Alternate Care Facilities

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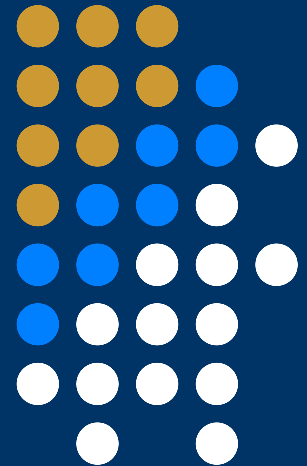
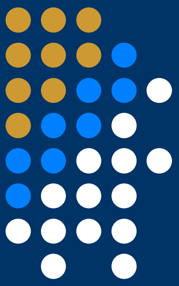
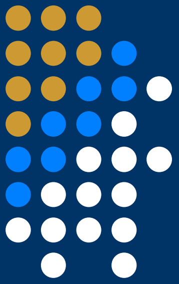


Select Crucial Disaster Response Functions: ACFs



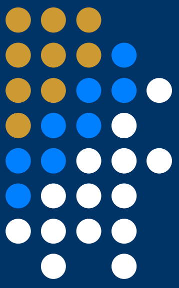
1. Medical surge for emergencies
2. Establishing temporary medical collection points until evacuation outside of region can be completed
3. Population screening
4. Medication and vaccine distribution

Conceptual Foundation



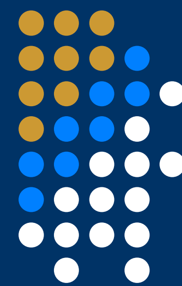
- Acute Care Center (SBCCOM)
- Providing Mass Medical Care with Scarce Resources (AHRQ)
- Federal Medical Stations & National Disaster Medical System (DHHS)
- Communities with real-life experience (Houston, Louisiana, Florida)

Scope of Medical Care



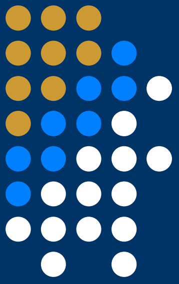
1. **Provide medical care for <u>non-life threatening</u> conditions**
    - Care that cannot be delivered by overwhelmed health sectors
    - Non-complex care to offload patients from health system which can focus on complex patient care
2. **Provision of medical care in non-medical buildings of convenience**
    - Urgent care
    - Non-complex "inpatient care"
    - End of life care
    - Home health/long-term care
    - "Medical needs sheltering"
    - Large-scale exposure screening

Many Independent ACFs or Several Regional ACFs?



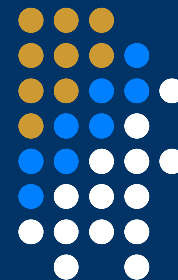
1. **Large Regional ACFs**
   A. "Inpatient" capacity ~ 250-750 pts
   B. Up to 3 facilities (regionally distributed)
   C. Few large facilities rather than many smaller facilities
   - Advantage: logistics, security, staffing, co-habitation with shelters, resource commitment shared among many institutions
   - Disadvantage: Accessibility

ACF King County Experience
Medical Needs Shelter



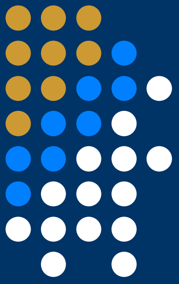
- Opened within 10 hrs of decision
- ~ 50 pts over several days
- Sheltered 36/42 long-term care pts
- Staff, equipment, communications

Concept of Operations- Work plan



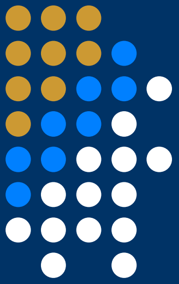
ACF Function	Planning Body	Timeline
Staffing Model and Structure	0.5 FTE hired in 06/07	Complete by 12/07
Pharmacy Dispensing and Rx Refill	ACF Pharmacy Task Force	Ongoing thru Fall
“Inpatient Care”	ACF Inpatient Task Force	Fall thru Winter
	Healthcare Coalition Palliative Care Workgroup	Ongoing thru Fall
Medical Needs Sheltering	Multiple internal/ external groups	Ongoing
Urgent Care	ACF Task Force on Urgent Care	Fall thru Winter
Discharge Planning/ Healthcare system connections	ACF Task Force on Discharge Planning	Fall thru Winter
Mass Fatalities	Onora Lien	Fall

Many Independent ACFs?



- *Advantage:* Accessibility, independent control of operations
- *Disadvantage:* Limited sharing of resources, increased logistics burden, more difficult regional coordination with partnering agencies

Equipment



Current evaluations and procurements:

- Bulk oxygen systems
- Bed options
- Communications equipment

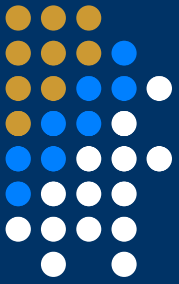
Future evaluations and procurements:

- Medical equipment (DME)
- Disposable medical equipment
- Non-medical essential materiel

Current funding source gap to equip ACFs to operate at proposed patient volumes

- Current funding anticipated to require at least 3-5 years to have ~ 2000 "inpatient" capacity

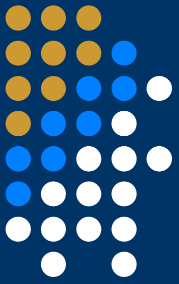
Staffing



- PHSKC staff
- Expansion of Public Health Reserve Corps
- PNEMA, EMAC, Federal assets

- Insufficient administrative and clinical staff to operate an ACF

Recommendations



Executive Council approval to further develop a regional Alternate Care Facilities strategy for King County

- Coalition staff will present a draft ACF budget and staffing proposal at the Executive Council meeting in September