

Presents: Preparedness Webinar Series

The Impact of a Regional Disaster Health Response System During Regional Planning and Response



Paul Biddinger, MD, FACEP



Shelly Schwedhelm, MSN, RN, NEA-BC

Monday, October 30 | 11:30 AM - 12:30 PM CT | Zoom

Region VII Preparedness Webinar Series

The Impact of a Regional Disaster Health Response System During Regional Planning and Response

WEBINAR DESCRIPTION

In 2018 ASPR awarded demonstration grants to two sites (one in MA and one in NE) to create regional disaster health response systems. These sites were created to establish regional partnerships to address health care preparedness challenges by building upon and unifying existing assets within states and across regions to support a more coherent, comprehensive, and capable health care disaster response system. In 2022, these systems were put to the test as the pediatric tripledemic struck the nation. This webinar will focus on how the Region 1 and Region VII Disaster Health Response Systems have built their networks and how they were able to respond to the tripledemic both within and between their regions.

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Region VII Preparedness Webinar Series

The Impact of a Regional Disaster Health Response System During Regional Planning and Response

TARGET AUDIENCE

This webinar is intended for physicians, nurses, first responders, healthcare coalitions, emergency managers, public health, federal and state partners and other professionals throughout Region 1 (CT, MA, ME, NH, RI, VT) and Region VII (Iowa, Kansas, Missouri and Nebraska) and beyond.

WEBINAR OBJECTIVES

- Define the role of the Regional Disaster Health Response System/Ecosystem across local, state, regional, and federal healthcare disaster planning and response.
- Identify the current operational capabilities of the Regional Disaster Health Response System/Ecosystem network as each site is working towards shared programmatic priorities.
- Summarize the key initiatives and programmatic successes from the 2022 pediatric tripledemic and how these successes can be incorporated within your disaster health planning and response system.

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The University of Nebraska Medical Center, Center for Continuing Education, EMS and Trauma Division approves this educational opportunity for 1.0 hour of Emergency Medical Services Continuing Education. (Debbie VonSeggern, NRP, EMSI)

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Faculty

The following faculty have nothing to disclose:

Paul Biddinger, MD, FACEP

Shelly Schwedhelm, MSN, RN, NEA-BC

Planning Committee

James Lawler, MD, MPH

Advisory Board: Agenus Inc./SaponiQx, Kinsa Inc.

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The following planning committee members have nothing to disclose:

Lisa Brand

Lauryn Burbridge

Jason Noble

Renee Paulin, MSN, RN, CWOCN

Michelle Schwedhelm, MSN, RN, NEA-BC

Courtney Smith

Mark Vasquez

Debra Von Seggern, NRP, EMSI

Bailey Wrenn, MA

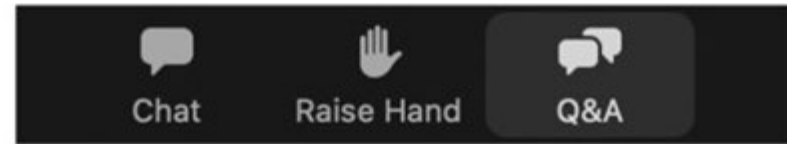


QUESTIONS

Q&A

ANSWERS

Zoom participants, please use the
Q&A box on your screen



Access your CME Certificate

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The Impact of a Regional Disaster Health Response System During Regional Planning and Response

Paul Biddinger, MD, FACEP and Shelly Schwedhelm, MSN, RN, NEA-BC

October 30, 2023



Agenda

- The Value of Regional Structures
- Overview of the RDHRS
- The Pediatric Tripledemic and the RDHRS Role
- The Future of RDHRS-the Way Forward?
- Q & A

