

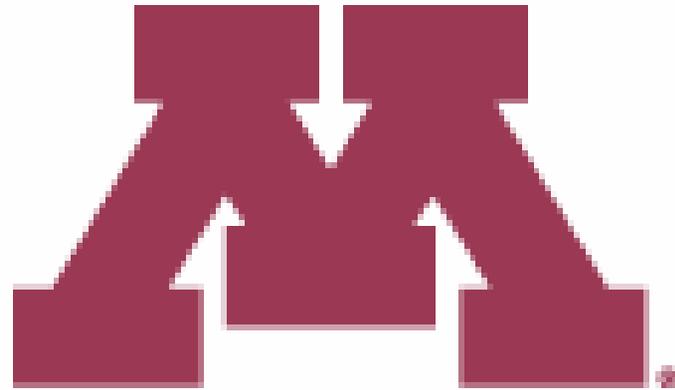
Primary Care in a Disaster: Mobilizing Quickly and Focusing on the Mission

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University of Minnesota
Medical Reserve Corps

Presentation Overview

- Background: U of M Medical Reserve Corps
- Hurricane Relief Deployment Timeline
- Mission Overview
- Lessons Learned

Background U of M Medical Reserve Corps

- Part of broader AHC Office of Emergency Response
- Federal designation (Summer, 2004);
initial informal recruitment efforts (Fall, 2004)
- First deployment-Flu Hotline (Fall, 2004)
- Full scale official recruitment (Dec. 2004)
- Second planned deployment (Sept. 2005)
“Operation Falling Leaves”

Hurricane Katrina Relief Deployment Timeline

August 29-September 1

- Various emails from National MRC Office
- Inquiries from individual MRC volunteers
- Meeting with MDH and other MRC Coordinators
- AHC administration support to continue regular pay for a 2-week deployment
- Developed web-based survey of MRC volunteers

Login

Entry Screens

Reports



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AcademicHealthCenter
Emergency Preparedness Program

Medical Reserve Corps

Submit Application

Hurricane Katrina Response Survey

Details about deployment needs are still coming in to the MRC office. However, an assignment would be for at least two weeks sometime during the next 11 weeks under hardship conditions. Those conditions may include limited food and water, extreme heat, poor air quality, and group housing.

Please indicate whether you are willing and available to accept a Hurricane response deployment.

- Yes I am willing and available to accept a deployment for a minimum of two weeks.
- No I am not available to accept an assignment of this nature.

When completed please click on the Submit button above.

**** Indicating YES does not guarantee a deployment assignment or commit you to a deployment assignment.***

Comments:

1. Personal information:

Name: Jill M DeBoer

Minnesota county you live in: Scott

County outside of Minnesota:

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*Re-enter primary email address: jdeboer@umn.edu

Alternate email address:

Re-enter alternate email address:

Wireless email address:

Re-enter wireless email address:

Hurricane Katrina Relief Deployment Timeline (continued)

September 2-5

- Sent email to all 539 MRC volunteers
- Reviewed survey results
- Emailed discipline specific deployment instructions to members with instructions for both Red Cross and DHHS registration
- Volunteers eager to assist

Hurricane Katrina Relief Deployment Timeline (continued)

September 6 - 7

- First of 7 individual Red Cross deployments
- Initial discussions with ARC and Mayo to have U of M join the Minnesota Corridor mission
- Received formal EMAC request; AHC Emergency Response Team review



Hurricane Katrina Relief Deployment Timeline (continued)

September 9 - 14

- Advance team members identified and sent to Baton Rouge
- Vans and supplies loaded and sent down to Lafayette



Minnesota Lifeline Core Partners

- Louisiana Office of Public Health
- American Refugee Committee
- Mayo Clinic/Mayo Health Systems
- U of M Medical Reserve Corps
- College of St. Catherine
- Nechama

