public health, healthcare (hospital, EMS, home health, etc.), emergency management, or other
 - Public (local, tribal, state, federal) or private sector

- ❑ On a routine basis, what are some common places people in your community go for care besides the ED or hospital?
 - Where do they go for follow-up?
 - Where do they go for medicines?

- ❑ What do you consider to be your community?

Community Model for Delivery of Care



*Community clinics refers to a spectrum of outpatient/private provider, rural health centers, urgent care centers, federally qualified health centers (FQHC) and FQHC-like entities

Community Workshops for Healthcare Delivery in an Influenza Pandemic

- ❑ Develop coordinated strategies for delivering healthcare to those at home, in the community, and up to and including the emergency room
- ❑ Identify preparedness needs related to healthcare delivery among community planners and other stakeholders
- ❑ Outcome of the workshops
 - Develop a “Community Model of Healthcare Delivery” for an influenza pandemic
 - Determine strategies for standing up “Alternate Care Systems” in the community

Community Workshop Locations

□ Healthcare delivery model

- Champaign-Urbana, IL
- Winston-Salem, NC
- Peoria Region West, IL
- Los Angeles County, CA

□ Alternate care system

- Summit County, OH
- Oregon HPP region 2
- Central Arizona region



Workshop Participating Sectors

- ❑ 911 and other call centers
- ❑ Emergency medical services (EMS)
- ❑ Emergency departments
- ❑ Hospital administrators
- ❑ Primary care providers (PCPs)
- ❑ Urgent care centers and other outpatient clinics
- ❑ Home health
- ❑ Long term care (LTC)
- ❑ Palliative care
- ❑ Pharmacists
- ❑ VA medical centers
- ❑ Public health
- ❑ Emergency management
- ❑ Local government
- ❑ Mortuary services
- ❑ Universities
- ❑ Schools/school nurses
- ❑ Legal
- ❑ Public safety
- ❑ Faith-based organizations
- ❑ Volunteer organizations
- ❑ Non-profit organizations

Lessons Learned from Workshops

- ❑ Sectors did not know of each other's plans
- ❑ Sectors made incorrect assumptions about each others plans
- ❑ Hospital leadership had not grasped the complexity of the issues and the need to integrate their planning with the community
- ❑ Role of public health in healthcare delivery was not clear to themselves and to the other sectors
- ❑ Most effective communities included public health, healthcare, and emergency management in their planning efforts – lead did not matter



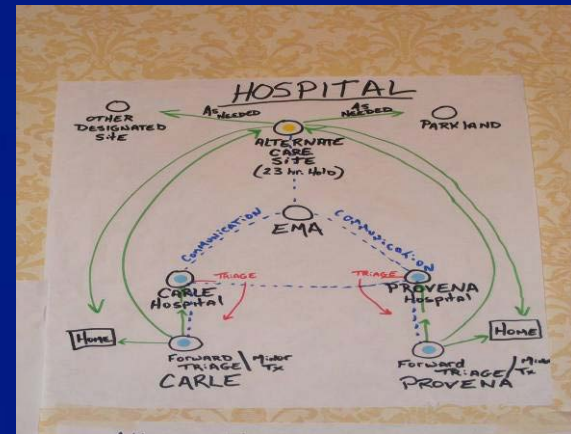
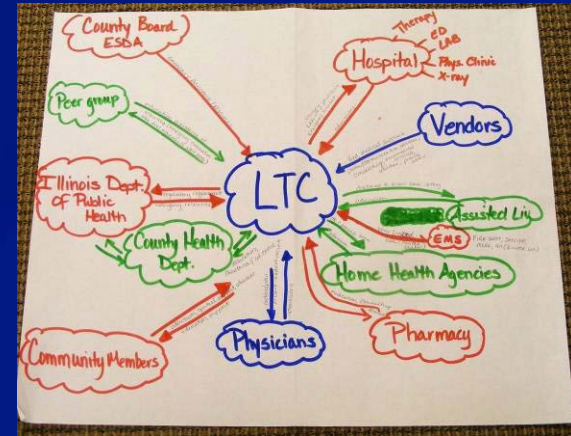
Building Your Community Healthcare Delivery Model

Step 1a – Identifying Community Assets and Existing Partnerships

- ❑ What healthcare resources do we have? e.g.,
 - Number and types of hospitals
 - Number and types of urgent care clinics
 - Number of dialysis centers
 - Number of long term care facilities
- ❑ Is EMS associated with hospitals or with fire/rescue?
- ❑ What services does the public health department provide?
- ❑ Does EMA currently engage with public health and/or healthcare? Does the agency understand the full scope of ESF-8?

