SE Minnesota Healthcare Coalition

Enhancing Regional Preparedness, Response and Recovery

Healthcare Essential Services Guidelines

April 2013

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INTRODUCTION

The Healthcare Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a healthcare system to provide services and to prepare for, respond to, recover from consequences of a disaster to the healthcare system, the purpose of the SE MN Healthcare Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters.

The following groups are represented as part of the SE Healthcare Coalition:

- Hospitals
- Local Public Health
- Emergency Management
- Emergency Medical Services Regulatory Board (EMSRB)
- South East Emergency Medical Services (SE EMS)
- Long Term Care Facilities
- Specialty Services such as(e.g. dialysis centers, hospice centers, American Red Cross)

This document outlines the SE Region Healthcare Coalition Essential Services Guidelines. The document can be used to assist Coalition members with identifying essential services as the basic for business continuity/continuity of operations planning.

The scope of this document is on the essential services that need to be provided by health care organizations during a pandemic and the accompanying surge of patients, both those ill and those who are afraid that they may become ill; information should be integrated within organizational and community operational documents as applicable.

The lists of essential services provided in this document are starting points for planning considerations and may not reflect the actual essential services for a given organization or community. Organizations and communities are encouraged to conduct planning to identify essential services specific for their health and medical capabilities performance objectives.

ASSUMPTIONS

The following planning assumptions were made in defining essential services.

1. Staff available to support the essential services at the sacrifice of non-essential services.
2. Hospital and community infrastructure will be available (power, fuel, water, waste management, etc.) and intact.
3. Site protection and security in place.
4. Intact patient transport system.
5. Families will provide care at home if no room at hospital.
6. No other concurrent disasters.
7. Economy remains viable (payment and reimbursement, currency).
8. Warning of pandemic will provide time to prepare and mobilize resources.
9. Altered standards of care will be consistent for the Region.
10. Incident Command structures/Emergency Operations Centers will be implemented.
11. Declaration of Disaster will be made.
12. The scale of response will necessarily change as the severity of the pandemic changes.

BACKGROUND

Essential services for hospitals and health care during a pandemic have a history dating back to at least the Great Pandemic of 19181. Pictures are frequently used to demonstrate the way gymnasiums and other gathering locations were converted to care centers to meet the needs of those afflicted with “La Grippe.”

Recent evidence of similar issues was demonstrated during the Sudden Acute Respiratory Syndrome (SARS) outbreak earlier in this century. Hospitals experienced a sudden influx of patients and “worried well” who sought treatment for this condition. Toronto hospitals were forced to turn away patients because of lack of available beds2.

Even more recently, the impact that the novel H1N1 virus has had on health care in those cities hardest hit has helped to drive home the point that our health care system does not have an overabundance of beds or available staff to care for the ill.

Calculations presented by the CDC in their FluSurge model suggest that in a moderate pandemic with attack rates of 30 percent, at least 15 percent would need hospitalization5. This attack rate has to include health care workers and their families, which will also stress the ability of health care organizations to provide the customary care.

PREPAREDNESS CONSIDERATIONS

Early planning for limiting non-essential services and creatively using available beds to meet the increased need will go a long way toward meeting the demands of a concerned public.

In the event of a need to determine essential services, assess most critical needs and work backwards. Assess what cannot be provided somewhere else. Critically ill patients may be the first to be considered by some, but in reality, it may be wiser to look at those who have the best opportunity for survival. Complicated obstetrical and those requiring urgent or emergent surgeries will need beds, but so will those who need prolonged ventilation with oxygen supplied by ventilators.

The hospital and community services needed to provide care are complex. Couple that with the anticipated surge, and things will get very complicated very quickly. A proactive response by the leaders of the health care organization will be required to effectively maintain a reasonable level of care.

The final aspect of essential services needs to focus on surge from within and outside the normal service area. All services may be stretched to the extreme limits, and with limited manpower, this will add to the struggles faced by caregivers. Development of a strong program of Acute Care Sites (ACS) may be effective in blunting the impact of limited availability of care due to the overcrowding of the hospitals.

