Southern Regional Disaster Response System

Telehealth: A Force Multiplier for Unseen Events

Miami-Dade County Healthcare Preparedness Symposium
April 10, 2024

Southern Regional Disaster Response System
HHS Region 4

AGENDA

- Introductions
- Overview of the SRDRS
- Aims and Initiatives
- Cross-Regional Engagement
- Telehealth Initiatives and Resources
- Education: Improving First Responder/Receiver Readiness
- Exercises and Lessons Learned
- Vision Forward
- Questions

Speaker Introductions

Michael J. Carr, MD, FAEMS, FACEP
Assistant Professor, Emergency Medicine, Section of Prehospital and Disaster Medicine, Emory University School of Medicine
Principal Investigator/Director, Prehospital and Ambulatory Virtual Emergency Services (PAVES)
Medical Director, DeKalb County Fire Rescue
Associate Medical Director, Air Methods, Air Life Georgia

Senem D. Hinson, MPH
Director of Sections and Programs, Emergency Medicine, Emory University School of Medicine
Program Director, Southern Regional Disaster Response System (SRDRS)

Speaker Introductions

Kelli McCarthy, MPS, CEM-GA, EMPH
Clinical Assistant Professor, University of Georgia Institute for Disaster Management
Faculty Advisor, Disaster Dogs
Exercise and Program Evaluation Lead, Southern Regional Disaster Response System (SRDRS)

Heather H. Miller, MS
Project Manager, Telehealth, Southern Regional Disaster Response System (SRDRS)

What agency type are you representing?

ⓘ Start presenting to display the poll results on this slide.

slido

What are the largest threats to your community?

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Have you heard of/are you familiar with the SRDRS?

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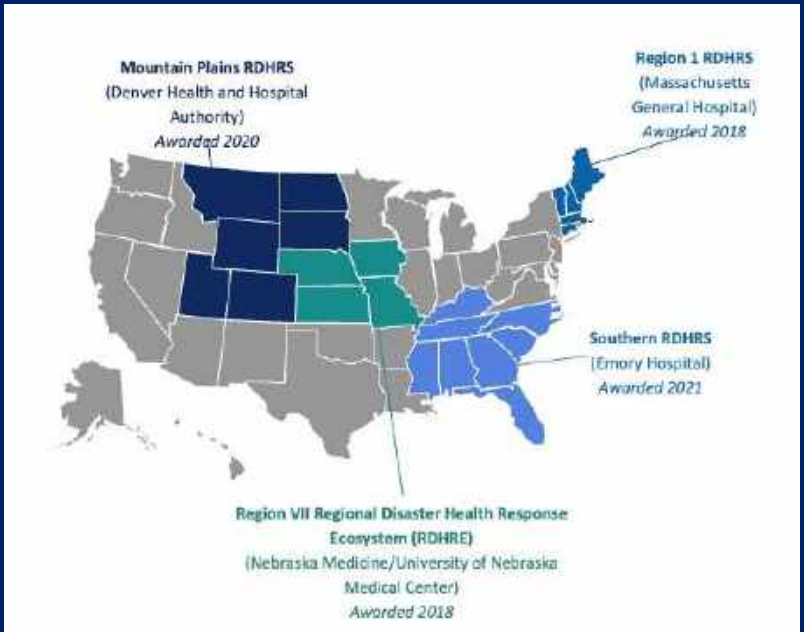
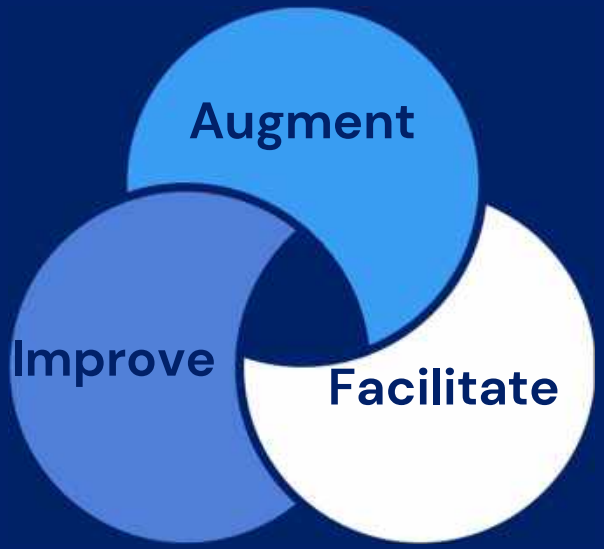
What is the SRDRS?

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

SRDRS | Aims and Initiatives



- Foster regional partnerships and collaboratives
- Develop a medical operations coordination cell (MOCC) capability
- Expand telehealth systems
- Develop and maintain a repository of resources for CBRNE mass casualty management

Stakeholders and Partners

SRDRS

- EMORY UNIVERSITY
- UNIVERSITY OF GEORGIA INSTITUTE FOR DISASTER MANAGEMENT
- WELLSTAR MCG
- GEORGIA DPH

- BURN/TRAUMA CENTERS
- NETEC
- RESPTC
- AMC
- R4PC3
- PEDS
  - WRAP-EM
  - GULF 7
- RDHRS/E
- SETRC/NCTRC
- HCC

Southern Regional Disaster Response System
HHS Region 4

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Rate your current collaboration efforts with your Poison Center?