Step 1b – Roles, Responsibilities, Patient Flow

- ❑ What type of care do we provide?
- ❑ From where do we receive patients?
- ❑ To where do we send patients?
- ❑ Where and what are the chokepoints in patient flow?
- ❑ What are the alternatives?
- ❑ At what points can we assist other critical sectors?



Community Healthcare Delivery Model

- ❑ Put together a core planning team that includes public health, healthcare, and emergency management sectors
- ❑ Include as many healthcare entities and supporting sectors as possible
- ❑ Determine the community's assets and resources
- ❑ Coordinate and integrate the various plans and develop a community healthcare delivery model
- ❑ Test the model through exercises that use patient surge scenarios and through real life events
- ❑ Modify plans and model based on exercise /response results

Developing Your Alternate Care System

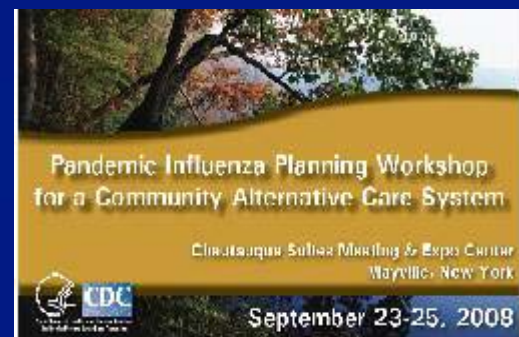
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Step 2 – Developing Alternate Care Systems (ACS)

- ❑ Identify what type of care will be altered
- ❑ Identify potential sites, if needed
- ❑ Determine what resources are required
 - Staffing
 - Equipment
 - Supplies
- ❑ Develop an implementation plan
 - Integrate with primary and supporting sectors
 - Take legal/regulatory issues into consideration
 - Determine triggers for activation



Selection of Best Strategies for ACS

- ❑ Review strategies for standing up alternate care systems
- ❑ Discuss advantages and disadvantages
- ❑ List available assets and resources, and those that would have to be developed or acquired
- ❑ Select strategies with the understanding that an implementation plan will be needed for each one
- ❑ The implementation plan must account for all sectors

ACS Strategies – Summit County, OH

- ❑ At home independent care (call center)
- ❑ Patient isolation/quarantine and alternative home care (motel/hotel)
- ❑ Expanded ambulatory care (outpatient surgery)
- ❑ Care for recovering non-influenza patients (LTC)
- ❑ Limited supportive care for non-critical patients
- ❑ Primary triage and rapid patient screening (ED)
- ❑ Overflow hospital providing full range of care
- ❑ Mobile hospital

Flu Center Strategy – Minnesota

- ❑ Provide community resource for the assessment, referral, and treatment of ILI patients
- ❑ Allow acute care facilities to care for the more critically ill
- ❑ Where are they?
 - Existing clinics or hospitals
 - Alternate care sites
 - Mass dispensing sites
 - Other locations within the community
- ❑ Six flu centers activated during H1N1 pandemic

Determining Essential Healthcare Services

Step 3 – Delivery of Essential Healthcare Services

- ❑ Collaborative planning with 10 recipient activities
 - Defining priority services, ethical and legal ramifications, border issues, resource requirements and sharing, public health's role, phone triage, pre-hospital issues, and home health
- ❑ Nine awardees – GA, IL, IN, MI, MN, NH, NYC, OR, VA
- ❑ More complex and difficult than anticipated
 - Grantees continue to work on the issues as time, staffing, and resources permit
 - Many have expanded the work to more than one scenario

Delivery of Essential Healthcare Services

- ❑ What healthcare services are essential?
- ❑ What supporting services are essential?
- ❑ Which services can be decreased?
- ❑ Which services can be stopped?
- ❑ For how long?
- ❑ What are the ethical and legal ramifications?
- ❑ How best to coordinate with other healthcare entities?
- ❑ How best to coordinate with public health?
- ❑ Communicate with other partners
- ❑ Communicate with the public

