

“Ready or Not with All The Various Surge Populations in Proximity to The Health Care Facility?”



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Today's Focus



- Increasing surge capacity and surge population concerns from/trends for disasters
- Why Plan: 96 Stand Alone Requirement and Hospital does not have sufficient resources to manage all surge populations
- Preparedness: Personal, organizational and community plans
- Responsibilities for community partners



(KUMTUM)















(AP PHOTO)



(REUTERS)





Campus Profile

- 1 Academic Medical Center, 3 University Schools & Non-Affiliated Hospital
- 30,000+ Employees and Students
- Campus Covers 5 Square Blocks
- Campus Located in City within proximity to residences for students and citizens
- 60+ FBOs within a 2 Mile radius of campus

Terrorism Event Psychiatric Impact



Psychological weapon

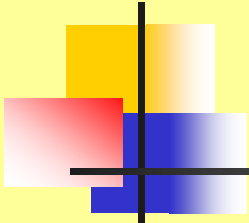
- 2-10 mental health casualties present for every physical casualty in studied terrorism events
- Fear and anxiety created in a population such that belief in society's institutions and governance is undermined
- Damage to people and property is incidental to its goal



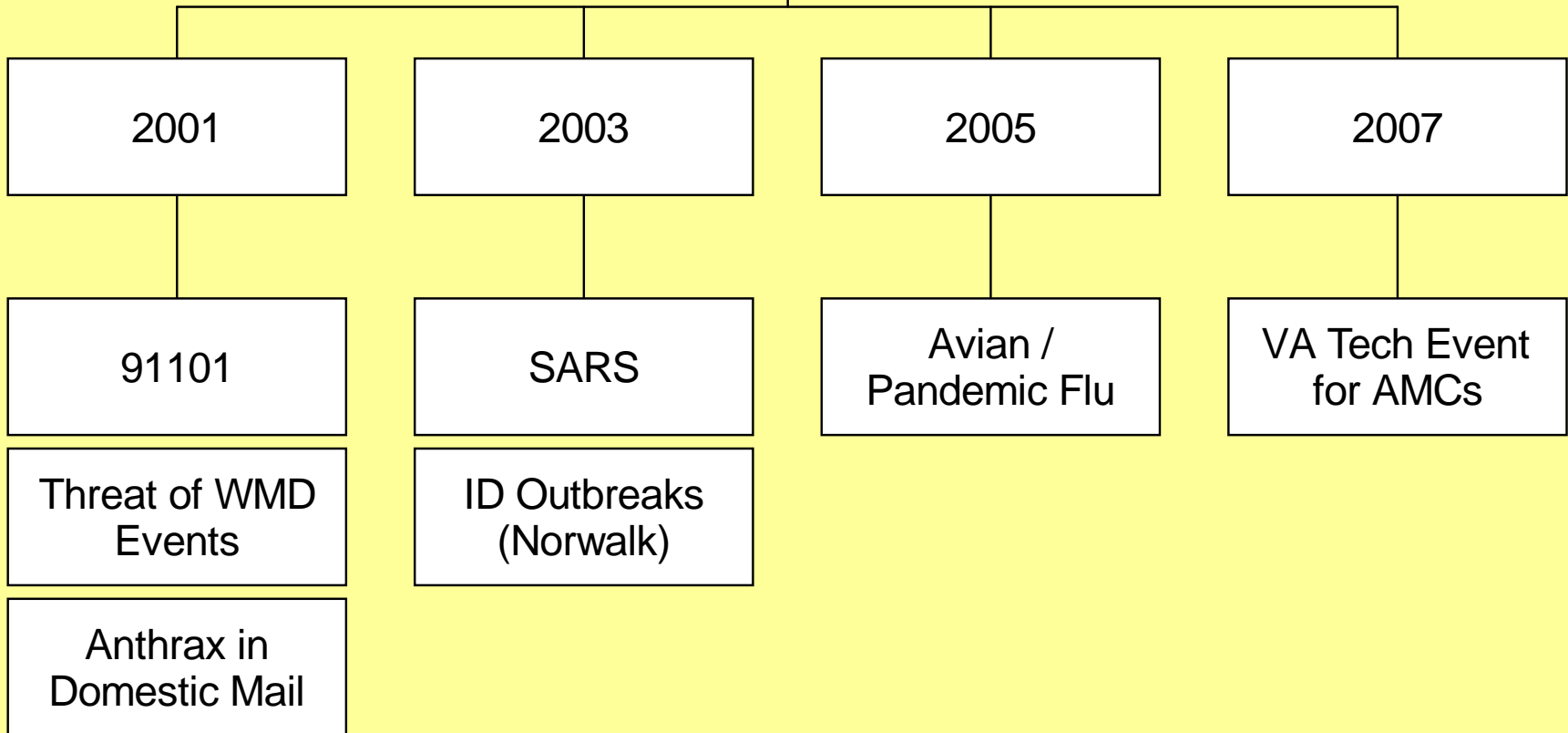
Medical & Psychological Impact

Disaster Event	Psych Impact	Medical Impact
Persian Gulf War	544 Pts w Distress	40 Injuries rushing to shelters, 230 injured post atropine injection
Sarin Attack	4,023 Triage/Disch	12 Killed, 62 Injured
Oklahoma City	50% Exposed: anxiety, depr, alcohol	
World Trade Ctr	400,000+ Post Event Anxiety	~ 3,000 Deaths
911 in NY City	10% Depr w residents < 110 th Street	← 8% PTSD

Rise in Risks Creating Surge Populations



Disaster Trends



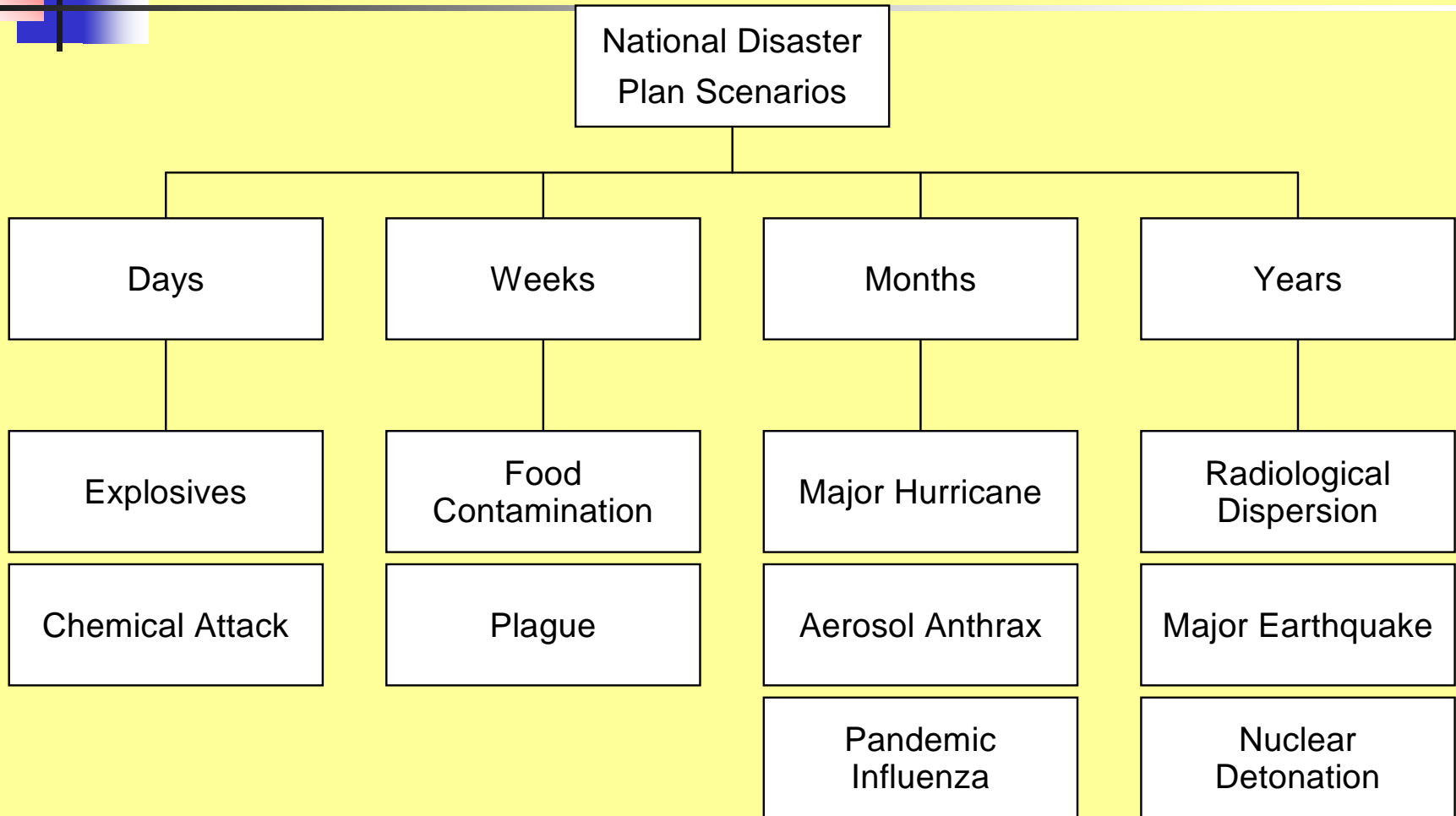
Increasing Trends in Extent and Intensity of Disasters



