Massachusetts Hospital Preparedness Planning Committee

Massachusetts Hospital Association, Burlington
9:00-11:00am
July 24, 2002

Opening Statements

Commissioner Koh - Introduction

Commissioner Koh gave the following updates:

- After much discussion, state preparedness regions have been created
- SATURN (Statewide Anti-Terrorism Unified Response Network) orientation sessions have begun across the state
- Ten work groups are being formed to address specific needs in the cooperative agreements. Several of the groups overlap both HRSA and CDC
- DPH is working to hire more Bioterrorism Preparedness staff

Commissioner Koh also announced that DPH received an award letter for the CDC and HRSA cooperative agreements on June 6, 2002. The letter pointed out three new priorities to be accomplished:

1. Detailed plan for the distribution of antibiotics from the National Pharmaceutical Stockpile to the entire population or vaccination of at risk population within 3 to 5 days of recognition of a bioterrorist incident.
2. Plans in each hospital region to accommodate a surge of 500 acutely ill patients.
3. All hospitals should make provision for isolation rooms in their emergency departments, in particular, for any suspect smallpox case and all febrile patients with rash who might possibly be developing the disease and could spread it to others. Hospitals have the potential to reduce illness by ensuring that they will not be sites of transmission.

Commissioner Koh pointed out that what these priorities add up to is the need to build a better public health infrastructure, whether or not a bioterrorist event occurs.

Nancy Ridley – Status of HRSA and CDC Cooperative Agreements

- HRSA 50 State Conference Call
  - Monthly conference calls with all states helps to avoid overlapping
  - Next call at the end of August, MHA will participate

- HRSA 50 State Meeting July 30-31
  - Nancy Ridley, Bob Goldstein and Leslie Kirle will attend the meeting in Washington, D.C.

- Personnel: Medical Director, Hospital Coordinator, IT/Communications
  - An in house person has been selected for the IT position and will establish a website and work on mapping for regional planning
  - Please forward suggestions on candidates for the Medical Director or Hospital Coordinator to Nancy Ridley

- Contract – MHA
  - MHA will be handling the needs assessments, will be discussed later in this meeting by Leslie Kirle. These assessments will address both hospitals and other organizations such as community health centers, EMS, and volunteer associations. MHA will also coordinate and convene many of the work groups.

MMRS Updates

Jim Controvich – Springfield

- Springfield has formed a steering committee and four work groups to enhance their pharmaceutical plan, hazmat plan, biological incident response plan and mass casualty plan
- Springfield is struggling with the tight federal deadlines but has submitted the first two documents required: Deliverable One and Deliverable Two
- Coordinating Springfield's efforts with the state

Rich Serino – Boston

- Boston has a pharmaceutical stockpile to treat 1000 victims of a chemical incident and 10,000 victims of a biological event
- Boston is working with COBTH on training and equipment, as well as volunteer students from medical and pharmacology schools
- There will be a four stage exercise beginning with a tabletop drill and ending with a full scale exercise at Logan with a dirty bomb, explosions, massive casualties
- Boston has created five subcommittees to enhance training, research, education, etc.
- All of the city agencies are working together and the hospitals are very much involved. There is a lot of protective equipment in place and meds are ready for deployment.

Tom Connell – Worcester

- Worcester has submitted Deliverable One and Deliverable Two
- Recently told that Deliverable 2A – the pharmaceutical plan - is needed as soon as possible
- Worcester's MMRS area covers all of Preparedness Region 2
- A steering committee has been created with two categories of subcommittees: response and medical

Nancy Ridley

There is a lot of overlap and redundancy among the MMRS cities and the state. Unlike the state, the MMRS cities have specific timelines they must adhere to that are different from the state, such as working on a short term NPS plan while DPH works on a long term NPS plan. One comment in our award letter was to ensure coordination between the MMRS cities and the state.

Emergency Response Regional Planning

Nancy Ridley

There will not be a coordinator for each region, there will be one or two individuals to work with the regions on a rotating basis. The regions follow the 5 EMS regions, but with Region 4 divided in 3 sub-regions, Boston

being one of these on its own. There has been concern about regional boundaries in regard to hospital locations. It is not easy to pull hospitals over boundaries, we need to look at the existing natural working relationships and go from there.

