

Fox Valley Healthcare Emergency Readiness Coalition (FVHERC)
Base Hospital, Area & Regional Medical Coordination Plan

PREAMBLE

As a disaster healthcare response event expands in complexity, the “Regional Medical Coordination System” will help to close critical gaps in medical surge capacity, continuity of operations, and enhance coordination with emergency physicians in the development and refinement. This document is intended to build upon guidelines established in Wisconsin Department of Health Services [“Guidelines for Managing Hospital Surge Capacity.”](#)

The Fox Valley Healthcare Emergency Readiness Coalition (FVHERC) has created a deployable Regional Medical Coordination Team (RMCC) to aid activating members/facilities. The considerations and check-lists contained within this document are the synthesis of multiple FVHERC member and key stakeholder input and are identified as a best course of action for members in the region.

DISCLAIMER

This plan is intended to provide concepts, considerations and assumptions in a coordinated area or regional medical response for advisory purposes only. This plan is not intended to replace or contradict internal facility or jurisdictional plans and policy, but supplement. Members are not required to use this plan, nor do they need to follow its exact format. Ultimately, individual organizations are responsible for their respective response.

PURPOSE

- Aid overwhelmed healthcare facilities with limited services due to physical damage, utility interruption or other factors and require external assistance from county, region and state partners.
- Provide a system to coordinate the transportation and disposition of patients involved in an event
- Provide a single point of contact for patient transport and disposition during the event
- Centralize, enhance and expedite the flow of information during an event between members and partners affected by the event
- Identify and prioritize the use of available resources
- Support normal referral process overwhelmed in an event

SCOPE & AUTHORITY

- The Base Hospital(AMC) Plan is not intended to replace a county emergency operation center (EOC) but ensure the continuity of care from the event trigger to the opening of the county EOC or serve as a method of resource management where an EOC will not be opened.
- This Base hospital plan is intended to build upon concepts identified in the FVHERC /WHEPP plan.
- There are no rules, statutes or codes that require members to participate in this plan.

TRIGGERS OF ACTIVATION FOR REGIONAL MEDICAL COORDINATION

- An event where resource needs will exceed the responding facility's capacity and standard operating procedures for an extended period of time. (Facility Dependent)
- An event that overwhelms resources
- Number of expected patients from an incident exceed normal response or mutual aid resources (MCI incident)
- Healthcare facility's ability to care for patients has been compromised (Hospital Evacuation or nursing home evacuation)
- Multi-jurisdictional infectious disease event (Epidemic/Pandemic Event)

KEY TERMS

Area Medical Coordination- Surge exceeding one healthcare facilities, but contained to a city, jurisdiction, or county. Atypical referral patterns may be used in addition to normal referral patterns.

"Call Centers"- Patient access and transfer center to help patient access through providers and establish transport. A system for a healthcare provider to refer another healthcare provider to assure continuity of patient care. Identified call centers in north central Wisconsin include, but are not limited to: **Ascension Connect, Patient Access Centers**. Other call centers outside of the region may need to be engaged depending upon size and scale of response.

EMResource (WITRAC)- The Wisconsin tracking, alerts and communications program; intended to help partners communicate before during and after a healthcare emergency. WI TRAC is used to communicate facility bed availability, mass casualty incident response capability and resource availability.

Incident Command- A standardized approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders from multiple agencies can be effective.

Requesting Facility- A participating facility, which is experiencing some Disaster and which requests personnel, material resources and other necessities from another participating facility (Lending Facility).

Lending Facility- means a participating facility that provides personnel, material resources or other necessities to the Requesting Facility during a Disaster.

Mutual Aid Box Alarm System (MABAS)- is a mutual aid measure that may be used for deploying fire, rescue and emergency medical services personnel in a multi-jurisdictional and/or multi-agency response.

National Incident Management System (NIMS)- NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to:

- Be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity.
- Improve coordination and cooperation between public and private entities in a variety of incident management activities.
- Provide a common standard for overall incident management

Regional Medical Coordination- Surge exceeding one healthcare facility, city, jurisdiction or county. Regional or state response required. Atypical referral patterns are required.

FVHERC- Fox Valley Healthcare Emergency Readiness Coalition. The healthcare coalition for East central (fox valley) Wisconsin, assisting healthcare and emergency partners to: assist in resource management, support evacuation activities, support shelter-in-place activities, facilitate information sharing, and identify time-sensitive metrics in a response.

WISCOM- Wisconsin Interoperable System for Communications. A shared two-way radio system by first responders across the state, used to communicate during a major disaster or large-scale incident.