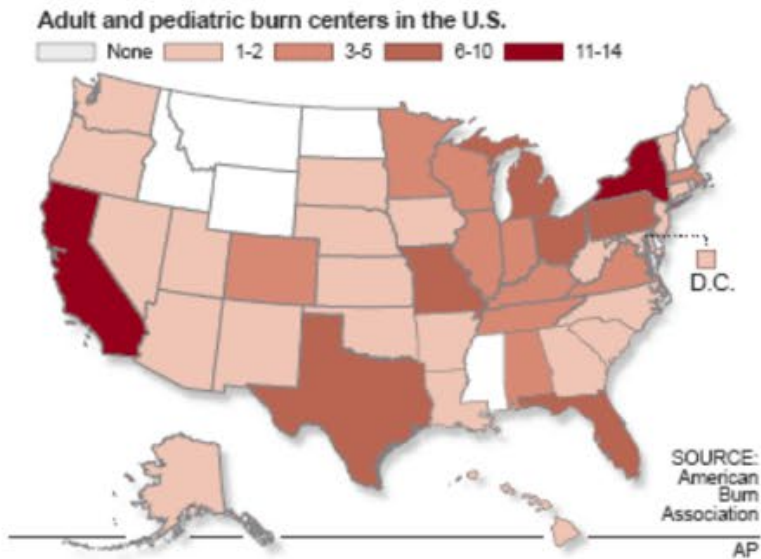


The Value of Regional Structures



US Disaster Healthcare Capabilities are Unevenly Distributed

Burn Care



Several states have no burn centers. U.S. hospitals are increasingly shutting down burn centers. Seven states across the nation have no burn centers at all.

Trauma Care



Large areas of the United States are not served by top medical facilities equipped to care for every aspect of injury, known as Level I trauma centers.

Pediatric Trauma Care



In 15 U.S. states, less than 25% of children live within 30 miles of a high-level pediatric trauma center. Half of American hospitals see less than 10% pediatric patients every day, while children comprise up to 30% of individuals injured in a disaster.¹

Scenarios Potentially Requiring Regional Response



In Mass Casualty Incidents (MCIs), where trauma and other experts need to guide care and distribution decisions for patients among overwhelmed trauma centers and other hospitals



Hospital evacuations where large numbers of patients need to be matched quickly with safe and appropriate beds across the medical system



Following hurricanes or overseas conflicts with injured civilians or war-fighters, to support mass patient movement into the Region's healthcare system



During surge events, such as pandemics, where mobilization of hospital capacity and use of overwhelmed resources must be coordinated across the Region to ensure the most effective use of healthcare assets

Regional Structures

- Serve as a convener to facilitate local, state, and regional disaster medical capabilities are available across large distances
- Facilitate disaster planning efforts across state lines
- Create and leverage partnerships between facilities and agencies with greater resources and capabilities and those with fewer resources and capabilities (i.e. support a tiered model)

Overview of the RDHRS



RDHRS within ASPR

The ASPR Health Care Readiness Programs Portfolio is a suite of programs and activities that strengthen health care readiness at the local, state, and regional levels through collaboration among health care and public health entities.

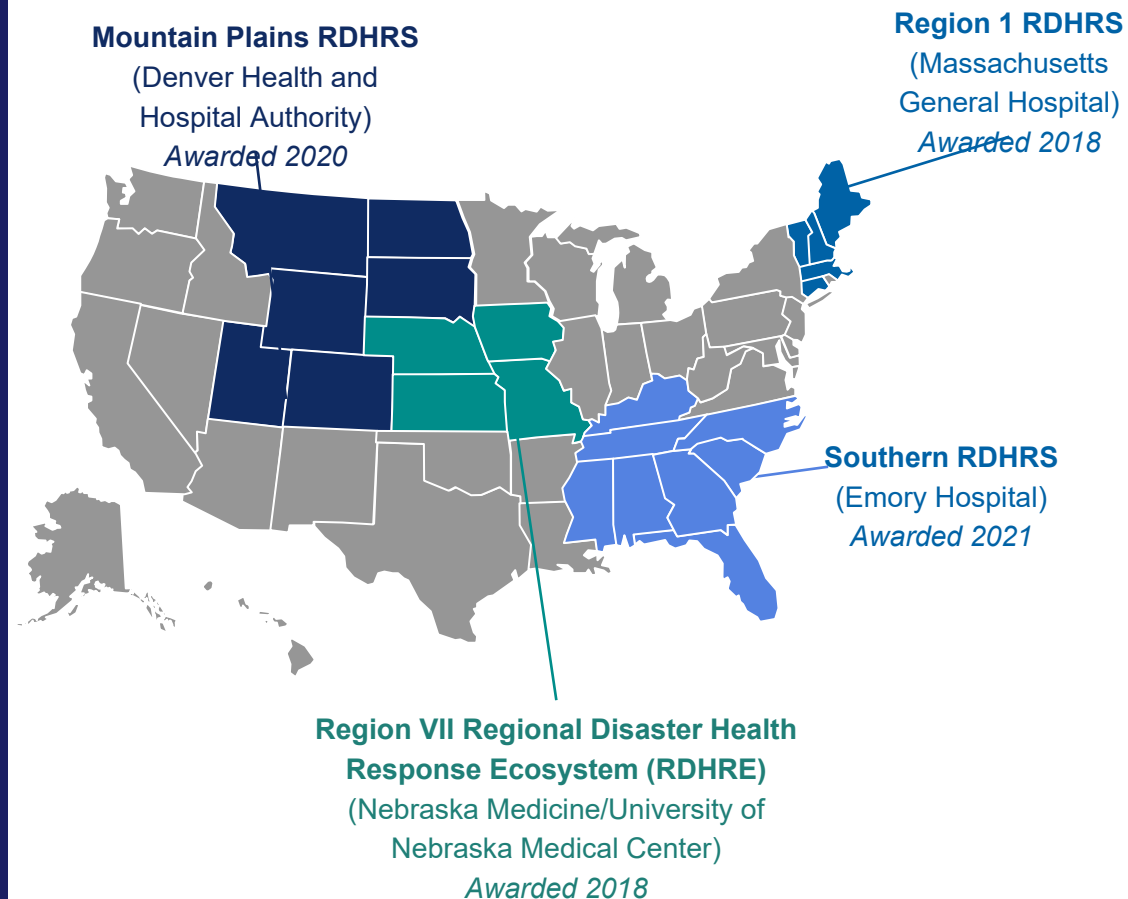
ACTIVITY	
	Hospital Preparedness Program (HPP)
	Regional Disaster Health Response System (RDHRS)
	Workforce Capacity & Capability
	National Special Pathogen System (NSPS)
	Various Additional Readiness Programs

