



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



NC Pandemic Perspectives: Emergency Management and Emergency Services

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NC Office of Emergency Medical Services

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Healthcare Preparedness Program

Partnering for a Prepared & Resilient North Carolina

Mission Statement

- “Partner with healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters affecting the residents and guest of North Carolina”



Communication, Coordination, Collaboration

Adult Care
Facilities

Dialysis

Community
Health
Centers

Home
Health
Care

Skilled
Nursing
Facilities

Emergency
Management

Public Health

Hospitals

Emergency
Medical
Services
(EMS)

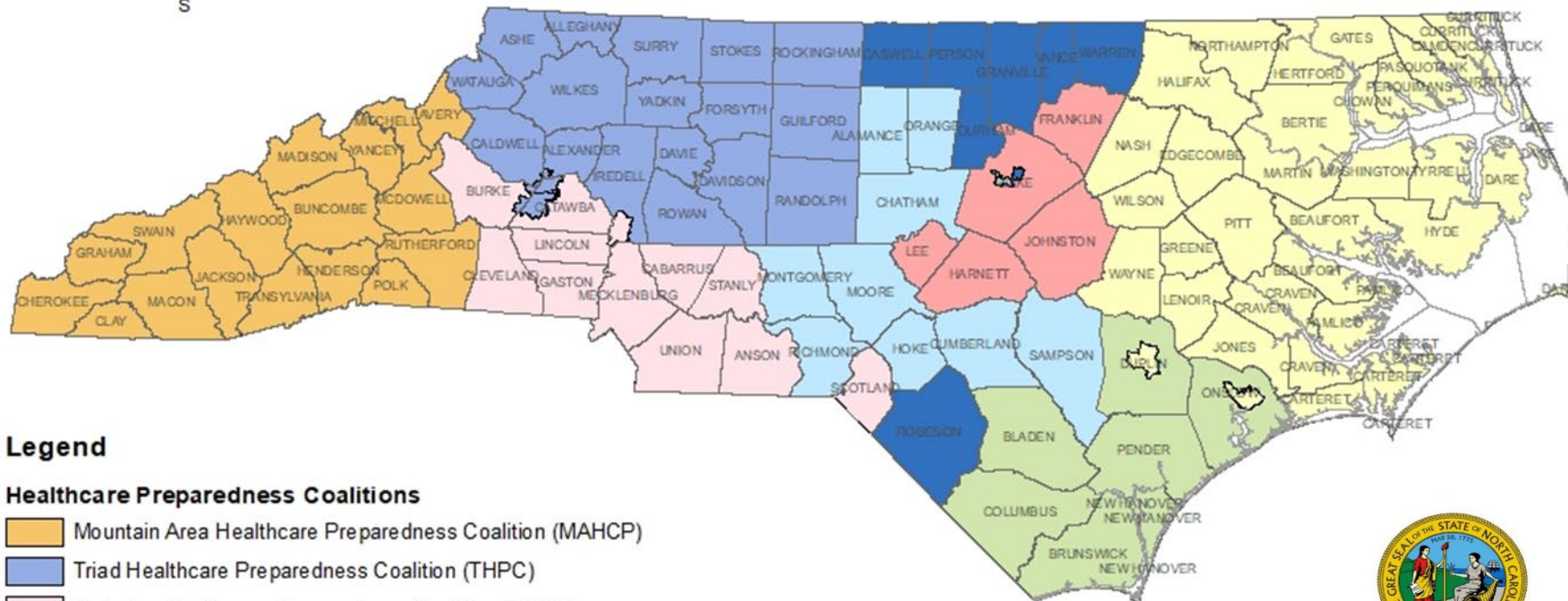
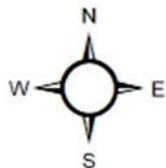
Healthcare Coalition

NC Healthcare Preparedness Program

Goals of Healthcare Coalitions:

- Strengthen Healthcare Preparedness**
- Support Continuity of Operations**
- Enhance Situational Awareness**
- Improve Incident Management**
- Augment Medical Surge**

