Alternative Care Facility (ACF) Matrix Evaluation Group

CREPC ESF 8: ACF Selection Toolkit for Continuity of Operations
Alternative Care Facilities

- Providing care during a large public health emergency is tremendously challenging.
- Convert quickly from patient capacity to "surge capacity."
- Must be pre-planned and demands may alter compliance with routine regulations.
Alternative Care Facilities

Considerations:

- Capacity (volumes of patients)
- Capabilities (types of illnesses)
In a catastrophic disaster or event, hospitals may exceed “surge” capacity.
- Volume of patients overwhelm resources
- Type of care required is outside of day-to-day operations
- Hospitals may become inoperable
If the event is widespread:

- How do hospitals divert if everyone else is full?
- Forward movement of patients to distant states is impractical.
- State and Federal Assets are unable to support every request.
The Answer: Establish Alternate Care Facilities to augment hospitals.

May provide:
- Ambulatory care
- Chronic care
- Sub-acute care
- Palliative care
Alternate Care Facilities (ACF) are extensions of the hospital.

Managed medically by the assigned Medical Director and administratively by the Local/State Public Health.
Background

- ACF Concept not new:
  - Civil War
  - 1906 San Francisco earthquake
  - Pan Flu 1918
  - Hurricane Katrina
Recommendations

- Identify, assess potential sites
- Plan for staffing
- Plan for operational and logistics support
- Obtain, stockpile, store supplies
Concept of an Alternate Care Facility

- Mandated by the federal HRSA/ASPR program, The Joint Commission, and the Connecticut Department of Public Health.
Concept of an Alternate Care Facility

- Nontraditional location for providing health care
  - Substitute operations for health care when no other means of traditional care are available
Concept of an Alternate Care Facility

“Minimally Acceptable / Maximally Attainable Standard of Potential Levels of Care”

- Ronald Gross, MD – Hartford Hospital
Concept of an Alternate Care Facility

- Potential levels of care
  - Ambulatory care
  - Chronic care
  - Sub-acute care
  - Palliative care
CREPC/DEMHS Region 3

- 42 Cities and Towns
- 19 Health Jurisdictions
- 11 Acute Care Hospital Campuses
- 2 Specialty Hospital Campuses
  - Mount Sinai (Acute Rehab, Surgery)
  - Hospital for Special Care (Rehab / up to 100 Ventilator Patients)
Toolkit Components

- Overall Layout
  - PowerPoint
  - User Guide
  - Field Survey Tool
  - Matrix
Reason for the Toolkit

- Developed from collaboration between local / district public health offices, hospitals, private sector, DEMHS and DPH
- Simplification for local use
- Ensure tool implementation
The Toolkit

- Initially developed by the Agency for Healthcare Research & Quality (AHRQ).

- Refined by Danbury Hospital and other national groups.

- CREPC evolved this into a formal Toolkit.
Potential Alternate Care Facilities

- Overall Focus
  - Facility with baseline infrastructure
  - Athletic facilities, hotels, schools, old hospitals/nursing homes, etc.
  - What works in your community?
Potential Alternate Care Facilities

- Automatic Exclusion
  - Unsafe structure
  - Inaccessible
Factors in Selecting an ACF

- Building Infrastructure
  - Doors / Floors / Walls / Hazards / Loading Area
  - Ability to Secure Area

- Utilities Systems
  - Toilets / Showers
  - HVAC, water, power, lighting, fire safety, etc.

- Total Space & Layout: 3,000 to 5,000 sq ft of Open Space per 50 patients (minimum)
  - Patient care, family area, pharmacy, Command, etc.
Factors in Selecting an ACF

- **Communications**
  - Analog or digital phones, internet, signal shielding

- **Other Services**
  - Proximity to:
    - Public transportation
    - Area hospital
    - Area shelter
    - Fire, Police and EMS: obstruction of their response

- **Facility Services**
  - Biowaste removal, laundry, food service, etc.
Planning Considerations

- “Ownership” and Command / Control at the ACF
- Decision to open an ACF
- Staffing (clinical & non-clinical)
- Supplies/equipment
- Documentation of Care / Protocol Driven Patient Care
Planning Considerations

- “Financial Support (funding / compensation)
- Communications
- Operating Rules/Policies
- Demobilization/Exit Strategy
The Tool and How it Works
Rollout Plan

- Hospitals have August 31, 2007 deadline for initial site selection (not staffing/logistics/ops).

- Take the tool: Field Trial
  - Send completed surveys to ESF 8
  - Send recommendations for improvement to ESF 8
Municipal “CEO” marketing plan will be implemented
- Letter from DPH
- Enhances support for Public Health BT Coordinators, Hospitals, Emergency Managers and Public Health Directors
■ Site selection group reviews data
■ Sites presented for ACF implementation
Questions?