

Medical Control Seminar -- 2010

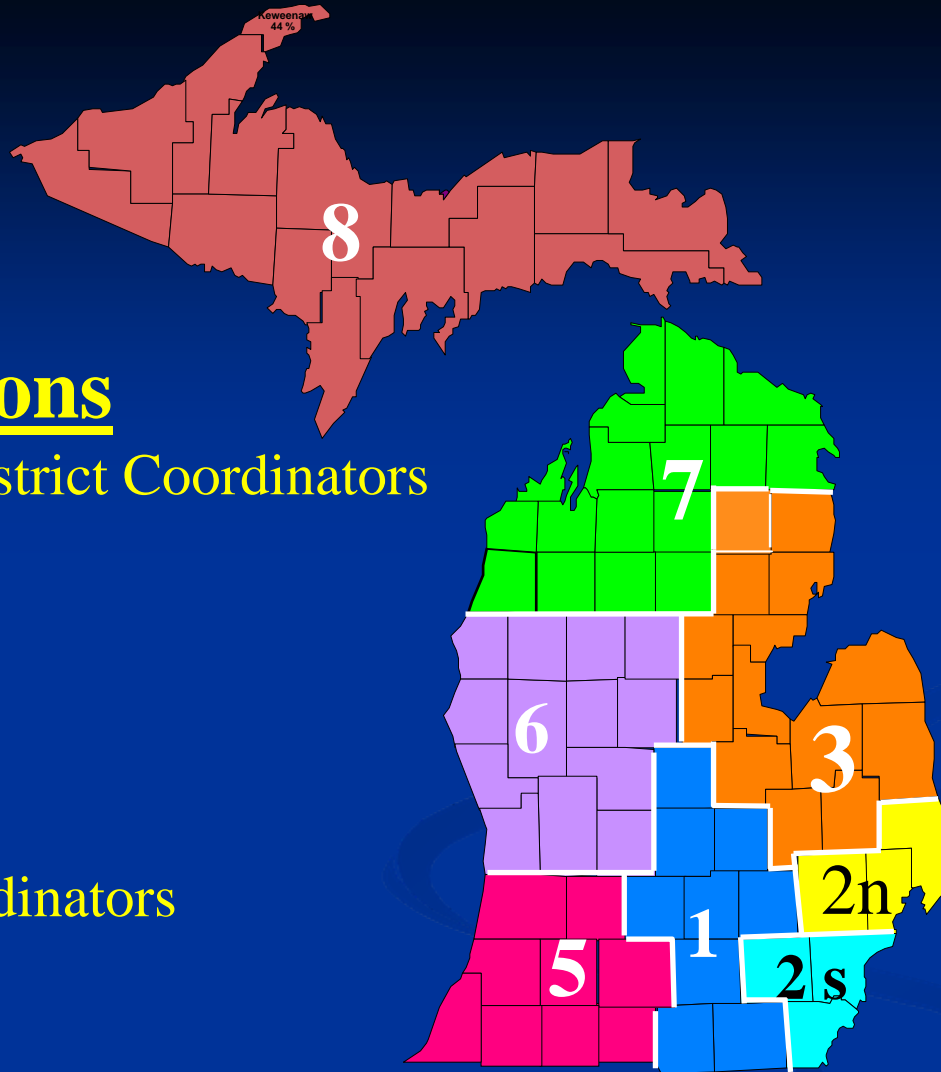
Expanded Role of Medical Control
Directors

Expanded Role of Medical Directors

- Emergency Preparedness
 - Participation in Regional Bioterrorism Networks
 - Understanding the Regional MCC
 - Activation of MEDDRUN/Chempack
 - Scare Resource Allocation
- Trauma
- Regionalization Initiative
- Research

Emergency Preparedness

- Participation in Regional Biodefense Networks



Preparedness Regions

- Emergency Management District Coordinators
- Regional Epidemiologists
- Regional Laboratories
- Regional Bioterrorism Coordinators
- Regional Medical Directors
- Trauma Regions

Regional Healthcare Preparedness and Planning

- Established 8 Medical Planning Regions consistent with Emergency Management
 - **Regional Advisory Committees**
 - Subcommittees designed by regions to meet ASPR requirements
 - Work Groups
 - All interested partners participate
 - Expanding partnerships to include CHC, MHC, RHC, Tribal Health Centers