Healthcare Preparedness Coalitions



Legend

Healthcare Preparedness Coalitions

- Mountain Area Healthcare Preparedness Coalition (MAHCP)
- Triad Healthcare Preparedness Coalition (THPC)
- Metrolina Healthcare Preparedness Coalition (MHPC)
- Duke Healthcare Preparedness Coalition (DHPC)
- Mid Carolina Regional Healthcare Coalition (MCRHC)
- Capital RAC Healthcare Preparedness Coalition (CapRAC HPC)
- Eastern Healthcare Preparedness Coalition (EHPC)
- Southeastern Healthcare Preparedness Region (SHPR)

0 50 100
Miles



This map was prepared for inventory and geographic purposes only and does not represent a legal survey. This map is not intended to and does not indicate the authoritative location of property boundaries, right-of-way, easements, shape or contour of the earth, or fixed works.
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North Carolina Emergency Management

Chapter 166A General Statute



Emergency Support Functions



Emergency Management Overview



Healthcare Preparedness Program

- **NC Emergency Management Act**
 - Chapter 166A General Statute
- **NC Emergency Operations Plan**
 - NCOEMS is the lead agency for ESF-8
- **Disaster Medical Services Responsibilities**
 - Medical Sheltering
 - Mass Patient Movement
 - Healthcare Surge Capacity (Stuff, Staff, Space)
 - Provision of emergency responder health and safety
 - Provision of medical command and control



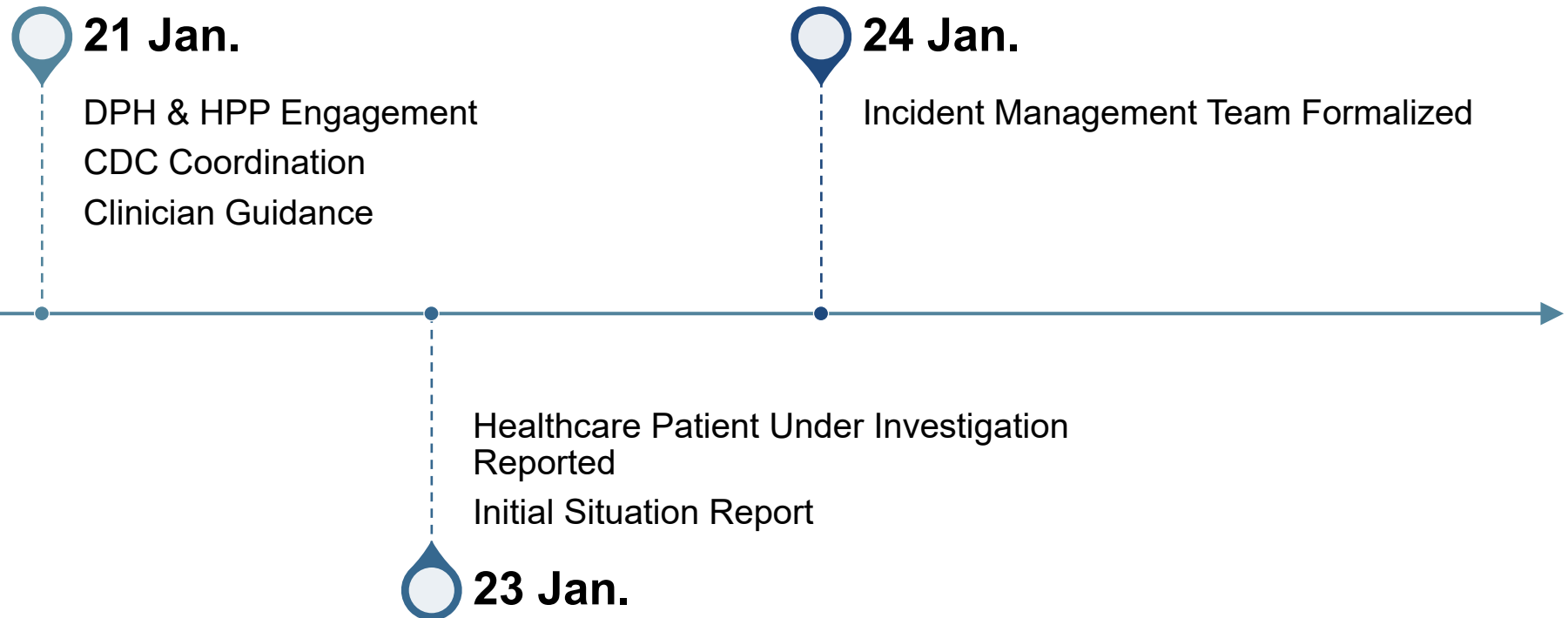
Build Capabilities

“Capabilities-based planning is defined as planning under uncertainty, to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice.” **