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MH0

Region 4 Poison Control Center Collaborative (R4PC3)

Collaborative Goals:

- Increase capacity and technical abilities
- Develop and adopt guidelines
- Facilitate localization
- Support training and planning

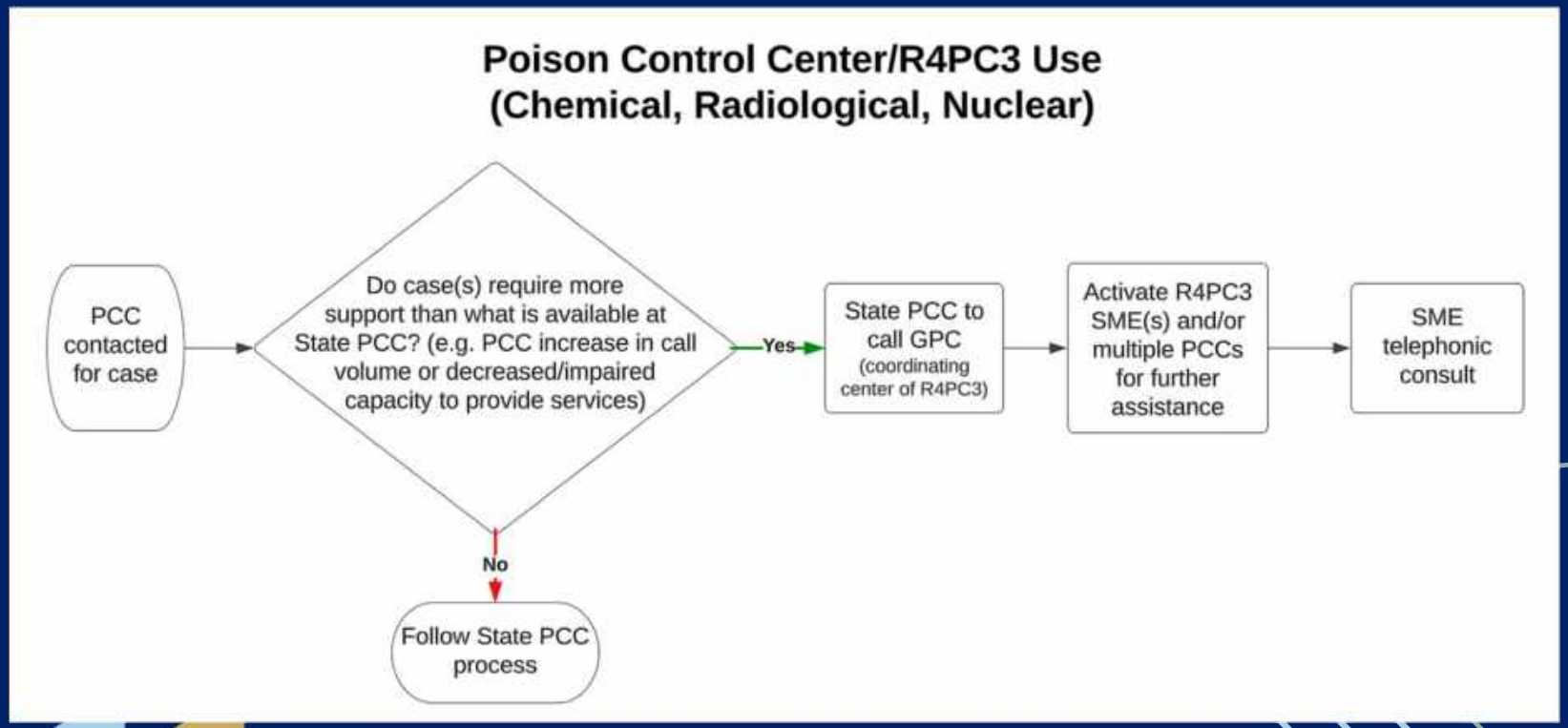
Slide 12

MH0 [@Hinson, Senem Donuk] to include work w B. Geller re: toxsentry
Miller, Heather, 2024-02-29T13:37:23.808

HSD0 0 I will also mention the CBRN guideline initiatives we are working on this year with EMS and Obs
Hinson, Senem Donuk, 2024-04-03T20:10:44.960

R4PC3 Resource Development

Standard Operating Procedure



R4PC3 Resource Development

Poison Center > RITN Center MOU

Background:

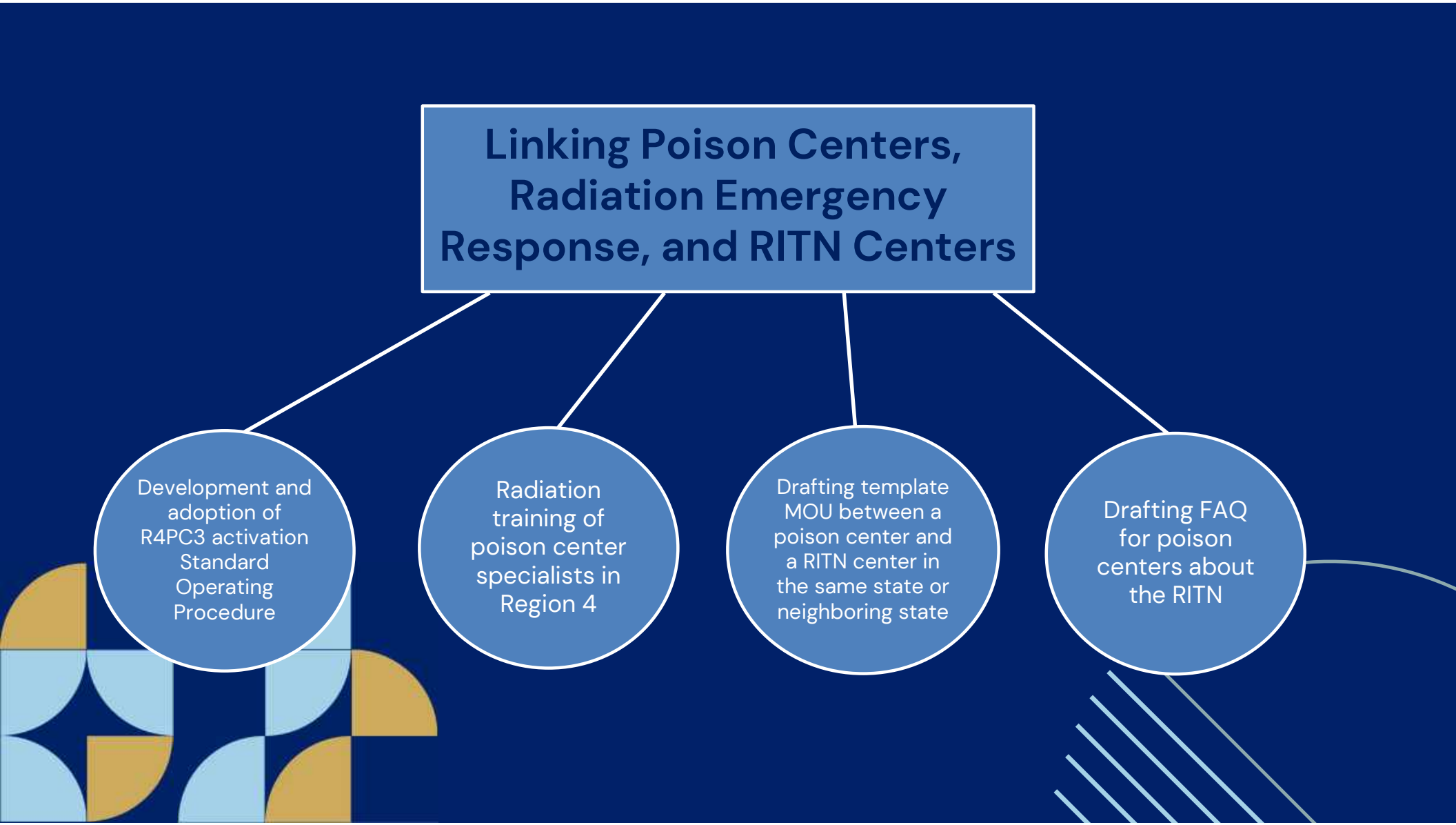
- The detonation of a nuclear weapon or an improvised nuclear device will cause bone marrow injuries in thousands of victims. Many of these victims will have concomitant trauma and thermal burns. They will also likely be internally or externally contaminated with radioactive materials. This surge in demand for medical care will overwhelm hospitals in the affected region and beyond.
- RITN Centers are prepared to receive from these incidents a large number of victims who have bone marrow injuries without any significant trauma, burns, or contamination with radioactive materials.
- Non-RITN Center hospitals will likely care for a large number of victims who have been exposed to ionizing radiation and have concomitant trauma, thermal burns, and contamination with radioactive materials. These hospitals will likely have limited expertise in managing radiation injuries and acute radiation syndrome. They will need access to RITN Center SMEs (subject matter expert) in the management of acute radiation syndrome.
- Although RITN Center providers are qualified to guide others in the management of acute radiation syndrome, they are likely to have limited capacity due to the large number of victims and limited capabilities due to lack of access to a functional triage call center.
- The Poison Center has experience in operating a call center and is staffed by healthcare providers who are experienced in triage and in providing advice to the public and healthcare providers. The Poison Center uses an electronic medical record and has continuous medical coverage by clinical toxicologists who have expertise in managing contamination and radiation exposures.
- Poison Centers have experience in assisting during public health emergencies, including those involving radiation. They have a long history of collaborating with state, local and federal public health agencies.
- The SRDRS is facilitating collaboration between the 10 poison centers located in region 4 under the umbrella of the Region 4 Poison Center Collaborative (R4PC3).

Scope:

- The scope of this MOU is limited to facilitating within a state, medical provider to medical provider telephonic consultation regarding the management of patients with acute radiation syndrome. The execution of the components of this agreement is contingent upon provision of the necessary funding by the state, local, or federal government agencies.
- This MOU will become active during a large mass casualty incident at the request of HHS, VA, or DOD.
- The Poison Center in supporting jurisdictions to an affected area, agrees to serve as a call center for the providers of the RITN center in the same supporting jurisdiction during a radiation emergency. The Poison Center and the RITN center will agree on a data collection tool that will be used to document the consultations.
- The Poison Center does not have to be the sole conduit for a physician to contact a RITN Center.

- During an emergency, the Specialists in Poison Information (SPIs) will receive calls from other hospitals who are seeking advice regarding the care of their patients who have been exposed to radiation. The patients that are being considered for transfer to a RITN will need to be under the care of NDMS or the DOD. Those who are not under NDMS will need to be handled like any other hospital-to-hospital transfer.
- Poison Center SPIs will utilize agreed upon protocols in the event of a radiation disaster. Protocols are not limited to REACT/S and RITN.
- The Poison Center will triage these requests to the appropriate SME and enter the information in the poison center electronic medical record.
- The RITN Center SME will provide the necessary medical advice and guidance to the requesting hospital by phone and may request to review diagnostic testing results.
- Poison Center SPI will request follow up feedback based on the RITN center and/or SME. The follow-up details will be included in the PCC electronic database with the intent of closing the case after the follow-up.
- Medical liability will be on the hospital requesting the advice. Medical liability considerations are likely to be addressed in the emergency declaration that is expected following such emergencies.
- The RITN Center and Poison center can request call and outcomes data from each other at any time during or following an emergency event. Such data may be shared with local, state, and federal agencies after agreement from both parties.

Fee: Services are dependent on fee negotiated upon disaster declaration.

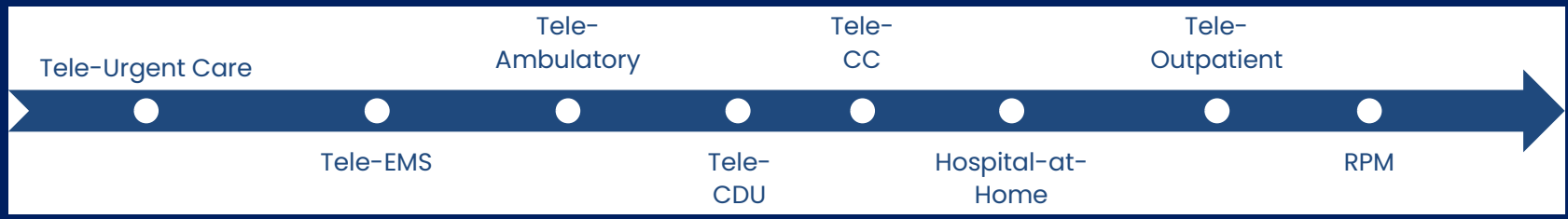

Linking Poison Centers, Radiation Emergency Response, and RITN Centers
Development and adoption of R4PC3 activation Standard Operating Procedure
Radiation training of poison center specialists in Region 4
Drafting template MOU between a poison center and a RITN center in the same state or neighboring state
Drafting FAQ for poison centers about the RITN