To prepare for a new threat environment, ASPR seeks to **identify and address gaps in coordinated patient care during disasters** through the establishment and maturation of a RDHRS within the National Healthcare Preparedness Programs (NHPP).

The **RDHRS structure is conceptualized as a tiered system** that builds on the existing Medical Surge Capacity and Capability (MSCC) foundation for local medical response (e.g., trauma systems, health care coalitions (HCC)) by enhancing coordination mechanisms and incorporating discrete clinical and administrative capabilities at the state and HHS/Federal Emergency Management Agency (FEMA) regional levels.

Where are the RDHRS Sites?

ASPR has awarded four demonstration sites to address health care preparedness challenges, establish promising practices for improving disaster readiness across the health care delivery system, demonstrate the potential effectiveness of an RDHRS, and make progress toward building a national system for readiness built on regional collaboration.



-  **Build** a partnership for disaster health response
-  **Align** plans, policies, and procedures related to clinical excellence in disasters
-  **Increase** statewide and regional medical surge capacity, coordinate regional medical response, expand specialty care
-  **Improve** statewide and regional situational awareness
-  **Develop** readiness metrics to integrate measures of preparedness
-  **Test** capabilities through exercises

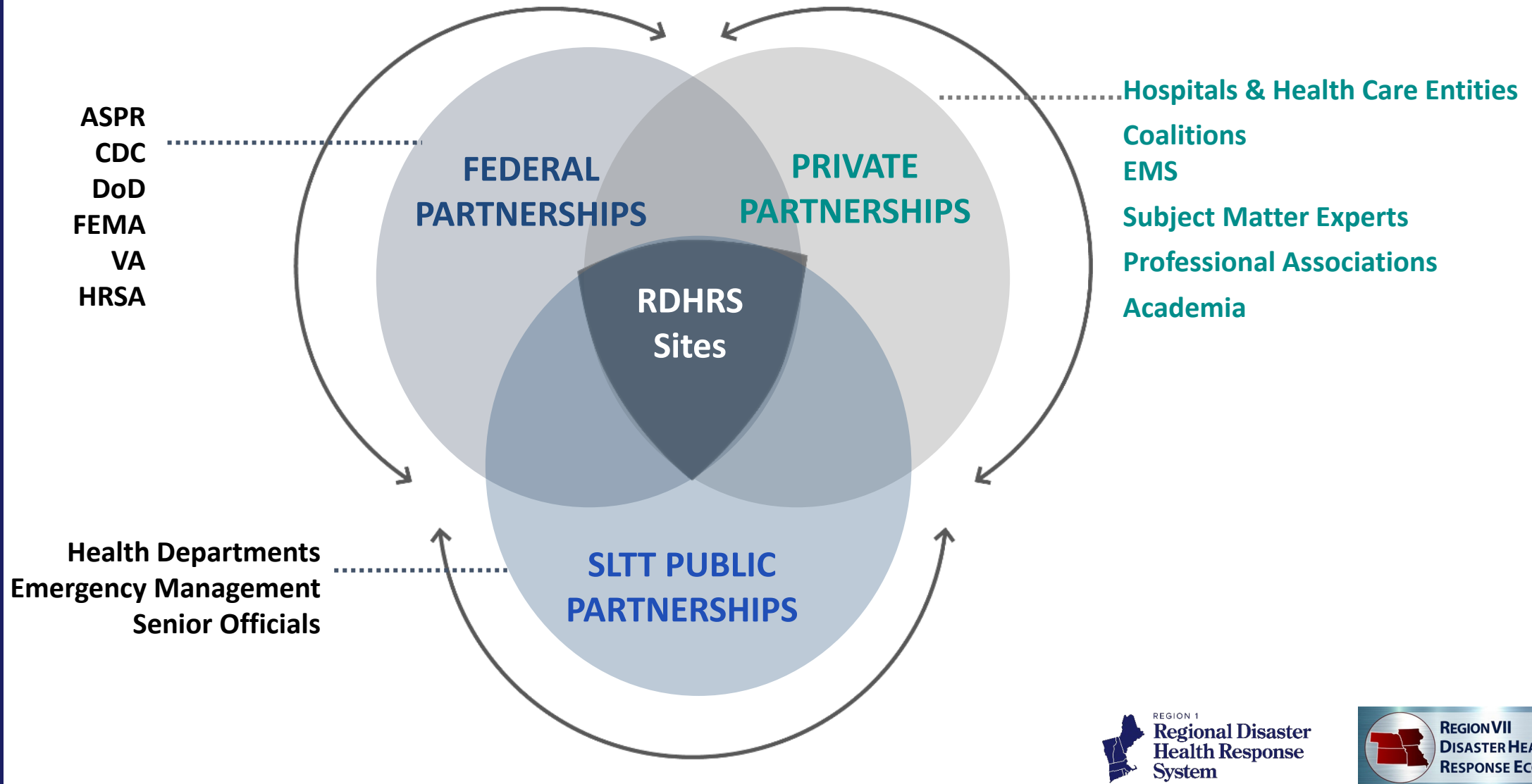
RDHRS Core Functions in Action

- Facilitate Involvement of Disaster Medical and Healthcare Operational SMEs in Planning and Mitigation
 - Provide exercise support
 - Scenario development, exercise facilitation, participation, and evaluation