MHA Update

Leslie Kirle

MHA Scope of Work

- Compose needs assessments for hospitals and other providers (e.g., community health centers, clinics)
- Facilitate regional planning activities
- Develop proposed benchmarks in key priority planning area
- Develop plans for meeting proposed benchmarks
- Coordinate special projects for vulnerable populations
- Allocate priority are funding and purchase of equipment contingent upon DPH prior approval and within the limits of authorized funding
- Facilitate collaboration and shared learning opportunities with other state associations

Lead Coordinator Role for MHA

Grant funds resources to meet deliverables

- Project Manager, Regional Coordinator, and administrative support
- Consultants/contractors for needs assessments
- Planning for priority areas, purchase of equipment, training

Next Steps

- Recruit staff/consultants
- Complete hospital needs assessments
- Convene work groups (ie deconand surge capacity)
- Begin regional planning process

Comments:

1. Concern that the MMRS cities and the state are on different timelines
Leslie Kirle: The cities should be part of our meetings so that we can create linkages in our planning and needs assessments.

2. Concern that the hospital survey that went out in recent months didn't ask for needs, it just asked what hospitals currently have.

Leslie Kirle: That survey was just the preliminary step to inform the needs assessment. Professional needs assessment tools will be developed.

Paul Dreyer:
How his previously formed Ambulance Diversion work group can address the needs of the HRSA grant:

- The problem of hospital capacity ties into what hospitals need
- We are developing a saturation/gridlock disaster response plan with various stages of saturation
- We need a planning process that enables us to respond quickly, such as with a real time network to show available beds
- We are working with Leslie Kirle on the bioterrorism preparedness context of the problem

Question:
How can we accommodate 500 acutely ill patients with so much overcrowding (one of the three new priorities in the award letter)?
Nancy Ridley: The needs assessment and surge capacity work groups will address that issue, including exploring the use of other buildings.

Work Groups

Al DeMaria
The acute issues that need to be addressed by work groups in the next few months are:

- Decon/Isolation/PPE
- Hospital Surge
- Smallpox Vaccine
- NPS

Education and training will evolve out of that, and HAN will be piloted later this summer. We need to build on our basic surveillance system for both bioterrorism and other infectious disease threats, and work toward building a better public health infrastructure in other ways.
You may comment and contribute toward these issues even if you are not on a work group. We want to keep work group membership at a manageable level. The output of the work groups will come back to both advisory committees.

Leslie Kirle

Decon/Isolation/PPE Work Group

- Deployment of mass decontamination units
- Model language for MOU (e.g., site location, security, set up and deployment, staff assignment, and unit restocking)
- Staff Training
- Provisions for isolation rooms in hospital EDs
- Recommendations for baseline PPE
- Other issues/needs

Surge Capacity Work Group

- Develop framework to guide regional hospital planning activities
- Framework to consider:
  - Role of hospitals
  - Work of diversion task force
  - Alternative settings (e.g., specialty hospitals, community health centers)
  - Other sites (e.g., hotels)

Opportunities and Challenges

- Ensure that hospital/health care interests are heard (e.g., planning, needs)
- Build on existing work whre already begun
- Create new partnerships/collaborative models
- Meet deliverables in timely and effective manner
- Strive to keep initial groups small/manageable
- Work through advisory committee to broaden input and participation

Al DeMaria: These opportunities and challenges affect all threats, all infectious diseases.

Grant Carrow

National Pharmaceutical Stockpile Work Group

- The mission can be found in the minutes from the last meeting
- We need to flesh out the interim plan, ensure feasibility and viability while we work on the long term plan

- CDC has indicated a new priority to have vaccination/antibiotics available for the entire population within 3-5 days of a bioterrorist incident - there is a progress report due October 1
- The current vaccination distribution model is a regional/tiered model and we will follow that though on a much grander scale
- So far we have 18 volunteers for the work group including members from hospitals, MMRS, board of health, etc.
- We will communicate back to both committees

Nancy Ridley:
The highest priority issues are the areas that need reports by October 1. Another priority that we can tie into these is working on verifying credentials. There must be a statewide system.

Next Meeting:

September 25, 9:00 – 11:00 am
State Laboratory Institute

WORK GROUPS

1. Decontamination/Isolation/PPE
   Contact: Nancy Ridley, 617-624-5280, Nancy.Ridley@state.ma.us

This group's short term task is to work with EMS and fire departments to determine how the new decon units will be deployed. Decon and isolation are two separate issues but this work group will coordinate them across both programs, with one needs assessment survey. This group will also look into the issue of hospital isolation rooms for smallpox.