Regional Healthcare Preparedness and Planning

■ Regional Planning Boards

- Consensus and prioritization of initiative for region
- Submits allocation requests to OPHP for distribution of regional implementation funds with support letter
- Each hospital & Medical Control Authority (MCA) in region has equal representation
- Additional members have evolved in each of the regions – may include public health and emergency management

Emergency Preparedness

- Regional Medical Coordination Center

MEMS in Michigan

MEMS establishes a framework to facilitate augmentation of local response efforts through the rapid organization of outside medical resources and available assets into two types of expandable patient care modules:

Acute/Alternate Care Center (ACC)

Neighborhood Emergency Help Center (NEHC)

Regional Medical Coordination Center – Tier 2



- The Regional Medical Coordination Center (RMCC) is intended to support local EOC's. It is designed to be a medical resource to local emergency management.
- The purpose of this component is to assist with the provision of a flexible, coordinated, uninterrupted health response.
- RMCC's help facilitate standardization and interoperability of health care operations and ensure optimum and efficient use of resources.

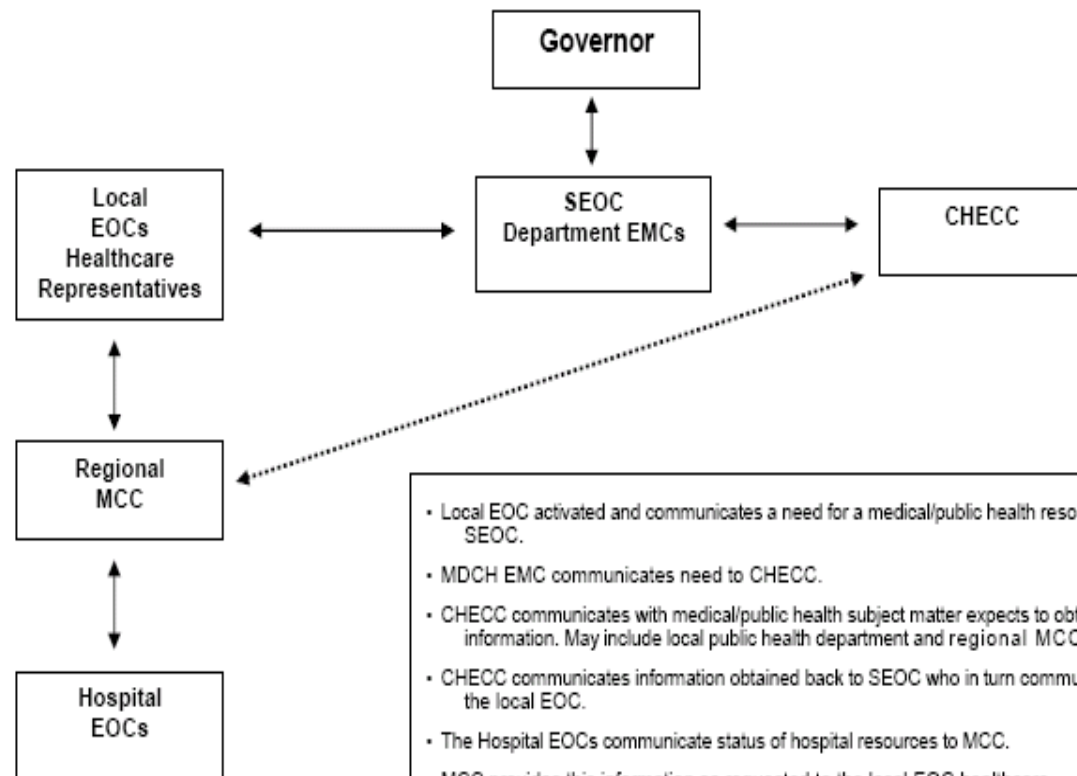
RMCC

- Defined in the State Mass Casualty Incidents Protocol
 - The MCC serves as a regional multi-agency coordination center entity as defined by the National Incident Management System (NIMS). The MCC serves as a single regional point of contact for the coordination of healthcare resources. The MCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The MCC serves as a link to the Community Health Emergency Coordination Center (CHECC).
 - The MCC acts as an extension and agent of the Medical Control Authority.