- Facilitate Access to Disaster Medical and Healthcare Operational SMEs in Response and Recovery
 - Integrate SME leaders and experts into primary and secondary distribution systems
 - Provide technical expertise
- Support Patient Movement and Capacity Management in Major Disaster Events
 - Integrate local and HCC experts and leaders into primary and secondary patient distribution systems

RDHRS Core Functions in Action

- Maintain situational awareness capabilities, including providing design input of emergency management systems to track health care resources, availability, and facility operation status
- Regional Training & Education
- Legal/Regulatory
- Collaborate on the alignment of differing hazard plans across coalitions and states
- Augment Regional Medical Capacity During Disasters
 - Integrate clinical experts and advisors into telehealth and disaster medical team capabilities

Building and Enhancing Partnerships



RDHRS Accomplishments: By the Numbers

The RDHRS demonstration sites have formed stakeholder relationships, created informational tools, connected local hospitals, established preparedness plans, and responded to the COVID-19 pandemic.



Partnerships

75+

Partners including state health departments, hospital associations, etc.



Tools & Resource Creation

19

Specialty teams and subject matter expert advisory groups created between both RDHRS sites.



Response

22

Pediatric hospitals convened by the R7DHRE to respond to resource requests during the tripledemic of influenza, RSV, and COVID-19

89%

of surveyed Region 1 RDHRS demonstration site participants agree the RDHRS is **addressing disaster health care preparedness and response.**

50+

Tools and products created to support training, information sharing, data collection, etc.

