

# MAINE STATE LEGISLATURE

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**Maine Center for Disease Control and Prevention (Maine CDC)**  
**Report to the Legislature on Regional Resource Centers and other Health Systems Resources**  
**January 2008**

This annual report was developed in response to Chapter 634, S.P. 789, L.D. 2044, “An Act to Enhance the Protection of Maine’s Families from Terrorism and Natural Disasters” Section 19. Specific requirements stated that the Maine Center for Disease Control and Prevention shall report annually, beginning January 15, 2007, to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters, on the progress of the Regional Resource Center grantees on meeting the stated contractual deliverables related to the federal U.S. Department of Health and Services grant for Maine’s implementation of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program. In compliance with such requirements, Maine CDC first reported to the Task Force to Study Maine’s Homeland Security Needs by September 18, 2006 and to the Legislative committees by January 15, 2007.

**Overview**

The U. S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program provides Cooperative Agreement funding authorized by section 2802 (b) of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417). Eligible applicants are jurisdictional public health departments in all 50 states; the District of Columbia; Commonwealths of Puerto Rico and the Northern Marianas Islands; the Territories of Guam, American Samoa and the U. S. Virgin Islands; New York City; Chicago; and Los Angeles.

The mission of the Federally-funded National Bioterrorism Hospital Preparedness Program is to ready hospitals and supporting healthcare systems to deliver care to patients of public health emergencies. The primary focus is on the development and implementation of plans to improve the capacity of hospitals, hospital emergency departments and outpatient centers, Emergency Medical Services (EMS,) and other collaborative healthcare entities to respond to bio-terrorist attacks. Funds from the September 1, 2007 – August 8, 2008 budget period are being used to build medical surge capability through associated planning, personnel, equipment, training and exercise capabilities at the State and local levels.

The Maine Center for Disease Control and Prevention (Maine CDC), Office of Public Health Emergency Preparedness (OPHEP) has facilitated such work in Maine by establishing and maintaining Regional Resource Centers for Public Health Emergency Preparedness at Maine’s three largest tertiary care centers Maine Medical Center (MMC), Central Maine Medical Center (CMMC), and Eastern Maine Medical Center (EMMC) with the intent of leveraging the existing Emergency Medical Services Trauma System. Their primary focus has been on assessment and reporting of regional healthcare system infrastructure and capacity for public health emergency response, healthcare systems planning, improving regional capacity for communication infrastructure, and training of health professionals.

The Regional Resource Centers are key partners in Maine’s implementation of the ASPR Hospital Preparedness Program. RRC’s are contracted partners who serve as Maine CDC healthcare system

staff within their regions. Over the past four years, Maine CDC and the RRC's have utilized Hospital Preparedness Program (HPP) funding from the U. S. Department of Health and Human Services to assist in building Maine's healthcare system and public health capacity. Approximately \$4 million of the funding has been used by the Regional Resource Centers to address high priority healthcare systems needs for emergency preparedness - including such items as communications equipment, personal protective equipment for health workers, and capital improvements or purchases to assure medical isolation capacity for EMS and hospitals. Maine CDC is charged with the management of HPP funding and has developed a collaborative strategic approach to ready hospitals and supporting healthcare systems to deliver care to patients of public health emergencies. The Maine CDC Division of Public Health Systems director and Office of Public Health Emergency Preparedness director meet monthly with key administrators at each RRC. These sessions have developed collaborative partnerships that assure coordination of HPP activities locally, among regions and with the central office at Maine CDC assuring Maine's organizational capacity to provide the rapid and effective use of resources needed to conduct the project.

Since their establishment in February of 2004, the Maine CDC Regional Resource Centers have worked collaboratively with public health, healthcare system, emergency management and community partners in their regions of the state as well as across regions. The RRC's maintain key roles in:

- Developing surge capacity
- Providing local public health leadership
- Serving as policy advisors to Maine CDC
- Providing input and subject matter expertise on HPP medical / technical issues
- Developing coordinated systems with local hospital systems
- Partnering with Maine CDC in setting statewide priorities such as training, exercise and medical surge

It is the intent of Maine CDC to maintain the original concept of the Regional Resource Centers, continuing support to Maine's three primary healthcare organizations building Centers of Excellence in emergency preparedness and response. Funding to the Regional Resource Centers must be defined in the context of all public health preparedness and response activities. Understanding that all funding for healthcare system emergency preparedness and response that has been provided to date, and is anticipated in the near future are federal funds, the extent to which programs can be maintained and further developed depends on the availability of federal funding and annual program guidelines received from ASPR.