RMCC

- It is the intent of this protocol that the Medical Coordination Center and the personnel staffing the MCC and performing the functions are afforded immunity from liability whether or not a Mass Casualty Incident has occurred, as provided through MCL 333.20965 of Part 209 of PA 368 of 1978, as amended. This section specifically provides immunity from liability protection to Medical Control Authorities in the development and implementation of department-approved protocols.

Medical Communications Pathway During Emergency Response



- Local EOC activated and communicates a need for a medical/public health resource to SEOC.
- MDCH EMC communicates need to CHECC.
- CHECC communicates with medical/public health subject matter experts to obtain information. May include local public health department and regional MCC.
- CHECC communicates information obtained back to SEOC who in turn communicates to the local EOC.
- The Hospital EOCs communicate status of hospital resources to MCC.
- MCC provides this information as requested to the local EOC healthcare representative.

SEOC - State Emergency Operations Center
CHECC- Community Health Emergency Coordination Center
MCC - Medical Coordination Center
EOC - Emergency Operation Center
EMC - Emergency Management Coordinator

Casualty Transportation Systems (CTS)



CTS transport patients within the components of the MEMS model. To implement global transportation systems Emergency Management must be involved.

CTS may be utilized to transport non-critical patients out of existing hospitals to other facilities to free up bed space for casualties requiring hospitalization in an acute care facility.



Emergency Preparedness

- Activation of MEDDRUN/Chempack



MEDDRUN



Michigan Emergency Drug Delivery Resource Utilization Network

Purpose

- Bridge the gap between local resources and the SNS
- Rapidly deploy lifesaving medications & supplies (MedPack) to hospital or emergency casualty site ideally within one hour of request

MEDDRUN

- The Michigan Emergency Drug Delivery and Resource Utilization Network (MEDDRUN) established standardized caches of medications and supplies strategically located throughout the State of Michigan. In the event of a terrorist incident or other catastrophic event resulting in mass casualties, MEDDRUN is intended to rapidly deliver medications and medical supplies, when local supplies are not adequate or become exhausted. The goal is to deploy MedPack within 15 minutes of the request.

