MediSys
Health Network
EMERGENCY MANAGEMENT

Ambulatory Care Network Integration into
Hospital Surge Event Response

August 2006

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Hospital Surge Event Response

Rationale and Process Overview

To further enhance our ability to manage emergency events that affect our communities, the MediSys Health Network developed an Ambulatory Care/Emergency Management Workgroup whose mission was to explore mechanism to better utilize the three on-campus and sixteen off-campus Ambulatory Care Centers during a hospital surge event. This workgroup consisted of senior representatives of Ambulatory Care, Emergency Management, Emergency Medicine, Nursing, Administration, and Support Services.

Historically, our utilization of ambulatory care resources during emergencies has been personnel focused – often closing ambulatory care centers and relocating the staff to the main hospital campuses. This resulted in:

- Ambulatory care staff working in an unfamiliar environment
- Ambulatory care staff often being under utilized
- Ambulatory care patients being inconvenienced by canceled appointments
- Disruption to the delivery of primary and specialty care services
- Under utilized space and equipment (at the closed sites)

The first task the workgroup embarked upon was to conduct a baseline inventory of essential ambulatory care assets. In doing so, the workgroup took note of the geographic locations, number of exam rooms, x-ray capability, and clinical staffing levels. Also surveyed, was each site's hourly patient capacity as well as services offered at the locations (see Appendix A page 5, MediSys Health Network Surge Capacity Facility Grid).

Once the aforementioned data was gathered and analyzed, it was determined that the ambulatory care network is a vast, resource-rich entity that that can be effectively utilized during hospital surge events. The roles of the ambulatory care center during these emergencies may include:

- Maintaining continuity of care to ambulatory patient base.

- Creating a surge capacity resource for the treatment of stable, low priority incident and/or non-incident patients triaged from the hospital emergency department.

- Creating a venue to establish specialty disaster services, such as blood donation stations, worried well centers, and mental health services.

The number of ambulatory care centers involved in the management of a hospital surge event will depend on many factors including, but not limited to the type of event and the volume and severity of the casualties. Activating an ambulatory care venue to transition from normal operations to functioning as part of an emergency response would require a phased approach. The development of "activation tiers" would allow for

- A response proportional to the size and scope of the surge event.

- Appropriate and preplanned site selection based on site specific capabilities.

- Minimal disruption to sites not needed for the management of the event.

Development of Response Tiers

A weighted scoring system was developed to assist with organizing the placement of each facility within the activation tiers. Points were assigned to each site based on the four important elements: location; size of facility; x-ray capability; and limitations in scope of services offered. Points were allocated as follows:

Geography – The proximity of the ambulatory care centers to the main hospital is a key element in determining the activation tiers. Sites located near the hospital will be more convenient for the transportation of patients, staff, and supplies. The ambulatory care centers located on the main hospital campus would be in the first tier of activation. The centers located immediately adjacent to the main campus would be placed in the second tier. The remaining centers would be given points based on their distance from their main hospital as follow:

- **Less than 3 miles = 20 points**

- **3 to 5 miles = 15 points**
- **Greater than 5 miles = 10 points**

Size of Facility – The number of exam rooms also play a key role in determining the activation tiers. The fewer sites involved in supporting a surge event is preferable, therefore, the larger sites have more value to the disaster response than smaller sites and therefore receive more points. The point structure for facility size is as follows:

- **Greater than 20 exam rooms = 15 points**
- **15 to 20 exam rooms = 10 points**
- **Less than 15 exam rooms = 0 points**

Equipment Resources – Facilities with x-ray equipment may prove useful in incidents involving ambulatory patients with skeletal injuries.

- **Sites with x-ray capability are given 10 points.**

Scope of Services – Sites that have a narrow scope of practice (i.e., "pediatrics only") may be limited by the staff training or certification and by the type of supplies and equipment on hand to adequately take on a surge of disaster patients. Additional staff, supplies and equipment may be necessary to utilize this type of site adequately.

- **Sites with a limited scope of practice have 5 points deducted from their score.**

The activation tiers are broken down as follows:

> **Tier 1 - On-campus ambulatory care centers**
> **Tier 2 - Sites immediately adjacent to hospital campus (walking distance)**
> **Tier 3 - Sites receiving 31 to 40 points**
> **Tier 4 - Sites receiving 21 to 30 points**
> **Tier 5 - Sites receiving 10 to 20 points**
> **Tier 6 - Sites receiving less than 10 points**

Integration of the ambulatory care facilities in the hospital response to a surge event is a new and evolving process. The methodology that we chose to utilize is just one example of bringing

additional healthcare resources into the hospital emergency management realm. (See Appendix B

page 9, MediSys Health Network Ambulatory Scoring Grid).

