

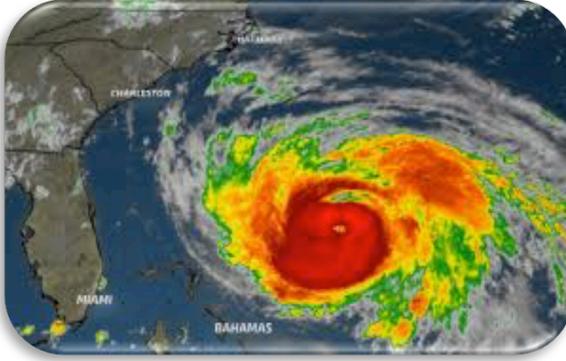


**ASPR**

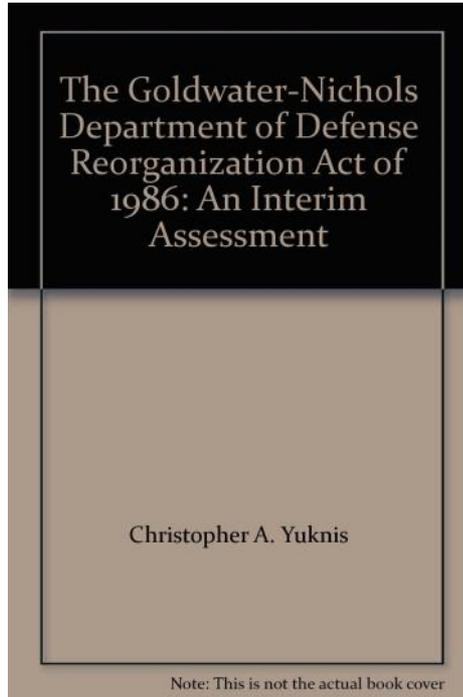
# Enhancing Medical Surge Capacity

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**ASPR**  
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# 21<sup>st</sup> Century: An Increasingly Complex & Dangerous World



# ASPR's Purpose: Unity of Command



# ASPR's Mission



# ASPR's Priorities: Building Readiness for 21st Century Threats



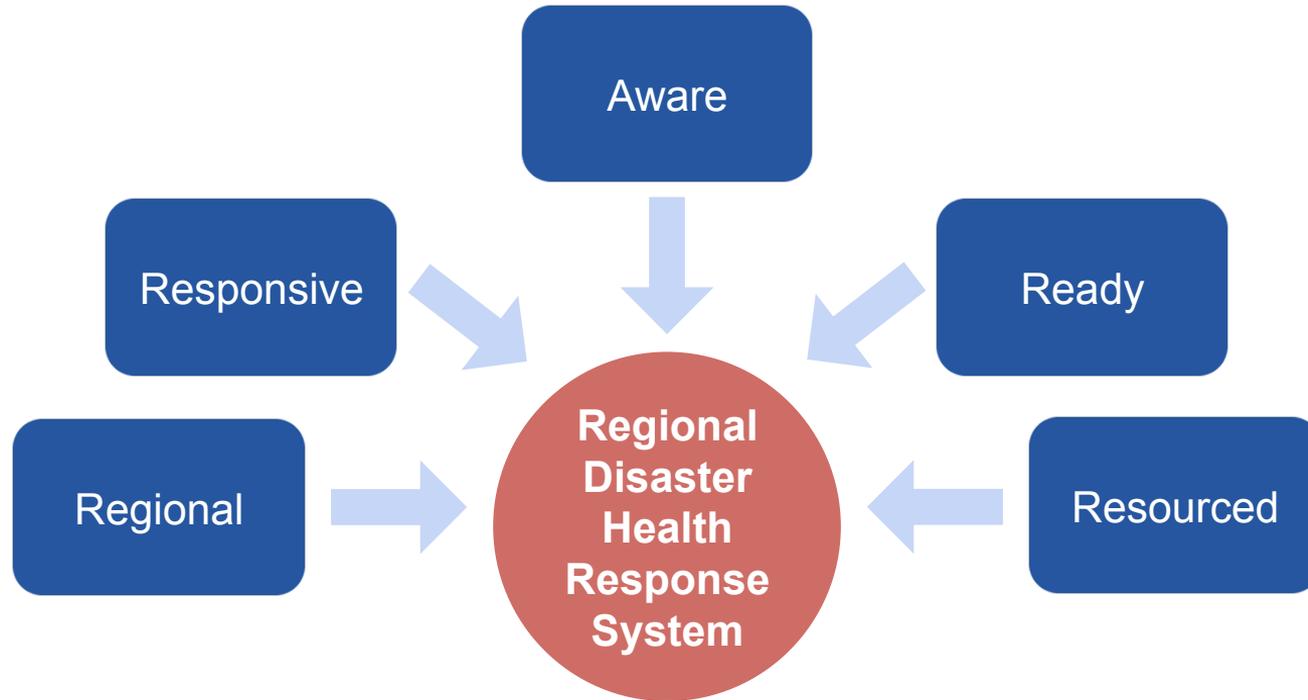
# Why do we need a new approach?

