

2010 DCMS Task Force of Mass Critical Care
Minutes
Tuesday, May 18, 2010 at 6:30 PM

On Tuesday, May 18, 2010, the DCMS Task Force of Mass Critical Care met at the Park City Club. Attending the meeting were the following task force members:

DCMS Task Force of Mass Critical Care

Robert L. Fine, MD, FACP, Chair
Stephen Burgher, MD, Baylor Hospital
John Carlo, MD, Medical Director/Health Authority, DCHHS
Chris Davis, Representing Comm. Maurine Dickey, Dallas County Commissioners Court
Paula Dobbs-Wiggins, MD, Community Consultant
Ed Goodman, MD, THR
Sarah Helfand, MD, DCMS Community Emergency Response Committee Member
Stephen Landers, MD, DCMS Community Emergency Response Committee Member
Steve Love, CEO, DFW Hospital Council
Rev. Gary MacDonald, SMU, Community Consultant
Gail Maxwell, MS, RN, FACHE, Baylor Hospital
Mark Mlcak, MD, DCMS Community Emergency Response Committee Member
John H. Myers, MD, FACEP, FAAP, HCA
Maeve Sheehan, MD, FAAP, UTSW/CMC
Robert (Bob) Simonson, MD, Methodist Hospital
Gil Salazar, MD, Senior EMS Fellow, EMS and Disaster Medicine, UTSW
Mark Till, MD, THR
Michael Darrouzet, EVP/CEO, DCMS
Connie Webster, SVP Operations, DCMS

Purpose of Task Force

Dr. Robert Fine, chair of TFMCC, provided information regarding the purpose of the committee, which is to facilitate the creation of a community wide triage framework for guiding medical decisions during county-wide public health emergencies.

Current State of Preparedness at Local & State Levels

Dr. John Carlo, Medical Director/Health Authority, DCHHS, provided information regarding how Dallas and other communities responded in the past to SARS, Hurricane Katrina and H1N1. He reported some of the challenges and successes of each event.

The following issues were discussed:

The Role of the Health Authority

- Communicable Disease Control Act (Chapter 81 of the Health and Safety Code)
 - Quarantine and isolation.
 - Receive reports of notifiable conditions.
 - Provide surveillance data.

- Disease prevention and suppression.

Dallas Medical Operations Center (DMOC)

- Provide a venue for cooperative planning and information sharing.
- Ensure effective deployment of health and medical resources for shelters.
- Coordinate the resource allocations in order to ensure fair distribution.
- Provide an avenue for official requests for hospital resources.
- Collectively determine if and when an alternate care facility is necessary.

Current State of Readiness – Dallas County

- Able to receive and investigate public health threats 24/7/365.
- Local, State, and Federal health authorities remain linked through *Epi-X*.
- Year-round surveillance for influenza and other disease threats (Partnerships).
- Laboratory capable for detecting unusual pathogens (LRN Laboratory).
- Response experience.

Community Strengths

- Strong public hospital system and robust number of healthcare entities.
- Recent public health emergencies have tested our ability as a community to respond. Cooperation exists on many levels (DMOC, pharmacies, schools & DCMS).

Community Difficulties

- The complexity of networks, numerous systems, and organizational cultures create challenges when needing to communicate information rapidly and cohesively.
- Healthcare demand could easily surpass available resources during a disaster.
- Public perception and response to a disaster remain either elusive or may be disadvantageous.

The committee discussed how the hospital systems, faith community and the legislative system have responded in the past regarding the ethical decision making process during a county-wide public health emergency. It was agreed that in order to have a community standard developed, that strong public support would be needed. The committee decided to seek a more diverse group of non-medical community members for the task force. Existing members are physicians, hospitals and elected officials. Members were asked to provide possible candidates from the below groups who could possibly serve on the task force. Dr. Fine stated the new task force members would have a separate meeting before the next TFMCC meeting in order to provide them an overview of the issue. Members were asked to send their suggestions to Connie Webster, DCMS SVP Operations or Michael Darrouzet, DCMS EVP.

- Blood Bank
- School Systems
- Local media

- Legal Community
- Faith Community
- Employers

Dr. Fine requested that members of the task force review the below documents before the next meeting and share with DCMS if their institutions have a policy that addresses the use of limited critical care resources in the event of a mass event.

- IOM (Institute of Medicine) Standards of Care Report
- Houston-Harris County Framework April 2009
- CHEST – 2008 Critical Care Framework (*American College of Chest Phys*)
- Baylor Health Care System Emergency/Pandemic Protocol for Intensive Care Services (EPICS)

The meeting was adjourned at 8 PM.