MEDDRUN

■ AUTHORIZATION

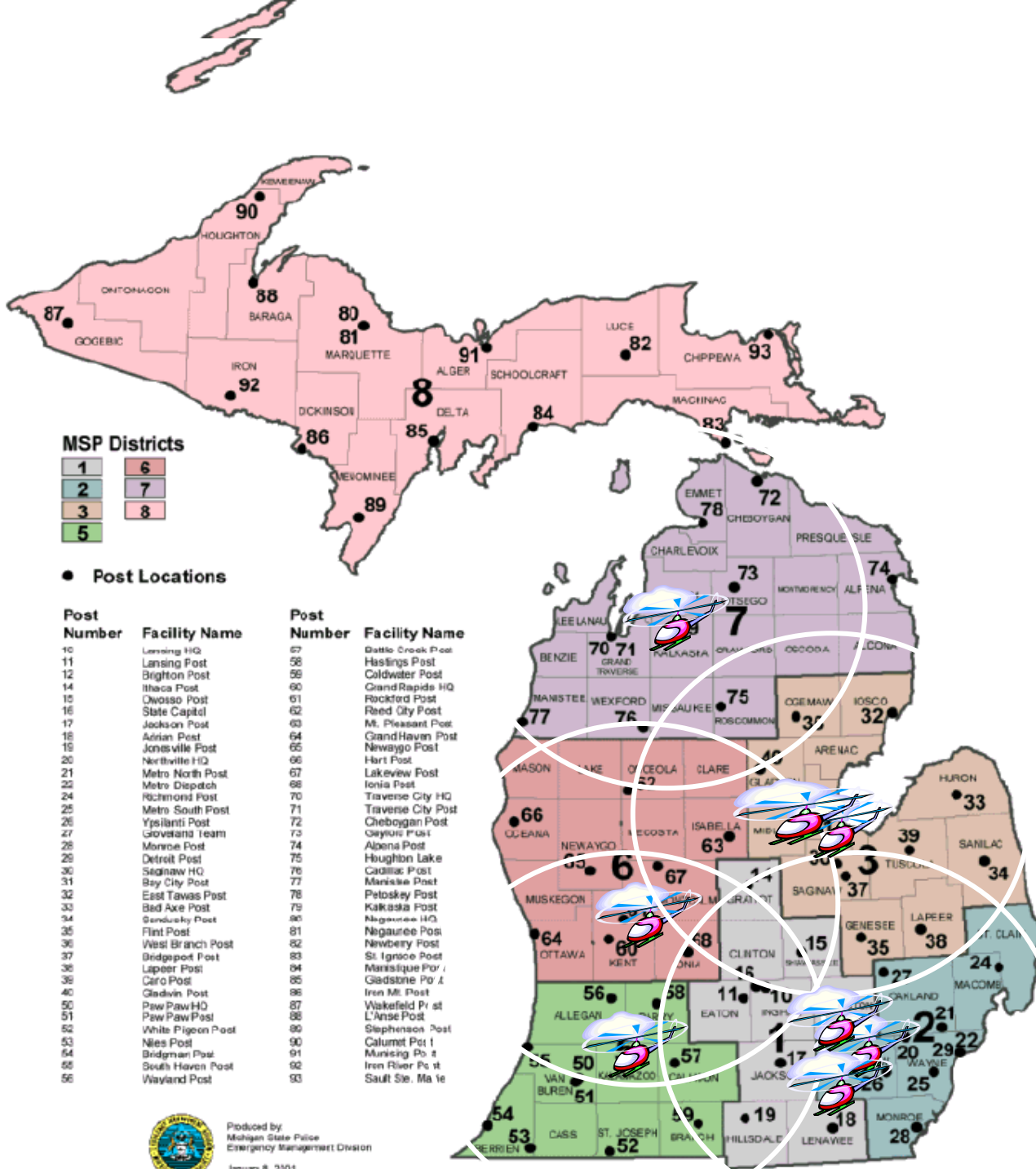
- Only authorized agencies and officials can request MEDDRUN. These agencies include any Michigan Hospital, local public health agency, or emergency management program. Authorized officials include designated representatives from the Office of Public Health Preparedness (OPHP), the Michigan State Police (MSP) and the Regional Bioterrorism Preparedness projects.

■ ACTIVATION

- There are two modes for activating MEDDRUN, depending on the location and who is making the request. The first may be any EMS personnel that identifies the need; the second may be a hospital, public health, EOC or Emergency Management that identifies a need for activation.

MEDDRUN

- State Protocol has been developed to assist in the activation – found under CBRNE



Produced by
Michigan State Police
Emergency Management Division

January 8, 2001

CHEMPACK

- Nerve agent antidotes supplied by CDC
- Coordinated through the regional initiative
- 67 Chempacks deployed at 37 sites
- Continually updated and examined by regional staff at least twice a year



CHEMPACK

- The CHEMPACK Project provided the State of Michigan, in collaboration with the Center for Disease Control (CDC) and the U.S. Department of Homeland Security, with a sustainable, supplemental source of pre-positioned nerve agent/organophosphate antidotes and associated pharmaceuticals that will be readily available for use when local supplies become depleted. A large-scale event would rapidly overwhelm both the pre-hospital and hospital healthcare systems.