- Casualty estimates for 21<sup>st</sup> Century threats (and some old threats) far exceed the capacity and capability of the current healthcare system
- Healthcare preparedness and response is fragmented and uncoordinated across jurisdictions
  - Hospitals don't routinely plan, train, or exercise together
  - Communications during disasters are incomplete
  - Situational awareness of health care operating status is challenging
- State access to federal health care teams and equipment is limited in non-Stafford Act events
- NDMS and HPP require updating to meet current challenges

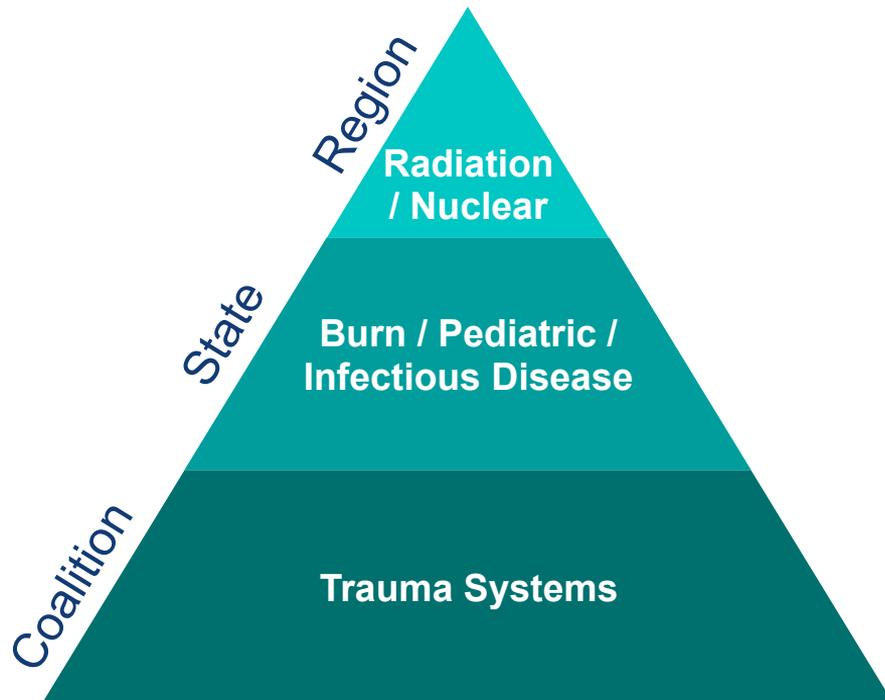
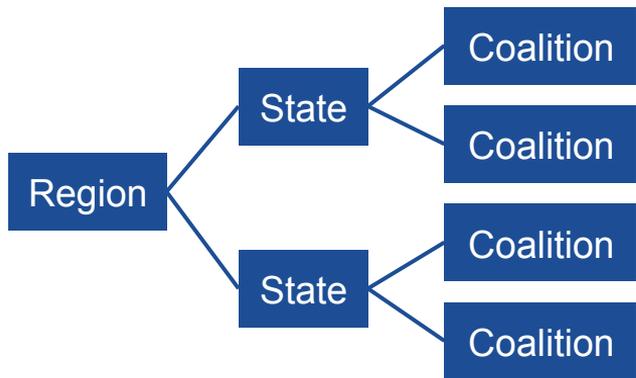
# Existing Healthcare Preparedness Activities

