Medical Surge

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Medical Surge: NBHPP Overview

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002
- Public Law 107-188
- Enacts Section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a)

Mission Statement:
“To ready hospitals and supporting health care systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.”
Medical Surge: NBHPP Overview

<table>
<thead>
<tr>
<th>Fiscal Year (FY)</th>
<th>Appropriation</th>
<th>Cooperative Agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2002</td>
<td>$135,000,000</td>
<td>$125,000,000</td>
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<tr>
<td>FY 2003</td>
<td>$514,633,000</td>
<td>$498,000,000</td>
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<td>FY 2004</td>
<td>$514,944,000</td>
<td>$498,000,000</td>
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<td>FY 2005</td>
<td>$491,410,000</td>
<td>$470,755,000</td>
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Medical Surge: NBHPP Overview

- Critical Benchmarks that support Medical Surge:
  - Beds
  - Personnel / Advance Registration System
  - Isolation Capacity
  - Decontamination
  - PPE
  - Pharmaceutical Caches
  - Trauma and Burn
  - Communications and IT
  - Behavioral Health
  - Competency Based Education
  - Terrorism Drills and Exercises
Medical Surge: NBHPP Overview

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>FY 2004</th>
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<tbody>
<tr>
<td>Beds</td>
<td>$77 million</td>
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<tr>
<td>Isolation Capacity</td>
<td>$41.5 million</td>
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<tr>
<td>Healthcare Personnel</td>
<td>$16.6 million</td>
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<tr>
<td>Advance Registration System</td>
<td>$7.7 million</td>
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<td>Pharmaceuticals</td>
<td>$26 million</td>
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<td>PPE</td>
<td>$40 million</td>
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<td>Decontamination</td>
<td>$31.9 million</td>
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<td>Behavioral Health</td>
<td>$13.8 million</td>
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<tr>
<td>Trauma and Burn Care</td>
<td>$33.4 million</td>
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<tr>
<td>Communications / IT</td>
<td>$43 million</td>
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</tbody>
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Medical Surge: NBHPP 2005

- 75% of the cooperative agreement funds to be given out to:
  - Hospitals
  - Poison Control Centers (PCC)
  - Emergency Medical Services Systems (EMS)
  - Health Centers
  - VA facilities and Tribal facilities – are eligible entities
- Hazard Vulnerability Assessments (HVAs)
  - Focus on community HVAs to strengthen appropriate protection, prevention, and mitigation strategies to minimize the number of deaths and injuries.
Medical Surge: NBHPP 2005

- National Incident Management Systems (NIMS) Compliance
  - NIMS and HEICS

- Increased emphasis on Intrastate and Interstate Regional Planning

- Wrapping up Capacity Based Planning

Medical Surge: NBHPP 2006 Forward

- Metropolitan Centricity
  - Future Cooperative Funds will be more targeted

- Funding Formula
  - The risks and likely medical consequences of various forms of terrorism and other public health emergencies when stratified across States and localities
  - Past performance in enhancing public health and healthcare emergency preparedness
  - Relative merits of applicants’ proposed initiatives toward selected preparedness priorities as determined by national competition
Medical Surge: NBHPP 2006 Forward

Alignment of Program with:

- **Interim National Preparedness Goal (NPG)**
  - Issued March 31, 2005
- **Universal Task List (UTL)**
  - Designed to serve as
    - A common language and reference system
    - The foundation for learning and exercise objectives
    - A tool for operational planning
    - To be used in evaluations and assessments of performance

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Medical Surge: NBHPP 2006 Forward

Alignment Continued

- **Target Capabilities List (TCL)**
  - Provides a list and description of the capabilities needed to perform critical homeland security tasks
  - 36 Capabilities

- **Elements That Comprise a Capability**
  - Personnel  Equipment and Systems
  - Planning   Training
  - Organization / Leadership  Exercises, Evaluations and Corrective Actions
TCL Refinement Process

- TCL Workshop 1 held on June 2-3, 2005
  - More than 250 participants
  - Assigned responsibilities for developing 36 capabilities
  - 16 Working Groups formed
- Working groups met from June 6 – July 25
  - More than 300 participants met in intensive working sessions
  - Used face-to-face, teleconference, and virtual meetings
  - Extensive (and still growing) network of Federal, State, Local, Tribal, Private-sector, and NGO participants

Workshop participants

- Federal partners agencies
- National Associations
- State Homeland Security Advisors
- NGOs and private sector
TCL Refinement Process

Capability workgroups
- Assigned one or multiple capabilities
- Identified and brought in other stakeholders
- Solicit input from constituents and members

TCL Refinement Process
June 2-3, 2005  Stakeholder Workshop to define requirements and process
June-July      Work Groups refine capabilities and establish national target
July 28-29    Stakeholder Workshop to review and integrate capabilities
Aug 15-Sept 15 Stakeholder review and input
Sept 19-23    Work Groups review comments
Sept 30       Release Final Goal and TCL
QUESTIONS??

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