



# Preparing & Planning for Alternate Care Facility

ECHO 2015 PREPAREDNESS SUMMIT

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# 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 Manger
- ▶ 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.

-Center for Infectious Disease Research and Policy

## Medically Fragile

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

-Oklahoma Health Care Authority

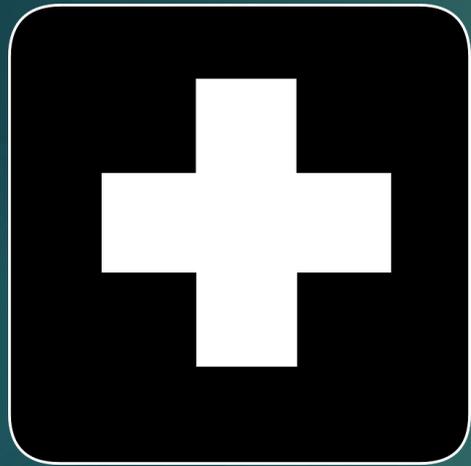


# Expanding Alternate Care, disaster medical response to Cascadia

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# Marion County



3



326,110



2<sup>nd</sup> Largest City

# Planning for Cascadia

## Timeframe for service recovery

Chart from Oregon Resilience Plan

Critical Service	Zone	Estimated Time to Restore Service
Electricity	Valley	1 to 3 months
Electricity	Coast	3 to 6 months
Police and fire stations	Valley	2 to 4 months
Drinking water and sewer	Valley	1 month to 1 year
Drinking water and sewer	Coast	1 to 3 years
Top-priority highways (partial restoration)	Valley	6 to 12 months
Healthcare facilities	Valley	18 months
Healthcare facilities	Coast	3 years

## 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

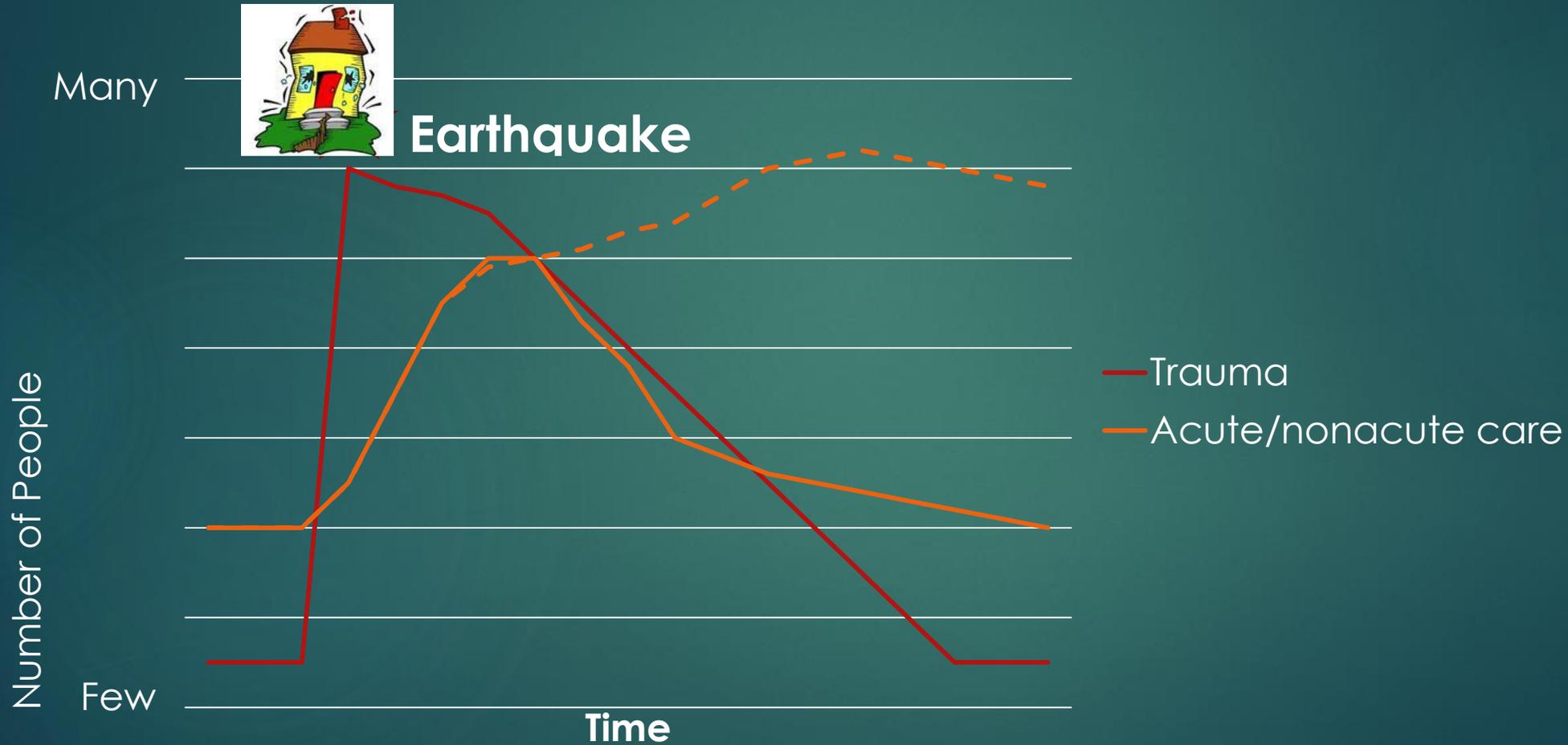
## At risk populations



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

-As defined by the CDC.