- CMS Emergency Preparedness Rule (effective November 2017)
  - Risk assessment and emergency planning
  - Policies and procedures
  - Communications plan
  - Training and testing
- Hospital Preparedness Program
  - Development of Coalitions
    - ✓ 2 or more hospitals
    - ✓ Public health
    - ✓ Emergency management
    - ✓ EMS
  - Issuance of Capabilities Guidance 2017-2022
    - ✓ Develop health care coalitions
    - ✓ Response coordination
    - ✓ Continuity of service delivery
    - ✓ Medical Surge

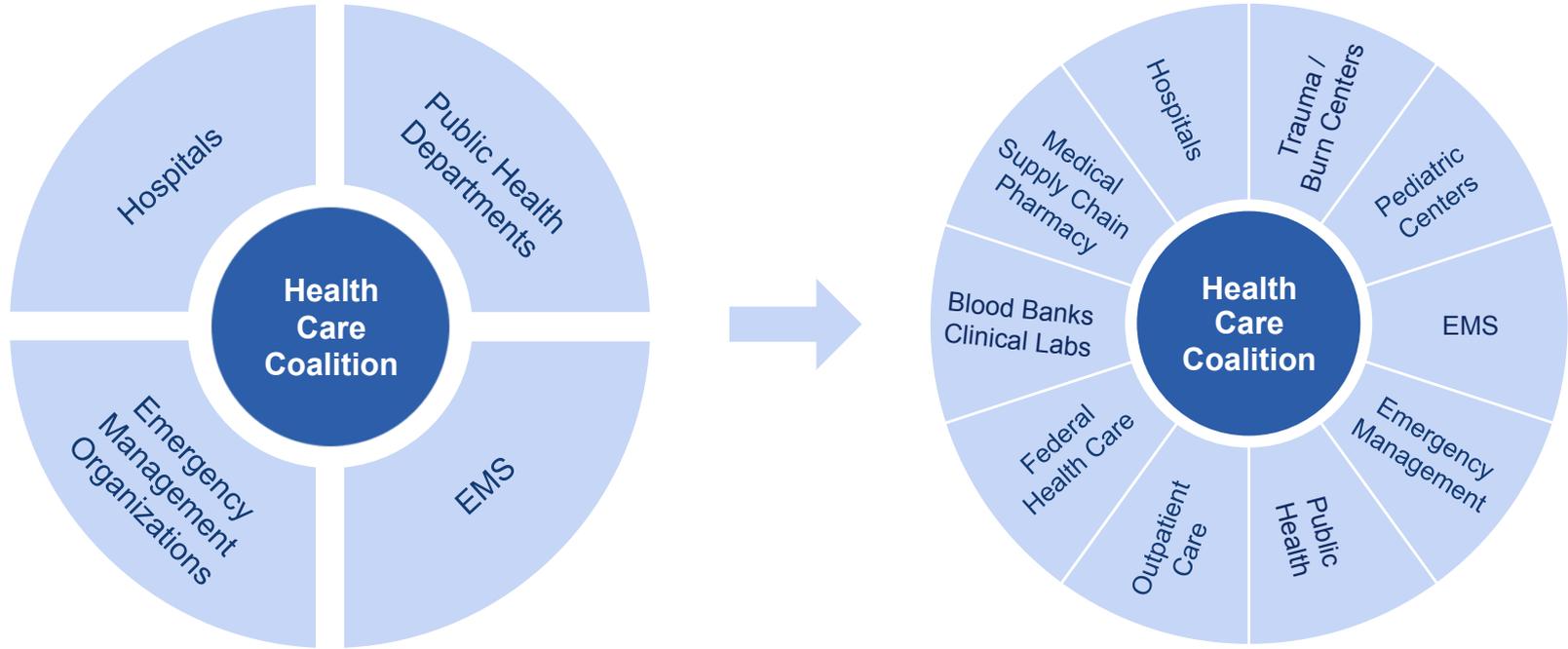
# Key Elements of a Potential Regional Disaster Health Response System