- Climate changes causing more intensive naturally occurring weather events (i.e., hurricanes, tornadoes, temperature, floods, blizzards, etc)
- Not only more events but after 2001, events are more diverse, complex and produce more damage.

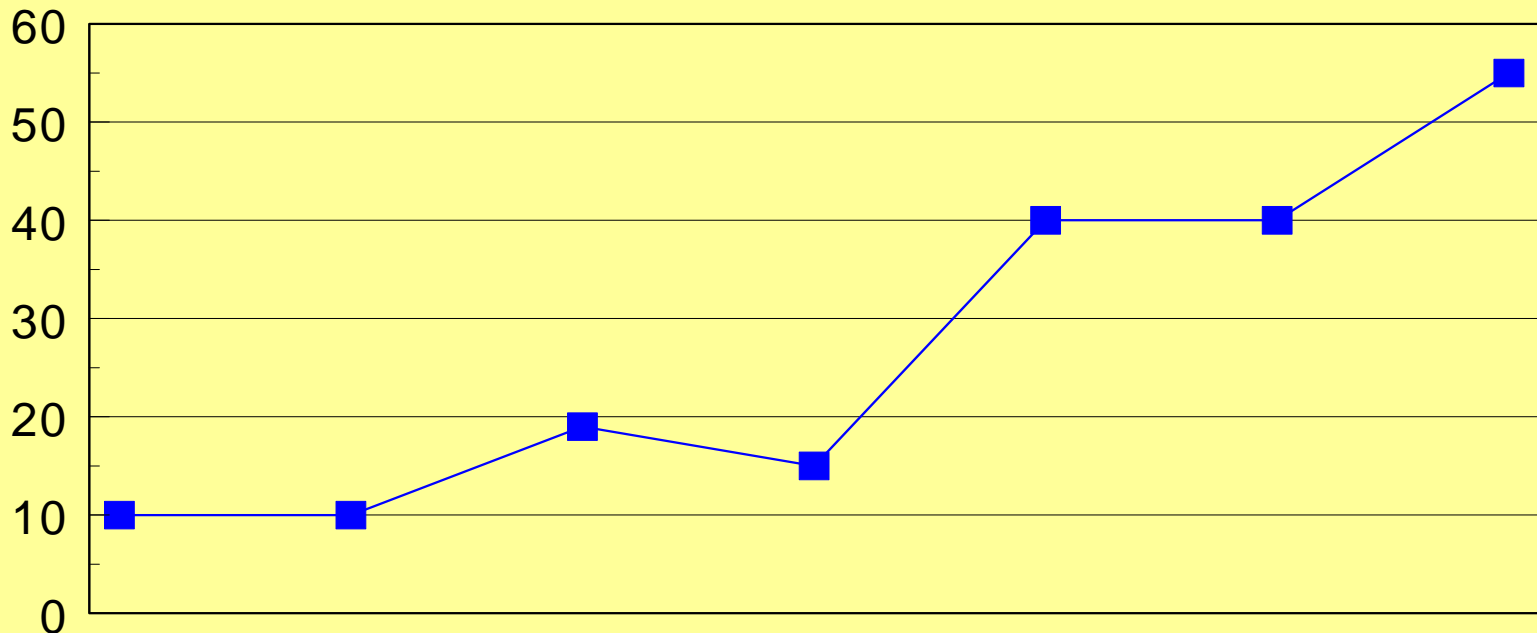
National Disaster Plan Scenarios

[Source: U.S. DHS July 2004]



FEMA National Disaster Declarations

(1953 to 9/2007 w 1995 to 2007 = 1 per wk)

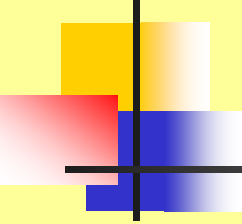


1953	1960	1970	1980	1990	2000	2007
10	10	19	15	40	40	55

Risk Analysis Conclusions