**** The Technical Cooperation Program – Guide to Capabilities – Based Planning**



COVID-19 Timeline – State Coordination



Initial Focus Areas

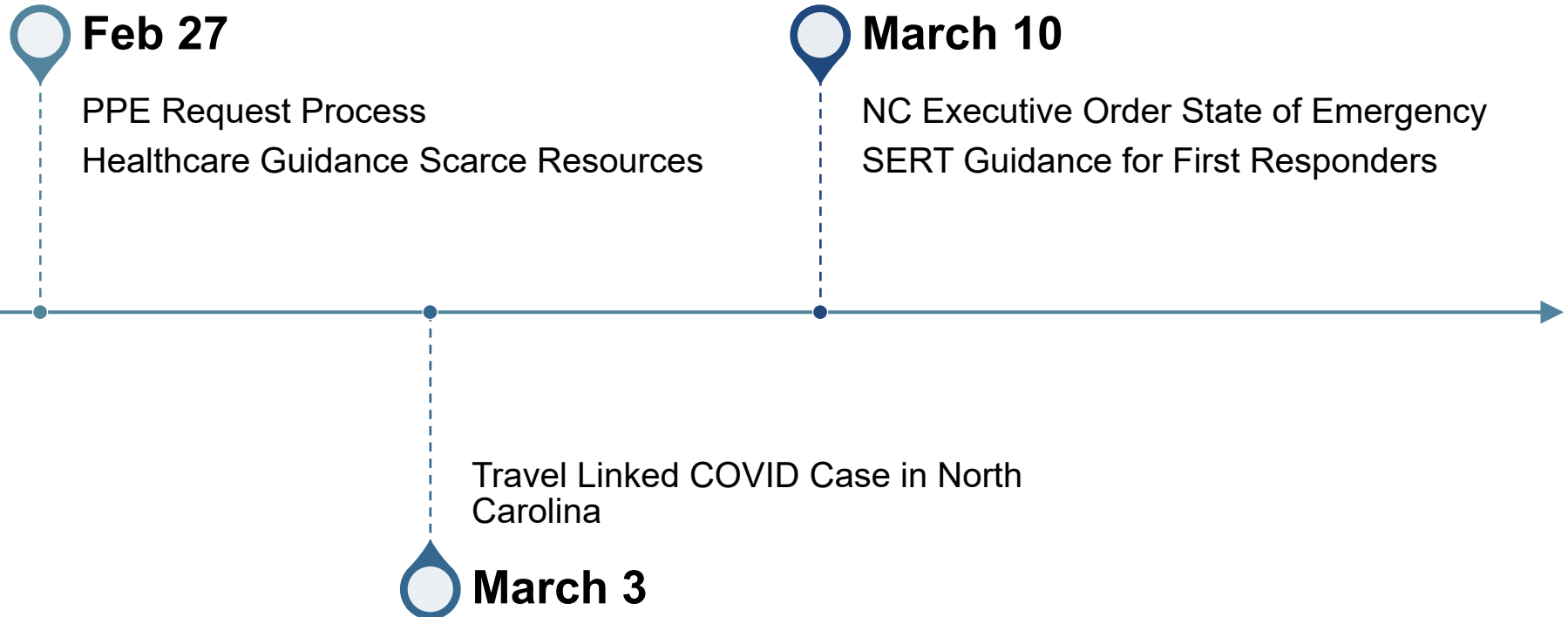


Supply
Chain
Support

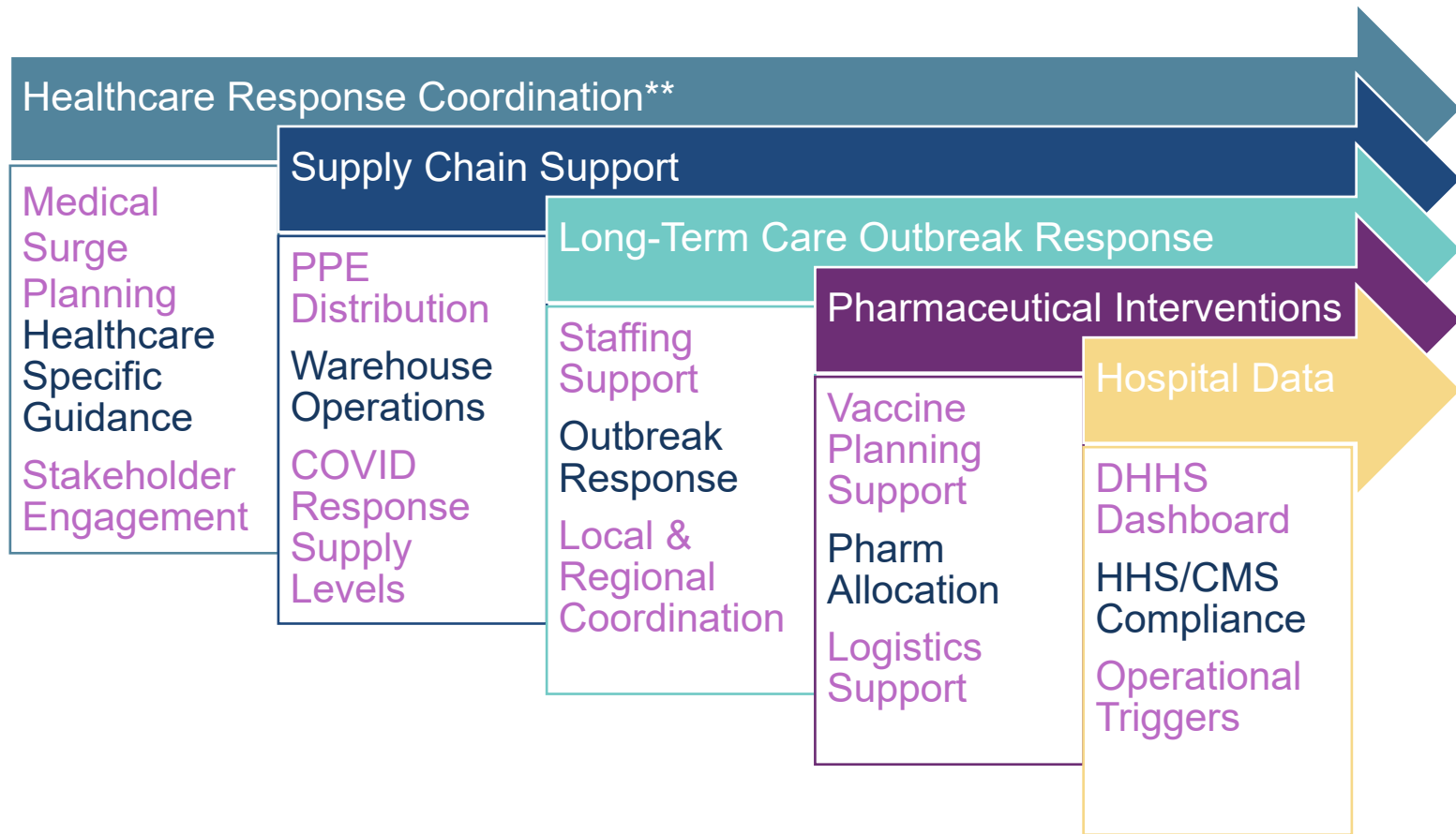
Healthcare
Specific
Guidance

Medical
Surge
Planning

COVID-19 Timeline – State Coordination



OEMS COVID-19 Responsibilities



**Responsible for ESF8-Medical resource requests through State Emergency Response Team

Healthcare Response Coordination

- 150+ Planning & partner engagement webinars specifically for healthcare partners
- *Statewide Patient Coordination Team*
- Medical Surge Operational Triggers & Dashboard
- Healthcare Leadership Engagement
- Healthcare Specific Guidance Documents
- Stakeholder Email Updates