110+

COVID-19 informational events conducted by the Region VII RDHRE

20+

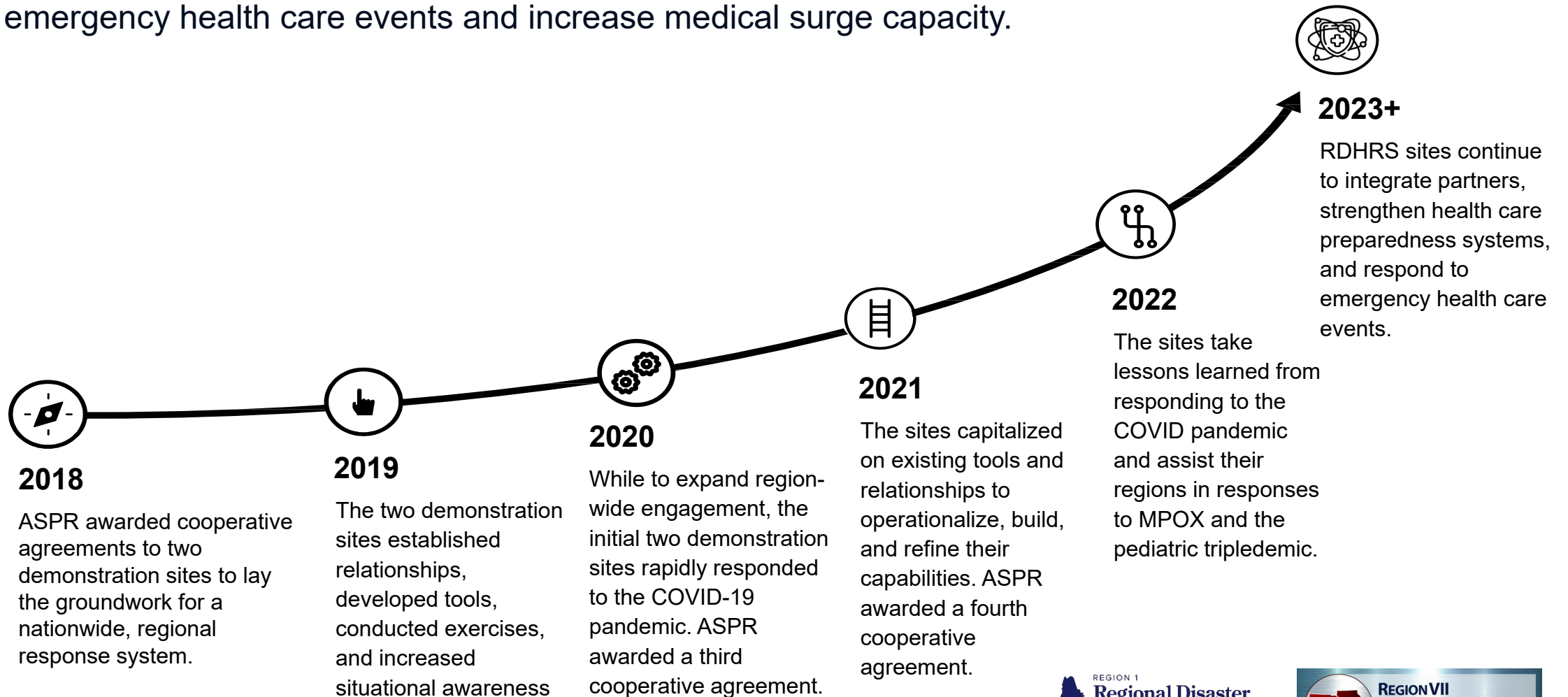
State Deployable Medical Team (DMT) tools created for Massachusetts

2000+

Hours of disaster and response training delivered to R7DHRE partners

RDHRS Growth and Development

The RDHRS demonstration sites are quickly developing to prepare for emergency health care events and increase medical surge capacity.

