Public Health and Medical Emergency Function (EF 8): priorities, goals, and new roles for EMS

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Director, CA Emergency Medical Services Authority

Core medical role for EF 8:

Support and coordination of local jurisdictions for healthcare continuity and to maximize medical surge capacity and capability
Enhance EF 8 functional integration for response MHCC (formerly JEOC) protocols and procedures
Integrated situation status reports and ops planning

State Operations Center
Staffing roles
Cross-EF planning
# Disaster Healthcare Volunteers

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
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<tr>
<td>Physicians &amp; PAs</td>
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<tr>
<td>Nurse Services</td>
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<td>EMT</td>
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<td>Hospital Ancillary</td>
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<td>Animal Services</td>
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<td>Social Services</td>
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<tr>
<td>Mgmt and Support Services</td>
<td>1,252</td>
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Integration with federal partners

Federal Medical Station
Brooklyn, SS Sandy
**Defense Support of Civilian Authorities**

- One of the primary missions of U.S. DoD
- On request of civil authorities
  - Through request to Region 9 HHS-ASPR RECs
- Support to all levels of government
- SecDef retains command of federal forces
- National Guard may assist under state or federal control

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**DoD Health Surge Resources**
Crisis (Standard of) Care

• Different from “usual” circumstances, but appropriate to the situation
• Population-based resource allocation to maximize outcome for the most patients
• Next steps: reactivate State Work Group
  – Initiation and support under SEMS
  – Triggers
  – Legal and executive order
  – State Disaster Medical Advisory Committee
Indictors and Triggers

- **Indicators**: measures or predictors of changes in demand or resource availability
- **Triggers**: decision points
- Both guide transitions along the continuum of care, from conventional to contingency to crisis and back again.
  - Measure health care system stress
  - Ensure consistency
  - Provide protection for health care providers

Crisis Standards of Care: A Toolkit for Indicators and Triggers; IOM 2013

Train and exercise together

Planning and training is everyone’s responsibility

Exemplary mass casualty responses in Aurora, CO, Boston, and SFO were not an accident, but the result of a dedicated preparedness culture within the hospital
Train and exercise together
Golden Guardian 2012

- CalMAT
- Mission Support Team
- Ambulance Strike Team
- Disaster Medical Support Unit
- Hospital Administrative Support Units
- Mobile Communications
- 50 bed Mobile Field Hospital

GG 2013
Patient Identification, Tracking, and Movement

- Balance bringing medical resources into the affected area and moving patients out
- Complex coordination of land and air resources
- Requires central coordination to prioritize patients and maximize use of resources
- EMR needs data fields for unique identifier (triage number or EMS patient number)
Patient Movement and Tracking
In the field to facilities and interfaction

Emergency Care as Healthcare Safety Net

EMS is gateway for unscheduled access to care

“I MEAN ... PEOPLE HAVE ACCESS TO HEALTH CARE IN AMERICA. THEY CAN JUST GO TO THE EMERGENCY ROOM.”

George W. Bush
White House briefing —2007
Improved EMS Integration into Healthcare System

- Bridges public safety and health care
- Key role in triage, dispatch, pre-hospital, field medical, emergency care
- Coordinates patient distribution and quality of care through regional specialty systems
  - Trauma, STEMI, Stroke, Pediatrics

EMS role for surge

Load balancing
Support for allocation of scarce resources (i.e., acute care beds and staff)

- Triage 911 calls with more options
  - Refer to nurse triage and advice lines
- Evaluate, treat and refer
- Alternate transportation and destinations
Innovation Opportunities for EMS

People utilize EDs more often because of a lack of access to other providers as opposed to the seriousness of their complaints.

Pre-hospital EMS system is uniquely positioned to care for 911 patients and assist less emergent patients with transport to the most appropriate care setting based on medical and social needs… reducing the cost of care and ED burden.

White Paper: HHS ASPR, DOT, HRSA 2013

Enhanced healthcare roles for EMS

- Evidence-driven protocol for appropriate disposition of patients who call 911
  - Appropriately triage patients away from ED
  - Treat and refer
  - Transport patients to alternate destinations
- Partner with public health, social service, hospitals and ACOs to provide mobile medical services in underserved communities

Innovation Opportunities for EMS White Paper: HHS ASPR, DOT, HRSA 2013
EMSA Goal: Statewide ePCR and HIE

- Allows for real time data transmission
- Bi-directional data exchange
- Supports patient tracking and distribution
- Data aggregation and analysis for quality improvement

HIPAA and Disasters

Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission, for 12 national priority purposes

- Public health activities
- Required by law—reportable conditions
- Avert a serious threat to health or safety
- For national security and intelligence activities

45 C.F.R. § 164.512 (Uses and disclosures that do not require an authorization or opportunity to agree or object)
Disclosure of HPI

- **Treatment purposes**
  - With other providers (includes EMS)
  - To refer patients for treatment (including available providers in areas where the patients have relocated)
  - Coordinating patient care (e.g., emergency relief workers or others to find appropriate health services).
- To identify, locate and notify family members, guardians, or other responsible parties of the individual’s location, condition, or death.
- Tell people who call or ask whether individual is at the facility, location in the facility, and general condition.

Healthcare System Resiliency

- All health care providers see preparedness as a responsibility and core competency
- Hospitals utilize planning and drills to be prepared for mass casualty and disasters
- Coalitions gain cooperation and participation of health care community
EF 8, Mutual Aid partners

Healthcare Coalitions

MERGE

Federal grants

Accountable Care Organizations

CHANGE AHEAD