The Regional Resource Centers primary activities will assure operations to the highest standards including:

- Surveillance and early detection of infectious diseases and bioterrorism agents.
- Command and Control protocol to define a collaborative tiered response for communication among key agencies during the time of a threat or response to an emergency.
- Integration of emergency preparedness and response activities between healthcare system and public health partners.
- Education, Training and Exercise regionally and statewide.

- Community collaboration
- Data systems integration and development

Maine CDC maintains a strong commitment to assuring public health and healthcare system planning and response activities include considerations and the needs of at-risk individuals, including behavioral health. To accomplish this, OPHEP works in collaboration with a broad-based group of partners statewide including but not limited to:

Maine DHHS Disaster Behavioral Health  
 Maine CDC Office of Minority Health  
 Maine Office of Multicultural Health  
 Maine CDC Regional Resource Centers and other hospitals  
 Maine Primary Care Association  
 Maine Center for Public Health  
 Maine Emergency Management Agency  
 Maine Council on Disabilities  
 City of Portland, Public Health Division  
 City of Bangor, Health and Welfare Department

### **Regional Resource Centers Outcomes**

Since their establishment in February of 2004, the Maine CDC Regional Resource Centers have worked collaboratively with public health, healthcare system, emergency management and community partners in their regions of the state to:

- Conduct detailed assessments of current local regional health system response capacity utilizing a standard web-based survey tool provided by Maine CDC.
- Analyze assessment report data and develop regional assessment reports.
- Prioritize identified health system infrastructure needs (primarily capital expenditures such as healthcare and communication equipment and supplies.
- Develop purchase plans based on prioritized needs.
- Facilitate the purchase and distribution of identified capital expenditure equipment and supplies to healthcare systems partners regionally.
- Maintain web-based resource inventories for emergency related resources at the regional level.
- Develop and implement an equipment maintenance plan for all regional hospitals to ensure equipment is properly maintained and serviced.
- Identify gaps in regional healthcare systems emergency response capacity.
- Conduct regional planning activities to develop comprehensive regional healthcare system response plans for response to public health emergencies.
- Conduct individual hospital Hazard and Vulnerability Analysis (HVA) in each region.

- Develop regional and statewide lists of Alternative Care Sites and site operational needs/requirements including models with mixed usage (e.g., behavioral health, pediatrics, med/surge etc.) to include engineering, telecommunications, clergy and others.
- Collaboratively create a Statewide Hospital Mutual Aid Memorandum of Understanding (MOU) among hospitals. The three RRC's and the Maine Hospital Association (MHA) developed this MOU to be universally used for all hospitals in the State of Maine.
- Collaborate with the Health and Environmental Testing Laboratory (HETL) to develop Mutual Aid Agreements among hospital sentinel laboratories for the sharing of equipment, reagents, and other resources as necessary during public health emergencies.
- Inventory and assess alternate care sites throughout each region to assist in the development of out of the hospital surge capacity to assist in response to public health emergencies.
- Collaborate with the Maine CDC, Maine Emergency Management Agency (MEMA), Maine Emergency Medical Services (EMS), Maine Primary Care Association (MPCA) and other partners to develop and implement a comprehensive public health emergency training and exercise program for public health and healthcare personnel statewide.
- Collaborate with the Maine CDC to implement a Maine based system for the Strategic National Stockpile.
- Collaborate with Maine CDC, MEMA, and other key partners to development and implement a single solution for the registry of public health and healthcare professionals statewide, assuring compliance with U.S, Department of Health and Human Services, Emergency System for Advance Registration of Voluntary Health Professionals (ESAR VHP).
- Serve as members of county level key leadership teams facilitating the development of the medical response component of draft county Pandemic Influenza planning documents.

As a 2007 - 2008 project year priority, Maine will develop an operational healthcare system surge plan for the medical response to public health emergencies, including the coordination of various “strike teams” and response groups such as DMAT, Northern New England-MMRS, MRC, and others. Maine CDC will establish a coordinated system to bring their deployment and management into one structure, with the three RRC’s as key partners. This planning will assure that federally defined Level-One Capabilities are met and Level-Two Capabilities are prioritized. Maine has made significant progress in each of the capability areas yet also has significant work ahead.

