Nebraska Healthcare Surge Strategy: Medical Emergency Operations Center (Ne MEOC)

Shelly Schwedhelm, MSN, RN, NEA-BC
Executive Director, Emergency Mgmt & Biopreparedness
Nebraska Medicine
Executive Director, UNMC Global Center for Health Security
NE Public Health Fusion Cell (PHFC) Strategic Framework

Vision

Improve public health provision in Nebraska through an interagency community of action that drives initiatives and informs decisions to serve the community need

Mission

Improve the State's public health posture by:
- Igniting collaboration amongst expert local, state, and regional stakeholders ISO public health crisis response
- Integrating and contextualizing information, data, and requirements from all relevant agencies, organizations, and sources to include social determinants of health
- Focusing resources to meet immediate public health requirements
- Empowering decision-makers with "ground-truth"
- Proactively shaping the State's public health response to streamline public aid
- Accelerating action and monitoring execution to ensure accountability

FC Guiding Principles

<table>
<thead>
<tr>
<th>Trust</th>
<th>Common Purpose</th>
<th>Shared Awareness</th>
<th>Empowered Execution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combat COVID-19</td>
<td>Prepare for Future Threats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce the spread and mitigate the effects of the COVID-19 Coronavirus</td>
<td>Ensure the state is always capable of proactively addressing the next potential public health crisis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Priorities

Line of Effort (LOEs)

<table>
<thead>
<tr>
<th>Line of Effort (LOEs)</th>
<th>Line of Effort (LOEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
<td>COVID Vaccinations</td>
</tr>
<tr>
<td>Test Nebraska</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>Labs</td>
<td>Lodging (NAP)</td>
</tr>
<tr>
<td>Contact Tracing</td>
<td>At-Risk Populations</td>
</tr>
<tr>
<td>Hospital Surge Capacity</td>
<td></td>
</tr>
</tbody>
</table>
Medical Emergency Operations Center (MEOC)

**MEOC Participants**
- Healthcare CMOs & COOs
- Coalition Coordinators
- CHI Transfer Center
- EMS State Representative
- ICAP
- Associations:
  - NE Hospital Association
  - Nebraska Healthcare Association
  - Leading Age
- Region VII Disaster Health Response Team (RDHRE)
- State and Federal Representatives (DHHS, NEMA; ASPR Region VII; VA)

**MEOC Role**
- Statewide healthcare situational awareness (Info & Data)
- Problem Solving
- Coordinate Resources
- Provide Clinical Guidance if needed
- Consistent Guidance Implementation
- Statewide Planning & Mitigation
Ne MEOC Stakeholders & Tasks

CMO & COO Leaders
• Individual Healthcare Facility & Coalition/Regional Surge Strategy (Space, Stuff, Staffing)
• Implementation of Crisis Standards of Care
• Develop Transfer Center Rules of Engagement
• Collaborate with Healthcare Coalition Coordinator in region

Nebraska COVID Transfer Center
• Administer rules of engagement- eg. rotation; out of state transfers, etc.
• Coordinate Crisis Standards of Care support if needed
• Coordinate with Coalition(s) to define regional transport resources
• Forward and Backward Movement Strategy

Nebraska Associations (NHA; NMA; Leading Age; NHCA)
• Convene groups as needed
• Sponsor/support MEOC activities
• Coordinate hospital association calls-Midwest

Coalition Coordinators-(6)
*Coalitions represent diverse stakeholder group (Healthcare, Public Health; EMS, Emergency Mgmt, LTC, other non hospital based service providers-eg. dialysis, ASCs, etc., Durable Medical Equipment, etc.)
• Response Plans- Unified Command
• The 3 S’s
• Mass Fatality Plans
• Transportation Resources
• Essential Elements of Information-data
• Resource Sharing via Knowledge Center

Crisis Standards of Care Team
*represent diverse stakeholder group (Ethicists, CMO representatives, Legal, EMS, others)
• Create Plan
• Build agreement of the plan broadly
• Define Implementation Plan for NE-triggers
• Develop & Provide Education & Training and other Resources and Tools
• Build capacity in coalition regions to support critical access hospitals
## Healthcare Surge Capacity & Strategy

### BLUF // Bottom Line Up Front

- Nebraska's response to healthcare COVID-19 hospitalization surge requires coordination, collaboration, and communication among coalitions, healthcare facilities, associations, other stakeholders and state and federal agencies.
- Response efforts in patient movement to the right bed at the right time, adequate supply and other resource demands requires efficient and timely communication, coordination and collaboration across diverse stakeholders in the state.