# Building Regional Surge Capacity

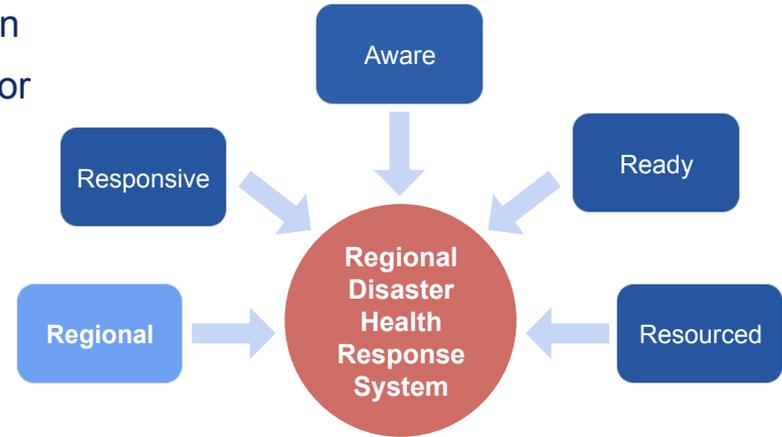


# Enhance Health Care Coalitions



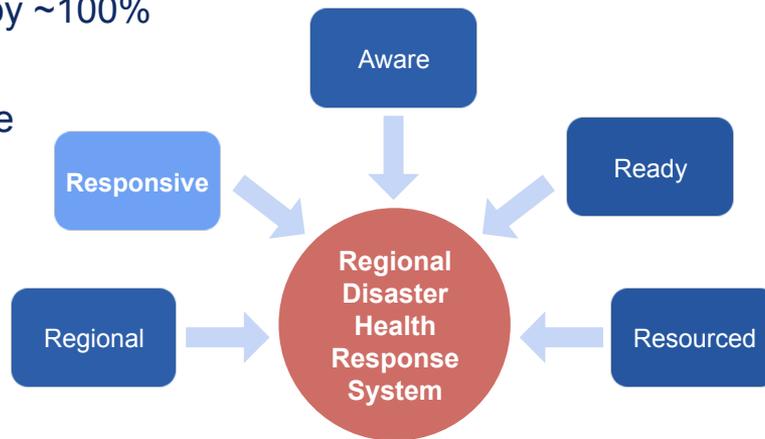
# Improve Regional Coordination

- Regional Structure
  - Sharing of resources across jurisdictions
    - Medical EMAC
  - Common plans, procedures, and policies
  - Placement of federal resources within the region
    - Deployment of resources by state governor
  - Localized centers of excellence that can provide expertise for complicated injuries/illnesses