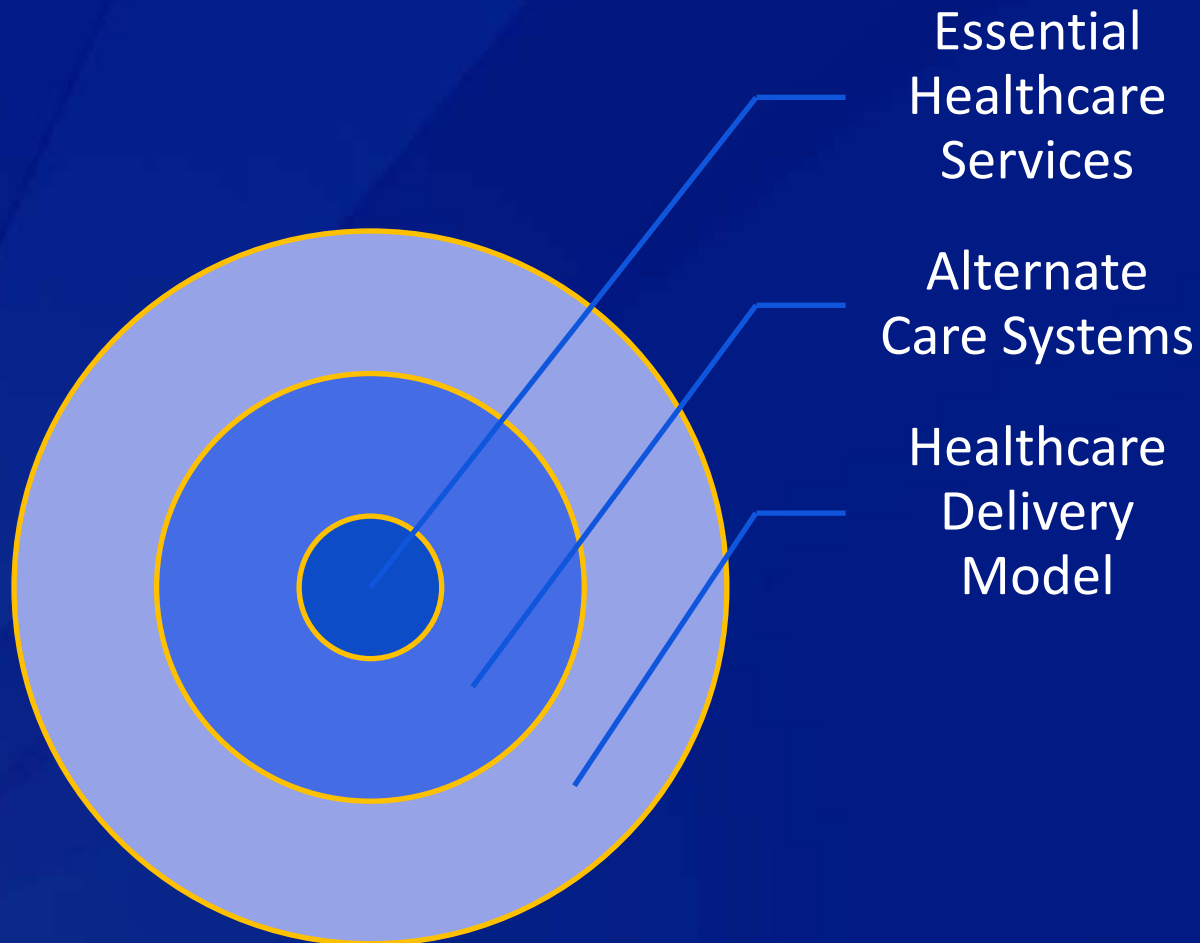


Putting All the Pieces Together

Response Integration of Public Health, Healthcare, and Emergency Management

- ❑ Public health provides overarching health response
 - Community situational awareness
 - Epidemiological, clinical, and laboratory data
 - Clinical services (e.g., medical countermeasures)
- ❑ Healthcare shifts from individual patient care to broader focus of care for the greater good
 - Clinical data
 - Treatment data
- ❑ Emergency management supports through coordination, logistics, ESFs

Community Healthcare Delivery Model for Effectively Managing Patient Surge



Key Points for Patient Surge Planning

- ❑ Public health, healthcare, and emergency management need to plan together and exercise together, to be able to respond together
- ❑ Planning together for patient surge results in improved response to other activities and incidents, and more efficient use of resources
- ❑ Healthcare entities other than hospitals are equally valuable community assets and need to be integrated into planning
- ❑ Pediatric and neonatal populations are inadequately addressed
- ❑ Intensity and duration need to be taken into consideration
- ❑ Plans, protocols, algorithms need to be operational and implementable
- ❑ Goal is the right care, in the right place, at the right time, and delivered safely

