



## Enhancing Medical Surge Capacity

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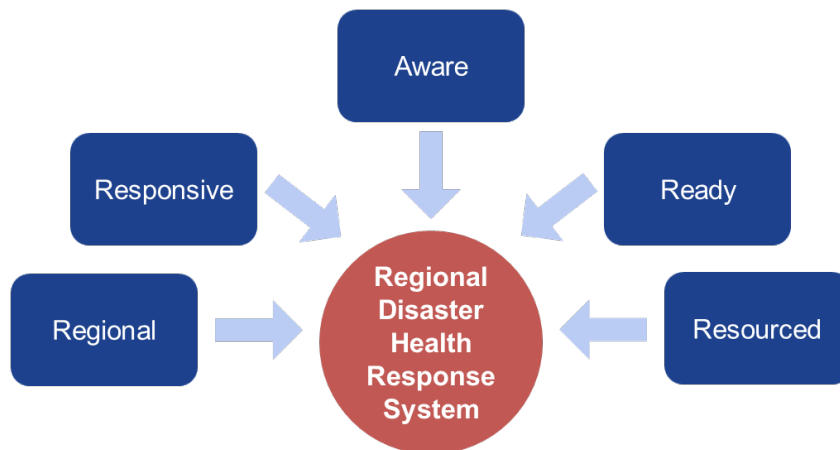
### Need for a New Approach to Health Care Emergency Preparedness and Response

- Casualty estimates for 21st-century threats (and some old threats) far exceed the capacity and capability of the current health care system
- Health care preparedness and response is fragmented and uncoordinated across jurisdictions
  - Hospitals do not routinely plan, train, or exercise together
  - Communications during disasters are incomplete
  - Situational awareness of health care operating status is challenging
- State access to federal health care teams and equipment is limited in non-Stafford Act events
- National Disaster Medical System (NDMS) and HPP require updating to meet current challenges

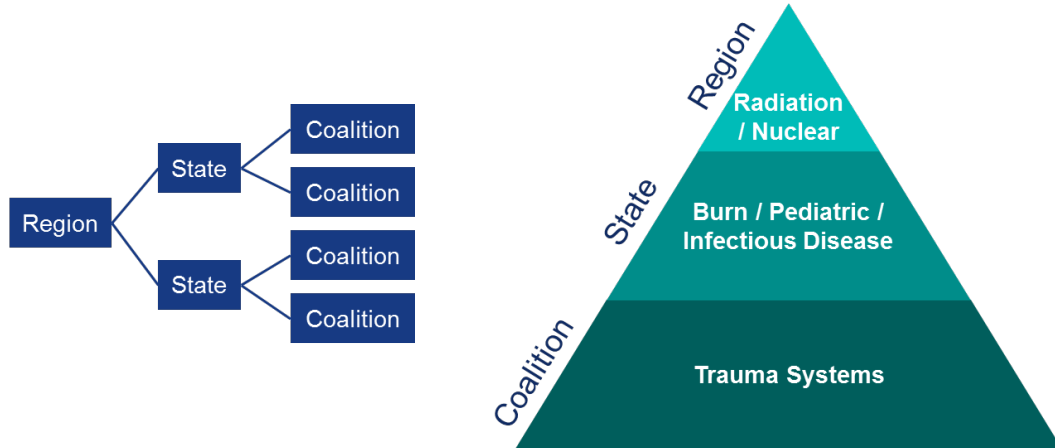
## Existing Health Care Preparedness Activities

CMS Emergency Preparedness Rule	Hospital Preparedness Program
<ul style="list-style-type: none"> <li>• Effective November 2017</li> <li>• Risk assessment and emergency planning</li> <li>• Policies and procedures</li> <li>• Communications plan</li> <li>• Training and testing</li> </ul>	<ul style="list-style-type: none"> <li>• Development of health care coalitions                             <ul style="list-style-type: none"> <li>▪ Two or more hospitals</li> <li>▪ Public health</li> <li>▪ Emergency management organizations</li> <li>▪ Emergency Medical Services (EMS)</li> </ul> </li> <li>• <i>2017-2022 Health Care Preparedness and Response Capabilities</i> <ul style="list-style-type: none"> <li>▪ Foundation for Health Care and Medical Readiness</li> <li>▪ Health Care and Medical Response Coordination</li> <li>▪ Continuity of Health Care Service Delivery</li> <li>▪ Medical Surge</li> </ul> </li> </ul>

