Surge Capacity Planning in Boston: history and challenges

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Information/ Intelligence

• Locals are responsible for planning
  – Identifying areas of need
  – Wisely spending grant dollars
• Locals are responsible for response
• Why aren’t locals responsible for medical intelligence?
Welcome to Boston and the Democratic National Convention.
• We know some of the threat
• We don’t know how likely they are to happen
• Can’t do an HVA

Areas at risk
Buildings within 1,200 feet and people within 4,200 feet would be endangered by a tanker exploding in the shipping lanes on its way to the LNG terminal.
Responses

- 9/11
- Station Nightclub Fire
- Mt Auburn Boiler Explosion
- Cambridge Fire
- Guerilla Marketing???
Mt Auburn Boiler Explosion
Hospital Evacuation
Aqua Teen Hunger Force
Drills

- Surge: Severe Weather/ Burn Capacity
- Surge II: Sars
- Surge III: Contamination of Area, EOC integration
- Son of Surge: Pandemic Influenza
- Daughter of Surge: Hospital Evacuation
Information/Intelligence

HVA

Preparedness

Response/Drill

Lessons Learned
• All drills start focus on initial actions
• Often over by time hospital, healthcare actions start
• Number of patients not adequate to truly test surge capacity of system
Lessons learned

• Regulations
  – Liability
  – Licensed beds
• Patient Tracking
• Blood Surge
• Evacuation
Region 4C: Boston

Week

Inpatients

3,013 Level 1/2

748 Level 4 Beds

171 Level 3 Beds

Non-flu

Flu
Boston Patient Tracking EMSWare Architecture
Warm Blood

- New England area operates on a less than one day supply of blood
- Approx 5000 units
- Using military numbers of 6 units/patient in an MCI
- Surge capacity is less than a 1000 patients
Evacuation
Critical Infrastructutre

- Communications
- Infrastructure protection
- Part of the Recovery Plan
All Hazards Planning
MISTAKES

It could be that the purpose of your life is only to serve as a warning to others.