

Access the entire webinar series here:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcare-system-preparedness-considerations-speaker-series-summary.pdf>

Access the recording here: <https://attendee.gotowebinar.com/recording/7398763696510544391>



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Healthcare System Preparedness Considerations Speaker Series

December 2021

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Access speaker bio here:

<https://files.asprtracie.hhs.gov/documents/using-the-aspr-tracie-burn-surge-templates-to-enhance-a-healthcare-coalition-speaker-bio.pdf>



T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

**Annette Newman, MS,RN,CCRN, Community Outreach/Burn Disaster
Coordinator, Western Region Burn Disaster Consortium Coordinator**



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Using the ASPR TRACIE Burn Surge Templates to Enhance a Healthcare Coalition



Photo Credit Keith Bedonie

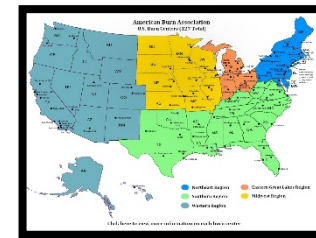
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Objectives

- Discuss general burn surge planning
- Review utilization and customization of the ASPR TRACIE burn surge and TTX templates
- Examine lessons learned
- Consider next steps

General Burn Surge Planning and Disclosures

- Passion
- WRBDC (CONOPS finalized December 2020)
 - Multi-regional template which could be used by all HCC
 - Some degree of standardization
 - Seamless activation of aid for specialty care
- Existing partnerships
 - Local/State/Region/National
- Existing technology (CSC website/ App)
 - <http://crisisstandardsofcare.utah.edu>
- Global pandemic



Utilization of the Burn Surge Templates- Initial Draft

Handwritten notes on the left margin:

- 96 hr plan
- Prolonged care modules + QRS
- 6-12 hr plan
- Prolonged care modules + QRS
- Remote stroke
- Med App + others
- Coordinating center gives local hospitals information
- 2.4 Logistics
- Even distribution of patients to closest most appropriate center
- Those BC providers do direct report with receiving hospitals + IDS

Handwritten notes on the right margin:

- Michigan Burn Mass Casualty Incident Surge Plan
- Utah Crisis Standards of Care Guidelines (request access or email ASPR TRACIE)
- Western Region Burn Disaster Consortium Burn Mass Casualty Incident Activation Algorithm (request access or email ASPR TRACIE)
- Western Region Burn Disaster Consortium Mass Burn Event: 96-Hour Response Plan (request access or email ASPR TRACIE)
- Price on CSO
- Local vendors
- MOU - Coalitions

Handwritten notes in the center:

- Prolonged care + QRS - appendix
- Shortage - local vendors
- Can do this in under 10 min
- Transport officer
- Scene
- Coalitions
- Telemed
- Local vendors
- MOU - Coalitions

Printed text from the document:

Healthcare Coalition Burn Surge Annex

crisis standards of care principles and how resources are allocated across a region or how clinical policy will be developed during a crisis situation.

This section should define HCC, agency, and specialty facility support and coordination roles specific to a BMCI (baseline information sharing, coordination, and other all-hazards roles should be defined in the base response plan):

- Define expectations of EMS regarding initial patient distribution from an BMCI and mutual aid for secondary transfers.
- Establish who has responsibility for patient movement activities including matching patients to available resources in a BMCI.
- Emphasize and discuss the coordination with regional burn centers and identify local, regional, national sub-specialty experts both within and outside the community who would be available to support a response or provide consultation. If applicable/available, note the burn center's mass casualty disaster plan capabilities, gaps, MOUs, protocols, contact information, and such.
- Describe how burn treatment expertise is obtained and integrated into longer-term incidents requiring proactive crisis standards of care decision-making. This crisis standards of care system decision making should be consistent with facility, HCC, and state crisis standards of care plans.
- Describe initial coordination and information gathering strategies to determine impact and specialty transportation and inpatient needs. This should include essential elements of information to be gathered on all patients according to coalition needs.
- Include documentation of available local, state, and interstate resources and activation procedures that can support the specialty response as well as key resource gaps that may require external support (including inpatient and outpatient resources). This should also include behavioral health support for patients, families, and staff.