- As a result, disaster response plans require more resources and effort to prepare, mitigate, respond and recovery
- Or require campus wide or community evacuation!



JC Health Care System Model (for 1/08)
(Deaths directly related to event or
inability of hospital to care for patients
plus standard to stand alone for 96 hrs)

<u>Emergency</u>	<u>Disaster</u>	<u>Catastrophe</u>
Infrastructure Intact	Infrastructure Damaged	Infrastructure Damaged
Sustainable	Sustainable	Not Sustainable
No Deaths	Few Deaths	Many Deaths Possible

Strategic Imperative:

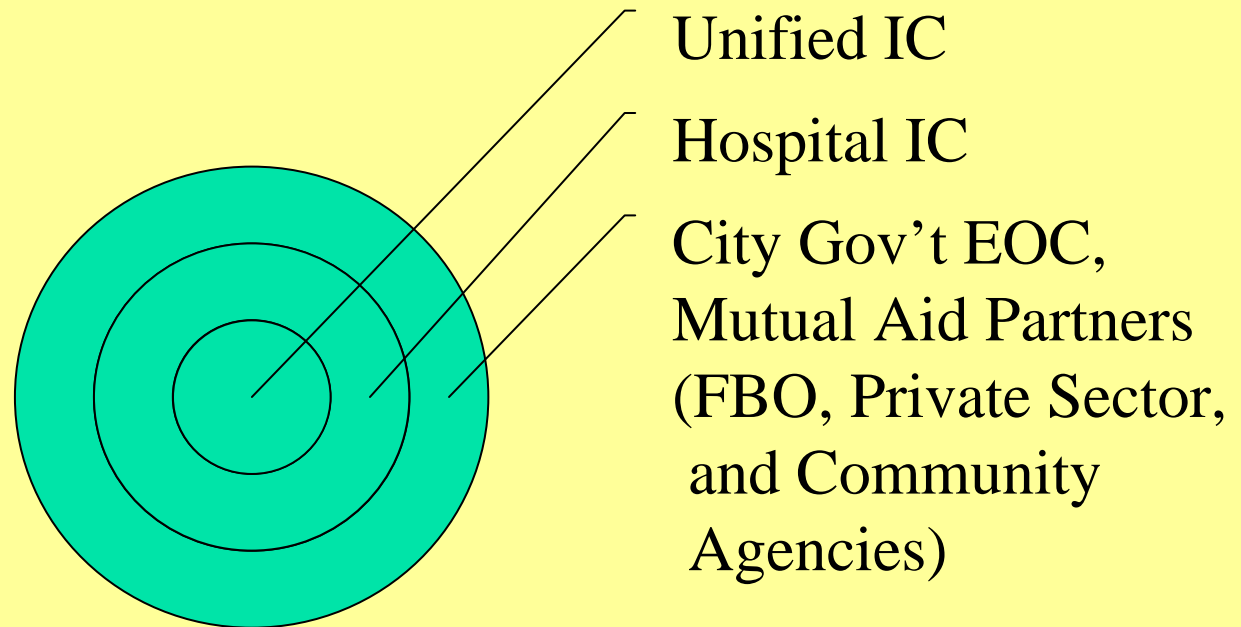
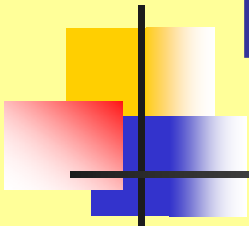
Are we ready to respond ...