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Considerations for Managing Medical Surge

EMS Agency Preparedness Checklist for COVID-19



Guidelines for Allocation of Personal Protective Equipment (PPE)

NC Healthcare Supply Conservation Considerations

Requests Status and Overview

Reporting period: 4/1/2020 - 7/16/2021

Status of Requests

Items Requested

Push Initiatives

Total Quantity Requested

Total Items Requested

Number of Requests

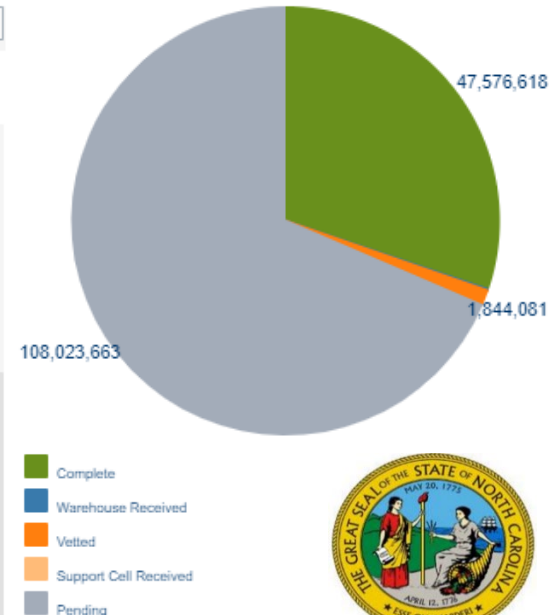
102,630,475

81,305

16,014

Total Quantity of Items Requested			Status of requests received by submission ID					
Items Requested	Total Requested		Pending	Support Cell Received	Support Cell Vetted	Warehouse Received	Complete	Grand Total
Requests - Healthcare Facilities	46,523	37,887,978	4,245 (43%)	1 (0%)	324 (3%)	10 (0%)	5,364 (54%)	9,944 (100%)
Requests - NonHealthcare Facilities	27,170	16,288,740	1,075 (21%)		160 (3%)	38 (1%)	3,862 (75%)	5,135 (100%)
Push Initiative	7,612	48,453,757	302 (32%)		11 (1%)	4 (0%)	620 (66%)	936 (100%)
Grand Total	81,305	102,630,475	5,621 (35%)	1 (0%)	495 (3%)	52 (0%)	9,846 (61%)	16,014 (100%)

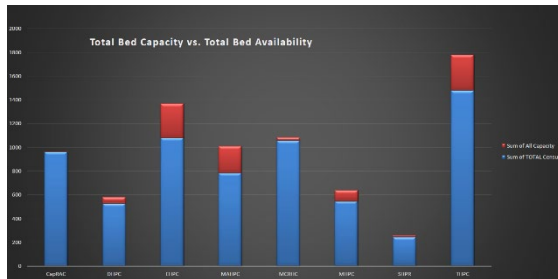
Status by PPE category (quantity of items requested)							Request Status	
Select:	by PPE category (quantity of items requested)							
	No. Requests	Total Requested	Pending	Vetted	Warehouse Received	Complete		
Medical Procedural M..	4,656	13,624,000	4,625,795	111,027	7,300	9,516,878		
Needles	0		2,000					
Non-Medical Masks	5,840	27,441,121	28,167,506	501,899	40,798	8,418,583		
Other	892	2,309,085	3,452,545	3,894	500	566,280		
Other Respirators	157	3,562	30		100	3,432		
PAPR/CAPR Compon..	9	890	4,570					
Purifying/Pressure Re..	16	220	220					
Sharps Containers	0		800					
Shoe Covers	836	1,002,119	763,328	18,355		220,436		
Syringes	0		2,200					
Thermometer	2,565	228,596	133,328	776	20	94,472		
Vaccine Diluents	0		42					
Ventilator	1	14	74					
Grand Total	16,014	102,630,475	107,812,006	1,844,081	150,684	47,576,618		