This section should outline the resources and issues for burn incidents and the strategies for the HCC and member facilities to address resource shortages and resource allocation, including how resources are requested and potential sources for burn incident-specific resources (e.g., transportation, supply vendors).

Michigan Burn Mass Casualty Incident Surge Plan

Utah Crisis Standards of Care Guidelines (request access or email ASPR TRACIE)

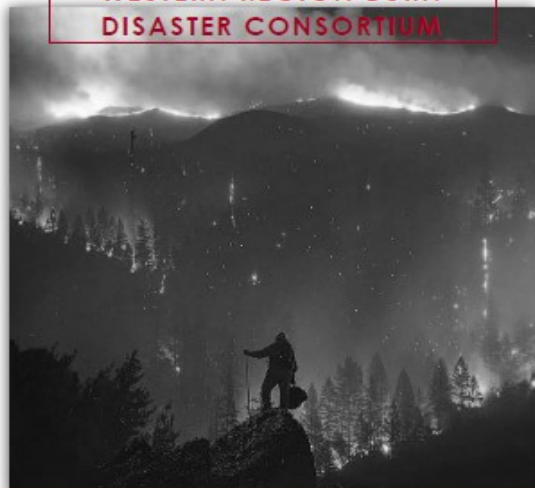
Western Region Burn Disaster Consortium Burn Mass Casualty Incident Activation Algorithm (request access or email ASPR TRACIE)

Western Region Burn Disaster Consortium Mass Burn Event: 96-Hour Response Plan (request access or email ASPR TRACIE)

ASPR HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

TRACIE

WESTERN REGION BURN DISASTER CONSORTIUM



BURN MASS CASUALTY OPERATIONS PLAN

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<<INSERT YOUR HEALTHCARE COALITION
NAME HERE>>



BURN SURGE ANNEX



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Utilization and Customization of the Templates

PARTNER	RESPONSE ROLES
EMS Local Healthcare Coalition Public Health (PH) Emergency Management (EM)	<ul style="list-style-type: none"> Rescue, transport, and distribute casualties to appropriate local facilities in accordance with established Request/mobilize any coalition/regional caches of burn supplies. Activate coalition coordination mechanisms and any burn-specific plans. Coordinate local lists of casualties and clinical information. Triage/prioritize patients for forward movement to specialty centers in accordance with established BMCI protocols and /or expert input. Coordinate with burn experts to determine appropriate destinations for patients that cannot be accommodated in the local healthcare system with assistance from state and ABA. Assure that appropriate clinical information is relayed between the referring and receiving facilities during the transfer process. <p>Secondary Roles:</p> <ul style="list-style-type: none"> Coordinate information with state/federal ABA partners.
Closest ABA Burn Center	<ul style="list-style-type: none"> Provide patient care. Activate facility and regional surge capacity plans to accommodate multiple patients. Liaison between local response and regional ABA coordinating center. <p>Secondary Roles:</p> <ul style="list-style-type: none"> Assist with patient triage for forward movement. Support facilities providing care for burn patients in the area via telephone or telemedicine and/or request support from WRBDC coordination center. Ensure burn surge facilities use existing resources (96 Hour Plan).
State PH/EM	<ul style="list-style-type: none"> Support local jurisdiction with state-level coordination and requests for assistance (e.g., state and federal declarations). Assure that patient triage, tracking, and transport needs are addressed. Make requests for burn care assets, including dressings and materials from the Strategic National Stockpile (SNS). Engage Emergency Management Assistance Compact (EMAC) assets to provide inter-state support for transportation, staff, and logistics. <p>Secondary Roles:</p> <ul style="list-style-type: none"> Liaison between local, state and federal resources. Support bed polling and matching functions as required in coordination with ABA regional center.
Sub-state/State MOCC or equivalent	<ul style="list-style-type: none"> Optimize burn patient distribution and healthcare capacity by augmenting EOCs with clinical experts that assist with coordination. Coordinate burn resource and supply needs between healthcare systems.

