2017 -2022 Health Care Preparedness and Response Capabilities

Capability 1:   Foundation for Health Care and Medical Readiness

The foundation for health care and medical readiness enables the health care delivery system and other organizations that contribute to responses to coordinate efforts before, during, and after emergencies; continue operations; and appropriately surge as necessary. This is primary accomplished through health care coalitions that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together. Health care coalitions should collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency. These stakeholders include core health care coalition members (hospitals, EMS, EMA, and public health agencies) and Maine CDC.

Goal: The community's health care organizations and other stakeholders, coordinated through a sustainable health care coalition, have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Objectives:
- ➢ Establish and Operationalize a Health Care Coalition
- ➢ Identify Risk and Needs
- ➢ Develop a Health Care Coalition Preparedness Plan
- ➢ Train and Prepare the Health Care and Medical Workforce
- ➢ Ensure Preparedness is Sustainable

Capability 2:   Health Care and Medical Response Coordination

Healthcare and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities at both the federal and state levels.

Private health care organizations and government agencies, have shared authority and accountability for health care delivery system readiness, along with specific roles. In this context, health care coalitions service as a communication and coordination role within their jurisdictions. This coordination ensures the integration of health care delivery into the broader community's incident planning objectives and strategy development. It also ensures that resource needs that cannot be managed within the health care coalition itself are rapidly communicated to Maine CDC.   Health care coalition coordination may occur at its own coordination center, the local EOC or by viral means, all of which are intended to interface with Maine CDC.

Goal: Health care organizations, health care coalitions, and their jurisdictions collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Objectives:
- Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- Utilize Information Sharing Procedures and Platforms
- Coordinate Response Strategy, Resources, and Communications

Capability 3:   Continuity of Health Care Service Delivery

Optimal emergency medical care relies on intact infrastructure, functioning communications and information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external system such as utilities, electronic health records, and supply chains are compromised. Historically, continuity of operations planning has focused on business continuity and ensuring information technology redundancies. However, health care organizations and health care coalitions should take a broader view and address all risks that could compromise continuity of health care service delivery. Continuity disruptions may range from an isolated cyberattack on a single hospital's IT system to a long-term, widespread infrastructure disruption impacting the entire community and all of its healthcare organizations.

A safe, prepared, and healthy workforce and comprehensive recovery plans will bolster the health care delivery system's ability to continue services during an emergency and return to normal operations more rapidly.

Goal: Health care organizations, with support from health care coalitions, provide uninterrupted medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, well-equipped to care for patients during emergencies.

Objectives:
- Identify Essential Functions for Health Care Delivery
- Plan for Continuity of Operations
- Maintain Access to Non-Personnel Resources during an Emergency
- Develop Strategies to Protect Health Care Information Systems and Networks
- Protect Responders' Safety and Health
- Plan for and Coordinate Health Care Evacuation and Relocation
- Coordinate Health Care Delivery System Recovery

Capability 4:   Medical Surge

Medical surge is the ability to evaluate and care for an increased volume of patients that exceeds normal operating capacity. Providing an effective medical surge response is dependent on the planning and response capabilities developed in Capabilities 1, 2 and 3 (above). Developing health care coalitions is especially important to support the coordination of the medical response across health care organizations.

Medical surge requires building CAPACITY and CAPABILITY:

- Surge CAPCITY is the ability to manage a sudden influx of patients. It is dependent on a well-functioning incident command system and the variables of space, supplies, and staff. The surge requirements may extend beyond placing patients into beds, and should include all aspects related to clinical services (e.g., laboratory studies, radiology exams, operating rooms).
- Surge CAPABILITY is the ability to manage patients requiring very specialized medical care. Surge requirements span a range of medical and health care services (e.g., expertise, information, procedures, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities or burn care services at non-burn center). Surge capability also includes special interventions in response to uncommon and resource intensive patient diagnosis (e.g. Ebola, radiation sickness) to protect medical providers, other patients, and the integrity of the medical care facility.

Although these terms are not mutually exclusive (e.g., an emergency with large numbers of burn patients results in the need for both capacity and capability), they provide context for medical surge planning and can assist the health care coalition in developing regional approaches to providing care to patients with specific illnesses or injuries resulting from a wide variety of emergencies (e.g., regional viral hemorrhagic fever plan, regional mass burn plan, and regional mess pediatric plan).

Health care coalitions and their members that coordinate during a medical surge response are more likely to manage the emergency without state or federal assets or employing crisis care strategies. However, it is not possible to plan for all worst case scenarios, and there may be times when the health care delivery system is stressed beyond its maximum surge capacity. For those scenarios, crisis care strategies may be employed and planned well in advance.

Goal: Health care organizations, including hospitals, EMS, and out of hospital providers, delivers timely and efficient care to their patients even when the demand for health care services exceeds available supply. The health care coalition coordinates information and all available resources for its members to maintain conventional surge response. When an emergency overwhelms the health care coalition's collective resources, the health care coalition supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Objectives:

- ➢ Plan for a Medical Surge
- ➢ Respond to a Medical Surge