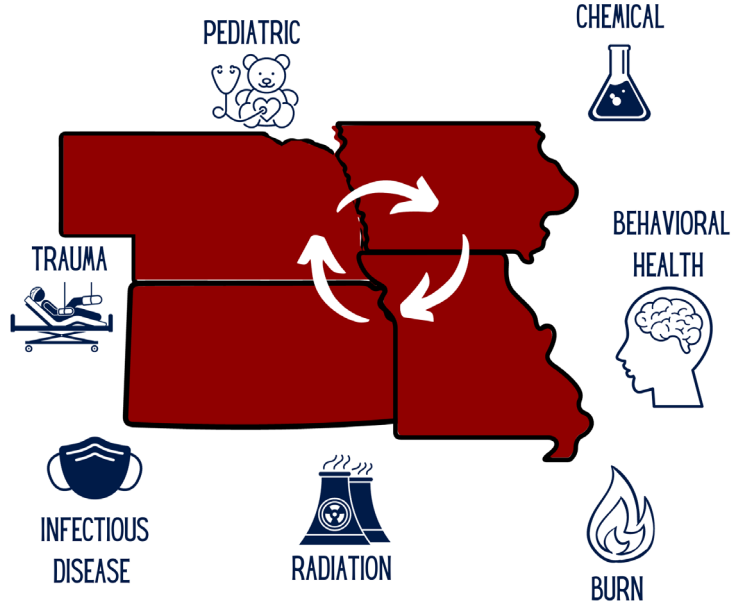


RDHRS As Conveners





REGIONAL SPECIALTY TEAMS



Region 1 Specialty Team - medical support for the distribution and management of more than 400 SNS ventilators in MA



R7 Chem Team Supports Event

Region 1 - Telemedicine resources to support critical care delivery in New England at peaks of the COVID-19 surge

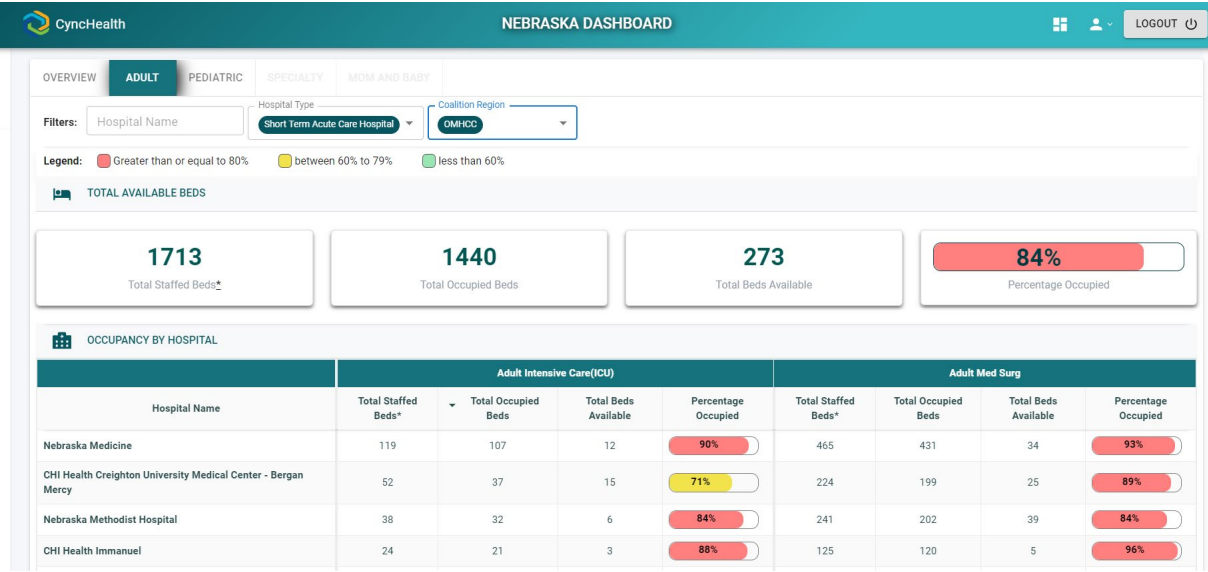


Boston Herald

Region 7: Information Sharing Platforms

Knowledge Center ➡ Juvare

HIE Drives Bed Capacity Dashboard



Region 1: Medical Emergency Operations Center

Support level-loading for patients during patient surges
Share protocols, templates, toolkits, and webinars during surge



The Pediatric Tripledemic and the RDHRS



The Pediatric Tripledemic and the RDHRS

Responding to patient surge: information sharing proves instrumental in protecting pediatric patient health

2/23/2023 | Elleen Kane, ASPR public affairs specialist

Topic: [Hospital Preparedness](#), [Response and Recovery](#)