Tactics

- We copied the outline
- We reviewed and used suggested resources
 - Mass Burn Event Overview
- We pulled in other applicable ASPR TRACIE recommendations
 - MOCC

Medical Operations Coordination

Federal guidance advocates the use of one or more Medical Operations Coordination Cells (MOCC) to assist in an incident that overwhelms the capacity of hospitals in a given area. The following description of how a MOCC may provide needed coordination during an incident is from the Establishing Medical Operations Coordination Cells webinar, provided by the Assistant Secretary of Preparedness and Response's Technical Resources, Assistance Center, and Information Exchange (<https://files.asprtracie.hhs.gov/documents/aspr-tracie-mocc-webinar-4-24-20-final-slides.pdf>, pages 7-8):

- Some hospitals are overwhelmed with (burn) patients, while successful mitigation has created excess capacity in nearby hospitals, creating an opportunity to transfer patients.
- MOCCs are a strategy to optimize patient distribution by augmenting EOCs with clinical experts that synthesize and coordinate healthcare capacity.
- The MOCC strategy can be implemented nationwide (at sub-state, state-, and regional levels), permitting flexibility for states while optimizing patient distribution.

In order to meet the goal of best possible patient outcomes after a burn mass casualty incident, the «MOCC». If overwhelmed and requiring assistance outside of the jurisdiction, will request state health representatives authorized to establish a «Sub-state or State MOCC or equivalent» to help coordinate patient transfer and resource sharing. In turn, if assistance is required beyond the state level, the Western Region Burn

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“Two things are necessary for great achievement: a plan and not quite enough time.” Leonard Bernstein

Timeline - 2021

- February 9th - First meeting
- March 18th – DRAFT due for HCC to customize
- April 1st – DRAFT due for HCC CAT upload
- May 4th – Final due for distribution
- June 30th – Final HCC deadline/customized plan

“Can’t get too much in the weeds or we will never get out or done!” – verbiage spoken frequently

<<YOUR COALITION NAME>> BURN SURGE ANNEX

Plan Date: <<Insert date>>

Version Number: <<Insert #>>

Partners convened to develop this plan:

<<Insert list of partners>>

Record of Partners this Annex has been distributed to:

<<Insert list of partners>>

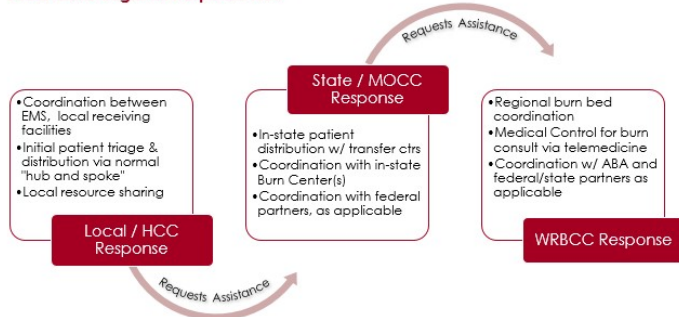
Record of Burn Surge Training and Exercises conducted or planned:

<<This section should include relevant baseline or just-in-time training provided by or available to the HCC to support burn surge care and evaluation and exercise plan for burn surge. NOTE: The Western Regional Burn Disaster Consortium (WRBDC) has put together an extensive collection of burn resources for non-burn and burn facilities, available online and on the Burn CSC app. >>

Tactics

- Put the audience first (WIIFM)
 - Plug and play
 - Replicable resources
 - Shared as a word document
- KISS
 - Use of algorithms and flowcharts
- Alignment with existing local/state/regional response plans

Local-State-Regional Response Flow



Utilization and Customization of the Templates: Appendices

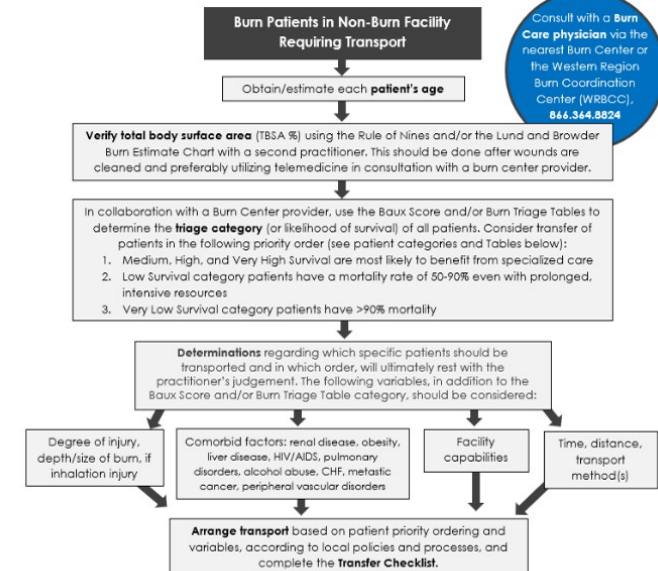
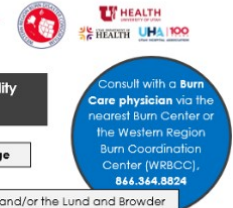
Additional resources/references

- Operationalized information
 - Existing evidence-based data
 - Alignment into one flowchart
 - Replicable
 - Doesn't supersede local/state protocols

APPENDIX A: Transfer Decision Flowchart & Triage Tables

Hospital Burn Patient Transfer Decision Flowchart

Note: Flowchart does not supersede local/state protocols



Burn Triage Table Patient Categories

*Very high, high, and medium survival patients are more likely to benefit from specialized burn care.

Outpatient	Survival and good outcome expected without requiring initial admission
Very High Survival	Mortality ≤10%, anticipated stay ≤14-21 days, 1-2 surgical procedures
High Survival	Mortality ≤10%, anticipated stay ≥14-21 days, multiple surgical procedures
Medium Survival	Mortality 10-50%, with provision of aggressive treatment which may require prolonged hospitalization and multiple surgical procedures
Low Survival	Mortality 50-90%, even with provision of prolonged, intensive resources
Very Low Survival	Mortality ≥90%, even with prolonged aggressive care

Additional Resources / References

- Diverse selection
- One stop shopping
 - Resource
 - Source
 - Target audience
 - Type
 - Weblink

APPENDIX D: Burn Resource Table

Burn Training/Resources	Source	Target Audience	Type	Weblink
Hospital Clinical Resources				
Extensive Clinical Care & Response Resources	University of Utah Health	Response, Clinical	Guidance/ Videos	https://crisistandardsofcare.utah.edu
Burn Wound Care & Outpatient Videos	University of Utah Burn Center	Clinical	Videos	https://www.facebook.com/UofUBurnCenter/
ABA Burn Center Referral Criteria	American Burn Association	Response, Clinical	Guidance	http://amerburn.org/wp-content/uploads/2017/05/burncenterreferralcriteria.pdf
Burn E-learning	OPEN Pediatrics	Clinical	Video	https://learn.openpediatrics.org/learn/global-search/burns
Burn Nurse Competencies	American Burn Association	Clinical	Guidance	http://amerburn.org/wp-content/uploads/2017/05/bnci-competency-document-february-2017-final.pdf
Burn Care for Children	American Academy of Pediatrics	Clinical	Guidance	https://pedsinreview.aappublications.org/content/39/6/273
Burns 101 Initial Management	UW Medicine	Clinical	Video	https://www.uwmedicine.org/provider-resource/videos/burns-101-initial-management
Burn Surge Video Series	Minnesota Dept of Health	Clinical	Video	https://www.health.state.mn.us/communities/ep/surge/burn/video.html
Burn Surge Module 4: Advance Special Treatment Considerations	Minnesota Dept of Health	Clinical	Video	https://www.health.state.mn.us/communities/ep/surge/burn/module4advanced.html
Determining Burn Depth	Minnesota Dept of Health	Clinical	Guidance	https://www.health.state.mn.us/communities/ep/surge/burn/burndepth.html
Determining Total Body Surface Area	Minnesota Dept of Health	Clinical	Guidance	https://www.health.state.mn.us/communities/ep/surge/burn/tbsa.html
96-Hour Care Guidelines for Pediatric Burns	Illinois Dept of Public Health	Clinical	Guidance	https://www.luriechildrens.org/globalassets/documents/emsc/disaster/state-plans/burncareguidelinesjune2017.pdf
Triage of Patients with Cutaneous Burns Only During Mass Casualty Incidents	Minnesota Dept of Health	Clinical	Guidance	https://www.health.state.mn.us/communities/ep/surge/burn/triageburns.html

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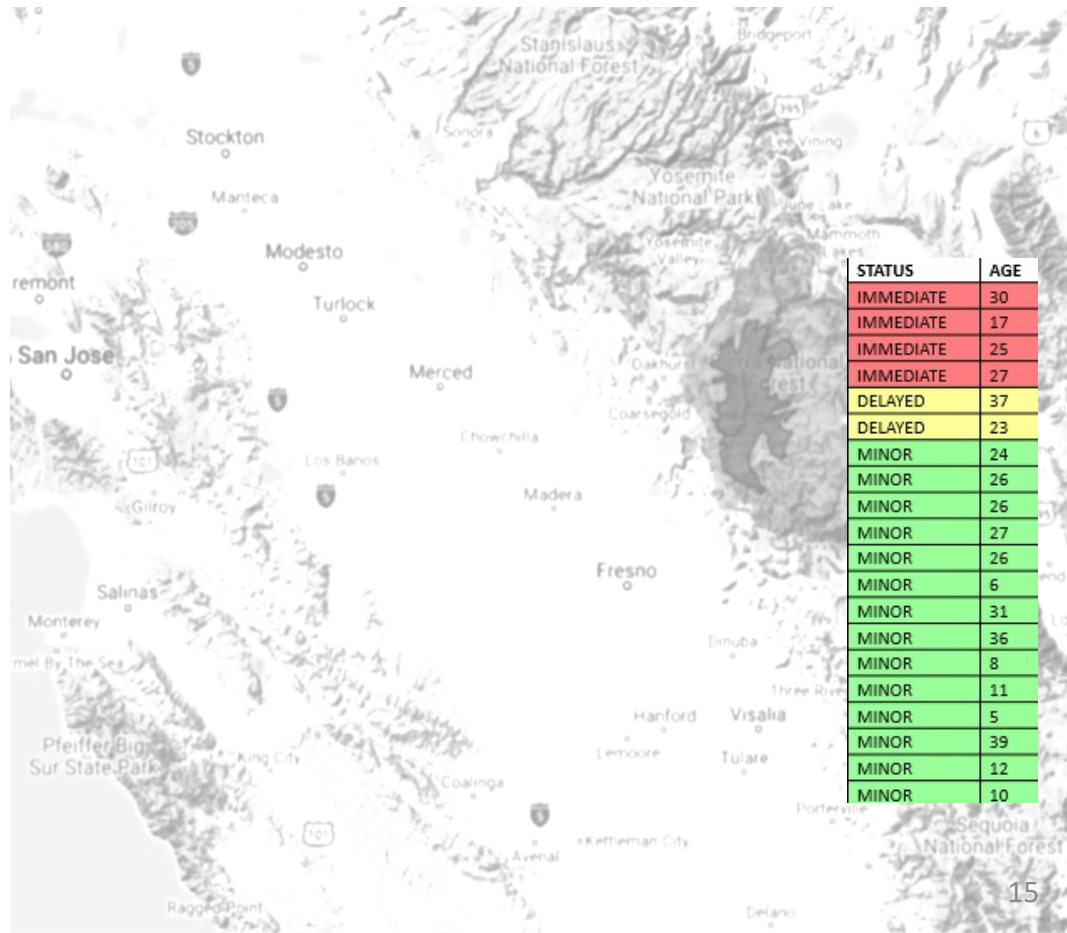
Utilization and Customization of the TTX Template

- September 22nd 2020 CONOPS TTx (3 hours)
 - 342 registrants from 14 states and 4 countries
 - 278 attendees
- December 3rd 2020 Creek Fire 1(2 hours)
Activation/situational awareness/care in non burn centers
 - 160 registrants from 10 US states
 - 90 attendees
- April 16th 2021 Creek Fire 2 (2 hours)
Care in non burn centers/ transfer and transport of patients
 - 294 registrants from 22 states, 1 US District and 2 Canadian Provinces
 - 170 attendees
- August 10th 2021 Creek Fire 3 (2 hours)
Focus telemedicine, mental health considerations and gap closure
 - 258 registrants from 17 US states, 1 US District and Canada
 - 176 attendees

* Recordings, slides, plans, resources and AAR/IP all available on the CSC site in the WRBDC tile.

Utilization and Customization of the TTX Template (cont.)

- Real world incident - Creek Fire (September 4th 2020)
 - Wildland fire preparedness is an ongoing challenge
 - Actual scene data used
- Use of exercise for HCC grant deliverable (WIIFM)
 - FEMA RECS
 - HSEEP AAR/IP
 - Recommended agencies also prepare own IP
 - TTx template and AAR/IP most requested resource
- Free CME credit (WIIFM)
 - Thank you Steward
- Pre-exercise materials
 - Videos



Pre-Exercise Materials

Plans:

- WRBDC Burn Mass Casualty CONOPS Plan
- **Healthcare Coalition Burn Surge Annex Template**
- YOUR Organization/Facility Burn Surge Plan

Previous Exercises:

- BMCI CONOPS Plan Tabletop Exercise, September 22, 2020
- Creek Fire Tabletop Exercise, Part 1, December 3, 2020
- Creek Fire Tabletop Exercise, Part II, April 16, 2021
- Ongoing Drills: Regional Bed Counts

Participant Pre-Exercise Materials:

- Exercise Plan (ExPlan)
- Resource Toolkit
- Baseline Pre-Exercise Survey

Resource Toolkit

- Added TTx specific resources
- Lessons learned
 - Led to SME invites
 - Additional resource creation & collaboration
 - Willingness to hold education for participants

CREEK FIRE 3 TABLETOP EXERCISE RESOURCE TOOLKIT

Additional Burn Planning resources can be found online at crisisstandardsofcare.utah.edu.
Plan fast links: [WRBDC BMCI CONOPS Plan](#), [Healthcare Coalition Burn Surge Annex Template](#).



Resource	Source	Target Audience	Type	Weblink
Telemedicine Resources				
Cybersecurity – Did You Know?	Western Alliance for Pediatric Emergency Management (WRAP-EM)	Clinical	Factsheet	https://wrap-em.org/images/HUB/Cybersecurity_Did_You_Know_FINAL.pdf
Exploring Emergency Legal Preparedness and Response Issues	James Hodge, Western Alliance for Pediatric Emergency Management (WRAP-EM)	Clinical	Video	https://ucsf.app.box.com/s/mhh44pbw9qvu7dgs/22wcpfw84vhq
Legal Resource Guide	James Hodge, Western Alliance for Pediatric Emergency Management (WRAP-EM)	Clinical	Guidance	https://wrap-em.org/images/2021/WRAP-EM_Legal_Guide_-_Report.pdf
Telemedicine for Emergency Responders	UC Davis	Response	Guidance/ Videos	https://ucdavis.box.com/s/kbtyxf3q33bbicemnl4b65s9p9rmn https://drive.google.com/file/d/1al3kv2aUqU7e2TPKdmPCPDa6GwIO84/view?usp=sharing https://video.ucdavis.edu/media/Telemedicine+for+Emergency+Preparedness+WRAP-EM+7-2021/1_53e7x2ed
Mental Health Resources for Patients & Patient Management				
Anticipate, Plan, Cope, For frontline workers	Dr. Merritt Schreiber, Ph.D.	Public	Guidance	https://wrap-em.org/media/attachments/2021/08/04/app-fact-sheet_frontline.pdf

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Utilization and Customization of the TTX

- Modulation
 - Page numbers to applicable content
- Lessons learned
 - Clear theme and clear direction to applicable resources
 - Assisted with definitive time allocation
 - Guided SME guest time



Page Numbers to Applicable Content – Example

Resources to support burn victim care at non-burn facilities

- WRBDC Burn Mass Casualty Concept of Operations Plan resources:
 - Clinical Support to Non-Burn Facilities, page 15
 - Patient Care Resources, page 17
 - The 96 Hour Plan, page 17-18
 - Burn Equipment and Supplies, Appendices H & K
- **Healthcare Coalition Burn Surge Annex Template resources:**
 - Burn Resource Table, Appendix D

Considerations to determine which patients should be transferred, in what order, and where

- WRBDC Burn Mass Casualty Operations Plan resources:
 - 96 Hour Plan – Module 4 Transfer and Transport, pages 56-59
- **Healthcare Coalition Burn Surge Annex Template resources:**
 - Transfer Decision Flowchart & Triage Tables, pages 30-31

What help can the WRBCC provide?

- WRBDC Burn Mass Casualty Operations Plan resources:
 - Clinical Support to Non-Burn Facilities, page 15
 - Patient Transfer Coordination, page 11-12
- **Healthcare Coalition Burn Surge Annex Template resources:**
 - Transfer Decision Flowchart & Triage Tables, pages 30-31
 - Patient Transfer Checklist, page 32-33

Leveraging Technology for Audience Engagement

POLL QUESTIONS



- Which key elements of a Burn Surge Response is your facility / organization well prepared to handle? Select all that apply.
- What are the top two areas of a Burn Surge Plan that your facility/organization could use more help in?
- What funding sources have you utilized that have aided in your efforts to prepare for a burn mass casualty incident? **Please write your answers in the chat.**

POLL QUESTION

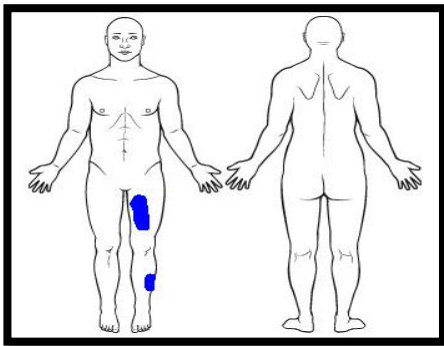
9. Paper Patients (next slide) – all patients are currently in a Community Hospital. Given patient data, how should they be prioritized for transfer, and where should they go?
- HP = High Priority for Transfer to a Burn Center
 - LP = Low Priority for Transfer to a Burn Center
 - NT = No Transfer necessary, patient may remain at Community Hospital with support from a Burn Center if needed

****Warning: Graphic Images****

- Use of polling and discussion questions
 - Everyone could talk
- Use of assigned audience SME
 - Telemedicine, mental health, burn center providers
- Lessons learned
 - Knowledge of the audience
 - Ask the audience (verbalize & chat function)
 - Use of probing and difficult enough questions
 - Built in discussion filler slide for time constraints
 - Graphic image warning

Operationalizing the Annex- TTX Poll Question

- What steps, if any, would you take to address potential mental health risks/concerns for Patient C?



*Red = Third degree
Blue = Second degree

Healthy 13-year-old female

3% TBSA

On room air

Vital signs stable

History of treatment for depression

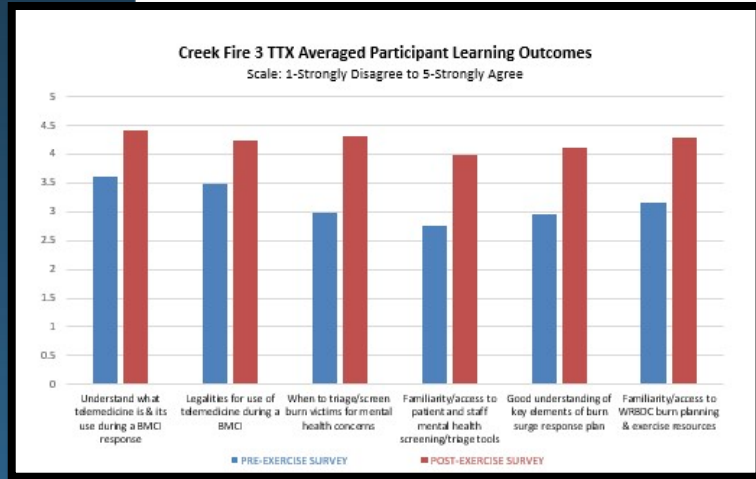
Patient has reported the following:

- Evacuation from active fire was “delayed” & complicated
- She thought she & her family would die before being evacuated
- She saw many injured animals & her own pet is missing, & she feels it has “burned & died”
- Says she felt so scared during the evacuation that she couldn’t think, thought she was going “crazy”

Pediatric Considerations: Alignment of Multiple Annex (Burned Child)

- Have your staff been trained on caring for a pediatric patient?
 - Have you assembled necessary resources, such as pediatric burn supplies?
 - What resources and training are available for other vulnerable populations?
- WRBDC Burn Mass Casualty Concept of Operations Plan resources:
 - Operational Overview, page 11-12
 - Burn Disaster Bed Census, page 27-28
 - Crisis Standards of Care Burn Triage Decision Table, page 33-34
 - Pediatric Planning Considerations, page 60
 - Pediatric Equipment and Supplies page 61-62
 - **Healthcare Coalition Burn Surge Annex Template resources:**
 - Burn Patient Transfer Decision, page, 21
 - Special Considerations Pediatric, page 23 -25
 - Appendix C: Helping Children & Adolescents During Disaster

Utilization and Customization of the TTX-Hotwash and Participant Feedback Form



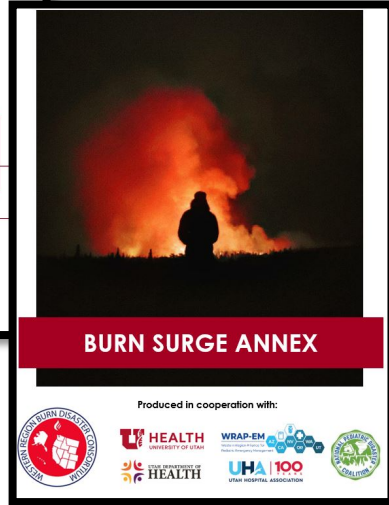
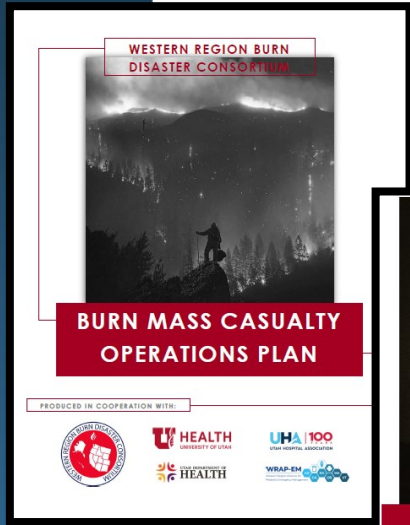
- Use of pre and post exercise survey
 - Same questions
 - Based on exercise objective topics
 - Measurement of learning
- Hotwash
- Lessons learned
 - Multiple opportunities for survey completion
 - Capture dialogue in the chat
 - Post survey completion tied to CME credit
 - Able to prove TTx increased knowledge

Before we start, please complete the
Pre-Exercise Survey
(Link in the Chat & below)

Additional Lessons Learned

- Use available resources – Thank you ASPR TRACIE!!
- Spoon feed whenever possible – bandwidth for all is tight
- Focus on what would be done today if an incident occurred
 - KISS
- Alignment of plans
 - Boots on the ground to the federal level
- Leverage technology
 - Have the IT team on speed dial
 - Involve them from the beginning and acknowledge their work
 - Enhanced information sharing and audience diversity
 - Take people on a journey of discovery
 - Have no fear
- Teamwork makes the dream work
- It doesn't have to cost a lot of money

“Continuous effort-not strength or intelligence is the key to unlocking our potential” Winston Churchill



Next Steps

- Revision of CONOPS
 - Inclusion of all resource toolkit information
 - Addition of applicable HCC annex information
- Enhance telemedicine capabilities
 - Medpic App linked to CSC site
- Patient transfer refinement and testing
 - Another TTx May 2022

[*http://crisisstandardsofcare.Utah.edu](http://crisisstandardsofcare.Utah.edu)

It's a gift to do work that feels meaningful!!

annette.matherly@hsc.utah.edu



Contact ASPR TRACIE



asprtracie.hhs.gov



1-844-5-TRACIE



askasprtracie@hhs.gov