Partnering with the Medical Reserve Corps to Enhance Surge Capacity

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Steve Chambers is the coordinator for three Medical Reserve Corps (MRC) units in Tulare County: Tulare MRC, Porterville MRC and Visalia MRC. He has over 23 years of service in public health, mostly in emergency preparedness. He retired from Kern County Public Health in 2011 and has been with Tulare County Public Health Emergency Preparedness Program since then. He also has 10 years of experience in the hospital industry as a management, marketing and contracts consultant to over 70 hospitals in California. He has worked for three hospitals and was a hospital administrator.

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Jeff Surowiec is responsible for the areas of the environment of care, safety, and security as well as emergency preparedness activities for Sierra View District Hospital. As the chairperson for the Emergency Management Committee, Jeff is responsible for the creation and implementation of the facility’s disaster training exercises, defining the objectives, monitoring the HICS Command Center and creating the After Action Reports to define the strengths and weaknesses observed. He is a representative on the Tulare County Public Health Emergency Preparedness Committee and the Porterville Medical Reserve Corps. Jeff is also a Certified Healthcare Safety Professional (CHSP) and a Certified Healthcare Emergency Professional (CHEP) through the International Board for Certification of Safety Managers.
Goals for today’s presentation

1. Provide overview of the role of Medical Reserve Corps (MRC) in support of hospital surge event
2. Present hospital needs for trained personnel during a hospital surge event
3. Hospital planning and training with MRC members to support the hospital during a surge event
4. Conducting drills and exercises with MRC to prepare for hospital surge event

Objectives for this presentation

1. Describe the benefits of providing a “home base” at the local hospital for the Medical Reserve Corps for coordinating training, drills and exercises
2. Describe how the Medical Reserve Corps can enhance disaster surge capacity by engaging hospital staff in training, drills and exercises
3. Describe how to establish and develop an agreement between the hospital and the Medical Reserve Corps for long term planning and training in disaster preparedness and response
THE EARTH IS SHRINKING!

1347 Black Plague...3 months to get from Sicily to London (1,000 mi.) ~20% death rate - 1/3 of world died 1347-69

1918 Spanish Flu...3 weeks to get from Kansas to Paris (4,600 mi.) ~6% death rate ~ 1/5 world population died

2003 SARS...< 24 hours to go from Hong Kong to Toronto (7,800 mi.) ~9.6% death rate

2009 H1N1...already in Southwest hospitals BEFORE we knew what it was 0.02% death rate

H5N1 HPAI – death rate for hospitalized, lab confirmed = ~59%

Underlying premise for developing relationships between hospitals & Medical Reserve Corps

1. Hospitals are challenged every day to find enough trained staff to handle the existing work load demands...especially small/rural hospitals

2. During a disaster, like pandemic influenza or release of a highly infectious biological agent, small/rural hospitals may not have sufficient staff to maintain 24/7 operation for several weeks (3 waves, 3-8 months apart, can last up to 2 years)

3. Relationship provides the hospital with opportunities to train, drill and exercise with MRC members in advance of the disaster

4. This presentation will provide a few ideas to help develop an ongoing relationship with the MRC to enhance hospital surge capacity
PHEP-Hospital Preparedness Program (CDPH/HPP) requirements for engaging volunteers (MRC)

HPP Capability 10: Medical Surge

**All Counties:**
Train health care coalition members (hospitals, MRC) and emergency managers on the Operational Area response plan for medical surge. Ensure members understand their specific roles and responsibilities.

**GOAL:** Identify and eliminate gaps in Operational Area public health and medical disaster response plans to respond to public health and medical events.

HPP Capability 15: Volunteer Management

**GOAL** Enhance access to medical and non-medical volunteers to support medical operations during a disaster

**OBJECTIVE 4**
Medium and Large Counties:
Document:
- In collaboration with health care coalitions, provide outreach to at least three potential sources for volunteer surge personnel and services
- Plans for identifying and verifying volunteer surge personnel skills.
- Plans for notification of volunteer sources/organizations regarding health care response needs.

*CDHV (CA Disaster Healthcare Volunteers) Registry [www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov)*

Role of Medical Reserve Corps in Support of Hospital Surge Event

1. Recruit, train and exercise volunteers in emergency preparedness using ICS/HICS (command/control) — language of first responders
2. Preregister and vet licensed volunteers with specific medical qualifications through the CDHV (CA Disaster Healthcare Volunteers) Registry [www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov)
3. Conduct training on disaster preparedness — including pandemic influenza, mass casualty incident response — with the goal to support hospital surge
4. Conduct exercises with hospital for medical triage, mass vaccination and mass prophylaxis — to reduce impact of a hospital surge event
Hospital “home base” benefits

Having a regular location at the hospital for holding MRC training, drills and exercises has a few benefits:

1. Schedule regular MRC Unit meetings
2. “Location identity” for MRC Unit that everyone knows
3. Promotes the MRC to hospital employees and physicians
4. Promotes the MRC to local medical offices and clinics