Healthcare Preparedness Team

□ CDC/DHQP

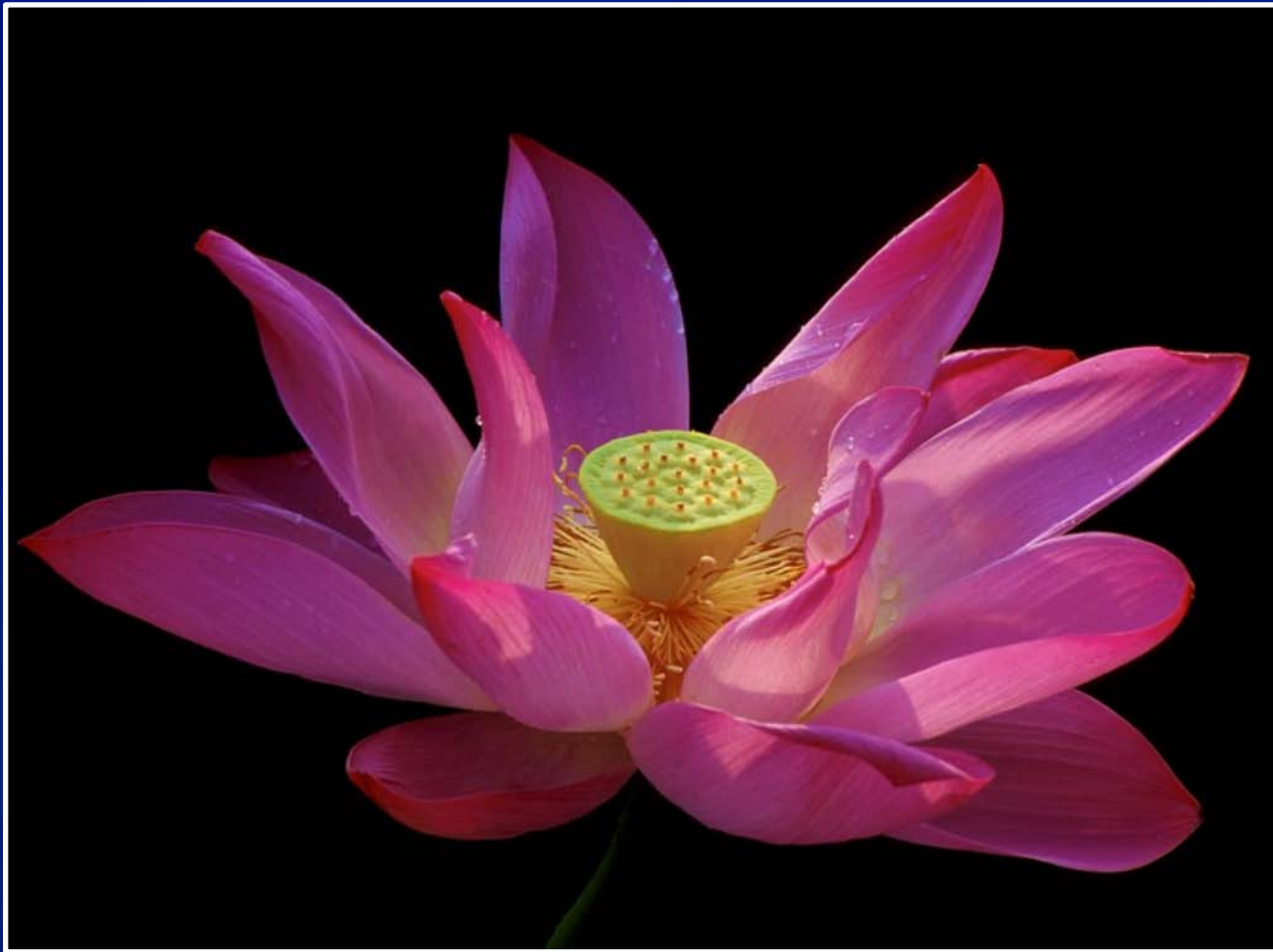
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Questions?



The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention