

Healthcare Coalition Response:

A Performance Support Tool for On-Call Healthcare Coalition Staff

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Objectives

- 1) Describe the Boston Healthcare Preparedness Coalition (HPC) and Boston Public Health Commission's (BPHC) Office of Public Health Preparedness (OPHP)
- 2) Describe the BPHC Medical Intelligence Center (MIC) Duty Officer (DO) program
- 3) Discuss the development process for our MIC DO Job Aids
- Provide recommendations for building your own coalition duty officer job aids

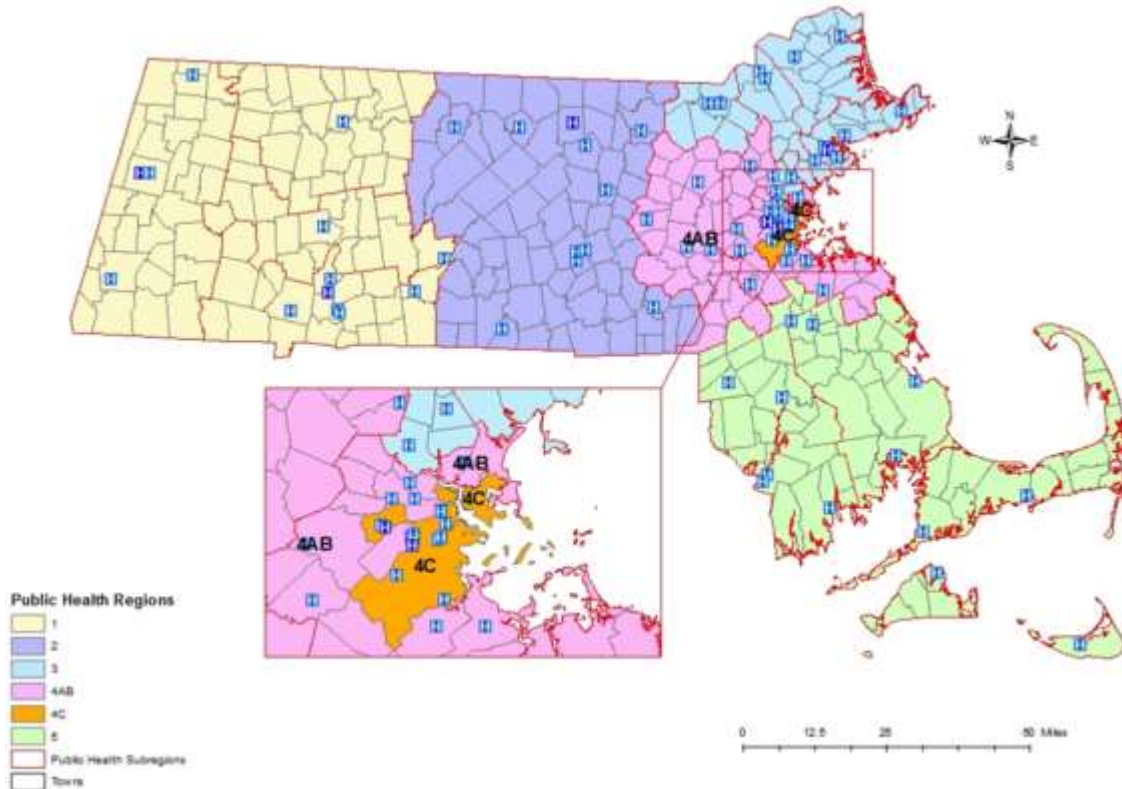
ALISON RANDALL

- OPHP: Senior Program Manager, Health Care System Preparedness
- Boston HPC: Manager

BEN MCNEIL

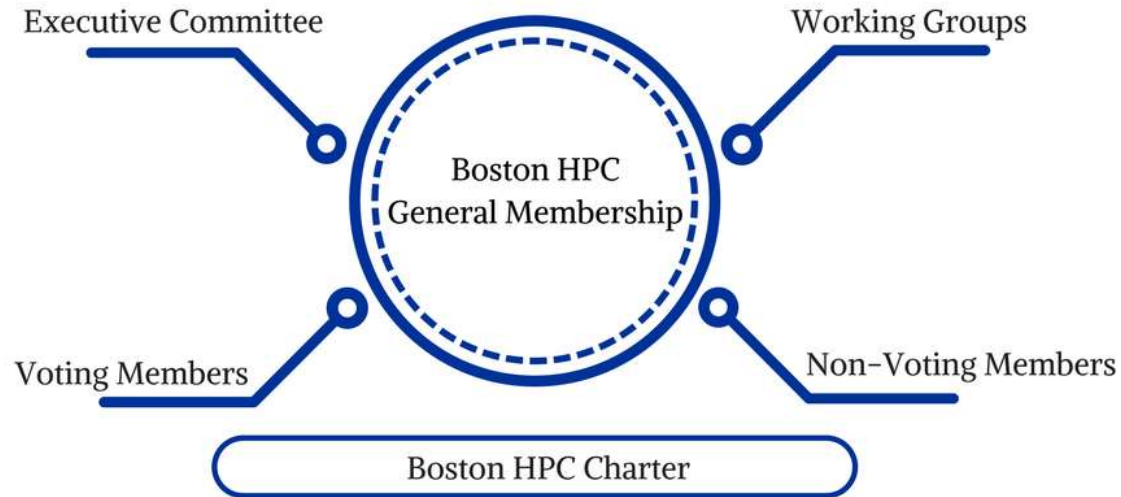
- OPHP: Associate Director, Healthcare System Preparedness, Response and Recovery
- Boston HPC: Planning & Operations

Coalition Model in MA



- 6 healthcare coalition regions in the state
- City of Boston is Region 4C = Boston Healthcare Preparedness Coalition (HPC)

Boston HPC Organization



Healthcare Landscape in Boston

Boston ESF 8

1 Public Health

- ~1,000 employees

1 Municipal Ambulance Service

- Over 350 EMTs & Paramedics
- 16 Stations

24 Community Health Centers

20 Licensed Hospitals

- 6 Level 1 Trauma Centers
- 12 Acute Care

Expansive Long Term Care, Home Health,
Specialty Care, Mental Health

Vision

The Office of Public Health Preparedness envisions a **resilient Boston** through healthy, informed, and connected communities that are supported every day and during emergencies by **strong, integrated public health and healthcare systems**.

Mission

The mission of the Office of Public Health Preparedness is to **enhance community, public health, and healthcare system resilience** in order to prepare for, respond to, and recover from emergencies that impact **health and access to healthcare**.

Office of Public Health Preparedness



Community Resilience

Disaster Behavioral Health



Education and Training: DelValle
Institute for Emergency Preparedness

Healthcare System Preparedness



Public Health Emergency Management

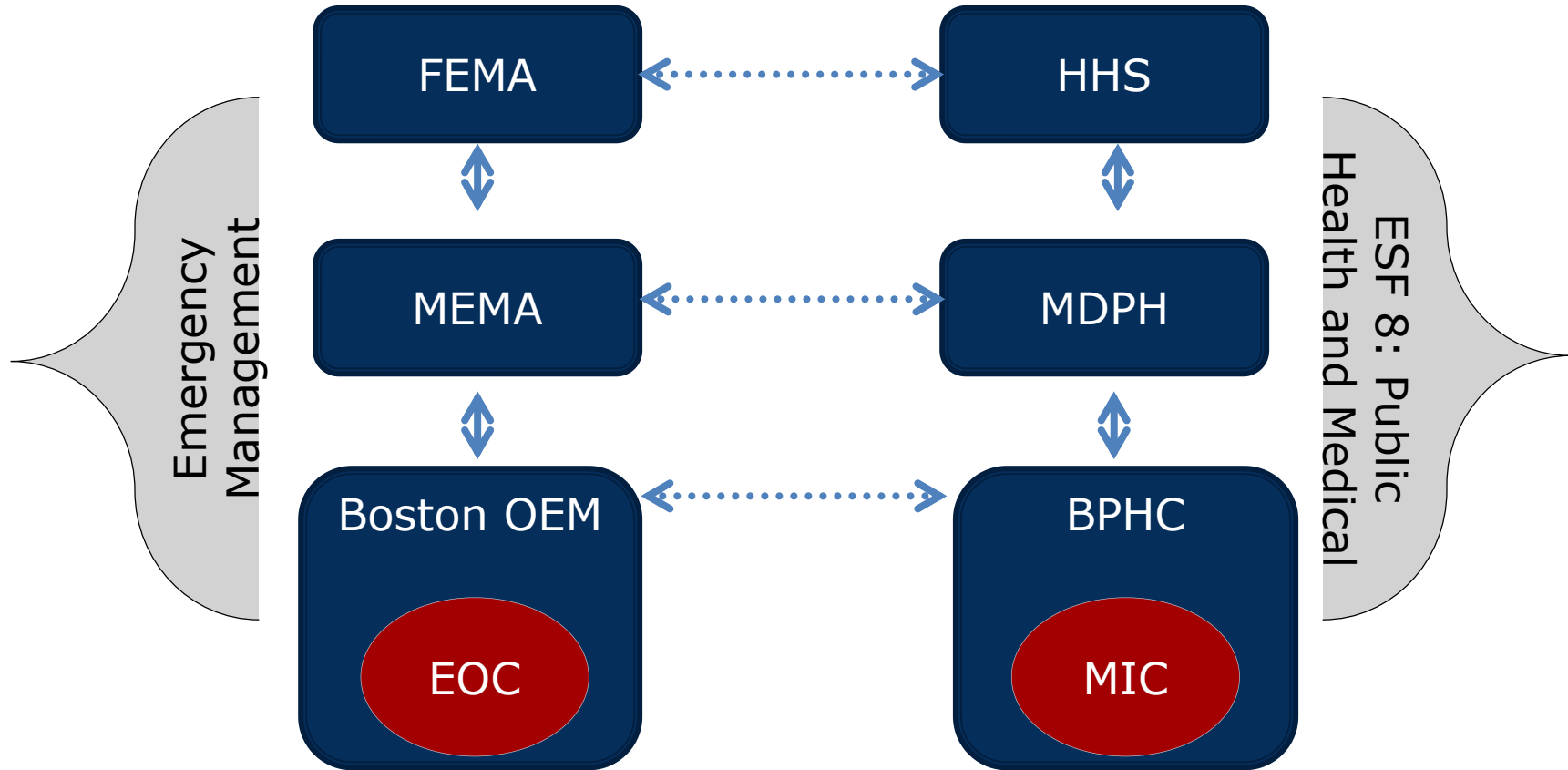
Public Health and Healthcare
Response & Recovery Operations



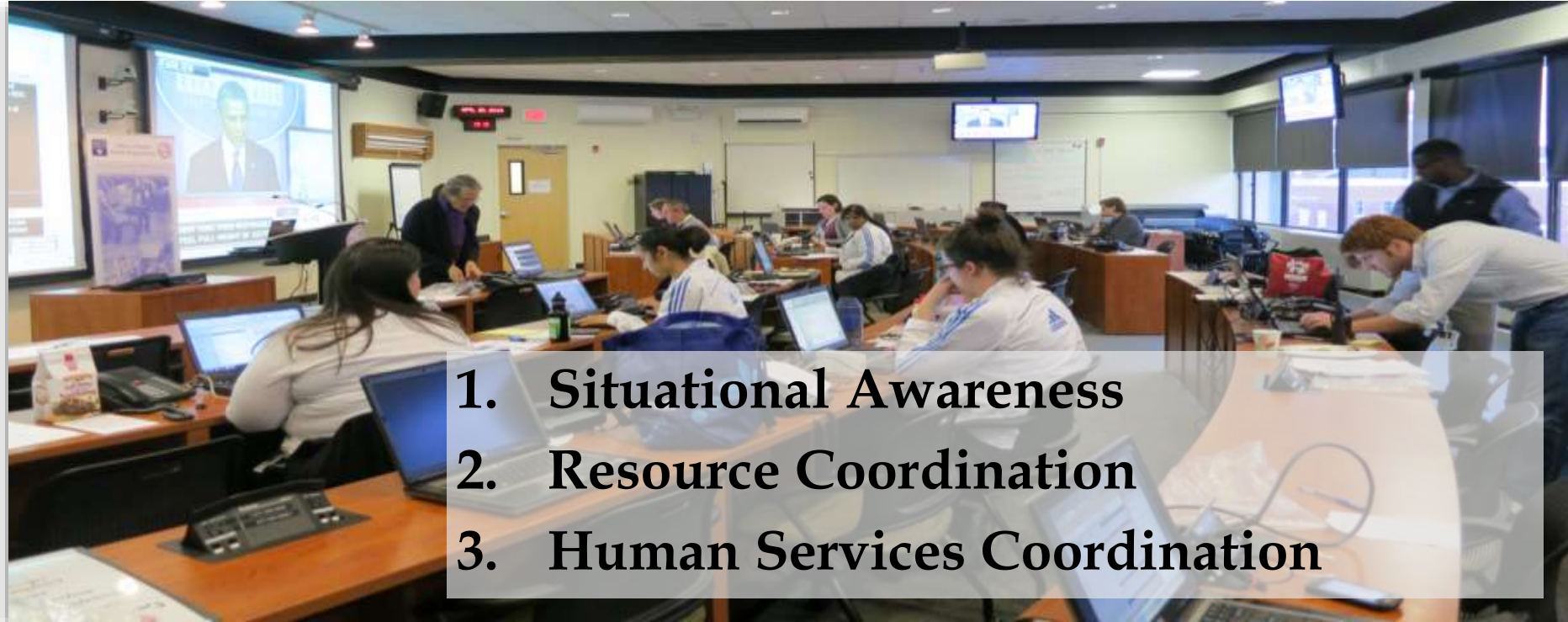
Administration &
Finance



ESF-8 in the City of Boston



Medical Intelligence Center (MIC)



MIC Duty Officer Model



- Rapidly assess situation
- Ask the right questions
- Recommend actions
- Initiate plans & processes

Challenges

- Different than daily role for most
- Unfamiliar equipment and platforms
- Complex information gathering and decision-making
- Limited time for training & exercises

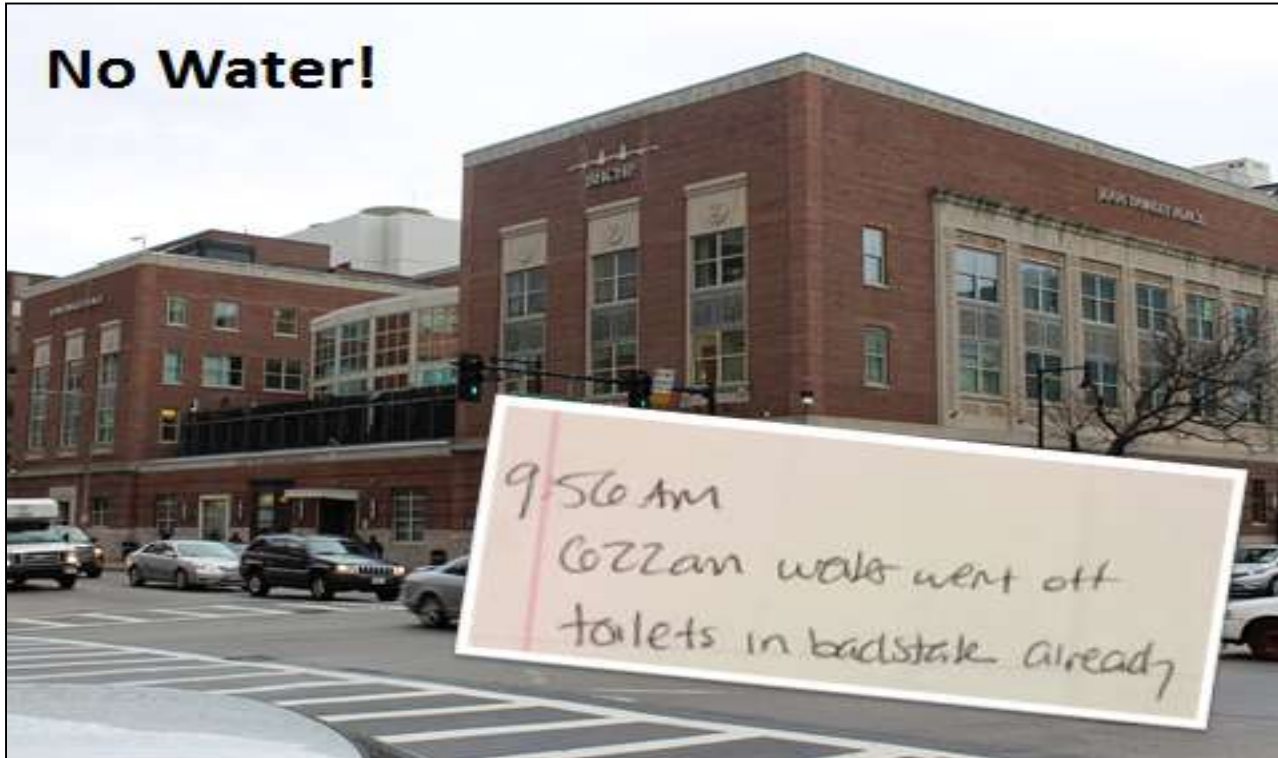


Scenario



Scenario

No Water!



Three Hours Later...

9:41am – 12:56pm



3 emails



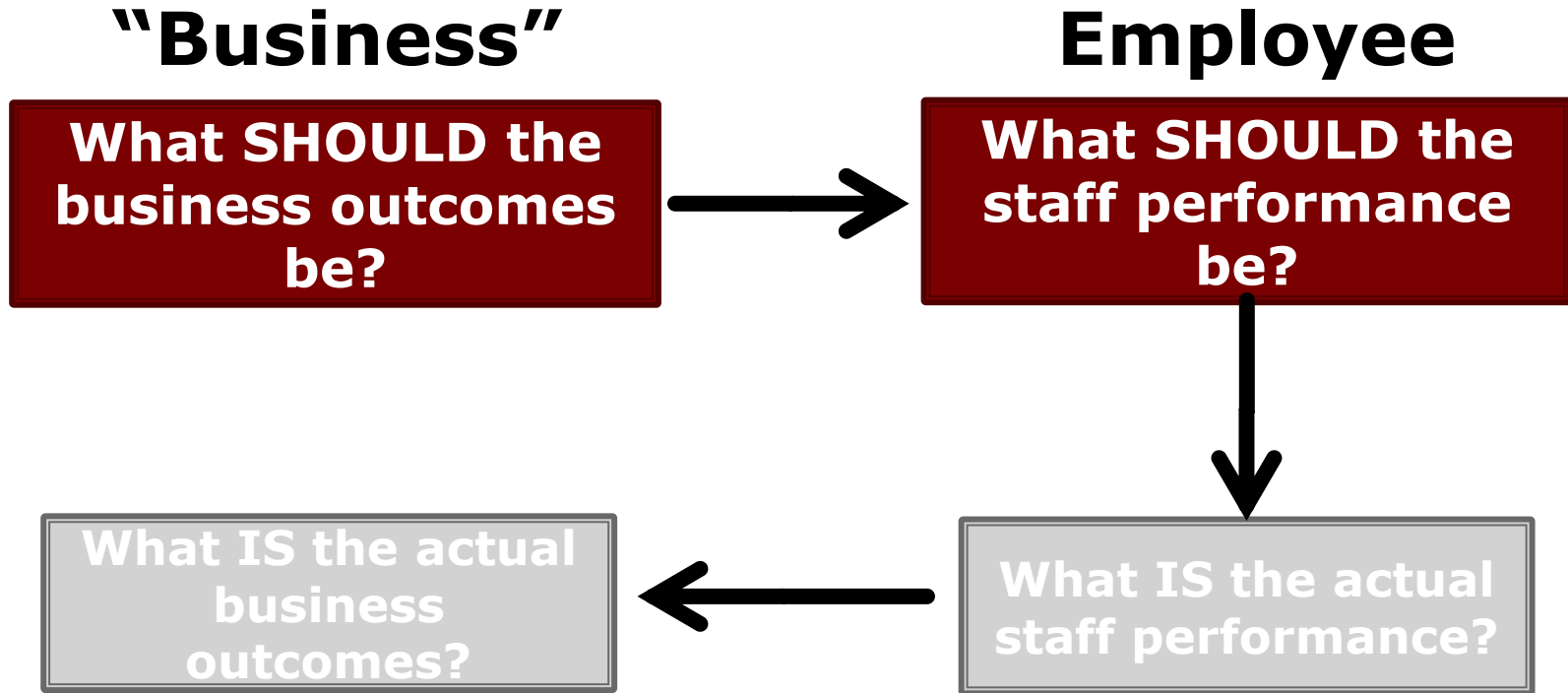
26 phone calls



64 text messages

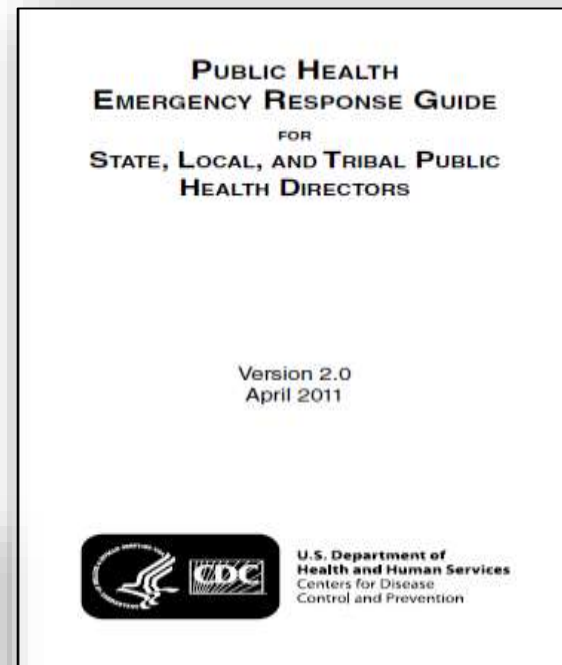


Performance Improvement



****Staff performance = accomplishments and behaviors***

Drawing from Other Models

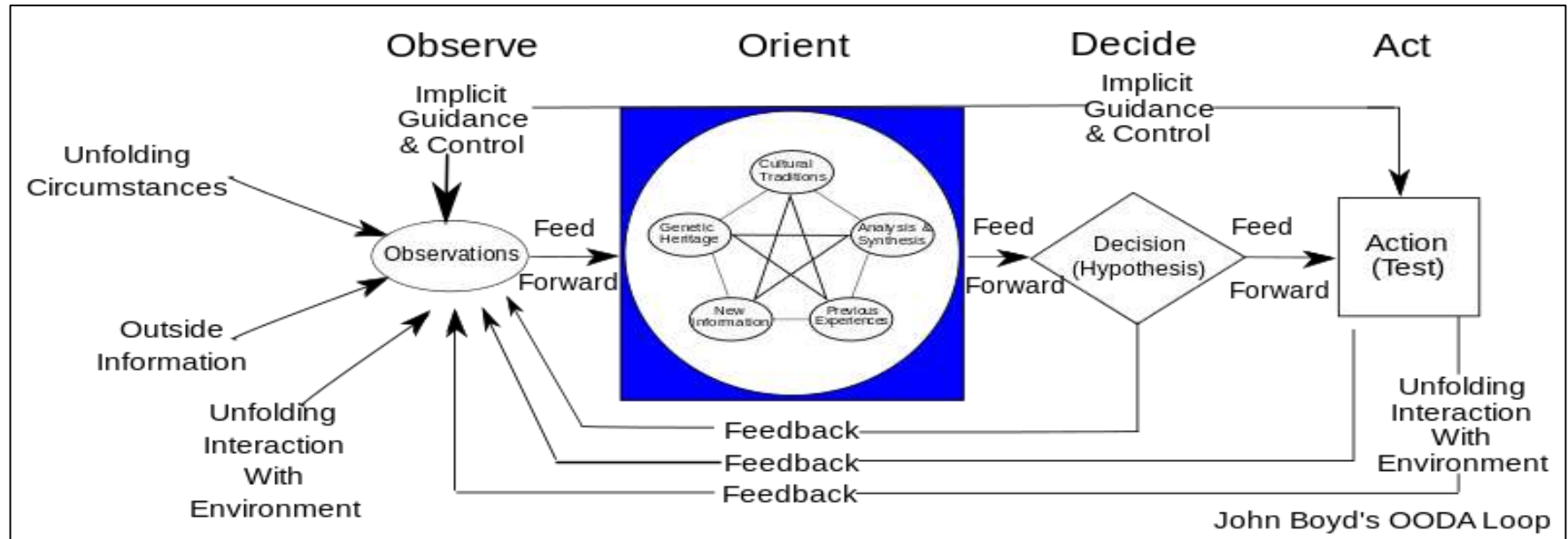


in Disaster Medicine

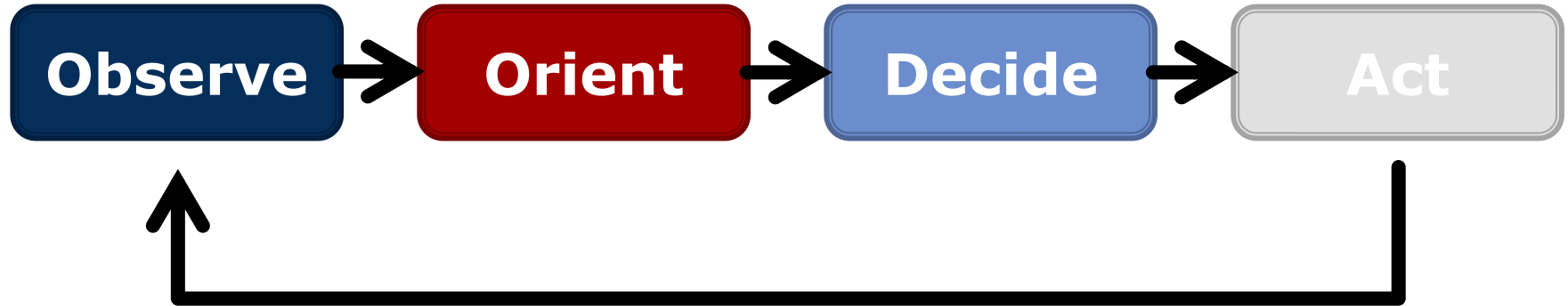
A Framework for Training Public Health Practitioners
in Crisis Decision-Making

Harvey Kayman, MD, MPH; Tea Logar, PhD

OODA Loop



OODA Loop



OBSERVE

Gather & document
complete
information

ORIENT

Determine
potential impact.
Classify incident.