Capabilities needing further work and those to be addressed in HPP project year 2007-2008 include:

1. Interoperable Communications
2. Bed tracking
3. ESAR-VHP – personnel
4. Fatality Management (excess fatality)
5. Hospital evacuation
6. Alternate Care Sites
7. Other assets (mobile assets, ventilators, negative pressure)

8. Hospital Pharmaceutical Cache
9. Personal Protective Equipment
10. Decontamination

### **Initiatives:**

#### **Statewide healthcare system surge planning for the medical response to public health emergencies**

- Assure daily reporting of bed availability using HAvBED definitions at hospitals, health centers and other designated sites is a component of Regional Resource Center county level Pandemic Influenza planning currently underway in Maine. The Healthcare system component of established leadership teams, lead by the Maine CDC RRC's, have been working with hospitals in their regions to assure daily status reports will be made available to Maine CDC.
- Maine CDC will assure the development, management, and utilization of a health professional volunteer registry. The technical tool will be defined, implemented and tested to serve the statewide collaborative effort for registering, credentialing, managing, and utilizing a registry for volunteer public health and healthcare professionals. Systems will be developed and hosted off the Maine government network, but will meet all State Office of Information Technology (OIT) requirements determined by OIT. Maine's ESAR VHP compliant system will provide much needed coordination between current volunteer agencies such as The Northern New England MMRS, Disaster and Medical Response Teams (MRC) and a Maine Nurse Volunteer Registry that was established by Maine CDC in 2004 in response to the flu vaccine shortage. Coordination among such teams will assure Maine a key pool of people who have expressed interest in serving their local communities as well as supporting public health emergency response regionally, statewide and beyond. The system will be available to the Regional Resource Centers and other hospitals, Maine Primary Care Association, Maine Emergency Management Agency, Maine Emergency Medical Services and others serving to identify and coordinate healthcare systems and public health planning and training. As alternate care sites are being developed to meet surge capacity requirements, a coordinated volunteer registry of health professionals will play a critical role in identifying healthcare workers to staff such facilities.
- Maine CDC is currently developing a program for collecting fatality surveillance data through the use of a web portal that will support entry of influenza deaths to the NEDSS base system. Other documentation and tracking of the final disposition of the dead will be addressed in the next round of planning, as will the issue of alternatives to funerals and other issues identified in the planning assumptions. Region 1 DMORT staff and Maine's Office of the Chief Medical Examiner has worked directly with Maine CDC to define priorities from a policy perspective that will assure increased capacity for certification of death in the event of an extreme public health emergency such as an influenza pandemic. In the past legislative session a bill was introduced and put into law granting Physician Assistants the authority to declare deaths in such events. Maine CDC has defined as a 2007-2008 HPP level one priority the establishment of an operational Medical Mass Fatality Plan for Maine.

- A primary roles for the RRC's is to work collaboratively with public health to provide leadership and technical assistance to healthcare system, emergency management and community partners in their regions of the state as well as across regions. Key partners have been hospitals within each RRC region. Draft standardized hospital-based evacuation plans have been developed by the RRC's; during the upcoming project period, RRC's will facilitate evacuation planning by each hospital within their regions and participate in evacuation drills as well as their evaluation

### **Medical Alternate Care Sites**

Maine CDC Regional Resource Centers will continue to work with partners in each of their regions as well as across regions to define a system for standing up medical alternate care sites to facilitate the medical response to an extreme public health emergency.

Maine CDC Regional Resource Centers will:

- Establish an alternate care site assessment form and staffing models with mixed usage (e.g., behavioral health, pediatrics, med/surge etc.) to include engineering, telecommunications, clergy and others. This form will be utilized statewide.
- Continue to work with the American Red Cross to define their support to Alternate Care Sites (set-up, cots, mass feeding etc.)
- Hospitals within each RRC region will include ACS planning in their emergency preparedness efforts, this effort throughout the 2007-2008 project period.
- Operationalize the Statewide Hospital Mutual Aid Memorandum of Understanding (MOU) developed by the three RRC's and the Maine Hospital Association (MHA).