### What Success Looks Like

- Maintain a low case fatality ratio of all Nebraskan's from COVID-19.

### End of Week Imperative

- Define Opportunities & Barriers for Stuff, Staff and Space by Coalition Region
- Finalize Data Report(s) to Guide Decision Making
- Roll out Crisis Standards of Care Plan, Education & Structure(s)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Owner</th>
<th>Status</th>
<th>Update</th>
<th>Impact</th>
<th>Next Steps</th>
<th>Support Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surge Capacity Strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Healthcare Leaders; Coalition Coordinators; CHI Transfer Center; MEOC; NE Associations</td>
</tr>
<tr>
<td>Crisis Standards of Care (CSC)</td>
<td>Ethics Leader(s)</td>
<td></td>
<td>Crisis Standards of Care decision to adopt Massachusetts plan for NE</td>
<td>Creates an &quot;all in&quot; expectation and defines actions taken at each surge level by each stakeholder group by region in the state.</td>
<td>Socialize concepts with key stakeholders in each coalition region; Define strategy to educate others; Build support from Associations</td>
<td>Dr. Doran; Abbey Lowe; Rachel Lookado; CMO or CCMs</td>
</tr>
</tbody>
</table>

- Hospital CMO & COO’s & Coalitions & Agencies (NHCA; NHA; Leading Age)
MEOC – Agenda

Agenda

Follow up items - quick action, follow up
Bed Data & Reports - trends, impact to DHMs

Working Group Updates
- Crisis Standards of Care
- Transfer Center
- Staffing Strategies
- Placement Team

Coalition Update(s) & Healthcare Leader
- PRMRS - Regional West Hospital
- NPHCC - North Platte Hospital
- TRMRS - Kearney; Hastings Hospitals
- RROMRS - Columbus; Norfolk Hospitals
- SENHCC - Lincoln Hospitals
- OMHCC - Omaha Hospitals; Others

Action Items & Timelines
Communication Summary
Nebraska Medical Emergency Operations Center (NE MEOC)

**Priorities**

- Plan, Do, Study, Act
- Communication, Collaboration, Coordination ~ The 3 C’s
- The 3 S’s (Staff; Stuff; Space)
- Healthcare Coalition Role by Region
- Crisis Standards of Care
- Transfer Center Data & Reporting Strategy
- Work Groups
  - Monoclonal Antibody Therapeutic (Bamlanivimab) LTC
  - Placement Team
  - Staffing
Getting Better Data

- All facilities input their data into Knowledge Center/Corvena (statewide ICS system & bed data)

- Once daily update to be completed by 10AM CST

- Substantial shifts in bed availability can be reported in Knowledge Center AT ANY TIME – the Statewide Transfer Center, Coalitions & LPHD have live access to relevant bed reports & individual hospital capacity tabs

- Validate staff understand the data definitions - eg Licensed vs Staffed vs Available

- **NOTE:** Reporting daily in Knowledge Center meets the federally mandated reporting requirement
### DHM- NE Hospital Bed Data