“Public Health Emergency Preparedness is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whose scale, timing, or unpredictability threatens to overwhelm routine capabilities.”

From C. Nelson, et al: AJHP Vol 97 No. S1, 2007 (Rand Corp)

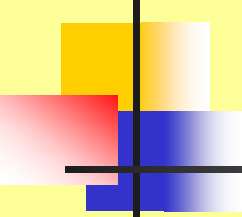
Relationships: Community Plan: UIC, HIC & Local City Government



Framework for Preparedness

(Price Waterhouse Coopers' Health Research

Institute: Closing The Seams 2007)

- 
- Hospital
 - Altered Care Standards
 - Alternate Care Sites
 - Supply Stockpiles
 - Community
 - Staffing Supply and Capabilities
 - Cohesive & Consistent Planning
 - Regional Collaboration
 - Society
 - New Leadership Roles
 - A Culture of Preparedness
 - Sustainable Funding Sources

Major Issues for Preparedness



Surge Patient, Visitor, etc. Groups

- Incoming casualties
- Psychologically affected
- Patients that can not be discharged
- Outpatient business continuity for existing patients
- Worried well and walking wounded
- Community (Local residents, homeless)
- Media
- Family members
- Undesirables
- Incoming telephone calls
- Employees on Campus
- Out-of-region students