RESOURCES TO CONSIDER FOR ASSISTANCE IN A MEDICAL SURGE EVENT:

- Hospitals
- Emergency Medical Services (EMS)
- Public Health
- Emergency Management
- Skilled Nursing Facilities
- Ambulatory Surgical Centers
- Home Health and Hospice
- FVHERC

Requesting Facility Checklist

Notify/Activate Internal Staff:

- Incident Command & Internal leadership
- Liaisons
- Triage
- Call Centers*
- Designate a scribe(s) to document significant events

Develop Initial Incident Action Plan

- Determine immediate internal and external needs
- [Quick Start](#) & [CO-S-TR](#)

Notify External Partners:

- FV HERC- through RMCC 1-800-236-2066
- Regulatory Agency if appropriate
- Hospitals (WITRAC, WISCOM,)
- Transportation assets (MABAS)
- County Dispatch: Public Health, Emergency Management, Law Enforcement
- Critical Healthcare Partners: Nursing homes, Long Term Care, Surgical Centers
- American Red Cross (Activated through EM)

Broadcast on WISCOM and WITRAC to alert of need:

- MCI capacity, bed availability, other intel PRN and establish common operational picture

Medical Surge Assumptions and Considerations Checklist:

- Incident command will remain at the facility where the incident is occurring until that facility requests another facility to assume incident command
- A requesting facility can request another facility to assume incident command should the event no longer be manageable internally
- If an event requires external resources, contact NCW HERC as first external contact to assist in the decision-making process
- Ensure “closed-loop communication” for resources identified as available from an assisting facility you will be utilizing.
- Cancel elective and non-essential procedures
- Place your facility “On Diversion” status
- Provide additional staff to your “Call Centers”

- Track expenses and notify finance as soon as reasonable

Continuity of Care:

- Engage EMS Medical Director for patient support decision making
- Identify & designate referring physicians
- Alternative standards of care considerations
 - Minimize the standard of care to only essential procedures
 - Modify patient care to maximize ability for transport (Meet Basic Life Support transport requirements)
- Send assigned medical staff with patients, for surge staffing and patient information, to identified lending facility
- Give report after patient has been transported to safe location
- Ensure the ED can accept patients presenting
- Move ED to an alternate site if necessary

If transfer is needed:

- Stop all current planned transfers
- Pre-identify multiple staging points for evacuation based on patient acuity
- Ensure patients being discharged or transferred are being sent with a minimum of 24 hours of medications & follow-up
- Stabilize patients presenting to ED and add to overall count
- Contact "Call Center" (Aspirus Physician Connect, Ascension Connect, MC Cares)
- Triage patients to:
 - Discharge
 - Transport to skilled nursing facility
 - Low Acuity Hospital
 - High Acuity Hospital

Confirm Resources to be Activated:

- Receive initial response from Responding Facilities and identify resources to activate
- Communicate resource needs and identified resource availability to "Call Centers" to coordinate approval for transfer/activation
- Inform responding facilities where resources are planned to be activated (closed-loop)

Other Facility Checklist:

Upon receiving first emergency communication from requesting facility

Notify/Activate Internal Staff:

- Incident Command & Internal leadership
- Liaisons
- Triage
- Call Centers*
- Designate a scribe(s) to document significant events

Develop Initial Incident Action Plan

- Determine immediate internal and external need
- Quick Start & CO-S-TR

Notify External Partners:

- FVHERC
- Regulatory Agency
- Hospitals (WISCOM, WITRAC)
- Transportation assets (MABAS)
- County Dispatch: Public Health, Emergency Management, Law Enforcement
- Critical Healthcare Partners: Nursing homes, Long Term Care, Surgical Centers
- American Red Cross

Broadcast on WISCOM and WITRAC to alert of need:

- Identify resource availability based on resource request and relay back to requesting facility
- MCI capacity, bed availability, other intel PRN and establish common operational picture

Medical Surge Assumptions and Considerations Checklist:

- Incident command will remain at the facility where the incident is occurring until that facility requests another facility to assume incident command
- A requesting facility can request another facility to assume incident command should the event no longer be manageable internally
- If an event requires external resources, contact FVHERC as first external contact to assist in the decision-making process
- Ensure “closed-loop communication” for resources identified as available from an assisting facility you will be utilizing.

- Cancel elective and non-essential procedures
- Place your facility "On Diversion" status
- Provide additional staff to your "Call Centers"
- If possible, accept 75% of current availability to prevent internal facility from being overwhelmed
- Track expenses and notify finance as soon as reasonable

Continuity of Care:

- Engage EMS Medical Director for patient support decision making
- Designate **one** physician as the accepting physician
- Alternative standards of care considerations
- Minimize the standard of care to only essential procedures
- Consider modifying nursing workloads for surge (i.e. 1:1 to 1:6)
- Ensure the ED can accept patients presenting
- Move ED to an alternate site if necessary
- Consider discharging patients, or expediting patients scheduled to be discharged
- Ready to provide all resources identified as available (WITRAC)
- Ready to assume incident command at the requesting facility's request
- Ready internal medical staff to assist medical surge staff

Confirm Resources to be Activated:

- Ensure response of resources available from initial request
- Ready for all resources identified available to be engaged
- Receive confirmation of resource engagement (closed-loop)