### **Interoperable Communications**

Maine CDC Regional Resource Centers will be key partners in the implementation of the new Maine Health Alert Network transitioning from the one-direction alerting system in current use ( and which will be continued as redundant support) to a more robust system capable of two-way communication and information sharing among partners with the following features:

- A document library for storing policies, press releases, etc.
- The capacity for shared on-line document development
- The capacity for two-way communication - the systems singularly most important feature
- The capacity for self-administered information sharing groups (veterinarians, dentists, first responders, etc.) that can communicate securely among the members. This feature supports more informal communication without engaging the entire group. All group members will be able to share all communication within the group. There are no practical limits of the size of groups, to the number of groups or to the number of groups in which a member can participate.
- The ability to link to other software systems enabling rapid surveys, specialized surveillance programs, and others.
- Multi-device alerting. The system can provide alerts, advisories and notices to any individual by landline telephone, cellular telephone, fax, email, and/or pager. Alerting can be accomplished in near-real time.

**Brief Summary of Maine's Use of Funds for Maine CDC Regional Resource Centers  
Project Period 7/1/06-8/31/07**

The mission of this Federally-funded (U.S. Department of Health and Human Services) Hospital Preparedness Program is to ready hospitals and supporting healthcare systems to deliver care to patients of public health emergencies.

Regional Resource Centers for Public Health Emergency Preparedness were established at Maine's three largest tertiary care centers (MMC, CMMC, EMMC), with the intent of leveraging the existing Emergency Medical Services Trauma System. Their primary focus has been on assessment and reporting of regional healthcare system infrastructure and capacity for public health emergency response, healthcare systems planning, improving regional capacity for communication infrastructure, and training of health professionals.

Approximately \$4 million of the funding has been used by the Regional Resource Centers to address high priority healthcare systems needs for emergency preparedness - including such items as communications equipment, personal protective equipment for health workers, and capital improvements or purchases to assure medical isolation capacity for EMS and hospitals.

<b>Eastern Maine Regional Resource Center Eastern Maine Medical Center</b>	<b>Project Period 7/1/06-8/31/07</b>
	<b>Amount</b>
	\$661,110.96
<b>Personnel</b>	
Salary	4,359.54
Personnel Benefits (fringe)	1,441.94
<b>Total</b>	<b>5,801.48</b>
<b>Consultants - EMMC</b>	
Project Support Specialists	335,804.43
<b>Total</b>	<b>335,804.43</b>
<b>Training / Exercise</b>	<b>86,072.74</b>
<b>Equipment</b>	<b>53,028.55</b>
<b>Operating Costs</b>	
Telephone, pagers, radios, remote access, supplies, office furniture and rental, travel, education	<b>\$107,971.48</b>
<b>Indirect Cost</b>	<b>72,432.28</b>
<b>GRAND TOTAL</b>	<b>\$ 661,110.96</b>



<b>Southern Maine Regional Resource Center Maine Medical Center</b>	<b>Project Period 7/1/06-8/31/07</b>
	<b>Amount \$ 478,701.11</b>
<b>Personnel</b>	
Salary	310,069.66
Personnel Benefits (fringe)	83,999.20
<b>Total</b>	<b>394,068.86</b>
<b>Consultants</b>	
<b>Operating Costs</b>	<b>39,235.87</b>
Telephone, pagers, radios, remote access, supplies, office furniture and rental, travel, education	
<b>Indirect Cost</b>	<b>45,396.38</b>
<b>GRAND TOTALS</b>	<b>\$ 478,701.11</b>

<b>Central Maine Regional Resource Center Central Maine Medical Center</b>	<b>Project Period 7/1/06-8/31/07</b>
	<b>Amount \$ 419,049.05</b>
<b>Personnel</b>	
Salary	171,031.29
Personnel Benefits	34,206.67
<b>Total</b>	<b>205,237.96</b>
<b>Consultants</b>	<b>191.40</b>
<b>Operating Costs</b>	
Supplies, telephone, postage, travel, references, educational	<b>66,172.06</b>
<b>Focused Project Expenses</b>	<b>18,032.00</b>
<b>GRAND TOTAL</b>	<b>289,633.42</b>
<b>Unspent Funds</b>	<b>(129,415.63)</b>