CHEMPACK

■ ACTIVATION

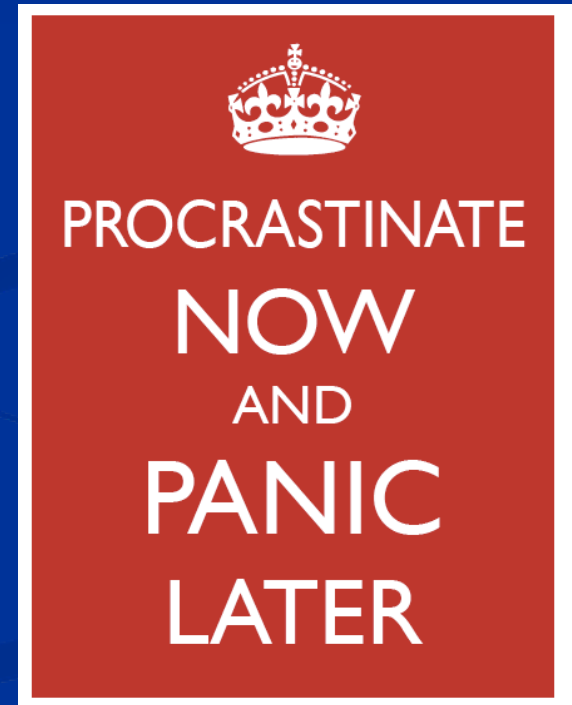
- EMS Identifies a need for Nerve Agent (NA) antidote support.
- State Protocol has been developed to assist in the activation – found under CBRNE

Emergency Preparedness

- Ethical Guidelines for Allocation of Scarce Resources During Public Health Emergencies for EMS And MCA's

Origin

- Plan and Prepare in advance for public health emergencies or mass casualty incidents.
- Proactive not reactive



Questions

- If our crews become ill who gets priority treatment?
- Who decides if we “triage dispatch”?
- How will scarce equipment be distributed?
- How will we inform patients we will not transfer them?
- What legal protection do we have?

Framework

- EMS and 911 systems will have to decide on how they will respond (or not) to the significant influx of patients and needs.
- Provide EMS and MCA's the tool to assist ethical and realistic resource allocation.
- Clear written protocols can reduce likelihood of ethical conflicts.
- Not possible to predict all situations in advance.

Direction

- Provide access to ethically sound, altered standards of care protocols allowing deviation from established patient care.
- The state will support and assist EMS/ MCA's through protocol to legally deviate from established protocols during public health emergencies.
- Ensure those patients most likely to benefit from evaluation have access to the service.

What Has Been Done

- H1N1 Protocols
- Draft Plan
- Response based triage through pre-screen and patient evaluation.



Specific Protocols

- Patient Triage
- Standard of Care Staging
- PPE levels (preferred vs reality)
- Staffing, treat and release, alternative transport
- Operate without need for On- Line medical control

Examples

- Altered PPE
- Different staging levels will bring different staff and response.
- Needs and resources are mismatched.



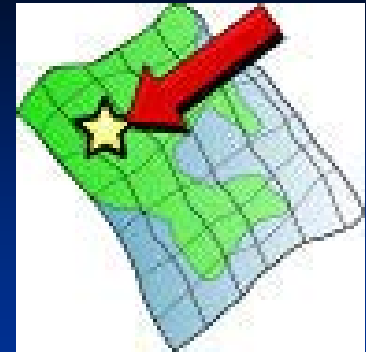
Status

- Draft document in final stages.
- Will be released to affected parties for input and comments.