Consult w/
response partner
or 2nd DO

ACT

Activate plans and systems

ACT

Send notification

ACT

Activate MIC

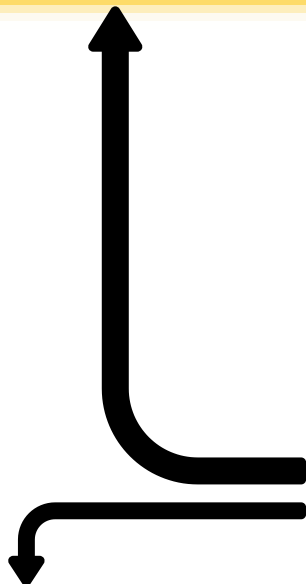
DECIDE

1. Send a notification?
2. Activate plans or systems?
3. Activate the MIC?

Gain
required
approvals

DEMOBILIZE

Close out
event



Job Aid: Observe

OBSERVE – Questions by Incident Type

Date: _____		Incident Start Time: _____		Initial Notification Time (to BPHC): _____	
Incident End Time: _____					
Initial notification received by:		Initial Point of Contact			
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> BPD Alert <input type="checkbox"/> Pager <input type="checkbox"/> Other: _____		Name: _____ Position: _____ Phone: _____ Email: _____ Incident location: _____ Cause of event: _____			
Incident Type(s):		<input type="checkbox"/> Infrastructure (ESF 8) <input type="checkbox"/> Mass Casualties <input type="checkbox"/> Disease <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Infrastructure (Not ESF 8) <input type="checkbox"/> Security Threat			

General REMINDER: Do not disseminate sensitive information

Question	Answer	Source	Credible / Verified?
# of patients (or potential patients)			
Severity and types of injuries? (e.g., lacerations, bullet wounds, crush injuries, etc.)			
Anticipated duration of the incident			
Other agencies currently responding			
Actions taken to address incident (e.g., EMS on-scene, evacuation occurring, etc.)			
What specific ESF 8 facilities are affected?			
What ESF 8 facilities may potentially be affected?			
What special populations are affected? (e.g., language, age, medical issues, socio-economic...)			
Is transportation or travel disrupted? How?			
Has this incident received media attention?			
How will current and forecasted weather conditions affect the situation?			
Have ESF 8 agencies been notified? Who, how?			

Hazardous Materials ***Notify Environmental Health immediately***

Question	Answer	Source	Credible / Verified?
Is the substance known? If yes, what is it?			
Are there any contaminated casualties? If so, has patient decontamination been performed?			
Has a HAZMAT Response Level been designated by BFD?			
What geographical area is affected?			
Is any evacuation or shelter in place ordered?			

Job Aid: Orient

ORIENT – Assess potential impact and classify

POTENTIAL IMPACTS

Red = Major impact
Purple = Potentially Major

NOTES

Healthcare System Impacts

☐ Surge of Patients
(Boston)
Actual, # Potential,
Dead

☐ Access to Health Care

☐ Provision of Health
Care services

- ☐ Phase 2 (11-30 pts)
- ☐ Phase 2 (11-30 pts) w/ specialty pts
(e.g. burn patients, children, radiation exposures)
- ☐ Phase 3 (31-50 pts)
- ☐ Phase 4 (51-100 pts)
- ☐ Phase 5 (> 200 pts)
- ☐ Contaminated patients
- ☐ Roadway access to HCP blocked
- ☐ Subway access blocked
- ☐ Travel restrictions
- ☐ Not accepting ED pts
- ☐ Non-critical functions disrupted
- ☐ Staffing availability
- ☐ Multiple facilities affected
- ☐ HCP partial evacuation
- ☐ HCP evacuation
- ☐ Critical functions disrupted

Public Health Impacts

☐ Provision of Public
Health services

☐ Health of the public

- ☐ BPHC Facility impacted
(e.g. building integrity, building safety and security,
utilities, building occupants)
- ☐ Critical functions impacted: (list)
- ☐ Large # people impacted (pts & witnesses)
- ☐ Contaminated environment
(e.g. unsafe air, water, food, property)
- ☐ Actual or potential transmission of disease
(highly pathogenic, RT Agent, etc.)