Appendix A MediSys Health Network Surge Capacity Facility Grid

TIER	SITE	FAX #	HOURS OF OPERATION	CONTACT	# Exam Rooms	X-ray	MDs	Nurses	Med.Asst.	Est. Hrly Hrly Cap.	Iso Holding Rooms	Comments
1	BHMC /ACC	718-240-6545	M-F 8:30-5:00	Site Manager's Name	30	Y	0	8	10	0	Station L	Specialty Clinics only
	1 Brookdale Plaza										ExRm 208G	
	Brooklyn, N.Y. 11212											
	718-240-5000											
1	JHMC / ACC	718-206-7065	M-F 8-9	Site Manager's Name	26	Y	6	13	13	36	Suite A rm 7	
	8900 Vanwyck Expressway		Sat 9-5	Site Manager's Name							Suite B rm 3	
	Jamaica, N.Y. 11418											
	718-206-7016											
1	FHMC / ACC	718-670-5069	M-F 8-9	Site Manager's Name	16	Y	4	6	6	24	ExRms 1&2	
	4500 Parsons Blvd.		Sat 9-5								at	
	Flushing, N.Y. 11355										Registration	
	718-670-5000											
2	BFCC-Bristol	718-240-5025	M-F 9-9	Site Manager's Name	24	N	6	4	8	36	ExRms	
	1380 Linden Boulevard		Sat 8:30-4:30								108 & 115	
	Brooklyn, N.Y. 11212											
	718-240-5071											
2	Family Practice	718-558-5314	M-W 9-7	Site Manager's Name	40	Y	8	6	6	36	ExRm 16	Suitable for Orthopedic and Wound
	133-03 Jamaica Avenue		T, TH, F 8-5	Site Manager's Name								
	Richmond Hill, NY 11418											
	(718) 206-6919											

	6959/ (718) 657-7093										
2	Women Health Center	718-558-5324	M-W-F-Sat 8-5	Site Manager's Name	15	Y	4	6	9	24	ExRm 8
	133-03 Jamaica Avenue		T-TH 8-8	Site Manager's Name							
	Richmond Hill, NY 11418										
	6162/ (718)291-6372										
3	BFCC-New Lots	718-240-8926	M-F 9-5	Site Manager's Name	24	N	3	3	5	18	ExRms
	465 New Lots Avenue		Sat 9-5								120 & 122
	Brooklyn, N.Y. 11207										
	718-240-8950										
3	BFCC-Linden	718-240-8607	M 10-6	Site Manager's Name	24	N	3	3	5	18	ExRms
	2554 Linden Boulevard		T-F 9-5								121 & 122
	Brooklyn, N.Y. 11208		Sat 9-5								
	7189-240-8600										
3	MediSys Clock Tower	718-848-6033	M-T-TH 8:30-9:00	Site Manager's Name	20	Y	4	4	4	24	1st Fl Rm 5
	91-20 Atlantic Avenue		W-F 8:30-7:00								2nd Fl Rm 4
	Ozone Park, NY 11421		Sat 8:30-5:00								3rd Fl Rm 5
	7707/ 641-8207										
3	MediSys East New York	718-647-3625	M-TH 7-7	Site Manager's Name	20	Y	4	6	6	24	Peds Rm 1
	3080 Atlantic Ave		F 7-5								Med Rm 1
	Brooklyn NY 11208		Sat 8:30-5:00								
	718-206-7706										

Appendix A   MediSys Health Network Surge Capacity Facility Grid

3	MediSys St. Albans	718-206-3033	M-TH 9-7	Site Manager's Name	24	Y	4	4	5	24	FP Rm 10
	111-20 Merrick Blvd.		F-Sat 9-5	Site Manager's Name							
	St. Albans, NY 11433										
4	BFCC-Flatbush	718-240-8810	M, TH, F 10-6	Site Manager's Name	24	N	3	2	4	18	ExRms
	1095 Flatbush Avenue		T, W, Sat 9-5								117 & 118
	Brooklyn, N.Y. 11226										
	718-240-8800										
4	MediSys Sutphin	718-658-8260	M-TH 8:30-7:00	Site Manager's Name	10	Y	4	2	2	12	Procedure
	90-16 Sutphin Boulevard		F&Sat 8:30-5:00								Room
	Jamaica, NY 11435										
	7701/ (718) 523-5500										
4	MediSys Hollis Tudor	718-736-8505	M-TH 8:30-7:00	Site Manager's Name	8	Y	2	2	2	12	ExRm 2
	200-16 Hollis Ave		F-Sat 8:30-5:00								
	Hollis NY 11423										
5	BFCC-Urban Strategies	718-240-8715	M 10:30-6:30	Site Manager's Name	12	N	2	2	3	12	ExRms
	1873 Eastern Parkway		T-F 9-5								113 & 139
	Brooklyn, N.Y. 11233										
	718-240-8700										
5	BFCC-Pennsylvania	718-649-5605	M-F 9-5	Site Manager's Name	6	N	2	1	2	12	ExRms
	1110 Pennsylvania Ave										121 & 127