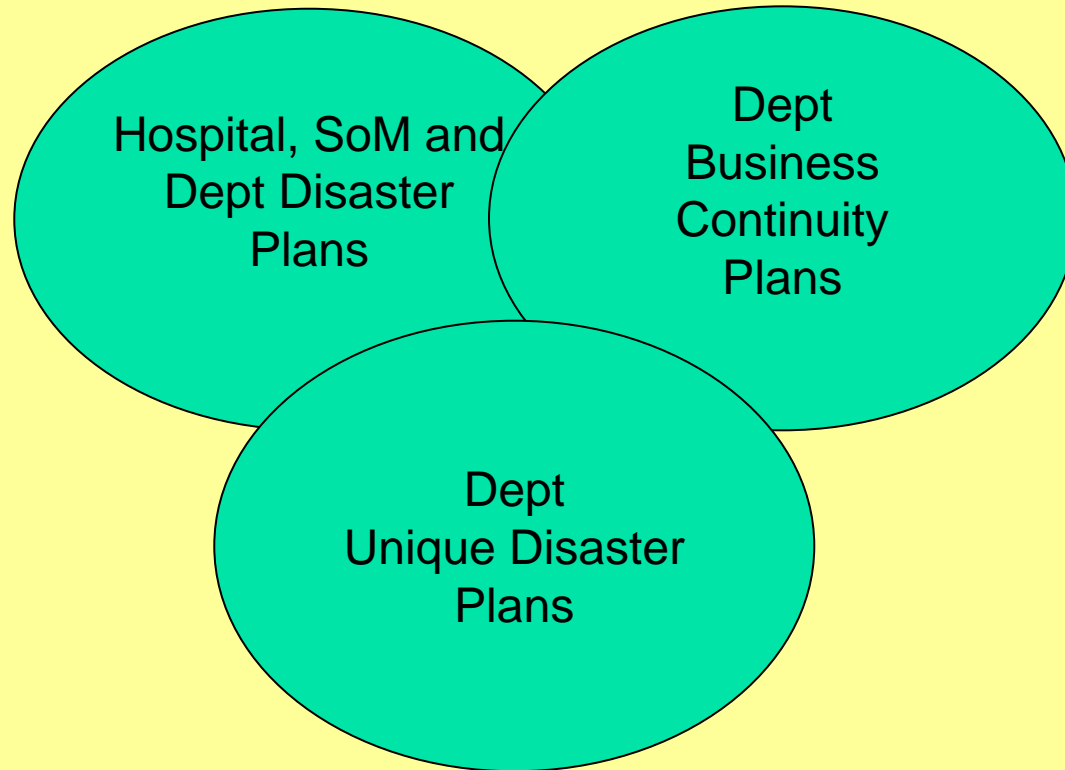


Drugs for Special Psychiatric Patient Populations

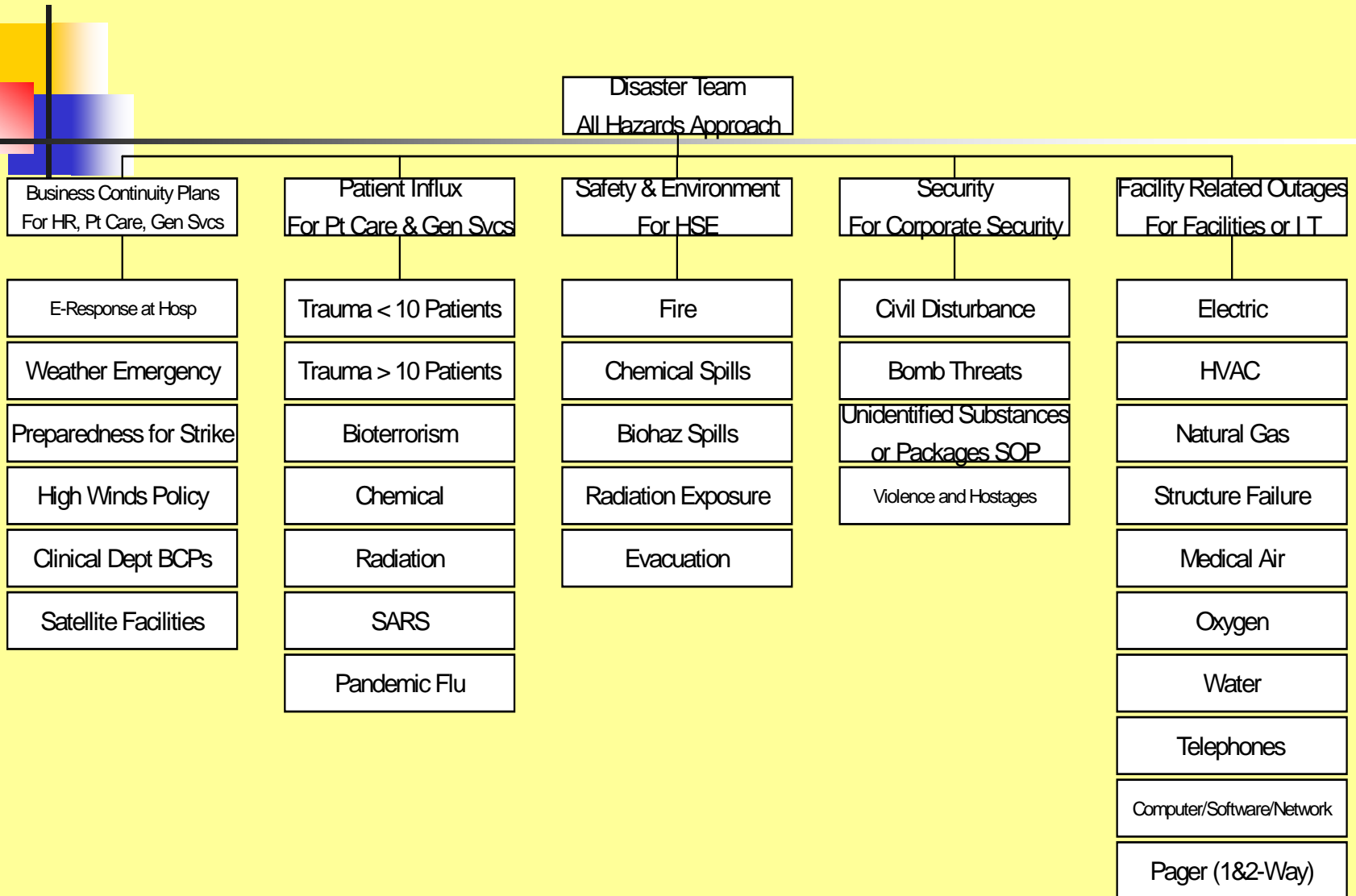
- Establish sufficient psychiatric, controlled substance and detoxification drug supplies
 - Baltimore has 45,000 addicts with New Orleans having 65,000 w behavioral health/SA disabilities
 - Distinct populations – Children, geriatrics, chronically ill, disabled, homeless psychologically affected, domiciliary patients, etc.
 - Federal National Drug Stockpile does not include psychiatric or detoxification drugs

