

**Statewide Pandemic Influenza Summit**  
**September 14, 2006**

**Summary of Afternoon Work Group Sessions**

**Overview**

In order to move from high-level discussion into a more focused planning effort, the summit attendees were divided into six different work groups – Alternate Care Delivery Systems, Ethical/Legal Issues, Human Resources, Risk Communications, Surge Capacity and Triage – for the afternoon session. As much as possible, each group included representation from a variety of disciplines and types of healthcare delivery organizations. The intent is that these groups will continue to meet over the next year to develop specific recommendations that can be presented and potentially implemented statewide in support of an effective alternative care delivery system in the event of a large-scale disaster.

As part of the summit kickoff of these work groups, each was provided with a group leader, a facilitator, a recorder and subject matter experts from the morning session. During the course of the afternoon, work groups were asked to identify/ prioritize the top issues under their broad topic area. These are the issues that the group will focus its attention on as it continues to meet for the next few months. Group members were then asked to share any solutions to these issues that they have implemented at their organizations which might have broader applicability. The groups discussed what the nature of their final deliverables would be (written recommendations, checklist, tool kit, etc.). Finally, the group was asked to consider additional work group logistics such as additional co-leaders, frequency of meetings and format of meetings (face-to-face, teleconference).

All of the attendees were brought back together to report out their group meeting results to the combined audience.

## Work Group Reports

### Alternate Care Delivery Systems

<b>Top Issues</b>	<b>Potential Solutions</b>
1. Decision making	<ul style="list-style-type: none"><li>• Who determines when implemented</li><li>• Implemented statewide?</li><li>• What are the criteria?</li><li>• Who makes patient care decisions?</li><li>• Need for statewide coordination and communication</li></ul>
2. Review types of sites	<ul style="list-style-type: none"><li>• Ensure coordination of plans across sites</li><li>• Identify additional groups that may have sites for alternative delivery of care</li></ul>
3. Levels and standards of care	<ul style="list-style-type: none"><li>• Education regarding expectations</li><li>• Legal/ethical considerations</li><li>• Process to route potential patients home<ul style="list-style-type: none"><li>○ Education for home caregiver</li></ul></li></ul>

### General Work Group Logistics

- Group will meet monthly
- Invite others (e.g., Red Cross) to participate with work group

## Ethical/Legal

<b>Top Issues</b>	<b>Potential Solutions</b>
1. Strategy for ventilators and moving patients off of life support	<ul style="list-style-type: none"><li>• State regulations; advanced directive</li><li>• Legislation; legal relief</li><li>• Educating the public on expectations for care during a pandemic event is important</li></ul>
2. Identification of staff and family for priority meds	<ul style="list-style-type: none"><li>• Identify who is authorized to make this decision</li><li>• Will there be a supply chain to support decisions</li><li>• Need to work with HR workgroup</li></ul>
3. Personal liability relief	<ul style="list-style-type: none"><li>• Look to see if a framework exists</li></ul>
4. Quarantine guidelines	<ul style="list-style-type: none"><li>• Need to develop with DPH</li><li>• Need to be specific to disaster/disease</li></ul>

### General Work Group Logistics

- Identify Co-leader
- Investigate use of WebEx technology for future meetings

## Human Resources

Top Issues	Potential Solutions
1. Ensuring continuity of operations when 30-40% of staff is out	<ul style="list-style-type: none"> <li>• Currently no solutions exist, but consider:               <ul style="list-style-type: none"> <li>○ Staff redeployment</li> <li>○ Family preparedness</li> <li>○ Child care/adult care</li> </ul> </li> </ul>
2. Protection of workers	<ul style="list-style-type: none"> <li>• Currently, lots of training exists, needs to be better coordinated</li> <li>• Important to get information out on the threat</li> </ul>
3. Need policies and procedures to address staff refusal to work	<ul style="list-style-type: none"> <li>• These policies and procedures need to be developed in template form, broadly shared with all healthcare organizations and clearly communicated to all staff</li> </ul>
4. Psychosocial and communications	<ul style="list-style-type: none"> <li>• There is work to do in this area, although there are likely communication tools that could be shared among organizations related to:               <ul style="list-style-type: none"> <li>○ Staff communications related to family preparedness and safety</li> <li>○ Staff preparedness</li> <li>○ Assisting staff with a more stressful work environment</li> </ul> </li> </ul>