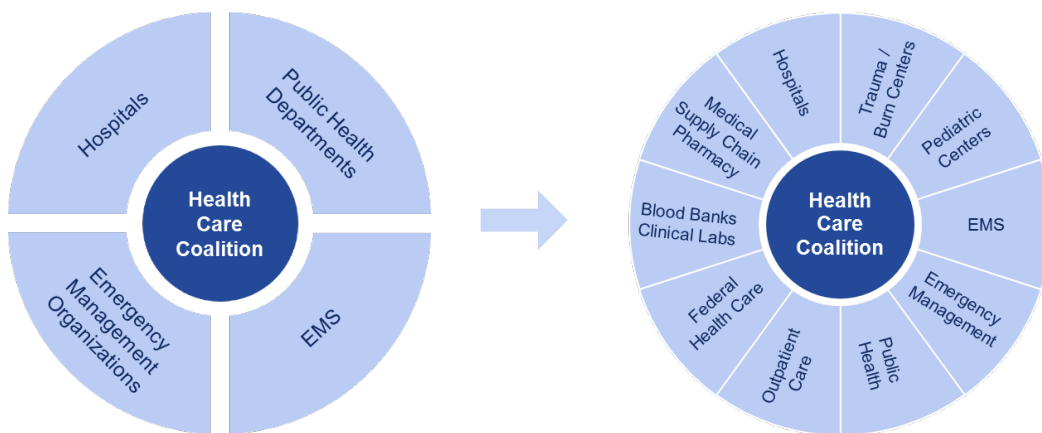
## Key Elements of a Potential Regional Disaster Health Response System



## Building Regional Surge Capacity

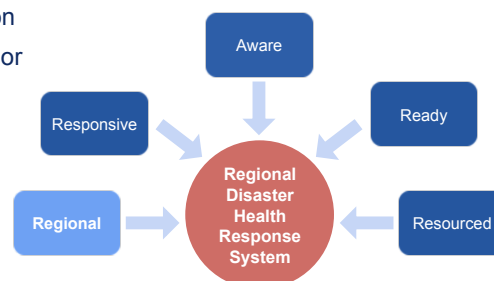


## Enhance Health Care Coalitions



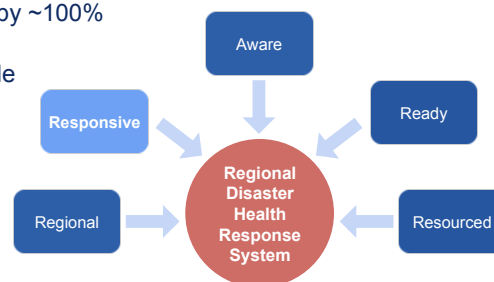
## Improve Regional Coordination

- Regional Structure
  - Sharing of resources across jurisdictions
    - Medical EMAC
  - Common plans, procedures, and policies
  - Placement of federal resources within the region
    - Deployment of resources by state governor
  - Localized centers of excellence that can provide expertise for complicated injuries/illnesses



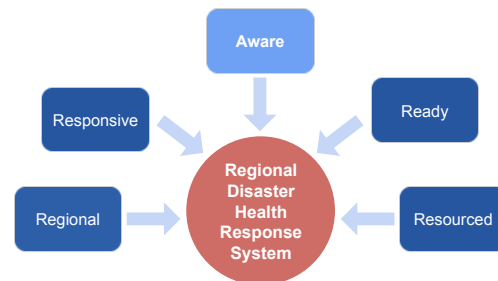
## Expand Response Partners

- Responsive
  - Expand the capacity and capabilities of health care system
    - Expand NDMS hospital membership to all hospitals
    - Hospital sponsored Disaster Medical Assistance Teams (DMAT) in each state
      - ❖ Increases response team capacity by ~100%
      - ❖ Increases care capability
  - Using telemedicine and mobile teams to provide subject matter expertise across the system
  - Engagement of EMS
  - Revised engagement of VA and DoD
    - VA sponsored teams, training
  - Training of civilian community



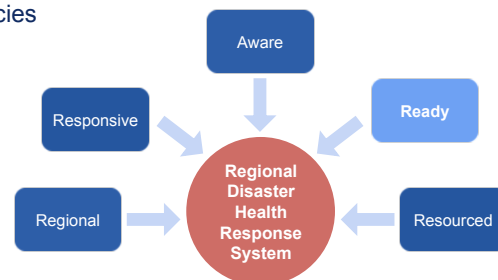
## Enhance Awareness

- Situational Awareness
  - Collecting and sharing information on a daily basis
  - Developing essential elements of information for operational decision-making
  - Regional and state-level operations centers to collect and analyze data
  - Using databases to assess population health demographics in affected areas to inform response



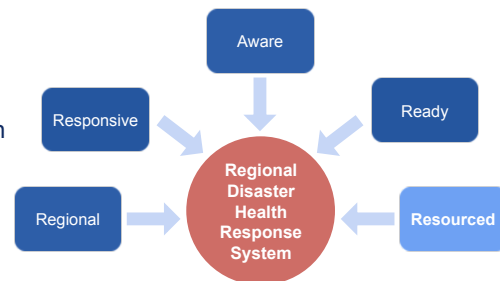
## Ensure Readiness to Respond

- Focus on readiness
  - Readiness standards
    - Training in chemical, biological, radiological, nuclear, and explosives and in Incident Command System principles
    - Standardized protocols, procedures, policies
  - Readiness exercises evaluated by ASPR
  - Designation as a "Response-Ready" coalition



## Improve Federal Programs

- Modernization of National Disaster Medical System (NDMS)
  - Better-trained teams
  - Hospital-sponsored teams
  - Incorporation of EMS
  - Increase number of NDMS hospitals
- Integrate the Medical Reserve Corps
- Update HPP
  - Direct funding to entities other than state health departments
  - Use of risk-based formulas



Questions?