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	Brooklyn, N.Y. 11207											
	718-649-5519											
5	MediSys Astoria	718-278-8404	M-W 11-7	Site Manager's Name	8	N	1	1	1	6	ExRm 7	
	4-21 27th. Avenue		T, TH, F 9-5									
	Astoria, NY 11101											
	7710/ (718) 278-6885											
5	MediSys Hollis	718-740-3260	M-W-F-Sat 8:30-5:00	Site Manager's Name	10	N	1.6	2	2	6	ExRm 5	
	188-03 Jamaica Avenue		T- TH 11-7									
	Hollis, NY 11423		OPEN ALT FRI &SAT									
	7704/ (718)740-2060											
6	MediSys Howard Beach	718-323-3592	M-W 11-7; T,TH, F	Site Manager's Name	7	N	2	2	2	6	ExRm 3	Pediatrics Only
	157-02 Crossbay Blvd.		Sat 9-5									
	Howard Beach, NY 11414											
	7705/ (718) 323-3591											
					348	0	63.6	77	95	348		

MediSys Health Network Ambulatory Care Scoring Grid

Tier	Site	Address	City, State, Zip	Distance	Pts.	Rooms	Pts.	X-ray	Pts.	Scope	Pts.
1	BHMC /ACC	1 Brookdale Plaza	Brooklyn, N.Y. 11212	0	25	30	15	Y	10	Not limited	0
1	JHMC / ACC	8900 Van Wyck Expressway	Jamaica, N.Y. 11418	0	25	26	15	Y	10	Not limited	0
1	FHMC / ACC	4500 Parsons Blvd.	Flushing, N.Y. 11355	0	25	16	20	Y	10	Not limited	0
2	BFCC-Bristol	1380 Linden Boulevard	Brooklyn, N.Y. 11212	0.2	25	24	15	N	0	Not limited	0
2	Family Practice	133-03 Jamaica Avenue	Richmond Hill, NY 11418	0.2	25	40	15	Y	10	Not limited	0
2	Women Health Center	133-03 Jamaica Avenue	Richmond Hill, NY 11418	0.2	25	15	10	Y	10	Not limited	0
3	BFCC-New Lots	465 New Lots Avenue	Brooklyn, N.Y. 11207	1.5	20	24	15	N	0	Not limited	0
3	BFCC-Linden	2554 Linden Boulevard	Brooklyn, N.Y. 11208	2.5	20	24	15	N	0	Not limited	0
3	MediSys Clock Tower	91-20 Atlantic Avenue	Ozone Park, NY 11421	2.9	20	20	10	Y	10	Not limited	0
3	MediSys East New York	3080 Atlantic Ave	Brooklyn NY 11208	4.6	15	20	15	Y	10	Not limited	0
3	MediSys St. Albans	111-20 Merrick Blvd.	St. Albans, NY 11433	3	15	24	15	Y	10	Not limited	0
4	BFCC-Flatbush	1095 Flatbush Avenue	Brooklyn, N.Y. 11226	3.1	15	24	15	N	0	Not limited	0
4	MediSys Sutphin	90-16 Sutphin Boulevard	Jamaica, NY 11435	1.5	20	10	0	Y	10	Not limited	0
4	MediSys Hollis Tudor	200-16 Hollis Ave	Hollis NY 11423	3.6	15	8	0	Y	10	Not limited	0
5	BFCC-Urban Strategies	1873 Eastern Parkway	Brooklyn, N.Y. 11233	2.2	20	12	0	N	0	Not limited	0
5	BFCC-Pennsylvania	1110 Pennsylvania Ave	Brooklyn, N.Y. 11207	1.6	20	6	0	N	0	Not limited	0
5	MediSys Astoria	4-21 27th. Avenue	Astoria, NY 11101	9.6	10	8	0	N	0	Not limited	0
5	MediSys Hollis	188-03 Jamaica Avenue	Hollis, NY 11423	2.8	20	10	0	N	0	Not limited	0
6	MediSys Howard Beach	157-02 Crossbay Blvd.	Howard Beach, NY 11414	5.1	10	7	0	N	0	Peds Only	-5

