

A Descriptive Framework for Healthcare Preparedness for Mass Casualty Events

National Healthcare Preparedness
Evaluation and Improvement
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HPP Assessment Project

Phases

1. Create a Descriptive Framework of healthcare preparedness for mass casualty events (delivered 12/07)
2. Use that framework to evaluate the current state of healthcare preparedness and to assess the impact of ASPR's Healthcare Preparedness Program (HPP) (delivered 1/09)
3. Build on the framework, informed by the evaluation, to propose a definition and strategy for healthcare preparedness for the future
4. Propose future assessment criteria for healthcare preparedness consistent with the definition of preparedness
5. Evaluate the Healthcare Facility and Emergency Care Partnership Programs

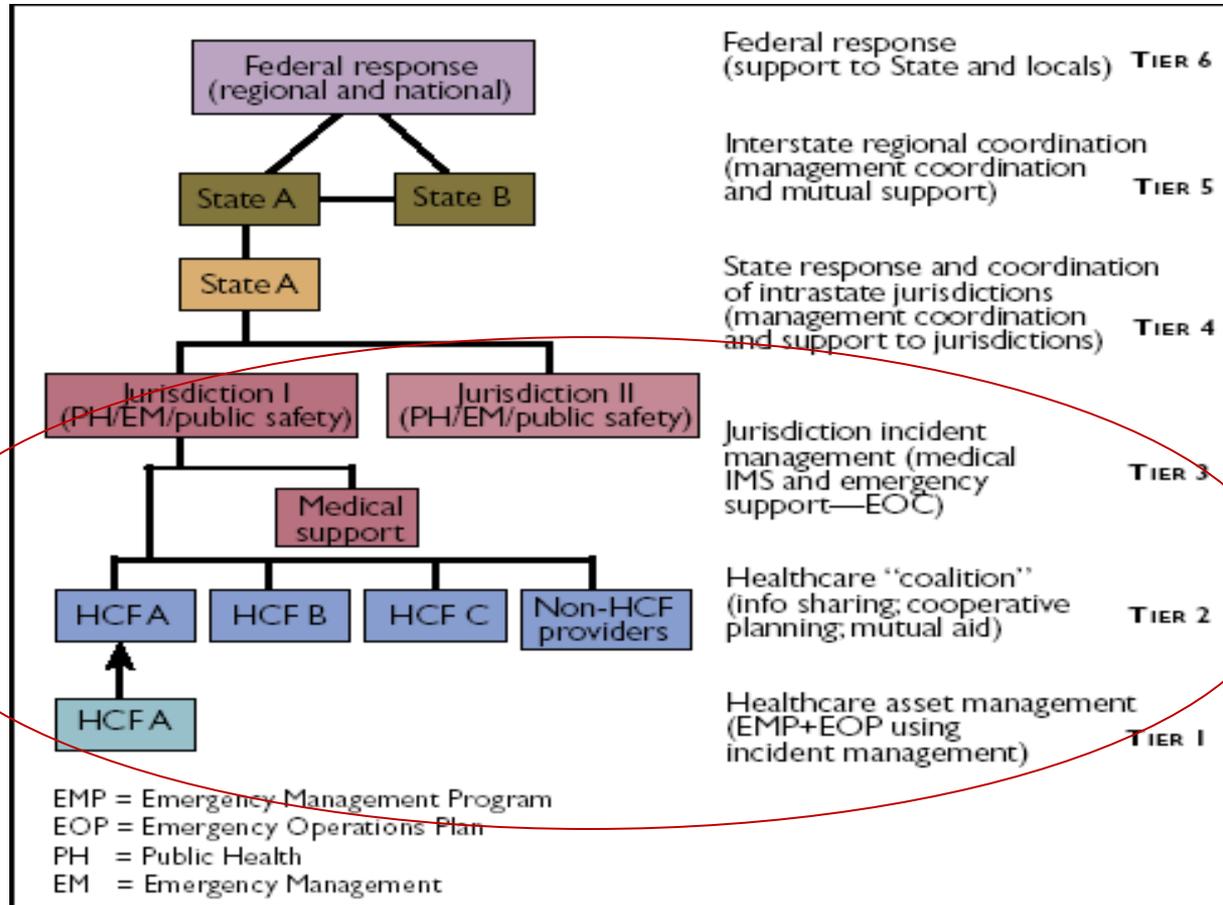
Major Project Deliverables

- **Descriptive Framework:** provides a basis for the evaluation and a starting point for the definition of preparedness for the future
- **Evaluation Report:** assessing the progress in healthcare preparedness for mass casualty disasters achieved as a result of the first five years (2002-07) of the HPP
- **Preparedness Report:** proposing a functional definition of healthcare preparedness for mass casualty disasters for the future.