#### Color-Coded Phase Comparison 11.13.20

<table>
<thead>
<tr>
<th>Hospital Bed Thresholds: Percent COVID-19 Inpatients of 14 day rolling average of staffed beds</th>
<th>2%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>Fan attendance limited to household members &amp; 6 ft Separation</td>
<td>Youth extracurricular activities prohibited below high school level. Fan attendance rules remain same as orange for High School. Fan attendance for College, staff and only immediate family members.</td>
</tr>
<tr>
<td>Bars</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>Patrons required to be seated, Parties of 8, 6 ft Separation</td>
<td>Patrons required to be seated, Parties of 8, 6 ft Separation</td>
<td>Bars go to carry-out, delivery, and drive through only.</td>
</tr>
<tr>
<td>Restaurants</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>Patrons required to be seated, Parties of 8</td>
<td>Patrons required to be seated, Parties of 8, 6 ft Separation</td>
<td>Only licensed restaurants can do dine-in. Mau requires for public facing restaurant staff. Patrons required to be seated, parties of 8, 6 ft separation, no games, no seating at counter/bars. Patrons can have alcoholic beverage as long as with a meal. Dine-in permitted from Sa-Bp.</td>
</tr>
<tr>
<td>Churches</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>6 ft Separation between Household Units</td>
<td>6 ft Separation between, no passing of items between Household Units</td>
</tr>
<tr>
<td>Wedding &amp; Funeral Receptions</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>Parties of 8, Limited Dancing Outside of Tables</td>
<td>Parties of 8, 6 ft Separation, Dancing at Tables Only</td>
<td>10 person rule applies for receptions. Service must have 6 ft separation between households</td>
</tr>
<tr>
<td>Indoor Gatherings</td>
<td>No restrictions</td>
<td>75%; guidance remains and is recommended</td>
<td>50%; Parties of 8</td>
<td>25%; Parties of 8, 6 ft Separation</td>
<td>10 Person Rule</td>
</tr>
<tr>
<td>Outdoor Gatherings</td>
<td>No restrictions</td>
<td>100%; guidance remains and is recommended</td>
<td>100%; Parties of 8</td>
<td>6 ft Separation between Customers</td>
<td>6 ft Separation between Customers</td>
</tr>
<tr>
<td>Gyms, Fitness Centers/Clubs, Health Clubs, Spas</td>
<td>No restrictions</td>
<td>No restrictions, guidance remains and is recommended</td>
<td>No restrictions, guidance remains and is recommended</td>
<td>6 ft Separation between Customers, Masks Required</td>
<td>6 ft Separation between Customers, Masks Required</td>
</tr>
<tr>
<td>Salons, Barber Shops, Massage, Body Art</td>
<td>No restrictions</td>
<td>No restrictions, guidance remains and is recommended</td>
<td>No restrictions, guidance remains and is recommended</td>
<td>6 ft Separation between Customers, Masks Required</td>
<td>6 ft Separation between Customers, Masks Required</td>
</tr>
<tr>
<td>Schools</td>
<td>No restrictions</td>
<td>Remain Open</td>
<td>Remain Open</td>
<td>Remain Open</td>
<td>Remain Open</td>
</tr>
<tr>
<td>Elective Surgeries</td>
<td>No restrictions</td>
<td>No restrictions</td>
<td>10% Reserve Capacity</td>
<td>All Inpatient Class D &amp; E Surgeries Postponed</td>
<td>All Inpatient Class D, C, B &amp; E Surgeries Postponed</td>
</tr>
<tr>
<td>Child Care Services</td>
<td>No restrictions</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>No restrictions; guidance remains and is recommended</td>
<td>Such child care services shall require all staff, volunteers or practitioners to use masks, or other item sufficient to cover an individual’s mouth and nose, when within six (6) feet of children for fifteen (15) consecutive minutes or more.</td>
<td>Such child care services shall require all staff, volunteers or practitioners to use masks, or other item sufficient to cover an individual’s mouth and nose, when within six (6) feet of children for fifteen (15) consecutive minutes or more.</td>
</tr>
</tbody>
</table>
| Public Meetings | No Exceptions to Public Meeting Laws | No Exceptions to Public Meeting Laws | No Exceptions to Public Meeting Laws | Executive Order: Board members who are | Executive Order: All Public meetings can be
MEOC Example: Monoclonal Antibody Therapeutic (Bamlanivimab) LTC

- **Pilot** Community - work with the willing
- LTC Survey via ICAR/ICAP - Update
- Distribution strategy (ASAP)
  - Pharmacy support for dilution / logistics
  - Equitable allocation
- Onboarding
  - Hub and spoke model
  - Toolkits
  - Training Model
  - Tracking Outcomes - 14 & 28 days
Crisis Standards of Care

- Draft CSC Plan vetted with numerous clinicians and stakeholders across the state
- Education on CSC is occurring across the state
- Support for the CSC plan is being sought from key stakeholders (NHA, NCHA, Leading Age, NMA)
- EMS specific CSC plan currently being vetted across state
- Coalition planning initiated on CSC triage and how to operationalize the plan regionally across the state
- Staff; Stuff; or Space discussions
Regional Collaboration (RDHRS): Collaboration; Communication; Coordination
~The 3 C’s

- Hospital Association Calls-7 states (every 2 weeks)
  - General Updates
  - The 3 S’s (Space; Staffing; Stuff)

- Region VII Federal, PH, & Hospital Association Calls (monthly)
  - Federal Updates
  - State Updates
  - Information Sharing
  - Resource Discussion