

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – *Hospital Section*
June 2, 2010

East Hartford Public Safety Complex
East Hartford, Connecticut

Present: See attached attendance list

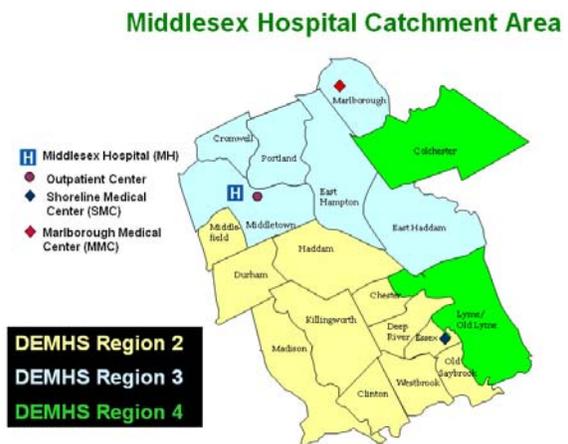
The meeting was opened at 11:45 a.m. by Mr. Stonoha.

Middlesex Hospital: Mr. Rogoff from the Middlesex Hospital presented an illustrated discussion on the role of this hospital in planning for emergencies.

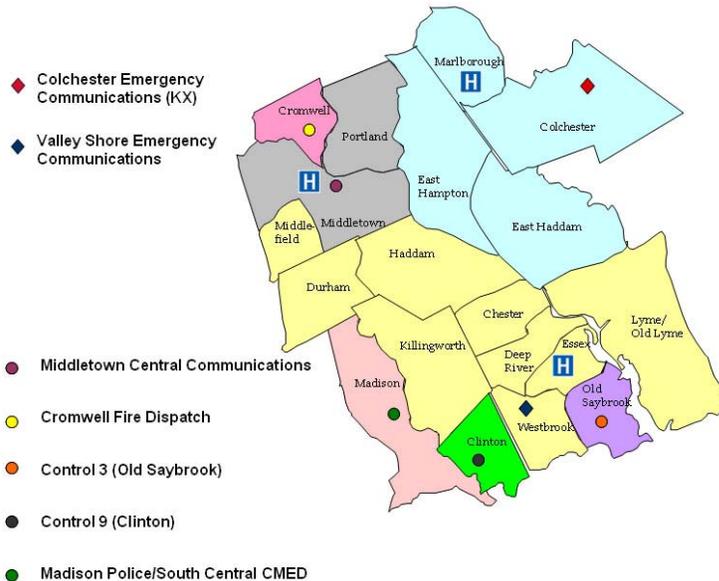


Middlesex Hospital in Middletown is part of CT DEMHS Region 3. But it receives the majority of its patients from a catchment area that includes towns in several other DEMHS regions. The nearest hospitals for diversion are located in Regions 2 and 4.

The hospital manages remote clinics, facilities that are in two DEMHS regions. Two towns in its catchment area are in a third DEMHS region.



Catchment Area Dispatch Centers



Further confusing the issues of emergency planning is the hospital depends on pre-hospital communications from multiple centers, located in different planning regions.

Mr. Rogoff related that during several recent emergency situations, there has been confusion over how to coordinate all these scattered resources in multiple jurisdictions. During that discussion, the following issues were noted and suggestions offered:

- Middlesex Hospital and Middletown are located in DEMHS Region 3, and are covered by the Region 3 Regional Emergency Support Plan (RESP - formerly the Red Plan).
- The hospital is not a response organization in that it does not go to other areas to provide assistance.
- The hospitals paramedics however are “responders” because they are mobile.
- The clinics managed by MH are under the control of MH, and while they may be located in other regions, they answer to the main facility based in Region 3.
- For “routine emergencies,” it is appropriate for MH to call out to individual communities or facilities for back up assistance, regardless of their regional location. As an emergency starts to expand, it may still be appropriate for MH to enhance its own ability to receive patients by direct coordination with neighboring resources. But when an event expands to the point that resource coordination involves agencies and communities that do not directly relate to the hospital day-to-day, there is a need to turn to one coordination point to provide this benefit. At that point, MH should follow the RESP and contact its RICS as described in the plan.
- The RESP is a one phone call system. Once called, MH should not ask other regions and communities to duplicate the Region 3 efforts.

- Issues of coordination with multiple CMEDs have already been addressed in Region 3. The North Central CMED can help in these issues with Middletown.

In conclusion, it was agreed that more discussion will be needed to further clarify the issues being faced by Mr. Rogoff. It was also agreed that CREPC staff can and will foster this discussion in the future. He was thanked for bringing these issues forward for discussion, and for defining some of the barriers he has been facing.

NDMS: Mr. Stonoha reviewed the report given earlier at the ESF-8 meeting: “If there is a disaster or military event with very large numbers of patients, these victims will be collected in one area and their care managed by mobilized DMAT teams. Meanwhile, the VA will be contacting hospitals throughout the country that have signed agreements to receive such patients. Logistics will include arranging air transportation to pre-designated forward staging areas, such as Bradley International Airport, and arranging ground transportation to area hospitals. The last time hospitals in Connecticut updated these Memoranda of Agreement for NDMS was in 2002. In fact, Connecticut is the only state without any currently effective MOAs in place. The first step, one that should be taken immediately, is to review and obtain current signatures on these agreements. Included is the number and type of patients that each is willing to receive.”

Mr. Stonoha asked each hospital representative to go back and identify their hospital’s last signed NDMS mutual aid agreement. If found, he asked that it be copied and sent to him at Hartford Hospital. He will work to identify what steps need to be taken to bring the region’s hospitals into compliance with this national program.

The meeting was adjourned at 12:30 a.m.

Respectfully submitted

Cressy Goodwin
Recorder

ATTENDANCE:
 CREPC ESF-8 Meeting – Hospital Section

June 2, 2010

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