

ASPR TRACIE Technical Assistance Request

Requestor:

Requestor Phone:

Requestor Email:

Request Receipt Date (by ASPR TRACIE): 30 January 2018

Response Date: 01 February 2018

Type of TA Request: Standard

Request:

The requestor asked for assistance in identifying sample plans, tools, templates, or guidance from other jurisdictions or health systems that have used portable facilities (e.g., tents, mobile trailers/clinics) to decompress emergency departments inundated with influenza and other seasonal illness.

Response:

ASPR TRACIE conducted a preliminary call with the requestor to better understand the scope of the request. The ASPR TRACIE Team searched the ASPR TRACIE website to identify relevant materials. Areas searched included Topic Collections on Alternate Care Sites, Crisis Standards of Care, Hospital Surge Capacity and Immediate Bed Availability, and Epidemic/Pandemic Influenza as well as resources linked through the Infectious Disease Resources landing page. Responses to previous technical assistance requests were also reviewed to identify relevant resources. The ASPR TRACIE Team also conducted a rapid literature review to identify additional resources that may not have been already identified by ASPR TRACIE. The resources listed below under Plans and Tools and Other Resources and Guidance are those most appropriate for a non-pandemic level, infectious disease-caused healthcare surge.

Additionally, the ASPR TRACIE Team reached out to several ASPR TRACIE SME Cadre members to gather written materials or anecdotal information. We also arranged several conference calls with ASPR TRACIE SME Cadre members for one-on-one consultation, and joined the requestor for an in-person site visit at a hospital that implemented influenza surge sites.

I. Plans and Tools

California Department of Public Health. (2007). Standards and Guidelines for Healthcare Surge During Emergencies: [Volume 1: Hospitals](#) and [Volume 2: Government-Authorized Alternate Care Sites](#).

These two volumes are part of the California Department of Public Health's Development of Standards and Guidelines for Healthcare Surge during Emergencies project. California defines alternate care sites as locations not currently licensed to provide healthcare services that are authorized by the government as alternate care sites to absorb patient load after other healthcare resources are exhausted. Sites such as tents

set up of expand existing healthcare facilities are not considered alternate care sites. Volume 1 provides useful information on how to expand hospital care, including expanding the workforce, handling supply, pharmaceutical, and equipment issues, and considerations related to operations, regulatory issues, and reimbursement. Volume 2 provides helpful information on establishing and running an alternate site.

Florida Department of Health, Bureau of Preparedness and Response. (2013). [Alternate Care Site Standard Operating Procedure](#).

This SOP is a supplement to the ESF 8 Appendix of the state's Comprehensive Emergency Management Plan. It establishes the framework to prepare for and respond to local requests for assistance in helping establish, operate, and demobilize alternate care sites initiated for medical surge. Of particular interest for this request are the ACS Typing Matrix on page 5 and the Concept of Operations.

Kansas Department of Health and Environment, Bureau of Public Health Preparedness. (n.d.). [Alternate Medical Care Site Emergency Operations Plan](#).

This template was developed for local agencies to use for developing an alternate medical care site plan. This template provides an opportunity for partners to identify and address issues associated with alternative medical care sites in the community by providing possible approaches for site operations.

Natchitoches Regional Medical Center, Louisiana. (2011). [Alternate Care Site Plan](#).

This plan from a local hospital provides an overview of how they will activate and manage an alternate care site. While not very detailed, it may be helpful in quickly identifying requirements.

New York City Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response. (2013). [Emergency Department Capacity Expansion Tool \(EDCET\)](#).

The toolkit guides the identification of expansion areas hospitals may use to manage high patient volumes in their emergency departments. The toolkit may be helpful in identifying staffing and equipment and supply needs.

Summit County Health District, Summit County Emergency Management Agency, Akron Regional Hospital Association. (2008). [Development of an Alternative Care System: A Workbook for Community Planners Preparing for Medical Surge](#).

Rather than identifying individual Alternate Care Sites (ACS), Summit County chose to develop a comprehensive system. This document provides an overview of the ACS strategies and approach and provides step-by-step guidance for others interesting in similar approaches. The most relevant sections of this document are Attachment 3, which describes potential uses for an ACS, and Attachment 4, which explores each of these potential uses in more depth.