# Timeline of a Disaster



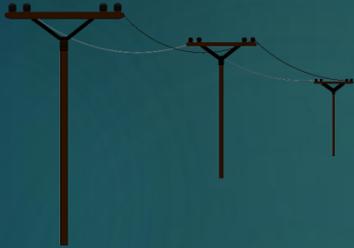
# Focus/Goal

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





# Steps towards Recovery



Restore lifelines



Medical  
Sector  
Continuity



Return home

# Previous Work



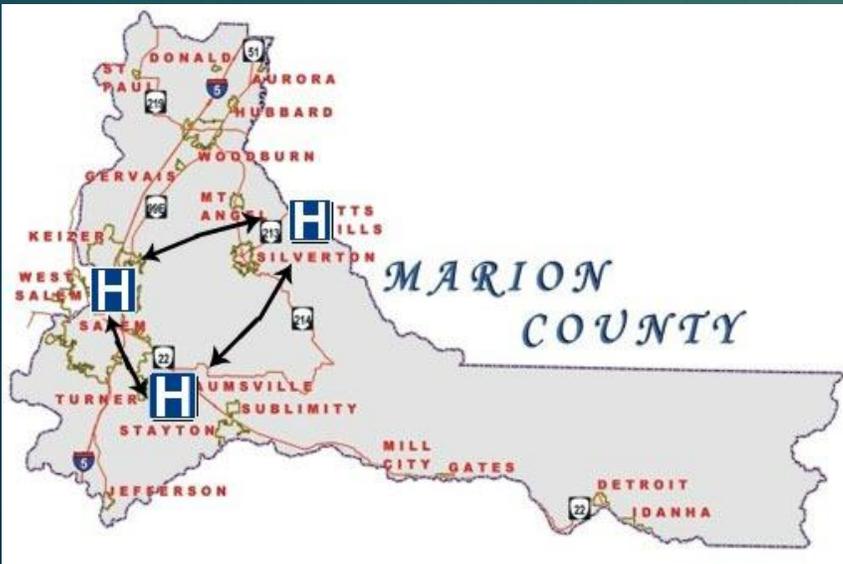
Dialysis Center Planning



Pharmacy Preparations



Citizens Corps

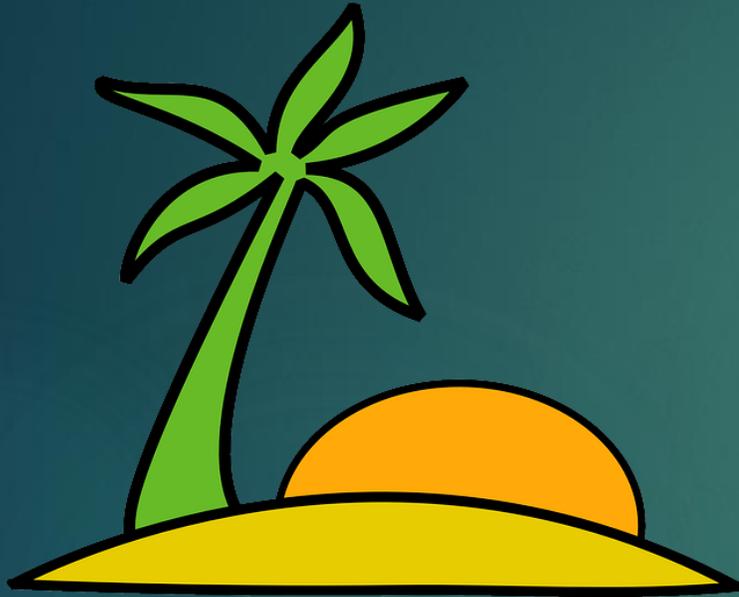


Hospital Mutual Aid Agreements and HAM radio project

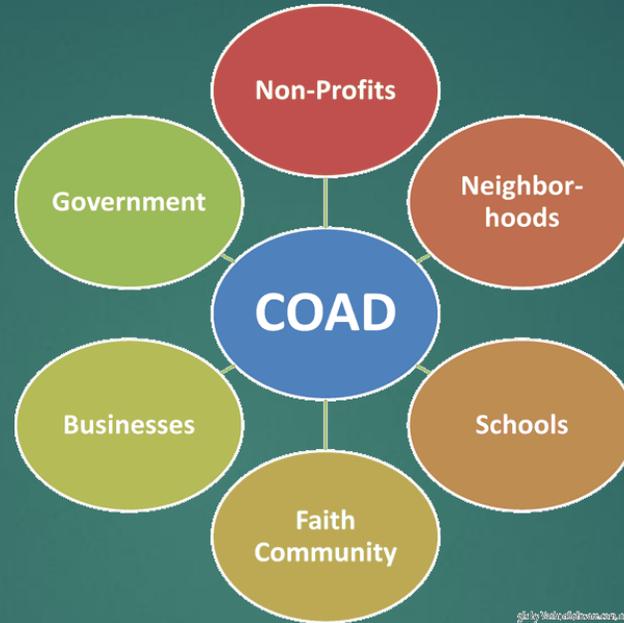


Salem Health Business Continuity Planning

# Way ahead



Island Mapping

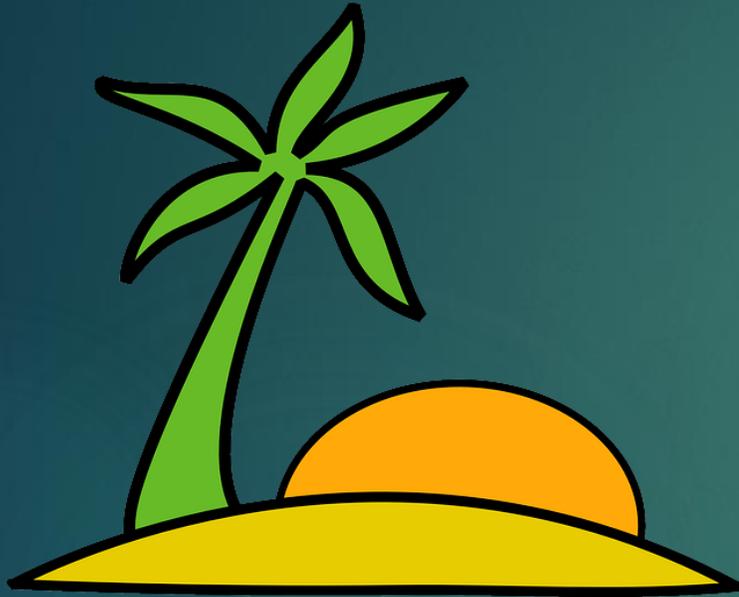


Community Organizations Active in Disasters



AmeriCorps VISTA

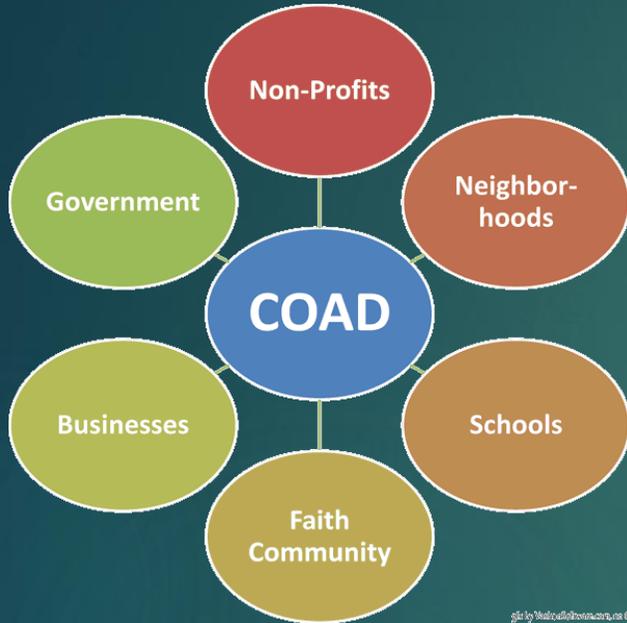
# Way ahead



## Island Mapping

- 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

**Marion-Polk COAD**

# Way ahead



**AmeriCorps VISTA**

- 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

- ▶ [http://www.bt.cdc.gov/workbook/pdf/ph\\_workbookFINAL.pdf](http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf)
- ▶ [http://www.cidrap.umn.edu/sites/default/files/public/php/181/181\\_concept\\_paper.doc](http://www.cidrap.umn.edu/sites/default/files/public/php/181/181_concept_paper.doc)
- ▶ <http://www.okhca.org/individuals.aspx?id=12065>
- ▶ [http://www.oregon.gov/OMD/OEM/ospac/docs/Oregon\\_Resilience\\_Plan\\_Final.pdf](http://www.oregon.gov/OMD/OEM/ospac/docs/Oregon_Resilience_Plan_Final.pdf)
- ▶ [http://www.oregonaresraces.org/wp-content/uploads/2014/12/Cascadia\\_Rising\\_2016\\_Exercise\\_Scenario.pdf](http://www.oregonaresraces.org/wp-content/uploads/2014/12/Cascadia_Rising_2016_Exercise_Scenario.pdf)



# 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?