■ Type of Disaster Plans Needed





Disaster Policies and Plans





Levels of Preparedness Plans

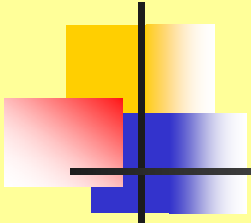
- Personal (individual & family)
- Organizational Plans (Disaster Plans & BCPs)
- Distinct Sector Plans for Organization
- Community Plans
- Regional Plans
- State Plans
- Federal Plans (plan for no help for 96 hours)



Preparedness: 5 A's Theme

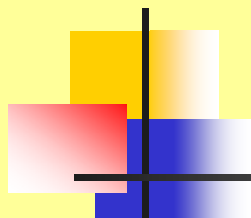
- Access
- Authority
- Activation
- Assets
- Assignment

Lines of Responsibilities



-
- Incoming casualties
 - Psychologically affected
 - Patients that can not be discharged
 - Outpatient business continuity for existing patients
 - Hosp Distinct Units/Bldgs
 - Hosp Mental Health Clinics and Psych @ External Triage
 - HICC: Surge Response by ... Cohort patients PRN and then maintain care
 - Set up in Distinct Buildings by Responsible Departments

Lines of Responsibilities



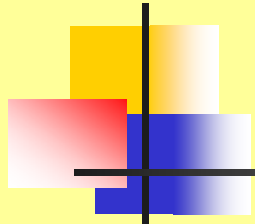
- Worried well
- Walking wounded
- Local residents and homeless
- Media
- Family members
- Undesirables
- FBO Spiritual/PFA to MHT
- ED Overflow (Peds/Med OP)
- FBO, Community Agencies, Private Sector Support
- PIO or Ofc Communication
- FIC: SW, Pastoral Care, MHT
- Security and BCPD

Lines of Responsibilities



- Incoming telephone calls
- Employees on Campus
- Out-of-region students
- Hosp Staffed Hot Lines
- HICC Web Based Software: Availability & Scheduling
- Housing, Daily Living Needs

Other Mitigating Actions Needed



- Facility Lock Down & Limit Roaming
- Decontamination & Screening Visitors and Employees before Entering Facility
- External Triage and ID System to Validate Decontamination Completed & Assessed Before Entering Hospital for Care
- From Higher to Sufficient Standards of Care
- Rationing Equipment, Supplies and/or Drugs



Mutual Aid Partners

- Medical, Psychiatric & Substance Abuse Care
 - Ambulatory Care, Home Care, Assisted Living, & Nursing Home Programs & Facilities
 - Private Practice & Local Health Depts / EOCs
 - Contracted Vendors (also Pharmacies, DME)
- Worried Well, Walking Wounded, Daily Living
 - FBOs and/or Food Shelter Programs (plus Red Cross, Salvation Army)
 - Private Sector – Supplies, Day Care, Business, Corporations, etc
 - Government and Community Agencies

Faith Based Organizations (FBOs)

- Place for worship and prayer
- Validated communication for & access to services for congregants, local residents
- Individual and family preparedness
- Spiritual support
- Bereavement support
- Psychological first aid
- Volunteer deployment
- Food/water and/or sleep accommodations
- Clean up, repairs, etc