Appendix C MediSys Ambulatory Care Response Plan

POLICY AND PROCEDURE

Administration

Subject: Ambulatory Care Network - Surge Capacity Response		
Date Implemented:	Review / Revised Date:	Next Review:

Purpose: The purpose of the Ambulatory Care Network's Surge Capacity Response Policy is to support the hospital's Emergency Management Response to a mass casualty incident by executing the strategies outlined below to support the delivery of emergency care, decompressing the emergency department, and providing urgent and non-emergent care in the clinic setting on the main hospital campus. The response policy is scalable, flexible, and can create capacity beyond the main campus as well.

Policy:

1.0 It is the policy of the ambulatory care network to activate the Surge Capacity Response Plan upon authorization from the Incident Commander.

2.0 It is the policy of the ambulatory care network to maintain up to date, timely inventories of all staff contact information, staff competencies, and physical plant assets to rapidly identify and access those assets required to effectively respond.

Procedure:

1.0 The Incident Commander will notify the Vice President of Ambulatory Care to activate the plan. The scope of the incident, the geographical location in relation to the main hospital campus and off-site ambulatory care operations will determine the scale of the response. Ambulatory care activities located in the main hospital building will be the first tier response for all incidents declared by the Incident Commander.

1.1 During regular hours of operation, the on-site clinic supervisors will inform staff to complete all patients in process and prepare examination spaces for the receipt of urgent and non-emergent incident related victims.

1.2 Clinic supervisors will inform all patients awaiting care that a disaster has been declared and that clinic visits will be suspended. Patients who declare themselves too sick to leave without receiving care will be triaged for care. All others will be instructed to call to be rescheduled on a priority basis.

2.0 Incident related patients and patients too ill to leave (as referenced in 1.2) would be registered and tracked utilizing the downtime disaster registration packs. Minimal demographic collection to include Last Name, First Name, Age, Sex, and DOB are to be collected where possible. Downtime account numbers included and pre-embossed on the disaster pack forms are to be utilized for the ordering of all required diagnostics.

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2.1   Patients referred to the ambulatory care venue will have had rapid triage at a forward triage location established by the emergency department. If the receiving clinic nurse is not confident that appropriate care and stabilization can be rendered in the ambulatory care setting, the patient can be referred back after physician consult to the emergency department with an escort to receive care.

2.2   All patients will receive the appropriate standard of care within the provider's scope of practice and training.

3.0   Incident related staffing would be configured as is usual and customary for the clinic session in progress. Supervising physicians will monitor the activities of residents assigned to the clinic as appropriate. Should additional provider, resident, nursing, or support staff be required, the clinic nursing supervisor will make the request through the emergency operations center and the incident commander designee.

4.0   Incident related supplies that are required beyond the regular shelf stock in the care venue could be supplemented by the disaster supply cart that will be dispatched by the logistics section chief upon activation of the response plan. Should additional supplies be required, the clinic-nursing supervisor should forward the request through the logistics section chief in the emergency operations center.

5.0   Should the size and scope of an incident be deemed to large as to overwhelm on-campus resources, the Incident Commander can activate a second tier Ambulatory Care Network Response. The scope of the response can be expanded as described in response to surge demands in a proximal to distal fashion from the main campus.

5.1   The ambulatory care venue most proximal to the main hospital campus will be informed by the Vice President of Ambulatory Care that a second tier response has been declared and clinic operations will be suspended utilizing procedures outlined in section one through four of this policy. Should additional ambulatory care assets be required, they will follow the same enumerated procedures.

6.0   Incidents that are declared during non-business hours will require the staffing up of ambulatory care venues in coordination with the EOC Planning Section Chief and the Vice President of Ambulatory Care.

6.1   Ambulatory Care venues will be staffed in a manner consistent with the tier activation model described throughout this policy, i.e. proximal to distal relative to the main hospital campus.

7.0   Incidents that are declared to be the result of potential deployment of weapons of mass destruction, or the emergence of a naturally occurring pandemic can alter the response of the ambulatory care surge capacity response plan's venue activation matrix due to facility lock-downs. Assets will be mobilized to secure venues within the network, away from the affected site to insure care delivery.