“Mass Casualty”

- *Any event, of whatever type, that requires the coordinated response of at least several hospitals within a community to provide adequate medical care for those affected.*
 - Small as a bus accident
 - Big as a pandemic
- This definition is intended to be very broad in terms of the number of patients, types of medical conditions, and timing, and to include “catastrophic health events” as defined by HSPD-21.

Focus of the Descriptive Framework: Hospitals and Community Response (Tiers 1-3)



Analytic Basis of the Descriptive Framework

- Review of previous approaches to hospital disaster preparedness
- Lessons from actual mass casualty events
- Implications of potential catastrophic health events

Review of Previous Approaches to Hospital Disaster Preparedness

Commonly Proposed Preparedness Elements

- A written disaster plan
- Collaborative planning with community partners
- An Incident Command Structure with clear activation protocol
- Plans to augment surge capacity, including the use of early discharge, cancellation of elective procedures, opening of ancillary spaces, and use of alternative care sites
- Disaster training and regular drills, including community- based drills
- Stockpiling, tracking, and resupply of essential supplies
- Support for staff and their families, such as food, shelter, and counseling
- Management of volunteers, including credentialing and training

Lessons from Actual Mass Casualty Events

- Preparedness is a process and must be practiced as a cycle of continuing improvement
- Planning ought to be based on specific hazard assessments
- All hospitals need to be prepared.
- Planning and response should be community-based.
- Reliable communications and situational awareness are critical
- Hospitals need clear triggers for initiating emergency response and specific plans for authority and decision making.
- Patients and resources will need to be continually triaged
- The private sector has to be involved.
- Healthcare workers and their families should be protected and supported.
- Healthcare facilities and their community partners need to be resilient.

Implications of Potential Catastrophic Health Events

- All hospitals need to participate in a national system for definitive care of disaster victims
- A more comprehensive system of healthcare coalitions throughout the entire country is needed
- Patient transport and tracking programs should be supplemented by greater reliance on patient transfers between jurisdictions using a range of public and private transportation assets
- Private sector involvement is needed in ways that are specified in advance of a crisis and that are coordinated by local and federal government

The Framework

Tier 1- Individual Healthcare Institutions

- The 2008 Joint Commission emergency management standards are the most comprehensive collection of preparedness elements and are known to all hospitals
- If hospitals fully enact them, they will be well prepared
- Our framework for tier 1 is closely aligned with these standards

Tier 1: Important Points

- The appropriate extent of planning and preparedness efforts will vary among healthcare institutions.
 - No one template or set of capabilities will fit all institutions
 - not all institutions will fulfill the capabilities in the same way
- Healthcare institutions could be overwhelmed and unable to provide patient care in the usual way. Limited resources must be optimally allocated
- Care will be needed by victims of the disaster, as well as the healthcare institution's usual patients, and patients who cannot access their normal site of care

Tiers 2 and 3 – Community-Based Healthcare Coalitions

- Coalitions of healthcare organizations are needed in every community to address challenges that cannot be addressed by individual institutions acting alone:
 - *sharing of assets and resources*
 - *use of volunteers*
 - *operation of alternative care facilities*
 - *allocation of scarce resources.*
- The definition of “community” must remain flexible
- Includes at least all the hospitals, PH, EMA and EMS. Other community partners add value
- Backed by MOUs

Community–Based Healthcare Coalitions

Key functions:

- Collaborative hazard analysis, planning, training and exercising
- Information clearinghouses for healthcare institution data
- Honest broker for decisions regarding allocation of resources in an emergency such as:
 - Utilization of local, regional and national bed capacity and appropriate shifting of patients
 - Redistribution of scarce resources in an emergency
- Joint recruitment, credentialing, training, and deployment of HC volunteers in conjunction with local MRCs and state ESAR-VHP programs.

Community–Based Healthcare Coalitions

Key functions:

- Joint purchasing and standards to insure interoperability of supplies/equipment
- Honest broker for discussions regarding the institution of alternate care facilities and disaster care standards in an emergency:
 - how decisions to alter patient care routines will be made and by whom.
 - ensure that load and resources are shared optimally and that the members use consistent triggers.
- Guidance for allocation of scarce resources
- Conops for alternate care sites (including evaluation of the “worried well”) in cooperation with local and state agencies

Contact information

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