Government Agency EOC

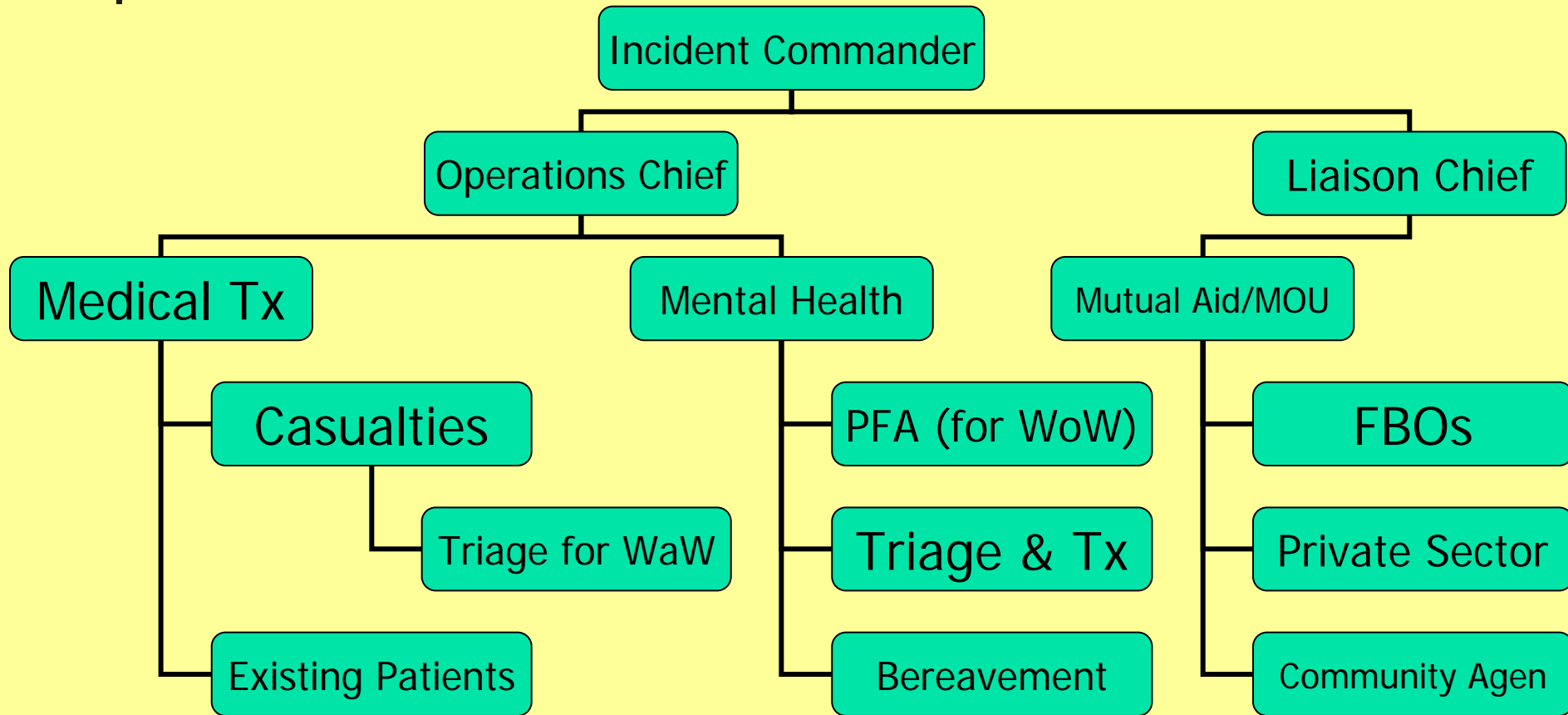
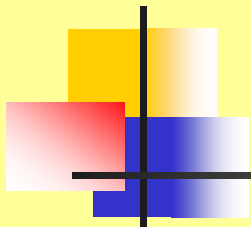
- Event status
- Situational Assessment and Response
- Mutual aid needs / surge capability
- Prophylaxis & Vaccination Caches and Distribution/Administration Sites
- Food, water and/or sleep accommodations



Private Sector

- Volunteers
- Non-Medical Model for Prophylaxis and Vaccination Distribution
- Daily living supplies
- Funding

HICC: Surge Response by ...



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