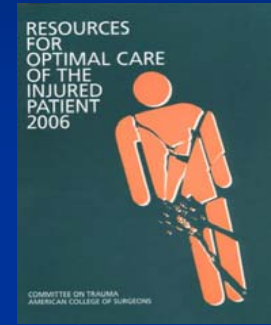
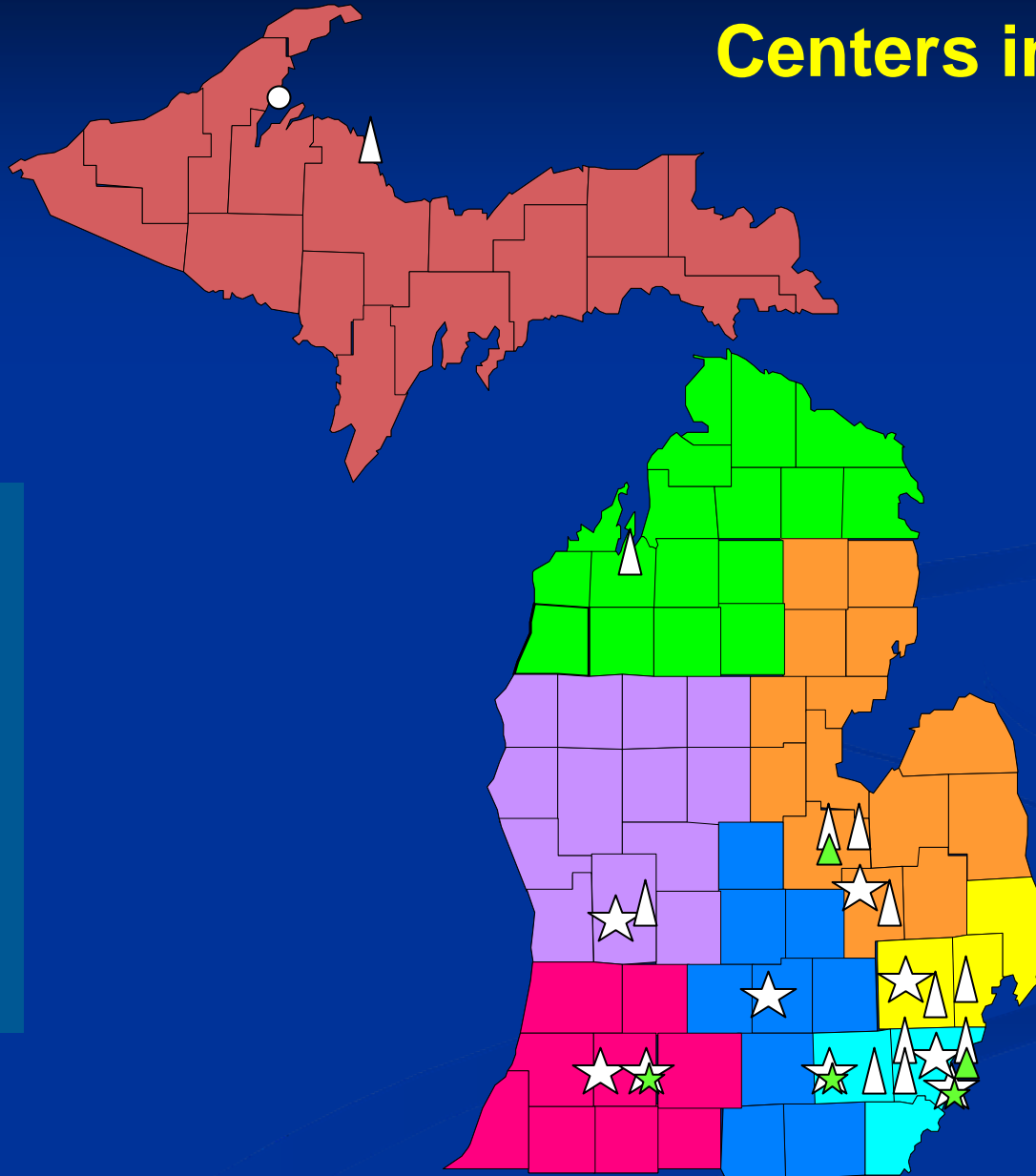
Trauma

Where are we now?



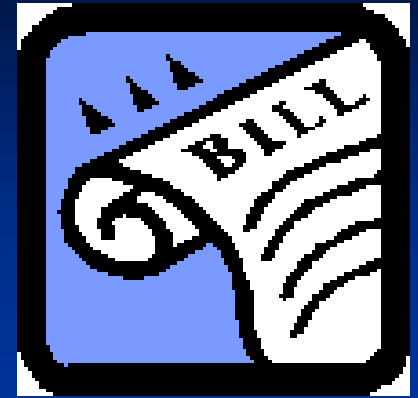
- Administrative Rules finalized.
- Tools are developed.
- Funding needs to be obtained.
- Focusing on Regionalization of Emergency Care (Trauma, STEMI, Stroke, Perinatal/pediatrics).