TELEHEALTH INITIATIVES

A Full Spectrum of Disaster Support

Telehealth provides: The Right Care at The Right Time at The Right Place

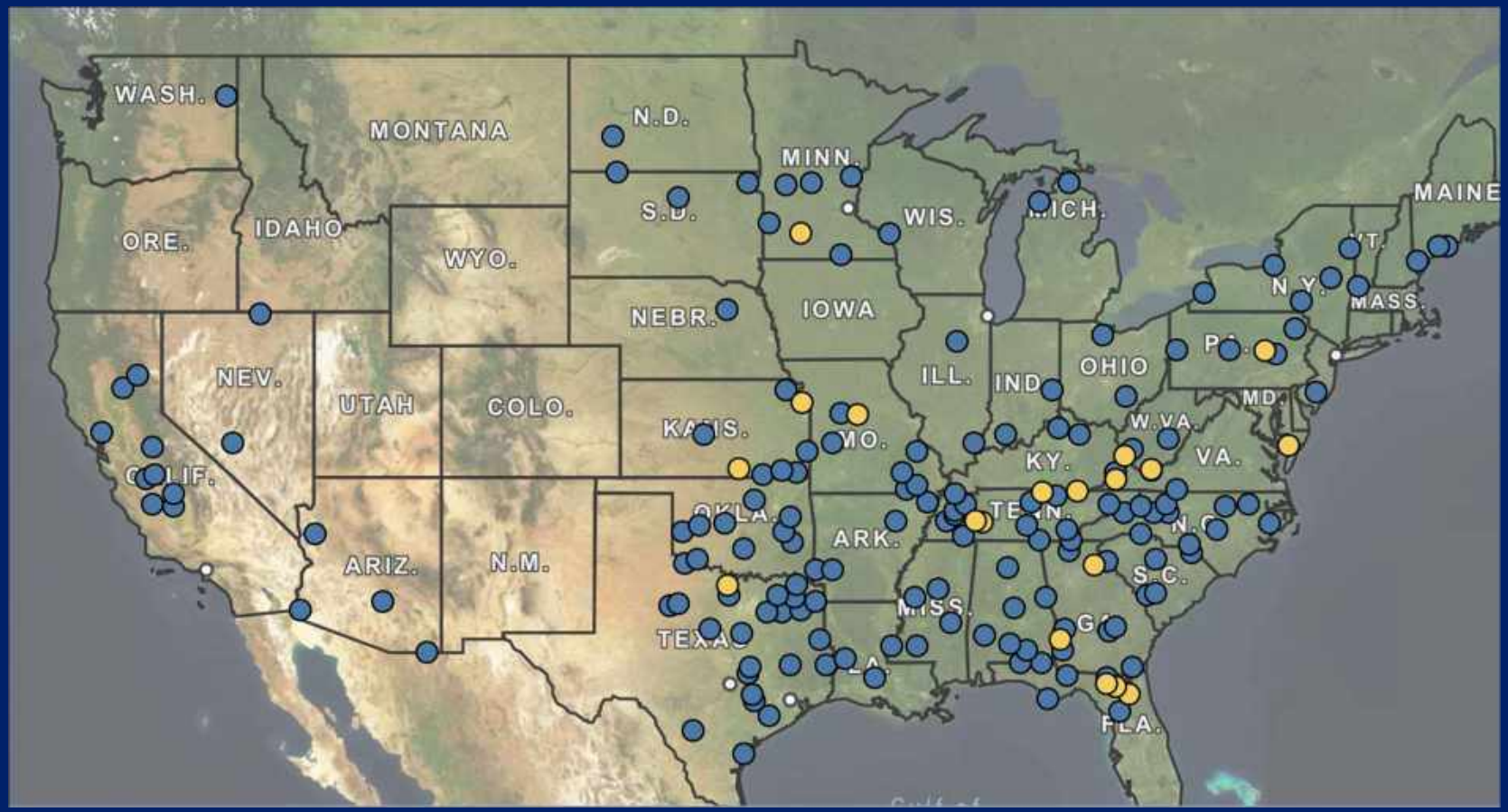
- Remote medical consultation
- SME connectivity
- Triage support
- Surge mitigation