Long-Term Care Outbreak Support





STATEWIDE STATISTICS

- 2019 Licensed ICU Bed Capacity = 3223
- 2019 Licensed Acute Care Beds = 21222
- Percentage of Hospitals Reporting Statewide = 87%
- Total ICU Beds Available = 635
- Total Number of Patients on Ventilator (not specific to COVID 19) = 624
- Total Number of COVID-19 Positive Patients Admitted in Hospital = 184
- Total Number of Inpatient Hospital Beds Full = 10899 / Empty = 7156 and Extra = 4989
- Total Number of Ventilators in Hospitals = 3014

NORTH CAROLINA MEDICAL SURGE SURVEY

Date: March 10, 2020

Data Driven Response

Hospital Data

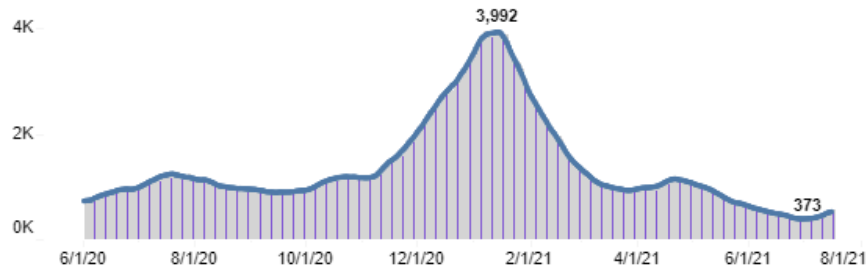


Quick View

Hospitals Reporting: 96%

July 16, 2021

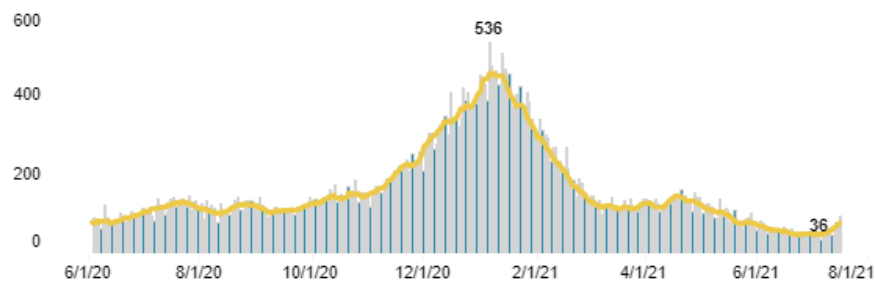
Hospitalized



958

Currently
Hospitalized with
COVID-19

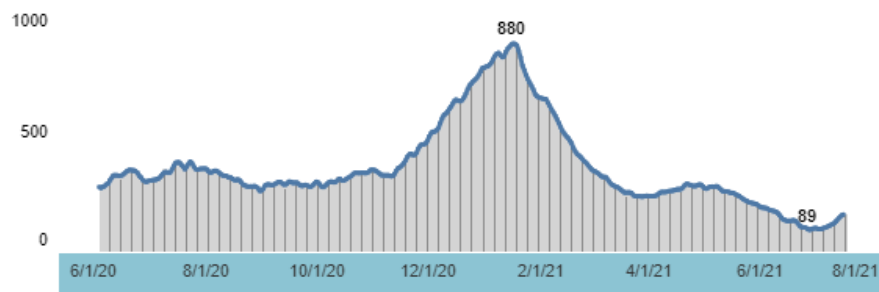
Admitted



91

Admissions in Last 24
Hours

ICU

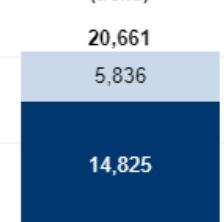


251

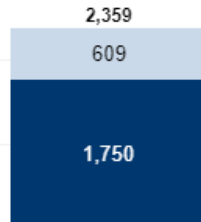
Adults in ICU with
COVID-19

MedSurge

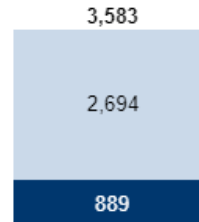
Inpatient Hospital Beds
(trend)



ICU Beds (trend)



Ventilators (trend)



