Update on Ambulatory Care Emergency Preparedness and Response

Leslie Dubbin, PhD, MS, RN
Chief Program Integration Officer, Ambulatory Care
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Ambulatory Care: Where any door is the right door to receive seamless, coordinated, quality and appropriate care.
Ambulatory Care Disaster Response: How We Care for the Citizens of San Francisco
Incident Command Center for Ambulatory Care

• DPH DOC is currently located at 1380 Howard and in a major city-wide event will coordinate all DPH response activities

• 1380 Howard also serves as the Incident Command Center for localized incidents that may require Ambulatory Care resources (labor and material)
  • Intake and communication of information
  • Triage of priorities
  • Coordination of activities
  • Deployment of resources
  • Escalation to DPH DOC
Ambulatory Care Disaster Response

• Behavioral Health
  • Crisis Response Team
    • Responds to neighborhood fires, street violence, and other localized incidents and provides family and community outreach
    • Behavioral Health Practitioners deployed to sites for acute stabilization and crisis intervention
    • 17 Behavioral health clinics may be used for referrals

• Primary Care
  • Each site has their own Disaster Response Plan and cache of supplies
  • Standardized Procedures for communication with 1380 Howard
    • DOSR, 800 Mhz radios,
  • 14 Primary Care clinics have the capacity for:
    • Triage
    • Basic stabilization
    • Transport of patients to HLOC
Ambulatory Care Disaster Response

• Maternal, Child, and Adolescent Health
  • PHNs available for surveillance and assessment of vulnerable populations such as communicable disease surveillance, shelter populations, child care center, senior housing and housing projects, SROs.
  • Additional ancillary resources (occupational and physical therapists; nutritionists, etc.)

• Jail Health Services
  • Response falls under the auspices of the SF Sheriff’s Department
  • Nursing and Medical Personnel available if needed
Ebola: A Case Study in the Need for Integrated Preparedness

2014: US woefully unprepared for an outbreak
San Francisco: Activated DOC
• CDC—population health, SFGH, LHH
• AC response
  • Screening—Two tiered approach
  • Training collaborative efforts with OHS
• Integrated drills with SFGH, EMS, LHH

San Francisco Health Network
Ambulatory Care Division
Ebola: Lessons Learned for Ambulatory Care

• Lessons Learned
  • Recognized need for a fully integrated AC disaster response.
  • Mechanism for management of highly infectious diseases in outpatient setting
    • Practice Changes
• Challenges in maintaining competencies
  • Current efforts in place
  • Markers of success
Efforts in Integrated Preparedness

- Fully integrated AC disaster preparedness committee
  - PHEPR
  - BH
  - MCAH
  - PC
  - Facilities
- Communication Plan
  - Activation of crisis team and community engagement
- Office Emergency Procedures
- Required Disaster Training
  - DSW, ICS 100, 700 for staff; 800 for managers
Ambulatory Care Emergency Preparedness: Current State—Focus Primary Care (Phase 1)

• Primary Care
  • Disaster Training Modules: Conducted by Rosemary Lee, RN, PHN and John Brown, MD (Medical Director, Emergency Medical Services).
    • Module 1: 8 Phases of disaster response; roles and responsibilities of DSW; role of Primary Care in a disaster; basis ICS and START Triage; psychological assessment, triage and first aid review
    • Module 2: Clinical stabilization of common injuries
    • Module 3: Crisis standard of care (allocation of scarce resources); ethical considerations and dilemmas; common needs and reactions of disaster survivors, disaster recovery
  • Status: Currently, approximately 600 staff have completed all three modules and as of September, 2015 all 14 PC clinics will have had all 3 module trainings
Ambulatory Care Emergency Preparedness: Current State—Focus Primary Care (Phase 2)

• Goal: Move beyond basic didactic training to hands on experience to test our disaster plans, tools and capabilities.

• Method
  • Table top exercises for each clinic’s management/command team and staff
  • Multidisciplinary single site exercises that will include participation from DOC, SFGH, and AC local command
    • PHHC-September 24, 2015

• Metrics and Tools
  • Scoring of basic competencies
  • Determining surge capacity and capabilities (numbers and complexity)
  • Exercise Evaluation Guide (EEG)
  • Outside evaluators (PHEPR)

• Fully Developed Disaster plans: Standardized all-hazards plans that includes site specific procedures
Ambulatory Care Emergency Preparedness: Future State (Phase 1)—Focus BH, CBO sites and MCAH

• Goal: To fully coordinate all AC areas into an integrated disaster preparedness plan

• Method
  • Inventory of all BH, MCAH and CBO contractor sites
  • Developing AC Division Communication plan
  • Facility reporting procedures
  • Creation of site specific emergency procedure plans

• Metrics and Tools
  • Disaster trainings (Begin 3-Module Training Jan. 2016)
  • Develop Metrics specific to each section
  • Determining surge capacity and capabilities (numbers and complexity)

• Fully Developed Disaster plans: Standardized all hazard plans that are site specific
Thank You

• Leslie Dubbin, PHD, MS, RN—Chair AC Disaster Committee
• Rosemary Lee, RN, PHN—AC Emergency Management Coordinator
• Cindy Lambdin, RN, MS—Health Care Coordinator, PHEPR
• Lann Wilder, EMTP, CHEP —Director of Emergency Management, SFGH