Prehospital & Ambulatory Virtual Emergency Services

Enhancing Prehospital Care with Telemedicine

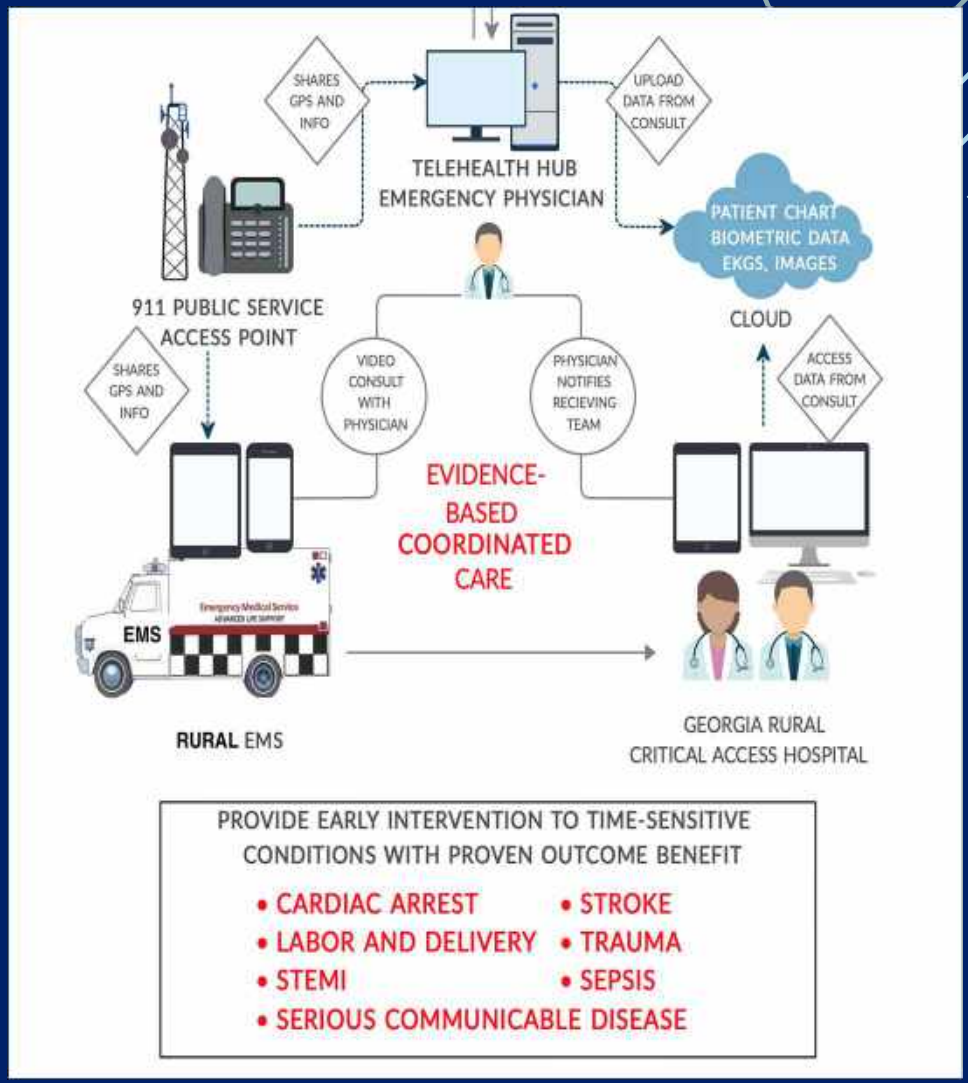
Rural Hospital Closures Since 2005



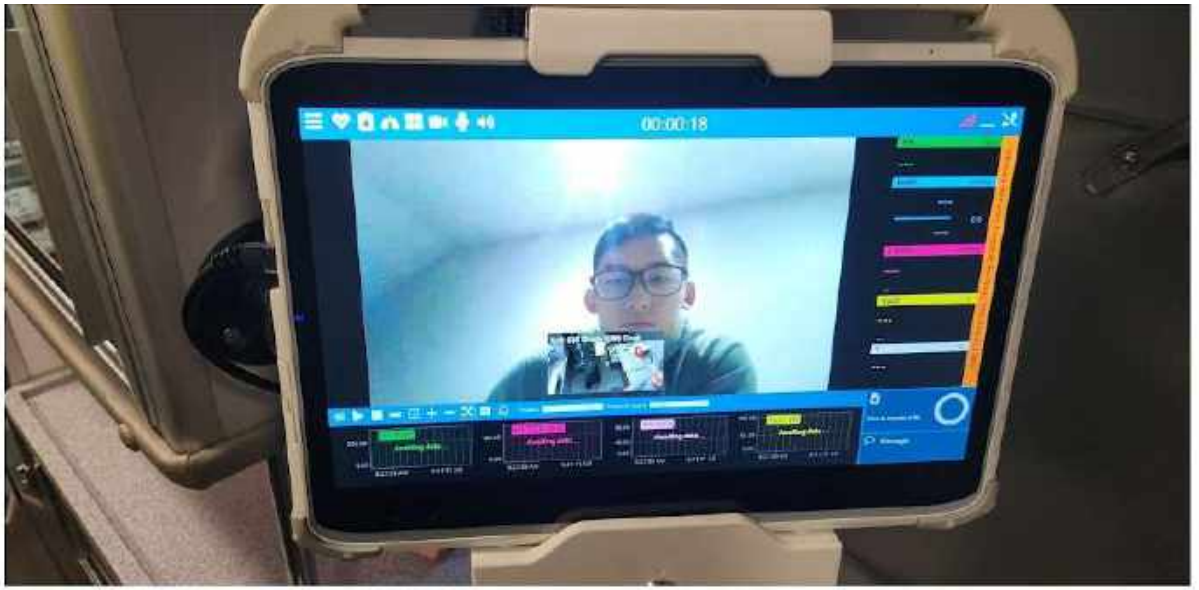
Credit: UNC Cecil G. Sheps Center for Health Services Research

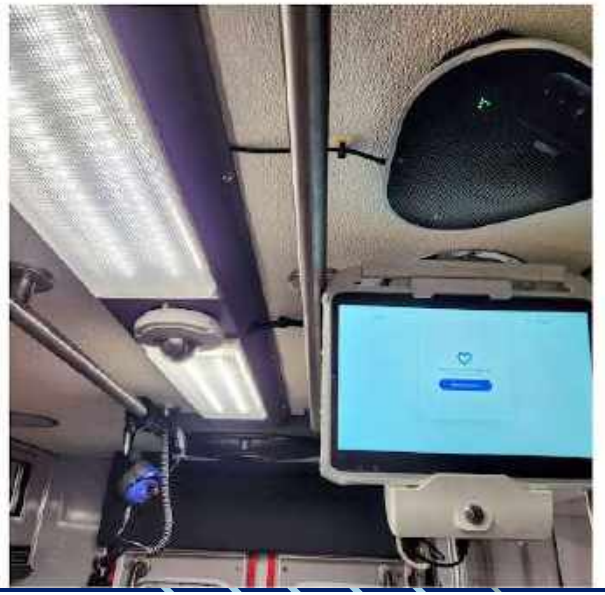
PAVES | Prehospital and Ambulatory Virtual Emergency Services