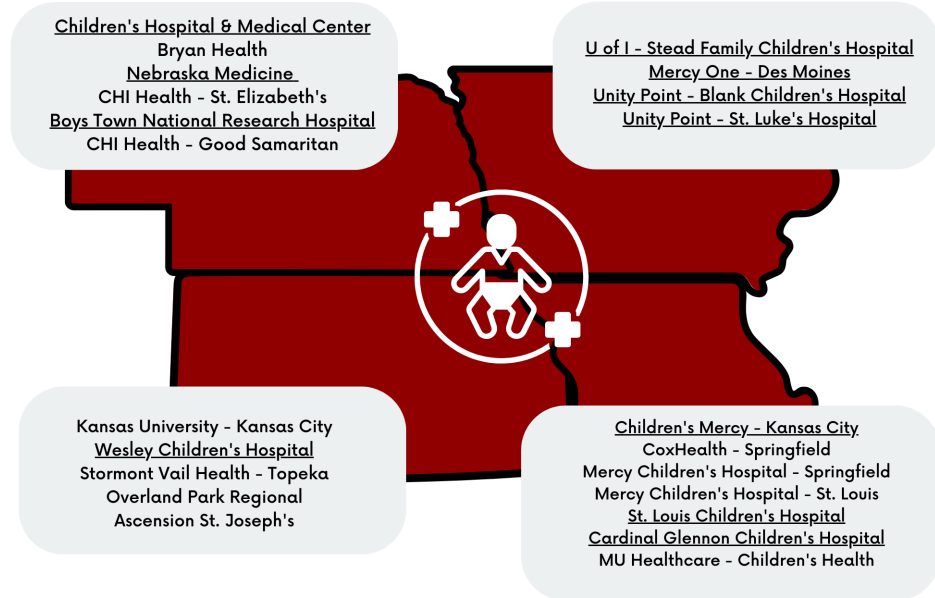
In October, two phone calls sparked one of ASPR's Regional Disaster Health Response System (**RDHRS**) sites, managed by Nebraska Medicine in partnership with University of Nebraska Medical Center (UNMC), to become deeply involved in the RSV-driven patient surges hospitals faced in Region 7 (Iowa, Nebraska, Missouri and Kansas). The calls came from a hospital in Nebraska and one in Missouri because their facilities were out of pediatric beds, and as a result healthcare providers had to add alternative spaces and board pediatric patients in the hospitals' emergency departments.

Could the RDHRS help? Yes.

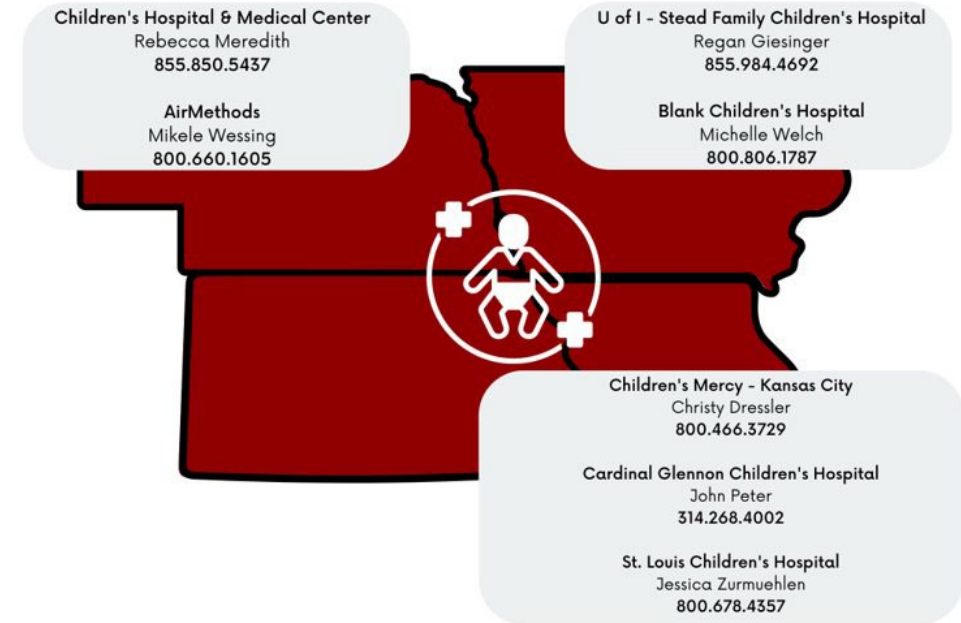
- The pediatric respiratory viral surge in the fall of 2022 stressed pediatric healthcare capabilities across the country
- The RDHRS response leveraged several core RDHRS capabilities:
 - Real-time specialist clinical education
 - Targeted education resources
 - Support for capacity management