ACS Verified Trauma Centers in Michigan



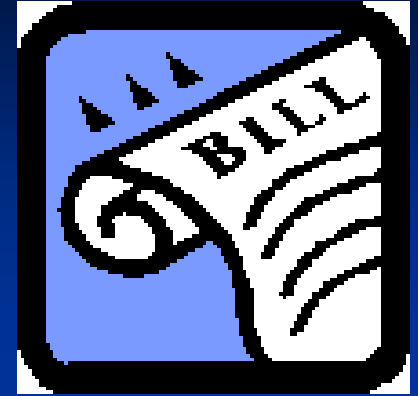
- Level I = ★
- Level I = (PEDS) ★
- Level II = ▲
- Level II = (PEDS) ▲
- Level III = ●

Funding Efforts



- Crime Victims Bill
 - Amend Crime Victims Language
 - Rebalancing Crime Victims Fund
 - Not specifically for Trauma System
 - Designates how funding scheme works for Statewide Trauma System
 - Based on criminal fees
 - Bills introduced
 - Dec 3, 2009- SIB 1002, 1003 & 1004
 - Dec 8, 2009- HIB 5661, 5666 & 5667

Funding Efforts



- Crime Victims Bill
 - Feb 10, 2010
 - House Bills 5661, 5666 & 5667 pass House floor
 - March 17, 2010
 - Senate Appropriations received HB 5661, 5666 & 5667
 - September 15, 2010
 - Senate Appropriations passed out HB 5666 – stripped out the trauma language

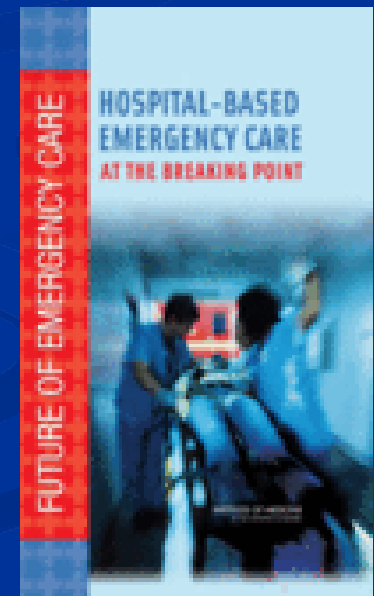
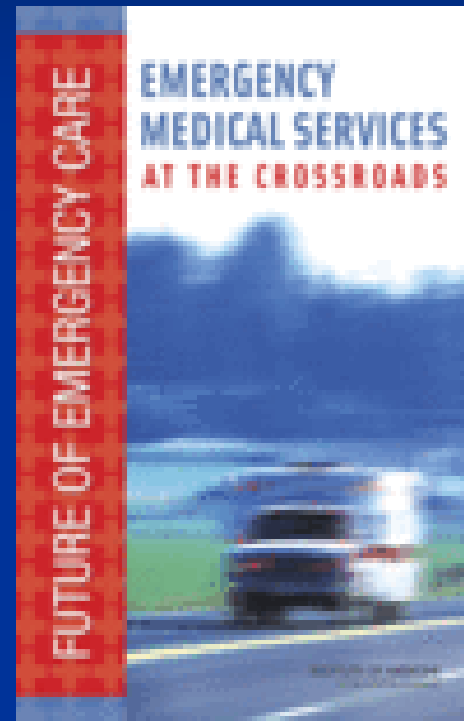
**Regionalization of
Emergency Care:
Utilizing the Statewide
Trauma System for the
Framework**

The conversation began.....

- 2007 White Paper “Need for Regionalization and Planning of Emergency Transport and Care in Michigan”.
- Partner discussions: Trauma, STEMI, Stroke, Perinatal, Pediatrics
- Assessment and advocacy for trauma system funding as foundation for EMS system of care.
- Evaluating national guidelines and reports on systems of care.

Regionalization: The IOM's Vision

A Regionalized,
Coordinated,
and
Accountable
Emergency Care
System



Institute of Medicine: Recommendations from Workshop



- “Emergency system needs to be regionalized, accountable, and coordinated”
- States must play a key role in establishing regional systems to ensure **consistency** and **sustainability**
- Successful states have maintained a lead agency concept
 - Someone who has **legal authority**

Institute of Medicine: Recommendations from Workshop

- Regionalization is not centralization
- Not about designating certain places as the place to go
- Match the patient to the appropriate resources
- Needs to be a web, not a funnel
- Most mature systems have strong medical leadership, willing to take criticism, help resolve issues, have legislative authorization, and it's enforced



Research

- Dr. Hoyle's study that focuses on prehospital pediatric dosing errors
- EMSC Targeted Issues Grants
- Special Studies