Locations and available resources to mitigate this need are paramount to the success of this effort. Preplanning at the community level and between local health care organizations to assure that needed equipment and personnel are available is the key to this success.

ESSENTIAL HOSPITAL SERVICES

The following hospital services were identified through the CDC-funded project, "Caring for the Community – Preparing for an Influenza Pandemic" and have been adopted by the SEMN Healthcare Coalition.

- Accounting
- Admitting – communication element across the region (patient tracking)
- Communications
- Critical Care – will likely be expanded
- Education
- Emergency Medicine Services
- Equipment /Bio Med
- Food & Nutrition
- HIM/Med Records
- Housekeeping
- Imaging

- Infection Control
- Information Technology System
- Lab
- Laundry (shared vs. solo)
- Morgue – temporary only
- OB Labor & Delivery
- Pharmacy
- Plant Operations/Utilities
- Respiratory Therapy/Ventilation
- Security
- Social Work/Pastoral Care
- Staffing/Human Resources
- Supply Management
- Surgery
- Trauma Services

Services that may no longer be offered at the hospital include:

- Elective Surgery/Procedures
- Outpatient Services (Imaging, lab, rehab services PT, OT, chemical, substance)
- Preventative Services (Routine physicals and well child visits)
- Public Meetings
- Non-emergent ED Services (non-life threatening)
- Observation Patients (24-hour stay)

CORE DEPENDENCIES FOR ESSENTIAL HOSPITAL SERVICES

All essential services/functions of a medical response are sustained by a system of critical non-medical elements that are considered essential infrastructure. This essential infrastructure must be operational in order for hospitals to perform its essential services:

- Building Infrastructure
- Electrical System
- Food Supply Chain System
- Heating, Ventilation and Cooling (HVAC) System
- Information Systems/Information Technology Systems
- Medical Gas/Vacuum Systems
- Natural Gas Supply System
- Pharmaceutical Supply Chain System
- Sanitation/Sewage System
- Staff (clinical/non-clinical; employees/contractors)
- Steam Supply System
- Supply Chain System
- Telecommunications System

- Transportation System (emergency and non-emergency)
- Water Service/System

Additional specific department/work area dependencies may be identified through a business impact analysis.

NON-HOSPITAL ESSENTIAL SERVICES

The following non- hospital essential services were identified through the CDC-funded project, “Caring for the Community – Preparing for an Influenza Pandemic” and have been adopted by the SEMN Healthcare Coalition.

- Acute Care Site (may include Palliative Care)
- Behavioral Medicine Home Health
- Dialysis
- Fire and EMS role in non-hospital care
- Home Vent Services
- Infusion therapy
- Long Term Care/Skilled Nursing and Rehab Services
- Mortuary Services
- Outpatient Clinic
- Physician Practices
- Radiation Oncology
- Spiritual Care
- Vaccinations
- Wound care

ESSENTIAL SUPPORT SERVICES

The following essential support services were identified through the CDC-funded project, “Caring for the Community – Preparing for an Influenza Pandemic” and have been adopted by the SEMN Healthcare Coalition.

- 211 services
- Communications
- Courier
- Emergency Operations Center / Joint Information Center (public information)
- EMS
- Finance
- Information Technology Services
- Legal Services
- Morgue
- Pharmacy Services
- Public Education
- Printing and Publishing
- Public Safety (law enforcement, fire, 911 services)

- Public Utility (water, sewer, roads)
- Resource Management (fuel, maintenance, etc.)
- Staff Procurement
- Services for Special Needs Populations (daycare, eldercare, pet care, staff housing)
- Trucking
- Transportation Services (patients, staff & supplies)
- Waste Management (general and medical)

CARING FOR THE COMMUNITY REFERENCES

Cross Boarders Committee Report

Legal Issues Committee Report

Multi-Disciplinary Planning Committee Report

Essential Services Committee Report

Ethics Committee Report

Pre-ED Triage Committee Report

Staffing & Supplies Committee Report