Striking an agreement between the Hospital and MRC

- Written agreements — basis for planning/promoting the MRC at/through the Hospital for training, drills and exercises
- Continuing Education Units (CEU’s) can be developed through the hospital Education Department
- Identifies location/use of space, time/day of month, use of computer network
- Promotes opportunities for developing long term planning for training, drills and exercises to support hospital surge with MRC members
- Allows MRC to promote the agreement to Public Health Department, Hospital Board, County Board of Supervisors, Emergency Council
Hospital planning and training with MRC members supports the hospital during a surge event

• Pre-identified, pre-screened and vetted volunteers are known and available to hospital — BEFORE the surge event happens!
• The ability to quickly contact MRC members through CDHV Registry improves response time for volunteers, gives hospital a list of people with or without medical licenses
• Having trained together BEFORE the disaster promotes camaraderie and improves efficiency of volunteers
• Learning the Incident Command System (ICS/HICS – command & control) gives MRC volunteers organization and communications skills that will be used during the disaster
• Provide the hospital opportunity to train MRC volunteers in the operations of the hospital during a disaster

Conducting exercises with MRC to prepare for hospital surge event

Specific exercises will enhance MRC readiness to support hospital surge:

1. Mass Casualty Incident (MCI) can severely impact hospital - MRC can support with triage, transportation, relocation as needed
2. Mass Casualty Triage (green, yellow, red, black codes/tags) will reduce impact on hospital ED and inpatient beds
3. Mass Vaccination/Prophylaxis will increase staff protection from pandemic or biological event
4. Alternate Care Site (ACS) operations may be needed to decompress hospital demand for beds/staff
Why train volunteers?

Sept 11, 2001 at Ground Zero

‘With the arrival of reinforcements came the unprepared ‘freelancers’ who, while meaning well, began their own versions of search and rescue and medical care. It was quite worrying to see physicians dressed only in scrubs, clogs, and surgical masks attempting to negotiate the jagged metal debris to carry out their well-meaning medical interventions. In some instances, these interventions were in direct conflict with established protocols of the FDNY EMS for dealing with victims of such an incident (Mass Casualty). Needless to say, these physicians received an immediate lesson in command and control…”

Charles Martinez, M.D., Deputy Chief Surgeon, Police Dept. City of New York
Darío Gonzalez, M.D., Medical Director, Clinical Affairs, Fire Dept. City of New York
Published online: 6 November 2001, Critical Care 2001, 5:304-306
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Hospital needs for trained personnel during a hospital surge event

- MRC staff can be utilized to supplement assistance with existing facility staff during emergency situation or provide hospital surge capacity support
- MRC staff are routinely trained in facility infrastructure and become acquainted with the operational needs
- Opens a broad network of both clinical and non-clinical volunteers that are readily available to respond in emergency situations, that are trained in ICS/NIMS and can readily adapt to existing facility protocols

Hospital needs for trained personnel during a hospital surge event (cont.)

- MRC coordinator maintains background checks, credentialing verifications and specialty expertise on volunteers, which enables facility to expedite volunteer staff for usage in areas that their skills would be beneficial
- Hazard Vulnerability Analysis (HVA) and Emergency Operations Plan (EOP) are routinely communicated to MRC staff for a better working knowledge on emergent situations for facility that may result in a mass surge on the hospital from the community
- MRC volunteers are comprised of those that have a working knowledge of the local community and their infrastructures, which is instrumental in coordinating a response
Hospital needs for trained personnel during a hospital surge event (cont.)

- MRC volunteers are incorporated into facility’s disaster exercises and trainings for experience related to assisting staff during an emergency situation
- Volunteer staff are trained in facility’s emergency management inventory and correct usage which would be beneficial in a crisis
- Ensure they are trained in various aspects of an emergency situation:
  - Responsibility
  - Jurisdictional boundaries
  - Reporting structures
  - Utilization procedures

Reasons and excuses for not joining the MRC

- I’m too busy! (2 hours per month)
- That’s my dinner/family time (food is provided)
- Too far from office (90% of MD offices <1 mile from hospital)
- Need more information (come to the meeting and see for yourself www.medicalreservecorps.org, www.healthcarevolunteers.ca.gov)
- I don’t want my personal information in the Volunteer Registry — confidential, SSN, Drivers license #, medical License # can’t be seen — only System Admin at EMSA and MRC Coordinator can access confidential data.
  No financial or medical claims information is collected.
Lessons Learned

- Spontaneous unaffiliated volunteers (SUV) are not prepared to assist
- Don’t wait until a disaster to engage MRC in planning, training and exercises
- Look for activities/roles MRC can fill to support hospital surge and practice often
- Teach MRC members HICS – specific to your hospital

Best Practices

- Engaging MRC expands hospital surge capacity
- Know the capabilities of MRC members in advance through California DHV website
- Relationship provides the hospital with opportunities to train, drill and exercise with MRC members in advance of the disaster
- Vetting licensed professionals daily
- Coordinate training calendars to include MRC members
MRC membership has its rewards!

2013 National Association of City and County Health Officials (NACCHO) Outstanding Partner Organization Award

Dr. Gaurang Pandya, General Surgeon, Pandya Family Foundation, recognized by Medical Reserve Corps for his outstanding support and personal work with Porterville MRC.

June 2014, California Dept of Public Health, Outstanding Leadership Award for Volunteer Management

Thank you

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