

*Regional Health Emergency
Preparedness: Building Disaster
Response Capacity
in Maine's Healthcare System*

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Objectives

- **Regional Healthcare Emergency Preparedness**
 - Understand why we should be concerned about the threat of public health disasters.
 - Describe regional system (RRC) for addressing public health and healthcare preparedness needs, including recent activities and successes.

Types of Disasters

1. Natural
2. Technological or Manmade
3. Epidemics (of existing and emerging infectious disease)

Why be concerned?

1. Response capacity is limited and generally overestimated

- Finite recognition & understanding of:
 - Disasters that have occurred
 - Risks & vulnerabilities (commonly underestimated)
 - Lag between events, research and progress in planning and equipping communities

Why be concerned?

2. Apathy, fatalism, defeatism and denial

- Difficult to prove benefits of preparation

3. Finite resources and social pressures

- Competing interest groups vs. preparedness advocates
- Competing priorities for available resources

4. Lines of responsibility are unclear

- Local areas rarely experience disaster when compared with federal experience, yet . . .

Why be concerned?

ALL RESPONSE IS LOCAL

Why be concerned?

Warning & Evacuation



Urban Search & Rescue



Triage



Challenges in Maine

- Funding
 - Federal
 - State/Local
- Infrastructure
 - Public Health
 - Healthcare
 - Emergency Management
 - Public Safety/EMS
- Federal Assets
 - NDMS
 - DMAT, DMORT, US&R
 - MMRS
- Geography
 - Coastline
 - Borders
 - Urban/Frontier population distribution
- Vulnerabilities/Targets
 - Military installations and contractors
 - Decommissioned nuclear power plant
 - Paper mills
 - Many soft targets

Opportunities / Advantages in Maine

- Access to policy and decision makers
- Volunteerism
- Disaster hardiness
- Public health infrastructure
- Adoption of new ideas and methods
- Creativity
- Community

Root Cause and Gap Analysis

- Lack of effective communication is often cited as a cause of response failures
- The ultimate failure: lack of coordination of limited resources
- Communications serve to facilitate coordination
 - Prior planning facilitates coordination
 - Practice communications and response in advance

Creating Preparedness

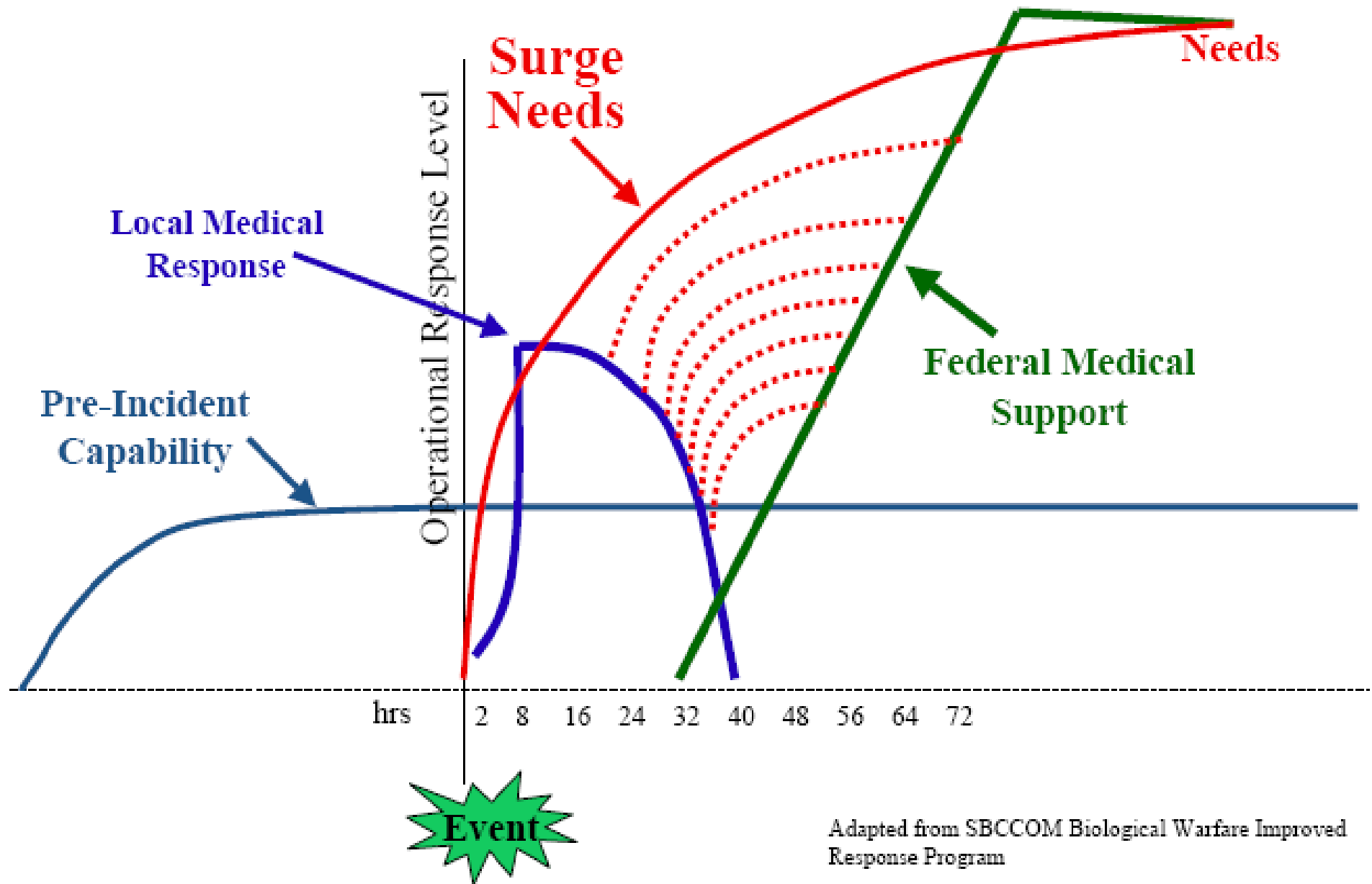
- Planning – simultaneous (“in parallel”)
 - “Top down” (planners)
 - “Bottom up” (responders)
- Coordination of plans
 - To “meet in the middle”
 - To tie paper plans to real resources and capacities



