Medical Surge Capability Update: Alternate Care Facilities

Carina Elsenboss, MS
ESF 8 Briefing
October 25, 2011
Overview

- What is medical surge?
- Alternate care facilities within a medical surge capability
- Our current capability
  - Scope of care
  - Equipment
  - Facilities
- Challenges, Opportunities, & YOU!
Medical Surge – A Definition

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

- Public Health Preparedness Capabilities: National Standards for State and Local Planning (March 2011)
Medical Surge – Elements & Functions

- Assess nature and scope of incident
  - Staffing incident management structure
  - Resource needs
  - Bed availability

- Public Health Preparedness Capabilities: National Standards for State and Local Planning (March 2011)
Medical Surge – Elements & Functions

- Support activation of medical surge
  - Volunteers
  - Call center
  - Patient tracking
  - Disaster behavioral health
  - Mobilization of medical supplies and equipment
  - Crisis standards of care
  - Alternate care facilities

- Public Health Preparedness Capabilities: National Standards for State and Local Planning (March 2011)
Medical Surge - Why Activate

Potential Scenarios

- Earthquake
- Severe Weather, Structure Fire
- Specific Hazards (Pandemic, Radiological Contamination, BT)
- Providing assistance to other regions
Alternate Care Facilities
1. Loss of Local Inpatient Capacity

- Hospitals or nursing homes damaged/destroyed, and
- Remaining inpatient facilities cannot absorb the load, and
- Transporting patients out of region is not sufficient
Alternate Care Facility – When to Activate

2. Surge in Patient Demand
   - Disaster generates widespread illness or injuries that exceed local surge capacity levels

3. A combination of both
Alternate Care Facilities – Capability

- Existing non-medical facility repurposed, staffed, and equipped to deliver care to patients or individuals with medical needs
- Non-life threatening urgent care
- Non-complex acute/chronic care for people transitioning from inpatient sector or which would be provided in home health setting
Alternate Care Facilities – Scope of Care

- Pediatrics
- Acute care
- Ambulatory care
- Behavioral health
- Oxygen
- Pharmacy & lab services
- Supportive and palliative care
ACF Capability – Staffing

Administrative and Logistical
- Medical Reserve Corps
- Public Health staff

Patient Care Providers
- Medical Reserve Corps
- Staff from evacuating facilities
- Staff from local hospitals / clinics
### ACF Capability – Staffing

#### Example of Inpatient Nursing Care Model

<table>
<thead>
<tr>
<th></th>
<th>Day (12 hr)</th>
<th>Evening/night (12hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient RN</strong></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>LPN</strong></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Nursing Assistant / Certified Nursing Assistant / Medical Assistant</strong></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Housekeeping</strong></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total (50 bed activation)</strong></td>
<td>11 = ideal, <em>9</em> = minimum</td>
<td>10 = ideal, <em>8</em> = minimum</td>
</tr>
</tbody>
</table>
Gauze and Bandages
Sutures
Syringes
Microscopes
Sanitizers
Ambu Bags
Backboards
Patient Lifts
Wheelchairs
Traction Splints
Various Forceps
Various Tubes
Blood Pressure Units
Cervical Collars
X ray Illuminators
IV Supplies
Catheters
Otoscopes
Ophthalmoscopes
Scales
Suction Pumps, tubing and canisters
Stethoscopes
And much more……….
Challenges

- **Staffing** – expertise and numbers
- **Equipment & supplies** – storage & maintenance
- **Proficiency** – training and exercise
- **Consistency** – statewide strategy & role of federal assets
Opportunities

- **Flexible** – several sites to choose from
- **Scalable** – by number of patients, level of care, supplies, and staff
- **Mobile** – encourages sharing of resources, tools and capabilities
- **Collaborative** – input and support from partners
Next steps

- Continue to develop staffing model and recruitment
- Refine operational protocol and procedures
- Participate in statewide discussions and strategy
- Train and exercise
Contact Information

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Questions ?
Utilizing the Public Health Reserve Corps to Support Mass Care Shelters

Dave Nichols, CEM
ESF 8 Briefing
October 25, 2011
Background

- Functional Needs Support Services
- King County Regional Shelter Strategy
- Greater medical presence in large, mass care shelters
Supporting Mass Care Shelters

- Regional ARC shelters activated by King County

- ARC shelters activated in Cities
  - Mass Care

- City activated and run
  - Heating and Cooling
  - Mass Care
Levels of Support

- **Type 2 First Aid Team**
  - 2 EMT / RN
  - Participate on an assessment team to determine need for surge support to ARC
  - Limited medical equipment (AED, first aid supplies)
  - Mobilized, if available and needed, to support City shelters
Levels of Support

- **Type 1 First Aid Team**
  - 2 EMT / RN (up to 4 as needed)
  - 1 ARNP / PA / Physician (prescribing authority)
  - 10 hospital beds
  - Oxygen bottles
  - AED, first aid supplies
  - Mobilized to support Regional Shelters
Three Type 1 Teams supporting Regional Shelters, 24/7

Type 2 Teams as needed
Benefits

- Improve care for disaster victims
- Keep families and communities together
- Quicker recovery
- It’s the right thing to do
Regional Coordination

- Awareness of Regional Shelter Capabilities

- Logistical Support for Shelter Operations
  - Security
  - Feeding
  - Transportation (bad weather)
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Questions?