72%

Hospital Beds in Use

74%

ICU Beds
in Use

25%

Ventilators
in Use

Hospital Data



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Operational Triggers

Triggers will be identified for appropriate levels of response

Select Date

7/16/2021

Triggers	ICU Beds Availability	Total Beds Availability	ICU COVID-19 Patients	COVID-19 Admissions	COVID-19 Patients	Ventilators Availability
Code Green	No Alerts	No Alerts	No Alerts	No Alerts	No Alerts	No Alerts
Code Yellow	<15%	<0	3% increase over a 3-day timeframe	3% increase over a 3-day timeframe	>2% over 3-day timeframe	<20%
Code Red	<7.5%	<-10%	10% increase over 5-day timeframe	10% increase over 5-day timeframe	>3% over 5-day timeframe	<10%
Code Black	<5%	<-25%	15% increase over 7-day timeframe	15% increase over 7-day timeframe	>4% over 7-day timeframe	<5%

Trigger Status by Flu Region

	ICU Beds Availability		Total Beds Availability		ICU COVID-19 Patients		COVID-19 Admissions		COVID-19 Patients		Ventilators Availability	
Code Status												
No Alerts												
Code Yellow												
Code Red												
Code Black												
1			1		1		1		1		1	
2			2		2		2		2		2	
3			3		3		3		3		3	
4			4		4		4		4		4	
5			5		5		5		5		5	
6			6		6		6		6		6	

NCDHHS Med Surge Response Framework

Stuff

(PPE, tests, etc.)

Staff

(contingency, safety, etc.)

Space

(clean vs. sick, waiting areas, disinfecting, etc.)

Standards of care

(guidance for transfers, triage, etc.)



Medical Surge Triggers

Phase	Phase Name	Regional Trigger	Statewide Trigger	Key Actions
Phase 1	Healthcare System operating at Conventional Capacity	Known local spread of highly infectious disease or newly emerged disease	Known regional spread of highly infectious disease or newly emerged disease	<ul style="list-style-type: none"> Assess availability of assets & resources Procurement of additional resources Monitor metrics
Phase 2	Healthcare System operating at Contingency Capacity	≤7.5% Total Staffed Adult and/or Child ICU Capacity Available	Three or more regional triggers	<ul style="list-style-type: none"> Increased monitoring of daily metrics Regular cadence regional coordination call Healthcare situation reports
		≤10% Total Staffed Inpatient Bed Capacity Available	≤30% Total Staffed Inpatient Bed Capacity Available	

Medical Surge Triggers

Phase	Phase Name	Regional Trigger	Statewide Trigger	Key Actions
Phase 2.5	Healthcare System operating at Contingency Capacity	≤5% Total Staffed Adult and/or Child ICU Capacity Available	≤15% Total Staffed Adult and/or Child ICU Capacity Available	<ul style="list-style-type: none"> Regular cadence statewide patient capacity coordination calls Mobilize State Coordinated Alternate Care Sites
		≤0% Total Staffed Inpatient Bed Capacity Available	≤10% Total Staffed Inpatient Bed Capacity Available	
Phase 3	Healthcare System operating at Crisis Capacity	Use of inpatient temporary space (using tents, mobile facility, or other alternate care space outside facility)	Use of inpatient temporary space (using tents, mobile facility, or other alternate care space outside facility) in two or more regions	<ul style="list-style-type: none"> Activate State Coordinated Alternate Care Sites Activation of statewide patient movement team Recommend suspension of non-urgent surgeries

Best Practices

- Small group communication (trust, best practices, early awareness of issues)
- Frequent coordination calls with regional & local partners
- Continuous process improvement
- Full-time temporary staff to support response





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



Belonging

OUR VALUES

Intentionally promote an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued and recognized as strengths.



Joy

Have joy and balance at work so we all bring our A-game when serving the people of North Carolina.



People-Focused

Focus on the people we serve, deliver value and make a positive impact on their lives and communities.



Proactive Communication

Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders and the people we serve.



Stewardship

Be good stewards of resources and time to create a positive impact for those we serve.



Teamwork

We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.