Other Impacts

☐ Public Information

- ☐ MIC receiving many inquiries from press or
our partners
- ☐ Large amount of media coverage
- ☐ Inaccurate or unclear information, rumors

Classify Incident

Classification	# Potential Patients	Potential Disruption to ESF 8
<input type="checkbox"/> Major	Significant number (MCI Phase 2 w/ specialty, or MCI Phase 3 or above)	Major (TBD)
<input type="checkbox"/> Moderate/ Minor	Minor to moderate number (MCI Phase 2)	Moderate (TBD)
<input type="checkbox"/> Informational	Little to none (MCI Phase 1)	Little to none
<input type="checkbox"/> Developing/ Unknown	Unclear	Unclear

Job Aid: Decide

DECIDE – Based on classification incident type, determine MIC actions

Classification	Notifications	MIC Activation	Potential Plans & Systems
Major	Immediate <input type="checkbox"/> Phone Call to COBTH EM Coordinator <input type="checkbox"/> Page DOPH Duty Officer <input type="checkbox"/> Everbridge high-priority alert (email, SMS) to DOPH staff, COBTH EM Coordinator MIC Alert/Advisory <input type="checkbox"/> Alert or Advisory to MIC Advisory Distribution List via business email, SMS text, and business phone <u>confirmation required</u>	Level 2: Partial Level 3: Full Physical *See steps below	Systems <input type="checkbox"/> WebEOC Create an incident in the City of Boston WebEOC <input type="checkbox"/> EMTrack <input type="checkbox"/> MassMAP Plans <input type="checkbox"/> BPHC EOP <input type="checkbox"/> Family Reunification Plan
Moderate/Minor	Initial Notification <input type="checkbox"/> Email via Everbridge or the MIC email account to all DOPH staff, COBTH Emergency Management Coordinator <input type="checkbox"/> Hospital impacts: Phone call to the COBTH Emergency Management Coordinator MIC Advisory (if necessary) <input type="checkbox"/> Advisory to MIC Advisory Distribution List via business email only. No confirmation of receipt is needed.	Level 1: Enhanced Virtual	Systems <input type="checkbox"/> WebEOC Create an incident in the City of Boston WebEOC
Informational	No notification required.	Steady State	No action required.
Developing/Unknown	Initial Notification (if necessary) <input type="checkbox"/> Email via MIC email to DOPH staff, COBTH Emergency Management Coordinator <input type="checkbox"/> Hospital impacts: Phone call to the COBTH Emergency Management Coordinator	Steady State	No action required.

Steps to Physical MIC Activation (Level 2 or Level 3)

- ☐ Convene and facilitate a conference call with all available MIC Duty Officers
- ☐ Assess DOPH availability to staff the MIC utilizing Everbridge Mass Notification
- ☐ Develop an initial MIC Operations Plan to be disseminated
- ☐ Activate and set-up the MIC
- ☐ Staff the Boston Emergency Operations Center (EOC), ESF8 Desk

Summary

Recommendations for Adapting

- 1) Understand your coalition's response expectations and responsibilities
- 2) Assess your coalition's Duty Officer's skill set and training capacity
- 3) Test and gain feedback. Again and again.

Thanks!



To download the job aids and
key references:

<https://delvalle.bphc.org/dutyofficer>

For more information contact:

bmcneil@bphc.org

(617) 343-6953

References

- Centers for Disease Control and Prevention (2011). *Public health emergency response guide for state, local, and tribal public health directors*. Retrieved from <https://emergency.cdc.gov/planning/responseguide.asp>
- Kayman, H. & Logar, T. (2016). A framework for training public health practitioners in crisis decision-making. *Disaster Medicine and Public Health Preparedness*, 10, 165-173.
- Minarcine, S. (2012). Health security intelligence: Assessing the nascent public health capability (Unpublished Master's Thesis). Naval Postgraduate School, Monterey California.
- Parker, A.M., Nelson, C., Shelton, S.R., Dausey, D.J., Lewis, M.W., Pomeroy, A., & Leuschner, K.J. (2009). *Measuring crisis decision making for public health emergencies*. Santa Monica, CA: RAND Corporation.
- Pritchett, B.A. (2008). *Qualia: A prescription for developing a quality health threat assessment* (Unpublished Master's Thesis). Naval Postgraduate School, Monterey California.
- Robinson, D.G. & Robinson, J.C., Phillips, J.J., Phillips, P.P., & Handshaw, D. (2015). *Performance consulting: A strategic process to improve, measure, and sustain organizational results*. Oakland, CA: Berrett-Koehler.