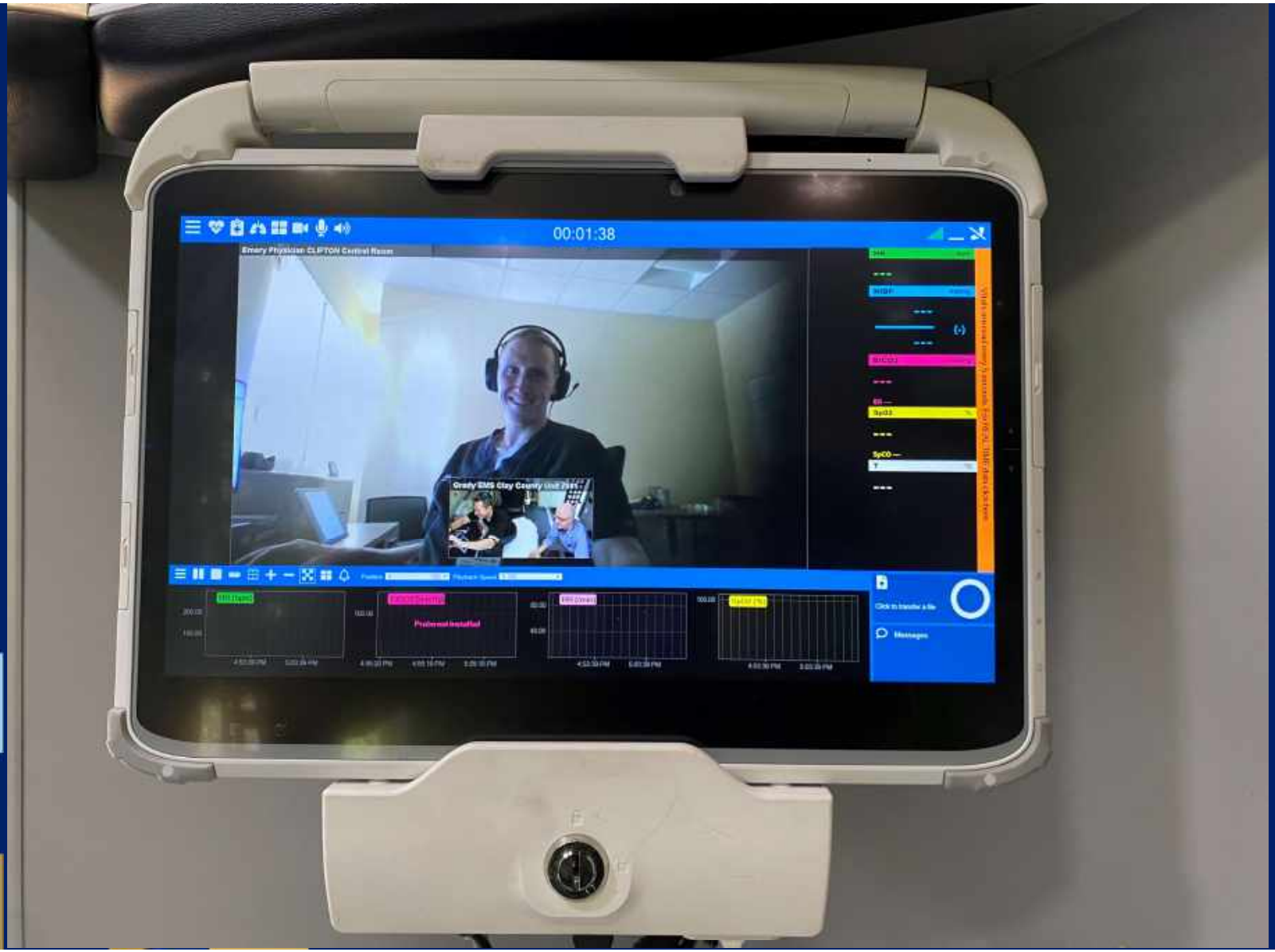
Physician connectivity with EMS via telehealth serves as a support system for surge capacity and gives access to specialized clinicians to Region 4 residents in emergencies, wherever they are.

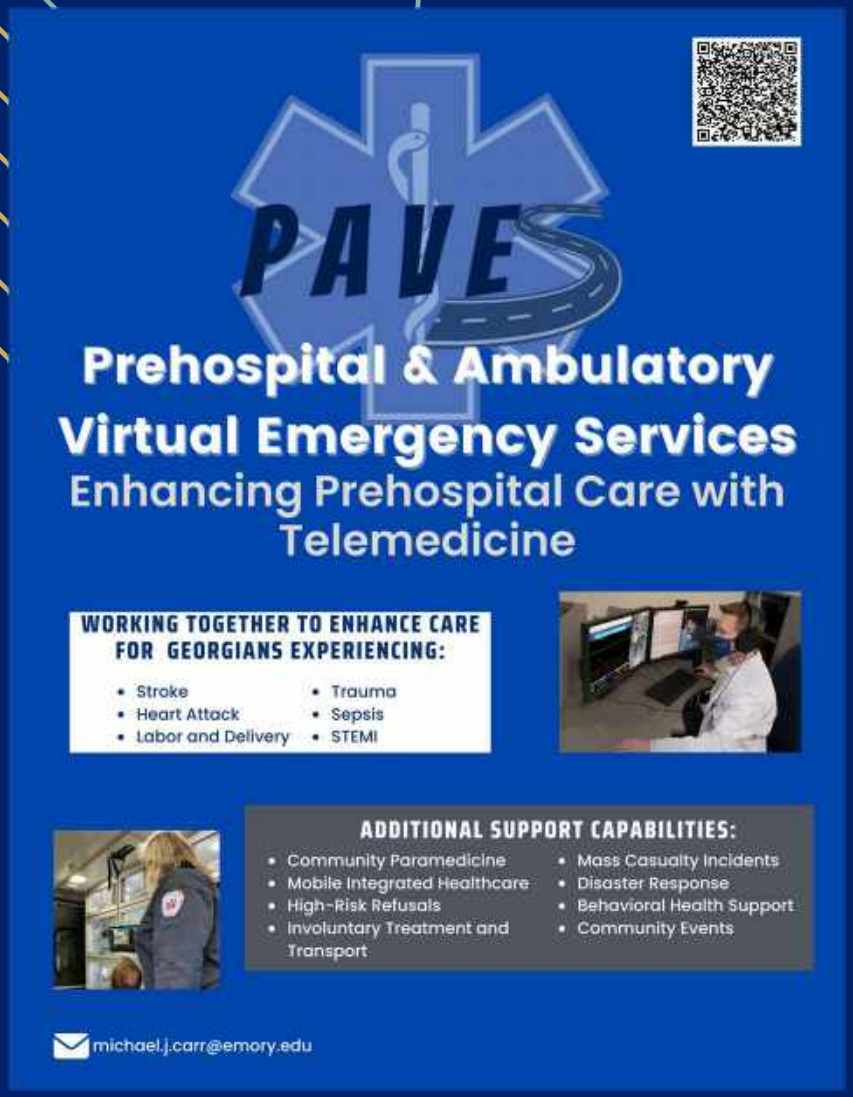


Equipment and Set-up






00:01:38
Emory Physician CLIFTON Central Room
Click to transfer a file
Messages



Current State:

Daily tele-EMS is available in multiple counties and ambulances across the state.

