National Health Care Preparedness and Response Capabilities – MN Perspective

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National Health Care Preparedness and Response Capabilities Vision

The National Health Care Preparedness and Response Capabilities (Capabilities) will focus on critical functions and outcomes to help health care save lives and continue to function during and after disasters.

These Capabilities aim to:

- Address **insights learned during COVID-19**, while maintaining an **all-hazards approach**

- **Speak to all entities** with health care preparedness and response functions

- **Foster equity** in preparedness, response, and recovery functions, and address the needs of at-risk individuals

- Improve the **usability of the document** to best meet the needs of the field

Guiding Principles

1. **Driven by health care challenges**

2. **Informed by external and ASPR partners**, including those on the front lines of health care preparedness and response

3. **Forward thinking** to address shifts in health care that may affect future preparedness, response, and recovery efforts

The National Capabilities will be…

- **National** health care preparedness and response capabilities

- **Strategic guidance for health care** rather than cooperative agreement requirements

- **Complementary to the Health Care Preparedness and Response Capabilities for Health Care Coalitions (HCCs) document**, which is **still current and available** to serve as a guide for foundational capabilities of HCCs

- **Focused on patient care coordination** across the health care delivery system

- **Written to speak to the critical roles of HCCs** and other coordination entities at the community, state, and regional level, **as well as to partners across the continuum of care** such as emergency medical services (EMS), health care facilities, long-term care (LTC), primary care, home care, and telemedicine

- **Managed as a "living document"** rather than having a fixed update cycle

Incident Management and Coordination Objectives

- Use incident command principles and practices across all facilities and agencies and maintain equity and access to care as operational priorities.

- Integrate health care, including clinical and operational experts, into all levels of incident management and emergency management for situational awareness, resource allocation, and load-balancing.

- During resource-constrained or crisis situations, develop an integrated approach to command and coordination that involves providers, health care organizations (including EMS) and state and local public health and emergency management authorities.

- Integrate health care into recovery planning and functions.

Information Management Objectives

- *Identify the Essential Elements of Information (EEI) for daily and disaster health care operations.*

- *Implement interoperable information systems and procedures to make data available in a timely and efficient manner for patient care and clinical operations.*

- Analyze information to inform response and recovery priorities.

- Share qualitative information among the health care workforce, health care delivery organizations, and jurisdictional partners during steady state and response.

Patient Movement and Distribution Objectives

- *Develop a structure for regional patient transfer and care coordination (e.g., Medical Operations Coordination Centers (MOCCs)) including triggers, location, staffing, authorities, and data agreements.*

- *Integrate clinical expertise into the MOCC to prioritize patient transfers and offer care-in-place recommendations.*

- During a response, identify locations where patients can receive care based on available resources.

- Make modifications to EMS dispatch, treatment, and transport of patients to prevent and mitigate surge.

Workforce Objectives

- Maintain a sufficient and prepared health care workforce trained for daily and disaster care roles.

- *Augment the current health care workforce using external staff from system/partner hospitals, contracted agencies, teams, and volunteers.*

- Support the needs and safety of the health care workforce during response and recovery.

Resources Objectives

- Collaborate with supply chain partners to determine local and regional resources.

- *Determine and acquire resources to have on hand and develop necessary push or cache agreements with suppliers, health care organizations, or jurisdictions.*

- Develop plans for resource shortages.

- Expand patient care space to accommodate a surge.

- Use scaled staffing plans to recall and deploy adequate numbers of staff to safely support the acute health care needs of the disaster.

- Manage mass fatalities.

Operational Continuity Objectives

- *Identify and mitigate physical and digital infrastructure vulnerabilities to allow for resilient operations*.

- Develop plans to shelter-in-place, relocate, or evacuate patients from health care facilities.

- Maintain continuity of essential health care administrative functions in the face of compromised infrastructure or services.

Specialty Care Objectives

- Identify available regional specialty care resources and gaps.

- Triage, assess, treat, stabilize and distribute patients requiring specialty care.

- *Work regionally, across the continuum of care, to physically and virtually augment specialty medical care capacity during a disaster.*

Community Integration Objectives

- *Identify vulnerabilities of the community, including at-risk individuals and communities experiencing structural inequities, and resources available to address those impacted.*

- Maintain continuity of care across community-based health care, public health, and social services to address the needs of communities and prevent strain on acute care resources.

- Minimize the behavioral health impact of disasters by providing information and services to responders and affected populations.

- Share information with the public.

- *Provide information and support to families, caregivers, and community members to reunite them with their loved ones and update them on patient status.*

Thank you!

Questions?