

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – **Hospital Section**
February 4, 2009
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

DRAFT

See attached attendance list

The meeting opened at 11:58 a.m.

It was noted that eight of the region's ten hospitals were represented.

Alternate Care Sites (Facilities): Dr. Buckman, responsible for the region's Medical Reserve Corps (MRC) attended the meeting. He is the point of contact for the RESF-8 Alternate Care Sites (ACS) Workgroup, and asked to clarify the two groups' shared roles. Mr. Falaguerra reviewed the effort underway for some time by the Hospital Section to develop planning guidelines for physical space, utilities, equipment, supplies and staffing for establishing ACS in the region. A final draft is available to be reviewed.

Dr. Buckman reported that during recent discussions with Mary Duly from DPH he learned that the MRC would not be allowed to set up or operate in an independent ACS. In Connecticut, DPH will be regulating and licensing all such centers designating them as Alternate Care Facilities (ACF). And any ACF can only be established by hospitals. Mr. Falaguerra commented it will take a large number of staff to operate an ACF. Others agreed if a hospital is filled to capacity, there won't be any staff available to support a hospital-sponsored ACF. It could then be expected the hospital won't take action, but simply close its doors and refuse to take any new patients. Others in the group agreed.

Dr. Buckman stated that the mission of the MRC during a medical emergency is to operate independently of a hospital. It would not be possible for MRC personnel to accept medical control and restricted activity working within a hospital setting – even if at a remote building. He stated Mary then told him hospital administrative control was required to protect the operation against medical liability – when a hospital authorizes an ACF, the hospital's malpractice insurance would provide coverage to all working there. He was told if the MRC were to work outside of a hospital-authorized ACF, the MRC medical director would then be personally responsible to defend against any medical liability claims. He stated if this was so, the MRC could not play a role in a disaster.

Mr. Falaguerra then reviewed previous state-level and regional planning sessions where it was explained that the DPH would be regulating hospital-activated ACF, but that community-sponsored ACS were also recognized. It was his understanding that this dual track for planning was understood and accepted by DPH. He cited work by Eastern

Connecticut Health Systems and Manchester Memorial Hospital for planning a community-sponsored ACS under the operational control of the local health department. Ms. Leticia gave a brief report on the advanced planning already achieved for that ACS, but there had been no earlier discussion about medical liability.

Discussion reviewed the minutes of the previous (January 21) meeting of the Hospital Section. The planning guidelines issued by DPH contain several areas that are not understood and need further discussion. To this is list now added the need to clarify three issues:

1. The process that must be followed for a hospital, a community or a region to activate and establish an Alternate Care Site or Facility;
2. The resolution of difficulties in securing manpower and logistics for hospital-authorized ACF to become operational.
3. The acceptability of and different procedures for a community-authorized ACS to be made operational.

After discussion, Dr. Buckman was asked and he agreed to use the ACS Workgroup to define the logistics and issues relating to setting up an ACS in support of the Hospital Section's guidelines when these are finished.

The Hospital Section has already reached agreement that no ACS would be opened unless the Governor has first declared a public health emergency. There remains the need to define the steps required to authorize and implement the opening of one or more centers. Dr. Buckman stated the need for regional coordination because the MRC, today, would not be able to staff more than one ACS for the region. Clarification is also needed of any differences in setting up hospital-authorized ACS and community-authorized ACS (such as the one where planning is well underway in Manchester). The role of the MRC in direct support of a hospital ACS also needs to be explored as there may be problems of medical control and flexibility inherent with the MRC mission.

Exercise Planning: The announced planned DEMHS Region 3 Exercise Program was discussed. At its last meeting, the Hospital Section had established one objective to be included (evaluation of vendor MOUs to support multiple hospitals with five identified categories of supplies). It has tentatively been agreed to include a pandemic component to the scenario for one of the three exercises planned. The group decided to add another exercise objective by having one or more hospitals request the regional MRC be activated to support one or more ACS. This would motivate planning and evaluate the issues involved.

The next meeting of the Hospital Section is planned for Wednesday, March 4, 2009 at 11:00 a.m. at the East Hartford Public Safety Complex. (Members were asked to note the earlier starting time.)