The Pediatric Tripleedemic and the RDHRS

REGION 7 PEDIATRIC HOSPITALS



REGION 7 PEDIATRIC TRANSPORT TEAMS



Region 1 RDHRS Pediatric Respiratory Viral Surge Webinar

A Six Part Series

Providing Care for Pediatric Patients with Acute Respiratory Illness

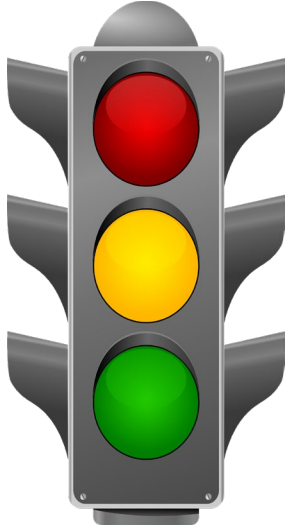
- Assessment and Management of the Pediatric Patient with Acute Respiratory Illness
- High Flow Nasal Cannula (HFNC) Therapy for Bronchiolitis: Managing Pediatric HFNC Outside of the ICU
- Providing Non-Invasive Ventilation (NIV) for Pediatric Patients
- Safe Pediatric Intubation
- Interim Management of the Patient with Respiratory Illness Awaiting Transfer for Hospitalization
- Disposition Planning



Webinar offerings continue on a monthly basis – please visit RDHRS.org for more information



Pediatric Transfer Availability Coordination (PediTrAC) tool



- Not Accepting Transfers
(Red)
- Possibly Accepting
Transfers- Please Call
(Yellow)
- Accepting Transfers
(Green)

Provide a consolidated list of hospitals with inpatient pediatric capacity (floor and ICU) across New England

- Exclude nursery/NICU facilities
- List transfer center phone numbers for each site for ease of use

Provide *qualitative* information about abilities to receive transfers to reduce the number of phone calls required to find a receiving destination

- Color-coded transfer availability provided by hospitals
- Not real-time, but updated/updatable

200+ user registrations across New England during tenure; 83% hospital based

Resource Library Website: RDHRS.org

- Links to online resources and tools, Provide access to recordings of all webinars
- PediTrAC (Pediatric Transfer Availability and Coordination) Tool link

The screenshot displays the RDHRS.org website. The header features the "REGION 1 Regional Disaster Health Response System" logo. A red banner below the header reads "Surge in Pediatric Patients With Acute Respiratory Illness: Resources and Tools". The main content area has a blue background with the same title in white text. Below this, a paragraph states: "The Region 1 Disaster Health Response System (RDHRS) is providing access to hospitals, clinicians, public health departments and other health professionals in the surge." followed by "Please check this page often for updates and new additions, as the resources are added frequently." To the right, a white box titled "Other recommended resources:" lists several links: "ASPR Tracie:", "Centers for Disease Control and Prevention (CDC):", "OPENPediatrics:", and "Mass General Brigham: Mass General for Children:". At the bottom, a video player is shown for "Session 1: Assessment and Management of the Pediatric Patient with Acute Respiratory Illness" dated November 17, 2022. The video player includes a thumbnail with the RDHRS logo and a red play button icon.

Where Do We Go From Here?



Future Challenges, Alignment, Etc.

- Challenges:
 - Currently, only 4 of 10 HHS Regions have RDHRS programs
 - RDHRS programs are not funded as 24/7/365 response entities
 - All hospitals (especially tertiary care hospitals) continue to suffer overload and fatigue following the COVID-19 pandemic
- Opportunities:
 - Alignment of healthcare organizations' planning and response to some of the biggest threats
 - Prioritizing responsiveness to local needs and situations in their development
 - Advocating for the voice/resources of healthcare in disaster planning and response

Questions?





THANK YOU!

Region 1 RDHRS:

Region1RDHRS@mgh.harvard.edu
<https://www.rdhhs.org/>

Region 7 RDHRS:

R7DHRE@unmc.edu
<https://www.regionviidhre.com>

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