

February 2022 Leadership Council Meeting

Overview of the Medical Operations Coordinating Cell (MOCC)

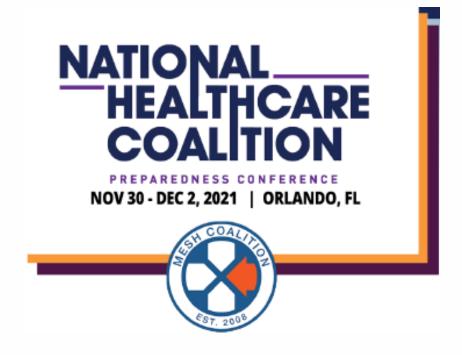
Greg Wayrich – NYP Queens

Mohammed Salahuddin – NYC H+H | Queens Hospital Center



National Healthcare Coalition Preparedness Conference

- Omni/Osceola County Convention Center
- 900 Attendees
- 40 Vendors
- 3 Days of Conference content
- BQEPC/PDC was the only NYC presence
- Networking and best practices
- Federal partners/ASPR
- Key Takeaways





Objectives

- Discuss when and why MOCCs may be necessary and what value they may add
- Identify essential structural and operational elements of MOCCs
- How we can integrate MOCC operational elements to our Coalition



The Challenge in NYC

Coordinating and/or directing capacity management across a region requires:

- 1. Access to appropriate, accurate, and current data
- 2. Involvement of appropriate medical expertise
- 3. Authority to implement actions



The Structural Problem

- Healthcare systems typically consist of a fragmented set of privately managed entities collaborating with selected public sector entities such as EMS, health departments, and emergency management
- Hospital specialty care capabilities are not evenly distributed across regions and systems
- There are few technical systems collect and report on data that can be used to manage capacity and/or patient movement



Based on the available resources, the following are likely the four most viable models:

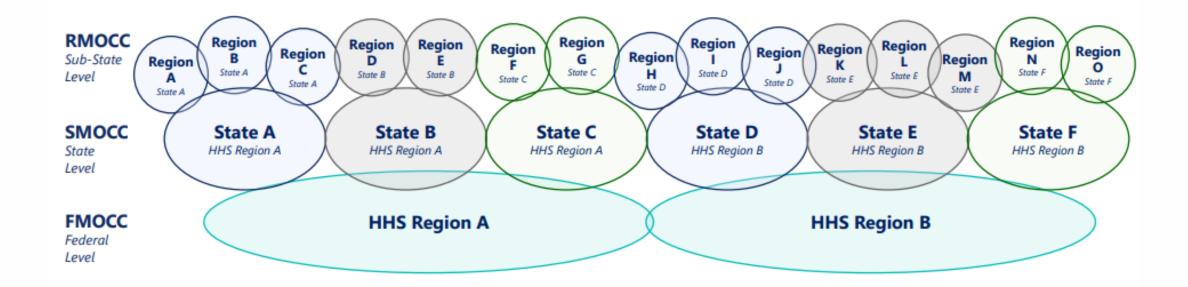
- Integration of the MOCC into a jurisdictional EOC
- Integration of the MOCC into a major healthcare system referral center or healthcare coalition
- Interstate integration of RMOCC or SMOCC at the FEMA or other multistate regional level with support and coordination from HHS regional staff
- Virtual MOCC operations utilizing web-based tools and distributed personnel and answering points for a common phone number may be integrated into any of the above approaches





MOCCs | Concept

MOCCs can be activated at the Sub-State Regional, State, and Federal levels to facilitate patient movement and resource allocation during a surge event. There are three types of MOCCs included in the concept: sub-state, Regional Medical Operations Coordination Centers (RMOCCs), State Medical Operations Coordination Centers (SMOCCs), and Federal Medical Operations Coordination Centers (FMOCCs).





Determine which of the following to include and prioritize:

- Collecting/disseminating situational awareness data regarding capacity
- Load-balancing/patient distribution
- Serving as POC for referral requests
- Supporting clinical care for patients awaiting transfer
- Supporting staffing issues
- Supporting scarce resource access
- Supporting access to life-saving capabilities



Key CMOCC stakeholders:

- Healthcare Systems
- Standalone Healthcare facilities

- EMS
- State, local, tribal, federal partners



Difficulties With Developing Solutions

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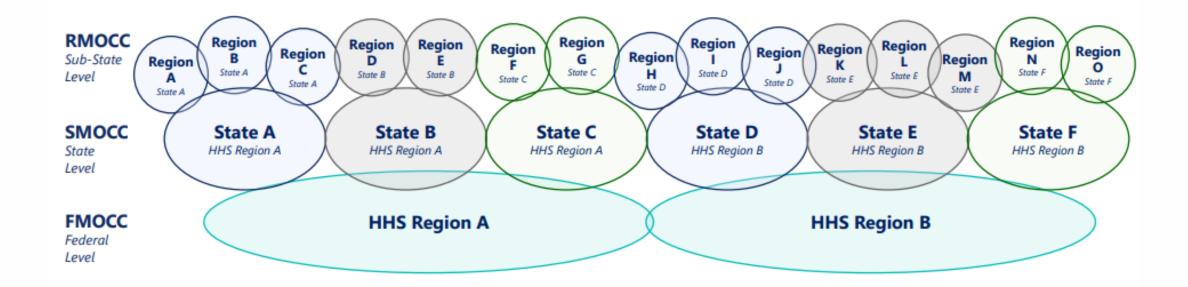
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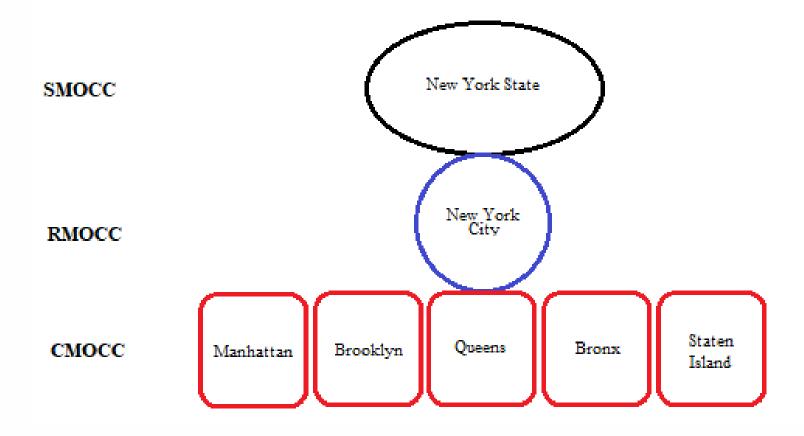
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Model: Integrating MOCC in Coalitions





CMOCC (Coalition Medical Operations Coordinating Cell). Basic structure can be the same for a regional, state, sub-state or federal MOCC

Objectives and Priorities

- Determine which of the following to include and prioritize:
 - Serving as POC and Collecting/disseminating situational awareness data regarding capacity
 - Load-balancing/patient distribution- Patient Movement
 - Supporting scarce resource access Medical Resource Sharing
 - Supporting access to life-saving capabilities

Integration with other Coalitions and Partners

- Determine paths and systems of information sharing with key partners
- Identify paths for escalation of issues and problems



CMOCC Roles and Responsibilities

- CMOCC Staffing
 - Unit manager
 - Clinical (on-call)
 - Call-taker
 - Administrative support
- CMOCC Operations
 - Is the CMOCC virtual, physical, or a hybrid?
 - How is the CMOCC accessed?
 - How is EMS integrated into CMOCC operations and transfer decision-making?
 - How does a CMOCC prioritize patients for transfer
 - How best to gather, process, and report data for situational awareness?
 - How will CMOCC operations affect hospital reimbursement?



QUESTIONS?



HVA's and Construction: Designing Resiliency for Future Use

David Schowerer, Northwell-Long Island Jewish Forest Hills

Traditional HVA methods

- Assessing likelihood for events and impact on facility
- Based more in current time or looking back for
 - Frequency
 - Impact
 - Size of incident
 - Response
 - Mitigation.

HHS Framework for Resilient Health Care Settings

- Element 1 Understand Climate Risks
- Element 2a Improve Land Use
- Element 2b Improve Building Design
- Element 3 Protect Infrastructure
- Element 4 Protect Clinical Care Facilities/Functions
- Element 5 Protect the Environment/Ecosystem

How much have you actually looked at in this area?

Future HVA planning methods

- Be more forward looking for climate issues
 - Floods
 - Major storms
- Utility company interviews and checks
 - How are they positioned for future need and capacity
 - How reliable are they
 - Safety record
 - Response times

HVA and Construction

- Are you using it for construction?
 - Is there discussions in pre design?
 - Post design?
- How early in the Architectural and Engineering design is useful?
 - Is it forward looking?
 - What is cost benefit ratio?
 - Cost savings over time
 - Community needs and assessments
 - How interactive are you with community?

Looking Forward

- Constant changes in landscape and regulation
- Proactive work with utilities, organizations (Such as coalitions)
- Engage external companies who specialize in sustainability and resiliency
- Become a participant and be vocal
- It may sound crazy, right up to the point it happens so put it out there
- Think bigger then you have been.....



The Gold
Standard:
Pediatric Surge
Capability

Joseph Knichel, Northwell-Long Island Jewish Medical Center/Cohen's Children Medical Center

Regional Pediatric Surge Capability

Translating effective plans into operational regional action

- Provide annex components & resources
 - Reframe inclusive and effective pediatric medical surge readiness
 - Enable optimal health system pediatric surge response



Disasters Treat Victims of All Ages

- Pediatric population is a challenge physiologically vulnerable and they are NOT JUST SMALL ADULTS
- Lack cognitive decision-making skills
- Children will be disproportionally affected
- There are a lot of healthcare disparities, as children make up 25% of the US population

How many hospitals actually have a pediatric surge as a part of their surge plans?

Surge Capacity & Capability Challenges

- There have been a number of Pediatric Near Misses
 - H1N1 2009
 - Hurricane Sandy 2012

 Healthcare Systems must respond quickly and with agility to support local needs and pediatric resource matching throughout region



Other Considerations

- Especially while other events are happening, transportation considerations are important to remember
 - PIRT team from Cornell can serve as a secondary means of transport (24/7, 365)
- Supply chain considerations as pediatric patients use different types and size equipment then adults
- Pediatric mental health is a growing concern within healthcare organizations.