The Emerging Need – a mechanism for . . .

- Coordination of
 - Plans
 - Communications
 - Training (including drills and exercises)
 - Resources
 - Staff
 - Trained, available providers and other healthcare and response personnel
 - Stuff
 - Equipment, supplies, and pharmaceuticals
 - Space
 - Beds (adult/peds critical care, isolation, trauma/burn)
 - Transfers

Health and Medical Surge



Regional Resource Centers

- A new approach

Concept: Maine's Regional Resource Centers

- Funding

- Federal
- State

- Scope

- 16 Counties
- 42 Hospitals
- Hundreds of other partners and public agencies & private organizations

- Structure

Maine's Regional Resource Centers



Mission: SMRRC

The Southern Maine Regional Resource Center protects the health and lives of people in Maine by strengthening the ability of health agencies and partner organizations in Southern Maine to detect, contain and manage public health threats and emergencies.

Local Response

Pre-Hospital

- Emergency Medical Services (EMS)
 - Emergency Medical Technicians (EMTs)
 - Paramedics (EMT-Ps)



Local Response

Hospital “Definitive Care”

- Emergency Departments (ED)
- Trauma Surgery
- Critical Care



- Physicians
- Nurses, PAs, NPs, LPNs
- All support staff

Other Local Responders

- Public Safety/
First Response
 - Emergency Management
 - Sheriff/Police
 - Fire
- Public Health
- American Red Cross &
other Volunteer Agencies
- Public Works
- Social Services
- Special Response Teams
 - *Decon Strike Teams*
 - *Hazmat Response Teams*
 - *11th WMD-CST*
 - NNE-MMRS Medical
Strike Team: *Maine Task
Force One*

Partners

- Hospitals
- Health Clinics/Agencies
- Primary Care Providers
- Laboratories
- EMS Providers
- Nursing/Home Health
- Municipal Health Departments/Officers
- Emergency Management
- Fire
- Law Enforcement
- Volunteer Organizations
- Schools
- Government



To accomplish this mission, the RRCs . . .

- Engage partners in every aspect of planning and communication
- Seek low-cost, high-yield solutions to complex problems
- Nurture new partnerships and collaborations between healthcare, public health, emergency management, public safety, and others
- Share information broadly
- Provide leadership within the Region and across the State

To accomplish this mission, the SMRRC . . .

- Fund partners directly and indirectly to purchase necessary equipment and supplies
- Respond to special needs and requests of its partners
- Respond to threatened or actual emergency events in the appropriate capacity
- Develop, Facilitate, and Participate in drills and exercises
- Conduct trainings
- Provide access to specialized clinical expertise
- Engage in formative and outcome evaluation of activities

RRC accomplishments and contributions include . . .

- Statewide hospital-based hazardous materials awareness and patient decontamination training program
- Pandemic Influenza planning, education, and drills
- Influenza vaccine shortage, 2004-2005 season
- Hurricane Katrina and Rita Healthcare Relief Coordination, 2005

SMRRC accomplishments and contributions include . . .

- Needs assessments, hazard vulnerability analyses, and purchase planning
- Regional Health Emergency Response Planning
- Statewide, standardized disaster equipment, radio base station, and satellite telephone purchases
- Regional Contact and Equipment Databases
- Statewide Hospital Mutual Aid MOU
- Hospital NIMS compliance and HICS training and integration
- Lectures, grand rounds, demonstrations, and other trainings (inc. laboratory trainings)

RRC training and education offerings (sample)

- Equipment Trainings
- Hospital and Sentinel Laboratory Trainings
- Hospital Incident Command System (HICS)
- National Incident Management System (NIMS)
- Advanced HazMat Life Support (AHLS) Trainings
- Advanced Disaster Medical Response (ADMR) Trainings
- Advanced Clinical Aspects of Emergency Preparedness
- Personal and Family Preparedness Initiatives
- Hospital HazMat
- Hospital Communications and Radio Trainings

Response Planning Activities



- Regional Health Systems Emergency Response Plan
- Communications Surge Planning
- Mass Casualty Incident Response Planning
- Statewide Hospital Mutual Aid Memorandum of Understanding (MOU)
- Surge Capacity Planning
- Strategic National Stockpile (SNS) and CHEMPAK Coordination
- Pandemic Influenza Planning
- Regional Contact Database
- Regional Equipment Database
- Northern New England Metropolitan Medical Response System (NNEMMRS)
- Regional Hospital Hazard Vulnerability Analysis (HVA)
- Alternate Care Site Selection



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QUESTIONS?

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