Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – ***Hospital Section***
*April 1, 2009*
East Hartford Public Safety Complex
East Hartford, Connecticut

***Present***

*See attached attendance list*

The meeting opened at 11:13 a.m.

It was noted that 7 of the regions hospitals were present.

Mr. Kramer reported on suggested changes to the alternate care site (ACS) document at a prior meeting. He will revise all documents and provide a comprehensive draft for final review. Dr. Buckman submitted marked up copies of forms he had reviewed. This included the ACS Short Form Medical Record.

Dr. Buckman asked what resources would be available to supplement the Medical Reserve Corps (MRC) if this group is mobilized to staff an alternate care site. In the discussion that followed, it was noted that hospital staff probably would not be available as the primary reason for activating an ACS would be the lack of staff in a hospital to manage the medical surge it was facing. Years ago, Yale New Haven established a data base of medical volunteers who might be mobilized for such a need. However, this list was originally set up to refer people not already affiliated with a hospital to an MRC for recruitment – not to supplement the MRC when activated. The question of identification of volunteer medical workers has been posed to the Department of Health several times in the past but has not been answered. Mr. Falaguerra suggested a letter be drafted to the region's hospital medical staff to promote enlistment into the MRC. Dr. Buckman agreed to draft such a letter and forward it to Mr. Falaguerra for distribution.

The national program "ESAR-VHP" was identified. This Emergency System for Advanced Registration of Volunteer Health Professionals is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in a large scale emergency. Mr. Falaguerra suggested that Joseph Volkosky from Yale be invited to a future meeting to discuss this program. He agreed to follow up with this.

The Connecticut DPH is establishing guidelines for a hospital to establish an alternate care facility (ACF) once a state public health emergency has been declared. Under this program, the hospital would be responsible for the ACF operation and medical care. Each ACF would operate under the license of that hospital, and would be responsible for all aspects of patient registration, billing, care and discharging.

If a hospital cannot establish an ACF, as for example with insufficient staff, or if the hospital ACF cannot meet the expanding medical surge, communities may wish to sponsor alternative care **sites**. Each ACS would be coordinated with hospital operations, but would neither operate under a hospital license nor under hospital control.

Alternate care **facilities** refer to hospital-authorized services under the hospital's license. Alternate care **sites** refer to community-authorized services that could serve the excess patient load from multiple hospitals.

- The staffing, equipment and other standards, which this ESF-8 Hospital Section has been working on would serve as guidelines and when approved, would cover both ACF and ACS operations.

- It is understood there needs to be a governor-declared public health emergency before either ACF or ACS centers are activated.

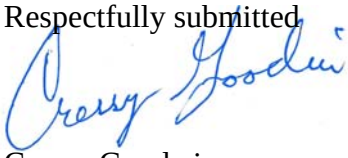
- This defines a tiered system: hospital ACF centers would be authorized first. Community ACS would then follow if needed.

Two issues remain to be resolved. First is the need to define in advance the triggers or circumstances that would anticipate the activation of an ACF or an ACS – to begin early operational preparation before such action is authorized.

Secondly, decisions are needed for a regional triage center to make it easier to determine which of the region's hospitals is best able to handle the next group of patients requiring attention. A regional center, on the other hand, creates additional logistics and perhaps a lack of patient acceptance to traveling to a distant center if they are experiencing symptoms; patients could see this as a delay to getting care. It was generally agreed that when any hospital is filled to capacity, patients nearby will still come to the nearest hospital ED for care, no matter what the public is advised to do. The public doesn't understand the concept of triage. And there is also the issue of public transportation to and from such a center for the many who do not own automobiles.

The meeting was adjourned at 12:47 p.m.

Respectfully submitted,



Cressy Goodwin
Recorder

ATTENDANCE:

**CREPC ESF-8 HOSPITAL SECTION Meeting**

*April 1, 2009*

| Name | Affiliation | e-mail Address |
|---|---|---|
| E. Kramer | HH | ekramer@hartbosp.org |
| Kris Pagano | Hosp of Central CT | Kpagano @ hhcc.org |
| Dan Cyr | Hosp for Special Care | DCYR @ HFSC.ORG |
| Bob Fallquemer | SFHMC | RFAHAGUE@STFRANCISCARE.org |
| Ron Bickman | ESF-8 ACS Sub Committee | |
| Mark Petrone | UCONN Health Center/JDH | Petrone@uchc.edu |
| Jennifer Martin | Connecticut Children's | jmmartin@ccmckids.org |
| Tom Stenotta | HH Cent | jstenot@hartbosp.org |
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