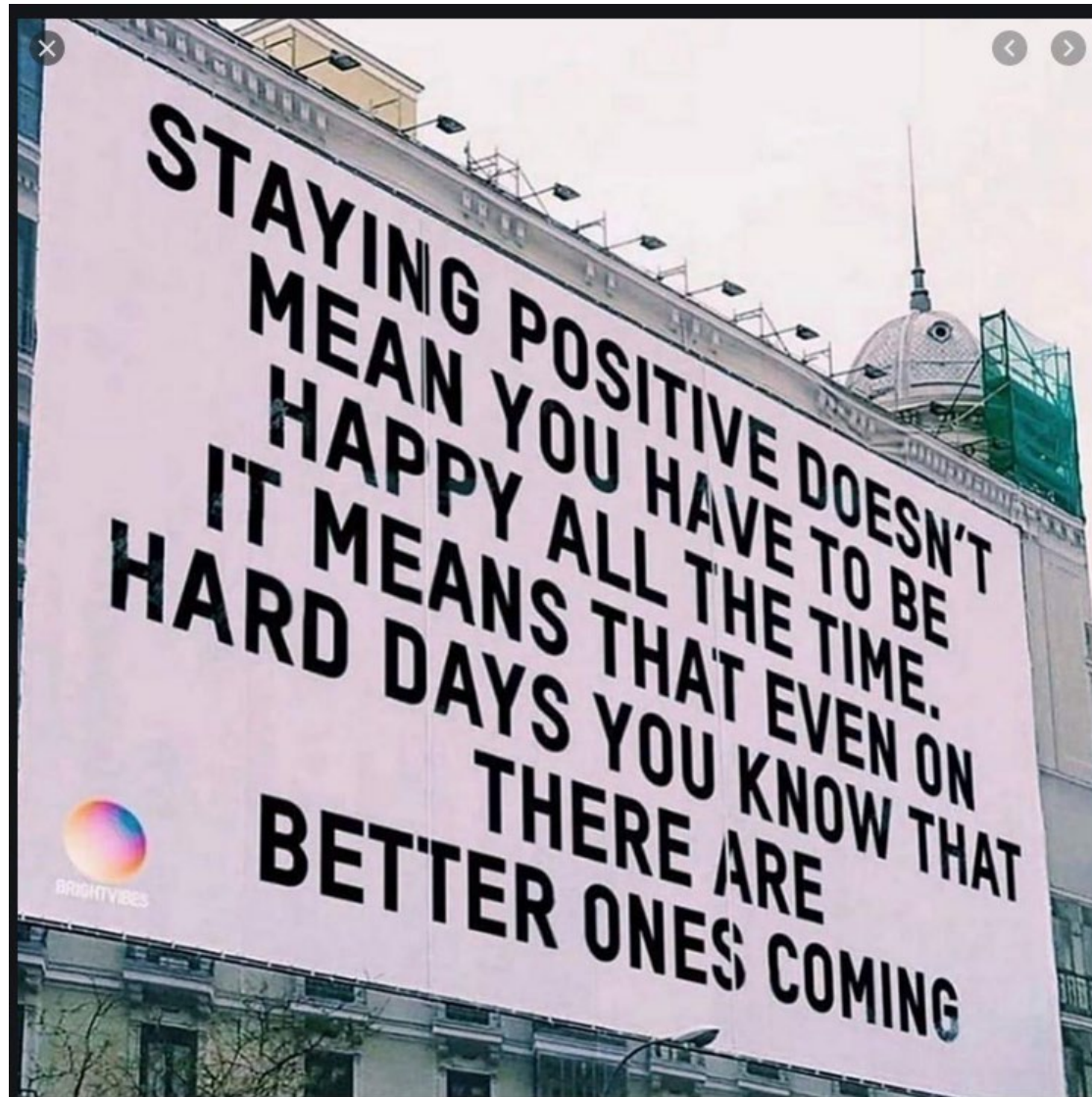


Transparency

Share expertise, information and honest feedback within the Department and with stakeholders and the community. Ask for help when needed.

Lessons Learned

- **Systems are not prepared for sustained long-term response – need a plan for extended responses**
- **More gaps exist in our Healthcare System Preparedness than previously aware**
- **Need adequate emergency response staffing & training before prolonged crisis hits**
- **Partnerships need to exist outside normal lanes**
- **Clear lines of communications based on command structure**



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