2. National Pharmaceutical Stockpile
   Contact: Grant Carrow, 617-983-6701, Grant.Carrow@state.ma.us

The immediate charge is to review, fine-tune and enhance the Department's interim plan for management of NPS assets. The interim plan will serve as a framework for the development of a detailed, statewide NPS asset management plan that is a high priority for DHHS and DPH. The subcommittee will also explore ways in which to train state and local planners on the interim plan and to communicate expectations for the development of local and regional NPS asset management plans.

3. Hospital Surge Capacity
   Contact: Nancy Ridley, 617-624-5280, Nancy.Ridley@state.ma.us

The group must determine how to address the need to accommodate 500 acutely ill patients per hospital region. The group may explore alternative sites to receive and treat patients. A plan must be in place by October 2002.

4. Laboratory
   Contact: Ralph Timperi, 617-983-6201, Ralph.Timperi@state.ma.us

This is an ongoing work group to enhance diagnostic testing, field testing coordinated with the public safety agencies, remote testing, and secure web based reporting.

5. Smallpox Vaccine
Contact: Al DeMaria, 617-983-6550, Alfred.DeMaria@state.ma.us

This group will focus on the complex issue of predesignating hospitals as smallpox hospitals, with hospital staff and responders vaccinated. A policy on patient transfer must be determined, as well as a decision on hospitals volunteering versus DPH selecting them.

6. Needs Assessment
Contact: Jana Ferguson, 617-983-6731, Jana.Ferguson@state.ma.us

This group will coordinate the development and implementation of the Needs Assessments that must be conducted across the Focus Areas of the CDC Cooperative Agreement and, to some degree, of the HRSA Cooperative Agreement. One of the first tasks will be to determine the roles and functions of local health departments in public health emergencies.

7. Risk Communication and Health Information Dissemination
Contact: Bob Goldstein, 617-983-6800, Bob.Goldstein@state.ma.us

To assist the Massachusetts Department of Public Health (MDPH) in the development, planning and coordination of activities associated with Focus Area F of the Bioterrorism Preparedness and Response grant, namely, risk communication and health information dissemination to address bioterrorism and other public health threats and emergencies. This working group will work closely with the MDPH Public Affairs Office, the Bureau of Environmental Health Assessment, the MDPH Division of Epidemiology and Immunization Health Education Unit, and with the Education and Training Working Group (Focus Area G of the grant).

8. Education and Training
Contact: Bob Goldstein, 617-983-6800, Bob.Goldstein@state.ma.us

To assist the MDPH in the conceptualization, planning and coordination of a needs assessment(s), and subsequent development and implementation of educational/training activities as they apply to the Public Health Preparedness and Response for Bioterrorism Cooperative Agreement Focus

Area G and where there is overlap with Focus Areas A, B, E and F. This will also include overlap with education and training activities as they apply to the Massachusetts Bioterrorism Hospital Preparedness Program Cooperative Agreement. The working group will serve as a clearinghouse to ensure collaboration, representation and inclusion of appropriate local, community and state partners.

9. Epidemiology and Surveillance
   Contact: Bob Goldstein, 617-983-6800, Bob.Goldstein@state.ma.us

To ensure comprehensive epidemiology and surveillance practices in regards to preparation for bioterrorism and other infectious disease emergencies at the local and state levels as they apply to the Public Health Preparedness and Response for Bioterrorism Cooperative Agreement Focus Area B and where there is overlap with Focus Areas A, E, F and G. This will also include programmatic coordination with the Massachusetts Bioterrorism Hospital Preparedness Program Cooperative Agreement.

10. Health Alert Network
    Contact: Bob Goldstein, 617-983-6800, Bob.Goldstein@state.ma.us

To assist the MDPH in the conceptualization, planning and coordination of a needs assessment(s), and subsequent development and implementation of communications and IT activities as they apply to Public Health Preparedness and Response for Bioterrorism Cooperative Agreement Focus Area E and where there is overlap with Focus Areas A, B, F and G, and with communications activities in the Massachusetts Bioterrorism Hospital Preparedness Program Cooperative Agreement. The working group will serve as a clearinghouse to ensure collaboration, representation and inclusion of local and community partners.