

2023

DISASTER PLANNING CONFERENCE

SACRAMENTO

Disaster Planning 101: The Process Works

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Session Overview and Introduction

- What is the RDMHC/S Program all about?
- How does a hospital, clinic or other med/health partner fit in?
- RDMHS Panel instructions

Region I RDMHS’:

Jeremy Fahey and Javier De La Cerda

RSV/Flu/COVID Pediatric Surge 2022

– Children’s Hospital Orange County

- ED built to handle 150/day
 - Highest ED daily census was 444
 - Averaged over 300/day from the end of Aug. – mid-Oct.
- “ED to ED” transfers canceled
 - Declined 300-350 patients in 1 month.
 - Peds bed occupancy > 85% on avg.

Region I continued

- Support provided by the RDMHSs
 - Collaboration Calls
 - Region I MHOACs
 - Southern Region Pediatric Hospitals
 - Best practices
 - Lessons learned
 - Staffing
 - State partners/officials
 - Resource requesting
 - Mutual assistance

Region II RDMHS': Andy Sulyma and Ryan Preston

Lake County Winter Storm Event

On the weekend of February 24th, Lake County experienced severe Winter Storms causing infrastructure damage, several isolated power outages, cellular tower failure and increased call volume for aid. Within Lake County, there are two critical access hospitals. These hospitals see a high volume of patients and the normal daily operating procedure is to transfer these patients to larger Hospitals outside of their county border if longer or higher acuity care is needed. The adverse weather conditions as well as its effects drew all available transport resources to other tasks. Exhausting all local resources, this made it impossible for these two hospitals to transfer out patients. This in turn caused a backup leading to an unsafe patient load. Emergency decompression of these hospitals was needed on February 24th and February 27th.

What happened?

- On February 24th, a request for assistance was made by the MHOAC (Medical Health Operational Area Coordinator) to the RDMHS (Regional Disaster Medical Health Specialist) to decompress their critical access hospitals. This request was prioritized as emergent.
- Through the Standardized Emergency Management System (SEMS), Region II was able to poll its 15 other counties for available transport assets. This made it possible for us to source an Ambulance Strike Team (5 ambulances of like capability) and an Ambulance Strike Team Leader (ASTL) to carry out the decompression of these hospitals.
- Assistance was needed again on February 27th and through the same process, we were again able to source an Ambulance Strike Team with an ASTL to decompress their hospitals.

Region II continued

Challenges?

- Communication difficulties due to infrastructure and technology failures
- 2 points of access to the County were closed due to adverse weather conditions
- Both requests for assistance come in late in the day

Successes?

- All patients requiring transport were expeditiously and safely moved to definitive or higher level of care. Hospitals were able to recover.

Region III RDMHS’:

Patti Carter and Jennifer Johnson

TOPIC: Not taking “no” for an answer during Operation Warp Speed

- COVID Vaccine
- Hospital in Northern Ca stored vaccine for all 13 OAs
- One Pharmacist & MHOAC tracking
- Four Credo Cubes
- XX Ultra Low Temp Freezers
- Travel time around vaccine clinics
- Similar process used with Evusheld, TPOXX

Region IV RDMHS': Brian Cross and Jared Gunter

TEAMWORK for our most vulnerable population.

Situation: Massive Surge of Pediatric patients with limited capacity/space to place and treat these patients.

Background: During the pediatric surge in the winter of 2022 and 2023, California was spread thin with limited pediatric services, pediatric ICU services, and Neonatal ICU services. It didn't take long for our 2 Regional Pediatric Centers to become OVERWHELMED. These two facilities, in conjunction with a third major health system, created a "MAC group" to get all the key stakeholders, Medical Directors, Intensivists, Nurse managers, and County and Regional partners on a call to figure out how they were going to all work together to maximize the care available for this high risk, low volume patient population.

Challenges Faced:

Limited resources, space (bed availability) and equipment to care for this population

Region IV continued

Successes:

Created a “just in time” training for this population, giving the facilities that don’t normally care for these patients for an extended period of time a playbook to be able to make appropriate clinical decisions for this population.

The intensivists made themselves available for video consults to be able to evaluate the patient and see in real-time what the smaller facility was seeing.

Had daily briefings with this MAC group to evaluate the transfer requests received, triage (prioritize) them, and have that discussion on who had room to bring them into their facility.

Region V RDMHS':

Mitchell Findley and Chris Parks

Madera Community Hospital

December 27th 2022, received Flash Report from Madera
MHOAC

MCH IS CLOSING

Region VI RDMHS:

Ralph Serrano

TOPIC: Imperial County COVID-19 Surge

Uncertainty and the unknown of COVID-19

Coordination and decompression of Imperial County hospitals, including transfer of 600+ patients throughout the Region and State.

200 Combined licensed beds between 2 hospitals

Foreign Nationals and Expatriates

Region VI continued

Bed Availability, Bed Polling, AATC

MHOAC/RDMHS Transfer Process

State Health Officer Order

Repatriation and Decedent Management

Wrap up

- Questions
- MHOAC Contact list: www.emsa.ca.gov/plans
- RDMHC/S Contact List: www.emsa.ca.gov/plans