II. Other Resources and Guidance

California Department of Public Health. (2010). [CDPH Guidance: Approval for Health Care Facility Use of Surge Tents.](#)

Though California-specific, this guidance describes the requirements of the state fire marshal, local fire departments, and the Office of Statewide Health Planning and Development relative to establishing tents to accommodate healthcare surge. The guidance may be helpful in identifying safety and logistics issues.

Cantrill, S.V., Pons, P.T., Bonnett, C.J., Eisert, S., and Moore, S. (2009). [Disaster Alternate Care Facilities: Selection and Operation.](#) AHRQ Publication No. 09-0062.

Experiences from nine alternate care sites are summarized and include issues such as pre-planning, patient selection, type of care provided, staffing levels, credentialing, and days of operation. This document is most helpful in determining staffing and identifying equipment and supply needs.

Centers for Medicare and Medicaid Service, (2009). [Hospital Alternative Care Sites during H1N1 Public Health Emergency.](#)

A summary sheet provides responses to questions of payment, conditions of participation and standards of care associated with hospital alternative care sites established to support the H1N1 patient medical surge. It includes a discussion of EMTALA section 1135 waiver compliance alternatives to hospitals.

Centers for Medicare and Medicaid Service. (2009). [Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Options for Hospitals During a Disaster.](#)

This memorandum and associated fact sheet describes EMTALA requirements and flexibility for an appropriate Medical Screening Examination and options for hospitals experiencing an exceptional patient surge. Alternate screening sites on a hospital's campus, referral to a hospital-controlled off-campus site, and referral to a community screening site are addressed in terms of an EMTALA obligation.

Chung, S., Monteiro, S., Hogencamp, T., Damian, F. J. and Stack, A. (2011). [Pediatric Alternate Site of Care during the 2009 H1N1 Pandemic.](#) (Abstract only). *Pediatric Emergency Care.* 27(6): 519-526.

The authors describe how they operationalized a non-urgent pediatric alternate care site for influenza-like-illness that treated 137 patients over the course of 7.5 days. 5.8% of the patients were referred to the local ED for further care; none of the cases required hospital admission. A rating of very good or excellent patient satisfaction score was noted in 92% of the families.

National Academies of Science. (2012). [Crisis Standards of Care, Volume 5: Alternate Care Systems.](#)

This foundational document provides key guidance for out-of-hospital and alternate care systems, including roles/responsibilities and operational considerations.

Pennsylvania Department of Health. (2013). [Medical Surge Systems](#).

This document provides an overview of the following medical surge systems in Pennsylvania: Medical Surge Equipment Cache, Casualty Collection Point, Mobile Medical Surge System, and State Medical Assistance Team.

III. ASPR TRACIE SME Cadre Member Comments

Note: These are direct quotes or paraphrased from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

For the purposes of this Interim TA Response, we have not included notes from the facilitated calls where NYC H+H were participants.

SME Cadre Member 1:

- Hospitals should already have an MCI (Surge) Plan per The Joint Commission so they should pull out and dust off those plans to see what they have as far as options.
- Hospitals should try to leverage internal options before utilizing external options (i.e., conference rooms instead of outside tents).
 - Indoor areas are climate controlled, have power, near restrooms, and are closer to supplies.
 - External areas are not climate controlled, which requires mechanisms to make them climate controlled; require generators or power hookups, require porta-pottys, and require additional logistics and storage capability for supplies.
 - External areas would also most likely require medical director approval from the city/county.
- Hospitals should activate their HICS (Hospital Incident Command System) if patient volumes are so high that patients' lives are at stake.
 - Once activated bed huddles should be initiated where hospital administration and clinical leaders from the floors/units attend to give updates on the situation and how they are able to assist.
 - Additionally, HICS should look at utilization of staff in these situations;
 - Cancel classes to allow staff to return to work.
 - Require nursing leaders to be helping at the bedside.
 - Have learning specialist assist with patient care.
 - Contact with MDs to ensure they are assisting with patient discharges in the hospital.
- We have a P&P for Alternate Care Sites which we practice annually utilizing inflatable tents in case someone needs it.