



To: Bay Area UASI Approval Authority

From: Frances Culp, Medical and Public Health Preparedness Project Manager

Date: May 10, 2012

RE: Item #8: Status Report from the Medical Surge Planning Project

Status Report from the Medical Surge Planning Project

As a recently hired member of the Bay Area UASI Management Team representing the medical and public health section, it is my pleasure to present today's Status Report. This report provides an update to the Approval Authority members regarding the three major projects for which I am currently responsible as the Medical and Public Health Preparedness Project Manager. During the first few months as a member of the Bay Area UASI Management Team, I have been fortunate to meet individuals throughout the Bay Area counties who are planning for their jurisdiction's health care response in case of a disaster. I have also been in the process of reviving important projects that are aimed at improving the region's public health and medical response during an emergency. The three major projects described below all require a county-wide effort, and I am looking forward to working closely with the region's public health and emergency medical services personnel to accomplish our shared goals and objectives.

A. County Meetings:

In order to introduce myself throughout the Bay Area UASI region and learn from the established contacts in the public health and emergency medical services arenas, my first step has been to meet with individuals and groups throughout the region. While making the acquaintance of all important contacts will be an ongoing process, my first goal has been to conduct at least one meeting in each Bay Area UASI county. The general intent of these meetings was two-fold:

1. To meet, learn from, and discuss UASI with those working in the emergency preparedness health and medical fields on the county level (within the Bay Area UASI region); and
2. To discuss regional medical surge planning, what counties have done (or are doing) in this regard, and how a regional medical surge planning project may help them.



In order to arrange these meetings, I reached out to the Approval Authority members at the March meeting, and followed up on all recommendations I received. In addition, I depended on word of mouth, as one person I met always led to another. These meetings, which have mostly taken place within the contact's county, have been extremely helpful. It has been an opportunity to receive feedback regarding UASI, suggestions for medical surge planning, and descriptions about how different counties are organized around emergency medical preparedness. I have met with representatives from the following counties:

- Alameda
- Contra Costa
- Marin
- Monterey
- Napa
- San Francisco
- San Mateo
- Santa Clara
- Solano
- Sonoma (5/16)

In addition, I have met, or spoken by phone, with a number of individuals who represent regional and statewide organizations, including the BioWatch Coordinator, the Regional Disaster Medical Health Specialist, EMS Authority representatives, and many others. I have attended, and as appropriate joined, several committees that are important for health and medical-related emergency preparedness planning. On a regular basis, I will represent the Bay Area UASI Management Team and its health and medical project areas at two different monthly meetings, the Association of Bay Area Health Officers – Public Health Preparedness (ABAHO PHP) committee and the BAUASI-led Regional Catastrophic Preparedness Team (RCPT). The membership of both committees consists of county representatives with a strong interest in the work of the Bay Area UASI concerning health and medical-related projects. This will allow me to avoid asking interested parties to commit to a new meeting, and instead use established meetings to discuss the projects for which I am responsible.



B. Regional Medical Surge Planning Project

The regional medical surge planning project was funded through the FY2010 UASI grant under the goal to “enhance medical, public health, and mass care preparedness.” This project involves, among other things, planning and executing activities that are designed to better prepare for, mitigate, respond to, and recover from medical and public health-based emergencies that result in a medical surge. In its broadest sense, medical surge is defined as the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care hospitals, alternate care facilities, and local public health departments) in order to provide triage and subsequent medical care.

The 2011 Bay Area regional capability assessment reported that the target capability of medical surge has a 31 percent level of ability. The region is assessed at a medium-low score in all but one activity related to medical surge (8 total), including developing and maintaining plans and procedures, activating medical surge, implementing surge staffing procedures and patient transfer procedures. This analysis illustrates that regional coordination in the area of medical surge is lacking and needs improvement. The medical surge planning project is meant to improve those medical surge capabilities throughout the individual operational areas, as well as the region.

County representatives were consulted and assisted with the development of the Request for Proposal (RFP) for this project. The RFP requires the following general overarching deliverables:

- *Timeline:* The contractor will have just 6 months to complete the project, so a detailed timeline is required that allows for satisfactory completion of all the listed deliverables.
- *Research:* Review existing medical surge reports and related documents (e.g., best practices), and create a listing for reference available to all Bay Area UASI counties.
- *Preparation:* Initiate and develop ways to sustain relationships with and among stakeholders, research and encourage shared definitions and approaches to medical surge, assess the region’s progress related to medical surge planning.



- *Final Report:* Include an analysis of regional medical surge planning, resources for use by local public health departments and/or emergency medical services organizations, and finally a road map to explore next steps.
- *Exercise:* Conduct a meeting with project participants and other stakeholders to review progress and identify ways to meet the new goals and objectives that were developed.

The RFP is set to be released on May 7th, 2012, with a project start date of July 9, 2012. The project must be completed at the end of December, 2012.

C. Statewide Patient Movement Plan

The goal of the Patient Movement Plan was to develop a patient distribution, receiving, and evacuation plan for the Bay Area and the state in a large-scale medical or public health event. The RFP was released in 2010 and Cameron Bruce Associates was selected as the contractor. The Statewide Patient Movement Plan (the Plan) final draft was completed in 2011, and sent to the California's Emergency Medical Services Authority (EMSA) to review and finalize.

The Plan defines and standardizes medical transportation and patient distribution operational procedures and addresses evacuation and relocation of medical evacuees, patients that require movement due to an incident, from an impacted Operational Area to locations outside the impacted area. Selected areas may include neighboring counties, other mutual aid regions and out of state. The Plan is intended to provide guidance to Local Emergency Medical Services Agencies, Local Health Departments, Medical Health Operational Area Programs, Regional Disaster Medical Health Coordinator/Specialist (RDHMC/S) programs, field responders, hospitals, long-term care facilities, and state agencies with disaster medical response roles.

The Plan addresses response roles, operational procedures, and performance guidance for:

- Activation and demobilization of patient distribution function.
- Communication pathways and protocols.
- Roles and responsibilities of sending and receiving facilities.
- Transportation, distribution, and tracking medical evacuees.
- Assets and resources to support the care of medical evacuees.
- Roles and responsibilities of government and private agencies at the local, regional, and state levels.



EMSA recently announced that it will make the Plan available online for a 45-day public comment period in the near future. The Plan will be sent out for public comment jointly from the EMS Authority, the Emergency Medical Services Administrators of California (EMSAAC) and the Bay Area UASI. At this time EMSA is the lead on the project, but will complete it in conjunction with EMSAAC and the Bay Area UASI.

Patient movement is a significant part of medical surge, and the Bay Area counties are anxiously awaiting the final plan. The health and medical preparedness staff in the Bay Area counties will be notified when the draft Plan is released for review. After EMSA completes the public comment period, it will submit the comments to the project Steering Committee, so that the issues can be addressed and necessary changes made. Finally, it will require approval through the EMSA leadership. When it is finalized, representatives from the counties and the region agree that it will need to be exercised.