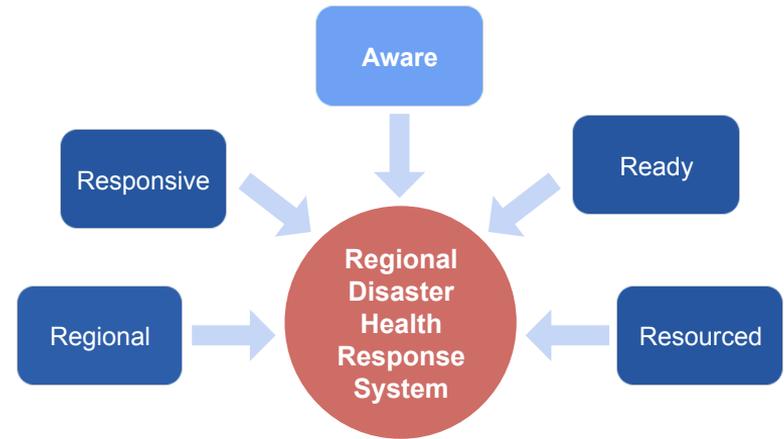
# Expand Response Partners

- Responsive
  - Expand the capacity and capabilities of health care system
    - Expand NDMS hospital membership to all hospitals
    - Hospital sponsored Disaster Medical Assistance Teams (DMAT) in each state
      - ❖ Increases response team capacity by ~100%
      - ❖ Increases care capability
  - Using telemedicine and mobile teams to provide subject matter expertise across the system
  - Engagement of EMS
  - Better engagement of VA and DoD
    - VA sponsored teams, training
  - Training of civilian community



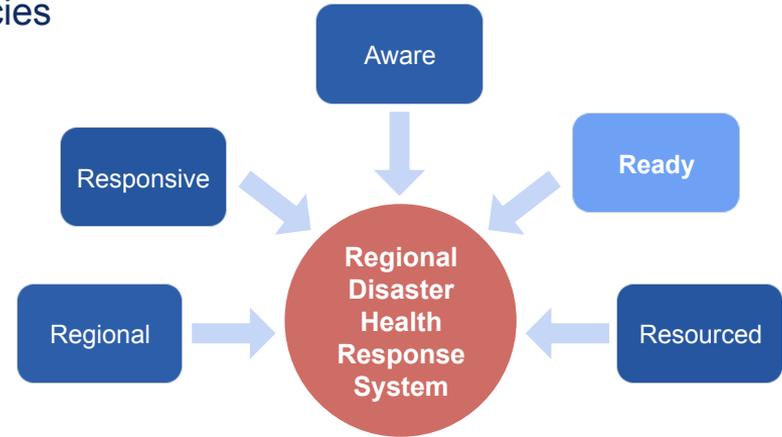
# Enhance Awareness

- Situational Awareness
  - Collecting and sharing information on a daily basis
  - Developing essential elements of information for operational decision-making
  - Regional and state-level operations centers to collect and analyze data
  - Using databases to assess population health demographics in affected areas to inform response



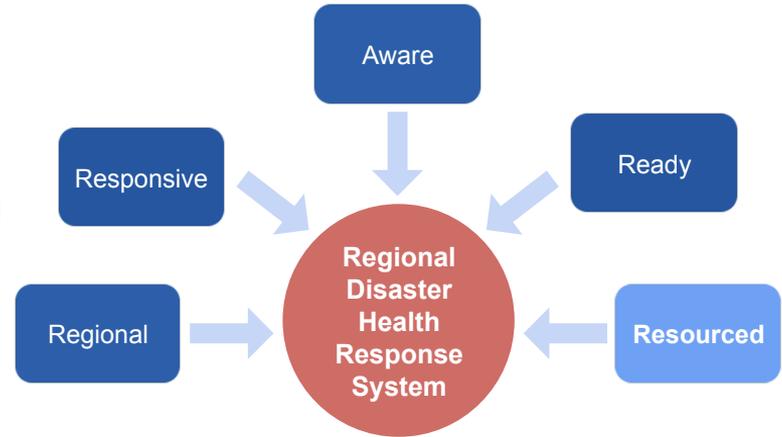
# Ensure Readiness to Respond

- Focus on readiness
  - Readiness standards
    - Training in chemical, biological, radiological, nuclear, and explosives and in Incident Command System principles
    - Standardized protocols, procedures, policies
  - Readiness exercises evaluated by ASPR
  - Designation as a “Response-Ready” coalition



# Improve Federal Programs

- Modernization of National Disaster Medical System (NDMS)
  - Better-trained teams
  - Hospital-sponsored teams
  - Incorporation of EMS
  - Increase number of NDMS hospitals
- Integrate the Medical Reserve Corps
- Update HPP
  - Direct funding to entities other than state health departments
  - Use of risk-based formulas



# Questions?