



Desired Outcomes for Breakout Session

- Understand the concept and functions of Oregon Healthcare Preparedness Region 1 Health/Medical Coordination Center
- Share information on additional approaches to supporting a regional healthcare delivery system
- Understand how participants utilize Health/Medical Multi-Agency Coordination (MAC) Groups

Background Oregon Health Preparedness Regions

Healthcare Preparedness Regions and ATAB^{*} Regions^{**}

* Area Trauma Advisory Board
** Healthcare Preparedness Regions and ATAB Regions share the same county geographic areas but have different organizations.

Background

Region 1 Healthcare Delivery System

- Population 1.9M
- 17 hospitals
 - Size: 25 – 700 beds
 - All not-for-profit
 - 3 large hospital systems (~60% of market)
 - Highly competitive market
- Thousands of providers and clinics
 - Private and safety-net
- Dispersed behavioral health providers
- Multiple EMS responders agencies
- 6 public health departments
- Large and diverse medical community

Background

Region 1

In Oregon:

- Emergency management adheres to discipline authorities/responsibilities and jurisdictional boundaries
- Counties have health authority
- No formal regional government organization to support emergency response
- ★ *Stakeholders identified need for regional situational awareness of healthcare delivery system during emergencies*

Health/Medical Coordinating Center

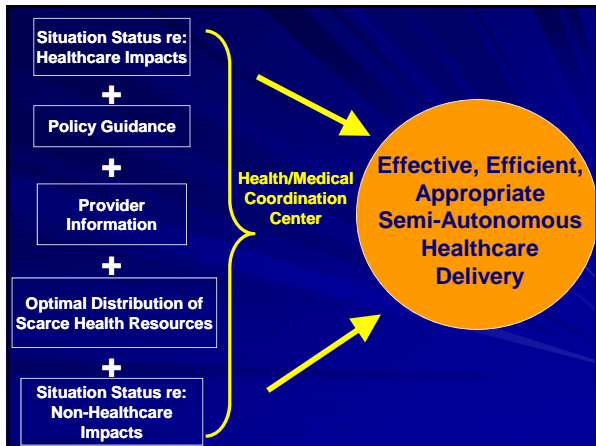
Purpose

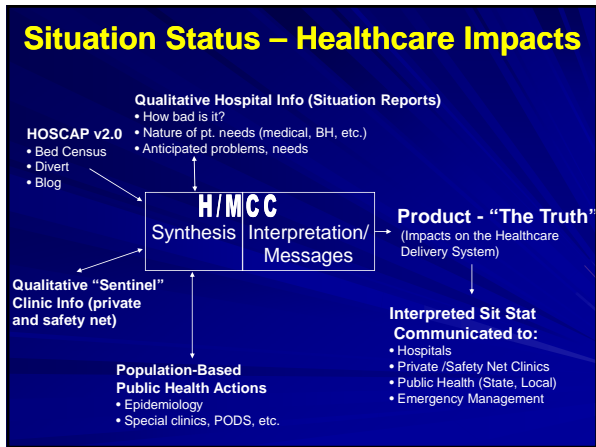
Coordinate regional response information for healthcare delivery system, specifically to support activities of:

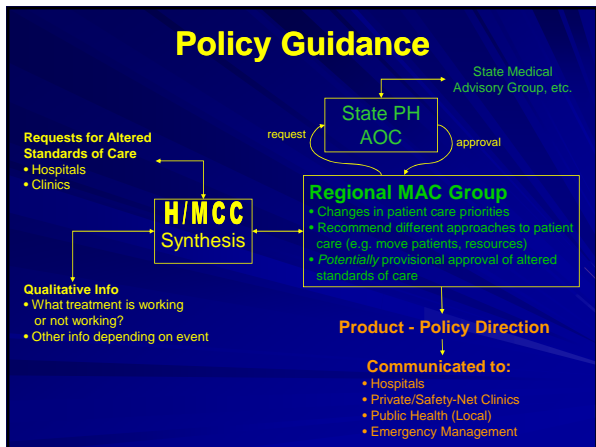
- Hospitals
- Clinics (private and safety net)
- Public Health

Ensure interface with:

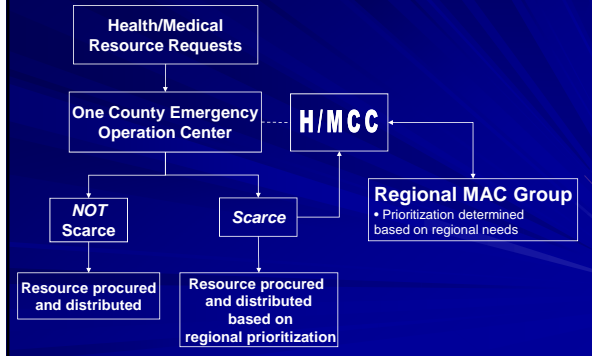
- Emergency Management
- Behavioral Health
- EMS