### General Work Group Logistics

- Identify Co-leader
- Invite additional participants
- Meet in conjunction with Inter-hospital meetings

## Risk Communications

Top Issues	Potential Solutions
1. Educate the public	<ul style="list-style-type: none"> <li>• Use multiple media formats               <ul style="list-style-type: none"> <li>○ PSST! card</li> <li>○ Billboards</li> <li>○ Newspapers</li> </ul> </li> <li>• Use a similar strategy as the AIDS programs</li> <li>• Timing: middle ground between delivering information soon enough to encourage preparedness and close enough to the event to be useful and used</li> <li>• Identify resources for accurate information</li> <li>• Communications to be planned for pre-event, response and recovery</li> </ul>
2. Communications Systems	<ul style="list-style-type: none"> <li>• Potential solutions include:               <ul style="list-style-type: none"> <li>○ State Joint Information Center</li> <li>○ The draft statewide risk communications plan template</li> <li>○ Health Alert Network</li> <li>○ Regional Meetings</li> </ul> </li> <li>• Challenges include:               <ul style="list-style-type: none"> <li>○ Coordination</li> <li>○ Trust</li> <li>○ Roles</li> <li>○ Consistent messages</li> <li>○ Drills</li> </ul> </li> </ul>
3. Partner/Stakeholder communications	<ul style="list-style-type: none"> <li>• Possible solutions include:               <ul style="list-style-type: none"> <li>○ Memoranda of agreement</li> <li>○ Vendors</li> </ul> </li> <li>• Challenges include:               <ul style="list-style-type: none"> <li>○ Identifying decision makers</li> <li>○ Getting them involved early on</li> <li>○ Coordination</li> <li>○ Meetings</li> </ul> </li> </ul>
4. Target audiences	<ul style="list-style-type: none"> <li>• Need to address multiple and special groups</li> <li>• Need to address various literacy levels</li> </ul>

### General Work Group Logistics:

- Bill Gerrish volunteered to be a Co-leader with Leo Calderone

## Surge Capacity

<b>Top Issues</b>	<b>Potential Solutions</b>
1. Identify core services at each type of healthcare delivery organization	<ul style="list-style-type: none"><li>• Core services may shift based on work of alternative care delivery systems work group</li></ul>
2. Personal protective equipment	<ul style="list-style-type: none"><li>• Some solutions exist, need to be identified and coordinated</li></ul>
3. Training needs	<ul style="list-style-type: none"><li>• Some solutions exist, need to be identified and coordinated</li></ul>

## General Work Group Logistics

- Co-leaders identified as Don MacMillan and Bob Falaguerra
- Deliverable for group will be focused on the development of a template appropriate for all organizations

## Triage

<b>Top Issues</b>	<b>Potential Solutions</b>
1. Where will triage occur?	<ul style="list-style-type: none"><li>• Focus on dispersion away from acute care healthcare delivery sites</li><li>• Home triage</li><li>• Schools, primary care associations</li><li>• Community joint ventures, medication distribution PODs</li></ul>
2. How will triage occur?	<ul style="list-style-type: none"><li>• Pre-pandemic estimate % of community requiring triage</li><li>• Need protocols</li><li>• Triage via telephone – local/regional</li><li>• Specific protocols/recommendations for pediatrics</li></ul>
3. Who will perform triage?	<ul style="list-style-type: none"><li>• DPH, hospitals and behavioral health professionals</li><li>• VNA</li><li>• Nursing schools and medical schools</li><li>• Red Cross</li><li>• Hospitals consider redeploying surgeons to triage</li></ul>

### Triage General Work Group Logistics

- Identified Dr. McBride as Co-leader with Dr. Parry
- Will meet at least quarterly, perhaps monthly