Preparing & Planning for Alternate Care Facility

ECHO 2015 PREPAREDNESS SUMMIT
APRIL BROCK, ED FLICK, HALEIGH LESLIE, KRIS HANSEN
Alternative Care Facilities
Relationship Building

APRIL BROCK, RN
GRANDE RONDE HOSPITAL
LA GRANDE, OR
Perspective

- Grande Ronde Hospital – CAH
- Previous Relationships
- Vested Community
- Little Turnover
Times to Build Relationships
Reasons to Build Relationships

- Know the expectation of partner agencies
- Partner agencies know your expectations
- Development of “First Name Relationships”
- Utilization of strengths and weaknesses
Plans and MOUs

- Why do we have a plan?
- Importance of knowing County EOP
- MOUs in place
- MOUs with multiple first responders
- County resources and prioritization
- Realistic expectations
- Understanding of roles and responsibilities
Who to Know

- County Emergency Manager
- Public Health Administrator and EP Coordinator
- EMS/Fire
- Red Cross
- Hospital
Union County Model

- Monthly meeting
- Drills – full scale and table top
- Meeting the requirements of the entire group
- Beneficial to all parties
- United Message to community in all Events
- Established Time Lines / Roles and Responsibilities
Next Steps

START YOUR LIST AND TAKE TIME TO BUILD YOUR RELATIONSHIPS
Marion County Planning and Preparing

ED FLICK, CAITLIN ESPING
MARION COUNTY EMERGENCY MANAGEMENT
Alternate Care Site

Non-medical facility designed, equipped, and staffed to care for patients.

-Medically Fragile

A chronic physical condition that results in a prolonged dependency on medical care.

-Oklahoma Health Care Authority
Expanding Alternate Care, disaster medical response to Cascadia

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Marion County

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326,110
2nd Largest City
Marion County Cascadia Planning Assumptions

- No substantial outside assistance or large scale medical evacuations for at least two weeks.
- Significant geographical isolation both between counties and within the county.
- No large shelters-decentralized approach.
- Significant commuter population.
- State continuity of government.
Potential Casualty Population

Two different stories...
Potential Casualty Population

Trauma

- 9,000 injuries and 400 fatalities along the I-5 Corridor.

-As per FEMA estimate.
Potential Casualty Population

At risk populations

- Age
- Isolation
- Medical issues and disabilities
- Language and literacy competency
- Economic disadvantage

-As defined by the CDC.
Timeline of a Disaster

- Earthquake
- Number of People: Few, Many
- Time

Graph showing:
- Trauma
- Acute/nonacute care

Legend:
- Red line: Trauma
- Orange line: Acute/nonacute care
Focus/Goal

- Support trauma surge and evacuations.
- Prevent cascading effects on at-risk and sheltered populations.
- Reestablish medical services necessary to return people to their homes.
Sustained Response
Day 5-?

- Out patient Clinics
- Skilled Nursing Facility
- Med. Equipment suppliers
- Home
- OXYGEN
- Casualty Collection points
- Mental Health Services
- Shelter
- Fatality mgmt facilities
- H
Steps towards Recovery

- Restore lifelines
- Medical Sector Continuity
- Return home
Previous Work

- Dialysis Center Planning
- Pharmacy Preparations
- Hospital Mutual Aid Agreements and HAM radio project
- Salem Health Business Continuity Planning

Citizens Corps
Way ahead

Island Mapping

Community Organizations Active in Disasters

AmeriCorps VISTA
Way ahead

- Begins with estimates of damage to roads and bridges to identify “Islands”
- Next, we map the population of the island to better anticipate needs
- Then we map the assets on the island and identify gaps between what is on hand and what will be needed
- This becomes the basis of efforts to build assets over time (e.g., alt care sites, shelters, food pantries)
Way ahead

• Newly developing COAD
• Focusing in three service areas
  ➢ Health Care
  ➢ Mass Care and Shelter
  ➢ Food and Water
Way ahead

• Complete social vulnerability analysis.

• Assure inclusion of at-risk populations in county plans and preparation efforts.

• Build partnerships between Marion County Emergency Management and the community.

• Emergency preparedness outreach within at-risk populations.
Way ahead

• Continue to build disaster medical network capacity.
• Align healthcare with evolving Mass Care strategy.
• Strengthen lifelines.
Sources

Alternate Care Site Exercise Example
Yamhill County

HALEIGH LESLIE, MPH
YAMHILL COUNTY PUBLIC HEALTH
Overview

- Plan Development
- Exercise
- Next Steps
Plan Development

- Kansas Dept. of Health and Environment
Involved

- Hospital
- LE*
- Fire/EMS
- County EM
- PH
- Churches
- Clinics
Meetings

- Small groups
- Yamhill County Emergency Preparedness Group Meetings
- 1-1
Exercise

- Planning
  - County EM lead
  - ICS
  - Initial meeting
  - Follow ups as needed
Exercises

- Emergency Preparedness Meetings
  - Discussions
  - TTX
  - Planning
- Full Scale - March
Alternate Medical Care Site FSE

- Scenario
  - Multiple vehicle accident
  - Weather conditions prevented aerial evac
  - Other hospitals closed due to bomb threat
Objectives

- Opening AMCS
- Communications
  - Joint EOC
  - EOC to and from AMCS
- Volunteer Call-out
- Death notifications/certificates
Emphasis on Joint Operations

- EOC set up at local police station
- JIC- due to real events changed
  - Adapted into EOC
Lessons Learned

- Need county-wide PIO collaboration
- More joint trainings and exercises
- Co-located JIC and EOC was good
- Signage in EOC
- Volunteer groups important
- Relationships
  - Build them at their pace
Next Steps

- Same process with other hospital
- Don’t assume/skip steps
- Build on strengths of each community
- Exercise
Talk with your community

- What are the top 3 barriers and top 3 strengths in your community/county/service area to developing Alternate Medical Care Sites?
Questions for our Presenters?