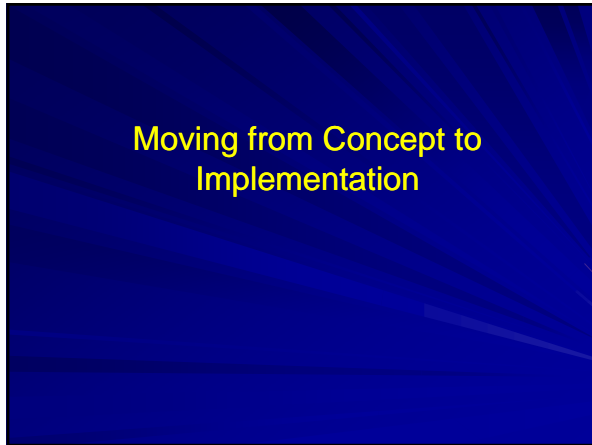




Optimal Distribution of Scarce Health Resources



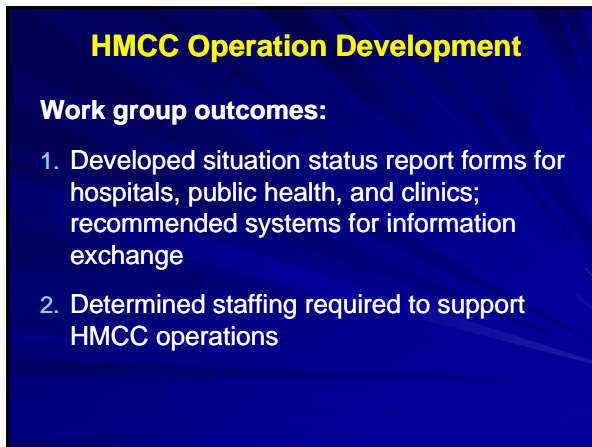
Moving from Concept to Implementation



HMCC Operation Development

Work group outcomes:

1. Developed situation status report forms for hospitals, public health, and clinics; recommended systems for information exchange
2. Determined staffing required to support HMCC operations



HMCC Operation Development

Work group outcomes (con't):

3. Determined representatives for MAC Group
4. Recommended one County EOC act as ordering point for health/medical resources on behalf of the region
5. Recommended physical location for HMCC

November 2008 Exercise

- First exercise of HMCC
- Scenario: SARS outbreak during influenza season
- Integrated with community exercises
 - 8 Hospitals
 - 1 Public Health Department
 - 11 Clinics (5 private, 6 safety net)
 - City and County Emergency Management
 - State Public Health
 - State Emergency Management

November 2008 Exercise

Exercise Purpose:

1. Exercise concept of a regional HMCC as a way to address functions necessary to support the regional healthcare delivery system achieve an effective, efficient, appropriate, semi-autonomous response during a health emergency
2. Determine if a regional HMCC adds value to the community's emergency response operations

November 2008 Exercise

Exercise Objectives:

1. Operate and staff a regional HMCC
2. Hospitals update HOSCAP on bed status and report qualitative information to HMCC
3. Sentinel private clinic practices and safety-net clinics report qualitative and quantitative information to HMCC
4. Public health reports qualitative and quantitative information to HMCC

November 2008 Exercise

Exercise Objectives:

5. HMCC develops regional health situation status report based on qualitative and quantitative information received from hospitals and clinics and public health
6. HMCC distributes regional health situation status report to hospitals, clinics, city/county EOC's, local public health and state health AOC
7. Simulate MAC Group decision making

November 2008 Exercise

Objective 1: Operate and staff a regional HMCC

- Set up HMCC in same building as County EOC
- 9 staff positions
- Staff generally understood roles and responsibilities; external partners had varied understanding of staff positions
- Lacked staff to support some HMCC needs
- Data and communication infrastructure challenges

November 2008 Exercise

Objective 1: Operate and staff a regional HMCC

Recommendations for Improvement:

- Explore how to better integrate the HMCC with the housing EOC
- Determine baseline staffing required for multiple scenarios and corresponding equipment required to support HMCC operations
- Ensure dedicated staff are available to analyze and report information

November 2008 Exercise

Objective 2: Hospitals update HOSCAP on bed status and report qualitative information to HMCC

- All hospitals submitted reports but not in time to be included in regional summary
- Most hospitals did not submit complete report forms; forms were lengthy and detailed
- Hospitals updated hospital capacity website (HOSCAP) to varying degrees

November 2008 Exercise

Objective 2: Hospitals update HOSCAP on bed status and report qualitative information to HMCC

Recommendations for Improvement:

- During an exercise or real event, notify hospitals of HMCC activation, contact info and reporting expectations
- Determine best pathway to communicate information above
- Review hospital report form to determine most crucial info needed from hospitals

November 2008 Exercise

Objective 3: Sentinel private clinic practices and safety-net clinics report qualitative and quantitative information to HMCC

- All identified sentinel clinics submitted situation status reports to the HMCC

November 2008 Exercise

Objective 3: Sentinel private clinic practices and safety-net clinics report qualitative and quantitative information to HMCC

Recommendations for Improvement:

- Determine if identified sentinel clinics are a true representative sample of the community
- Formalize role of sentinel clinics and ensure clinics understand role (i.e., proxy for community's larger set of clinics) during an emergency
- Provide clinics with realistic expectations regarding what support they can expect to receive during an emergency

November 2008 Exercise

Objective 4: Public health reports qualitative and quantitative information to HMCC

- Local public health department submitted situation report to HMCC
- Provided useful information, however not in the requested format; data entry a challenge
- Some confusion about who should report which information (e.g., public health vs. hospitals)

November 2008 Exercise

Objective 4: Public health reports qualitative and quantitative information to HMCC

Recommendations for Improvement:

- Determine which information should be reported directly to local public health versus the HMCC
- Align HMCC public health report form with other report forms public health completes during emergencies

November 2008 Exercise

Objective 5: HMCC develops regional health situation status report based on qualitative and quantitative information received from hospitals, clinics, and public health

- HMCC received situation reports, staff entered info into database; some follow-up required
- Physician technical experts communicated most with local and state public health
- HMCC did not have easy access to view health logistics requests
- HMCC developed two Regional Situation Status Reports

November 2008 Exercise

Objective 5: HMCC develops regional health situation status report based on qualitative and quantitative information received from hospitals, clinics, and public health

Recommendations for Improvement:

- Review report forms to identify most crucial information needed from health responders
- Reduce time spent on data entry and increase time for data analysis
- Modify database; create summary template to facilitate review and analysis of key information

November 2008 Exercise

Objective 5: HMCC develops regional health situation status report based on qualitative and quantitative information received from hospitals, clinics, and public health

Recommendations, con't:

- Review and clarify HMCC staff job responsibilities re: development of regional situation status report
- Develop process to ensure critical logistics information maintained by housing County EOC is synthesized with data received at the HMCC

November 2008 Exercise

Objective 6: HMCC distributes regional health situation status report to hospitals, clinics, city/county EOC's, local public health and state health AOC

- Distributed two Regional Situation Status Reports
- Report distributed via email and posted to Web EOC

November 2008 Exercise

Objective 6: HMCC distributes regional health situation status report to hospitals, clinics, city/county EOC's, local public health and state health AOC

Recommendations for Improvement:

- Ensure HMCC operation plan includes clear guidelines re: distribution of Regional Situation Status Reports to stakeholders (how often, communication methods, etc.)
- Develop processes for integration with County EOC and local public health Department Operations Center planning sections to ensure alignment of report information

November 2008 Exercise

Objective 7: Simulate MAC Group decision making

- Objective not exercised – State reported they could fill all health resource requests
- Participants supported concept for one County EOC to receive all scarce health resource requests in the region

November 2008 Exercise

Additional Recommendations for Improvement

- Clarify, formalize and communicate *anticipated* relationships between response organizations for large, multi-jurisdictional events
- Ensure processes in place at HMCC for person-to-person communication with reporting agencies
- Ensure HMCC operations plan is flexible in order to respond to the needs of the emergency
- Confirm support from regional County Emergency Managers regarding the co-location of the HMCC with a County EOC

November 2008 Exercise

Summary

Does a regional Health/Medical Coordination Center add value to the community's emergency response operations?

We think so...

Exercise Limitations:

1. Primarily a one County exercise
2. One-day exercise

Experience of Other Communities

Small Group Discussion

Challenges and Promising Approaches to Regional Health/Medical Coordination

Large Group Discussion

Contact Information

Gary Oxman, MD, MPH
Tri-County Health Officer
Clackamas, Multnomah and Washington
County Health Departments
426 SW Stark, 8th Floor
Portland, OR 97204
Phone: 503-988-3674
Email: gary.Loxman@co.multnomah.or.us

Christine Bernsten, BA
Region 1 Coordinator
NW Oregon Health Preparedness Organization
426 SW Stark, 8th Floor
Portland, OR 97204
Phone: 503-988-3674
Email: christine.g.bernsten@co.multnomah.or.us

Kathryn Richer, MA
Region 1 Coordinator
NW Oregon Health Preparedness Organization
426 SW Stark, 8th Floor
Portland, OR 97204
Phone: 503-988-3674
Email: kathryn.a.richer@co.multnomah.or.us