Disaster response: tele-EMS serving as a force multiplier for specialty transport programs, sensitive sites, and large event venues.

Future State:

Tele-EMS expansion to other “high threat” sites across the Southeast.

Sharing program model with all of HHS Region 4.

TELE-CDU | OBSERVATION/ CLINICAL DECISION UNIT

Clinical Decision/Observation Units expand capacity for high-quality care while saving money.

FY22 savings:

$28.7M
11,198 bed days

High Volume Service

25-30% of hospitalized patients are observation eligible. 2/3 are managed in CDUs.

High Quality of Care

Tele-CDU provides lower costs, shorter stays, and better outcomes

Business Expansion Opportunity

~70% of US hospitals do not utilize a CDU (125 in Georgia alone)
Disaster support

OBSERVATION NOMENCLATURE

Observation Patients: distinct patient population
- "6 to 24 hour" patients.
- 70-90% discharge probability

Observation Service: "*management to determine the need for admission*"
- 20 – 35% of patients staying in hospitals are "observation" patients

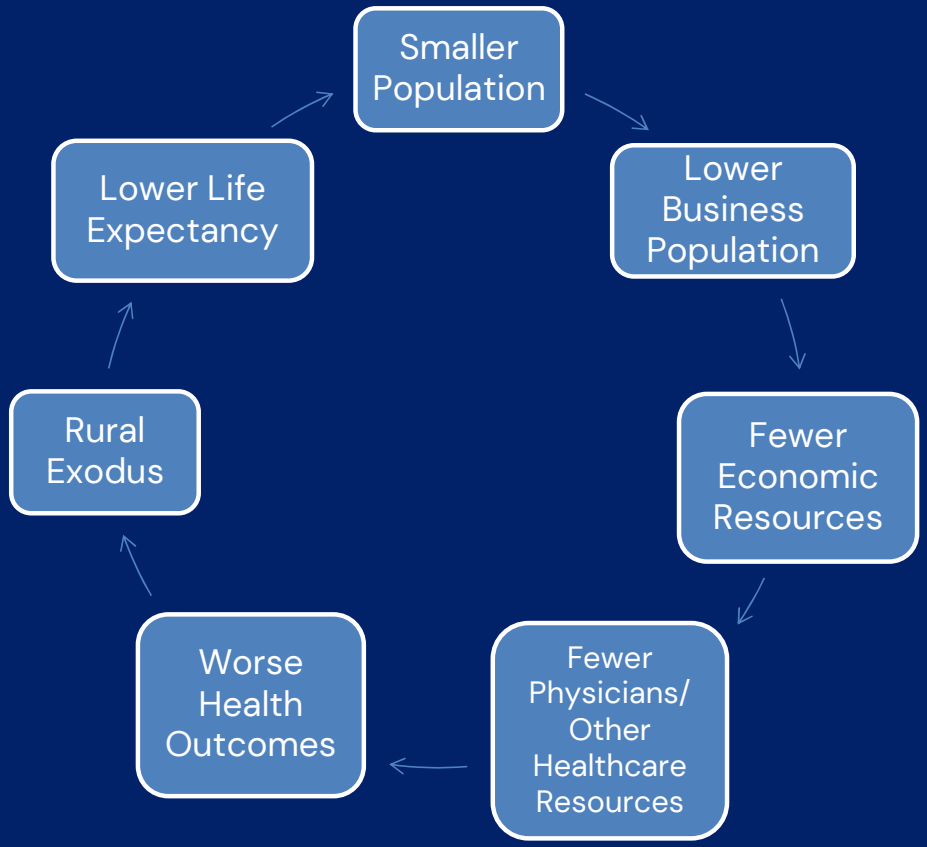
Observation Settings:
- Defined by two variables: Protocols + Units
- Protocol driven, observation units are the best "setting"

OBSERVATION UNIT SUSTAINABILITY

- **Hospital Benefits**
  - Function best when run by Emergency Medicine
    - Lower costs, LOS, admit rates
    - Improved inpatient bed availability

- **Physician Barriers**
  - CPT / payer structure
    - One service model: Must forfeit emergency CPT codes, bill observation CPT codes
    - Two service model: Able to bill both
  - Hospital subsidy often needed
  - When providing two services (emergency and observation):
    - Physicians need to be able to bill for both
    - Need an essential number of beds (20+)

WELLSTAR MCG | The Rural Community Hospital



WELLSTAR MCG | TELE-EMERGENCY | TELE-CRITICAL CARE

Rural Hospital Virtual Care Network

- Multi-hospital network
- Facilitates local patient management
- Benefits tertiary care center and critical access hospitals
- Expansion ongoing

TELEHEALTH PLAYBOOK

- Created to guide development of telehealth capabilities
- SRDRS support in disaster response
- Formatted broad > narrow
  - Overview of telehealth
  - Telehealth types by setting
  - Practical application for leveraging daily utilized telehealth programs to support disaster response
  - Legal review
  - Hazard-specific resources

Region 4 Legal Review

PEER-TO-PEER CONSULTATION LICENSURE EXCEPTION LIMITATIONS

The table below provides an overview of the applicable states' peer-to-peer licensure exception limitations. While limitations may vary, the table is grouped based on the most common limitations found across the states.

	Must be free	Frequency limits	No established connections or contract/ arrangement	No primary diagnosis	Limits or Restrictions on Pathology	Limits or Restrictions on Radiology	Expressly Doc to Doc Only	Other
AL		10 days per calendar year					x	
FL							x	
GA		Occasional[3]		x[4]			x[5]	
KY		Infrequently					x	x Consulting physician cannot be a Kentucky resident
MS					x			x Consulting physician cannot be a resident of Mississippi
NC		Irregular				x	x	x Physicians living in neighboring states excluded
SC				x	x	x	x	
TN	x		x				x	

Region 4 Legal Review

MEDICAL LICENSURE EXCEPTIONS

The table below presents an overview of other common medical licensure exceptions that may be applicable to the contemplated SRDRS model in Region 4 states.

	INFREQUENT PRACTICE	EMERGENCY CARE EXCEPTION	BORDER STATE EXCEPTION[5]	SPECIAL TELEMEDICINE LICENSE/REGISTRATION
AL	Must be fewer than 10 patients or occurring fewer than 10 days per calendar year.	x		
FL		x		x
GA		x		x
KY		x		
MS				
NC				
SC		x		
TN		x		Osteopathic Physicians Only

EDUCATION | Improving First Responder, First Receiver Readiness

Radiation Webinar Series

Healthcare and Public Health Planning for a Radiological/ Nuclear Emergency

- Six-part webinar series (2023)
- Enduring material on the SRDRS website
  - Offers CME, CNE, CEU, EMS Credits
- Over 1000 enrollees
- Shared via DPH's TRAIN learning platform

MH1

Chemical Webinar Series

Healthcare and Public Health Planning for a Chemical Emergency

- Seven-part webinar series covering:
  - Prehospital Considerations in a Chemical Emergency
  - Federal Response to a Chemical Emergency
  - Chemical Irritants and Vesicants
  - Nerve Agents and 4th Generation Nerve Agents
  - Asphyxiants
  - Incapacitating Agents
- Live and enduring
  - Offers CME, CNE, CEU, EMS Credits

Slide 33

MH0 Maybe we can populate a list of our trainings “menu” on a slide after this
Miller, Heather, 2024-02-28T21:52:45.389

MH0 0 Added offerings in slide below based on list sent to GEMA
Miller, Heather, 2024-03-18T14:14:48.241

MH1 Can update once April flyer available
Miller, Heather, 2024-03-18T14:15:15.547

EXERCISES AND LESSONS LEARNED

UNIVERSITY OF GEORGIA
College of Public Health
Institute for Disaster Management

Kentucky POISON Control Center
of Norton Children's Hospital

RADIATION INJURY TREATMENT NETWORK SM
RITN

FLORIDA'S POISON CONTROL CENTERS

OPERATION PHONE-IT-IN

Tabletop & Functional Exercises | December 2022, February 2023

- **Partners:**
  - Wellstar MCG (Augusta)
  - Candler County Hospital
  - Emanuel Medical Center
  - Georgia Poison Control Center
  - University of Georgia Institute for Disaster Management
- **Focus:** Response, Recovery, Mass Care Services
- **Scenario:** Multi-systems trauma (MCI) with chemical exposure due to major railway incident, leading to an influx of calls to the poison center
- **Goal:** successful utilization of telehealth for triage, treatment, and disposition of disaster-affected patients
- AAR/IP highlights

Poison Center Call Forwarding Drill | March 2023

- **Focus:** Response, Operational Capabilities
- **Scenario:** Chemical release due to major railway incident, leading to an influx of calls to the poison center
- **Goal:** transferred calls received by alternate poison center within in 5 minutes
- AAR/IP highlights

Southern Regional Disaster Response System
HHS Region 4

Georgia Poison Center

FLORIDA'S POISON CONTROL CENTERS

Kentucky POISON Control Center
of Norton Children's Hospital

R4PC3 Tabletop Exercise

- 33 participants
  - State poison control centers, RITN facilities and leadership, and SRDRS personnel
- Included:
  - Communication Roll-Over Processes
  - Knowledge of Available Priority Calling Services
  - Communication Redundancy
  - RITN Center Hospital Role
  - PCC Support Clarification
  - RITN Patient Data Collection Forms

ADDITIONAL TRAINING OFFERINGS

- Basic Disaster Life Support (BDLS - NDLSF)
- Advanced Disaster Life Support (ADLS - NDLSF)
- Essentials of Disaster Life Support (EDLS - NDLSF)
- Just-in-Time Training Radiation Radiological and Nuclear Events (NDLSF)
- ACMT'S Agents of Opportunity for Terrorism (GA Poison Center)
- Advanced Hazmat Life Support (AHLS) Training (GA Poison Center)
- Advanced Hazmat Life Support (AHLS) for Radiological Incidents and Terrorism (GA Poison Center)
- AgriTox: Toxicology for Farming Communities (Half Day, GA Poison Center)
- Basic Hazmat Life Support (GA Poison Center)
- Chemical, Biological, Radiological, Nuclear Explosive (CBRNE, GA Poison Center)
- Chemical Warfare Agents (GA Poison Center)
- Explosion and Blast Injuries Course (GA Poison Center)
- Nuclear Plant Emergency Response (NPER, GA Poison Center)
- Radiological Preparedness and Emergency Response (RPER, GA Poison Center)
- Online Poison Prevention Training Program (GA Poison Center)
- Outbreak Investigation (Emory University)
- Recognition and Initial Management of an Illness Cluster (Emory University)

MH0

VISION FORWARD

- Strengthen regional engagement
  - Topic-specific collaboratives
    - MOCC
    - EMS
    - Observation Medicine
    - Disaster Business Continuity Planning
  - R4PC3/RITN
- Education, training, and resource sharing
- Examine information sharing across EMR systems
- Demonstrate feasibility of initiatives and iterate through exercises

Slide 39

MH0 Will add slide to hype Duke/NC's MOCC session
Miller, Heather, 2024-02-28T22:06:20.317

HSD0 0 They have a conference?
Hinson, Senem Donuk, 2024-03-20T16:39:21.968

MH0 1 Nah, they have a session the day after ours to showcase their MOCC.
Miller, Heather, 2024-03-20T17:20:10.375

Medical Operations Coordination Cell | A Duke Success Story

Thursday, April 11 | 1:30–3:00p

MOCC: Making it work for us

1:30 PM-3:00 PM

Jason Zivica
Assistant Vice President, Workplace Vio...
Duke University Health System

David Marsee
Healthcare Preparedness Coordinator
Duke University Health System

QUESTIONS?

We look forward to partnering with key stakeholders like you as we strengthen regional collaboration to enhance national readiness and resilience.

THANK YOU

Southern Regional Disaster Response System

HHS Region 4