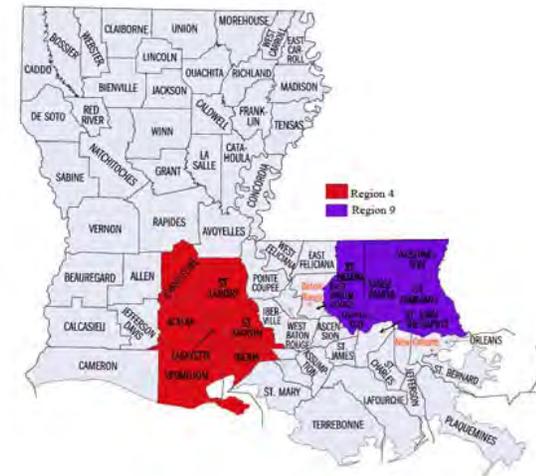
MINNESOTA LIFELINE HEALTH TEAM

In coordination with the Louisiana
Office of Public Health.

Louisiana Public Health Region 4

- Acadia Parish
- Evangeline Parish
- Iberia Parish
- Lafayette Parish
- St. Landry Parish
- St. Martin Parish
- Vermillion Parish

Louisiana Regions

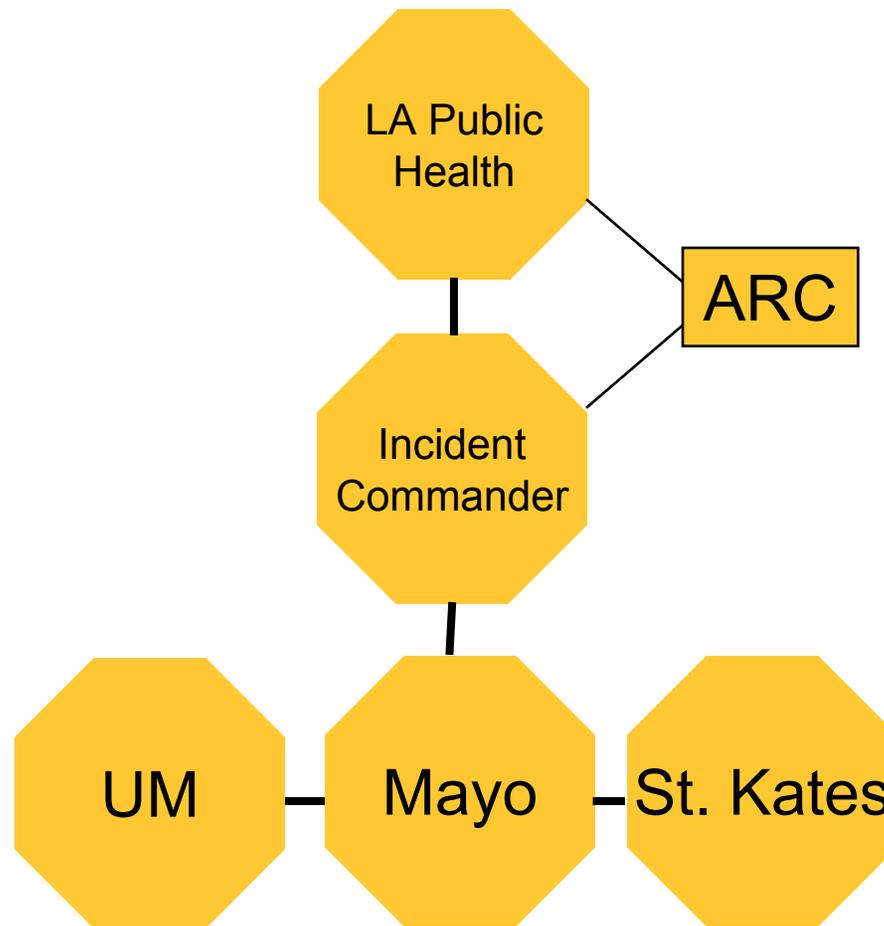


Minnesota Lifeline Mission Schedule

Team 1	Sept. 14-27	101 members
Team 2	Sept. 25-Oct. 11	66 members
Team 3	Oct. 9-25	59 members
Team 4	Oct. 23-Nov. 8	38 members



Organization of the Group



Objectives

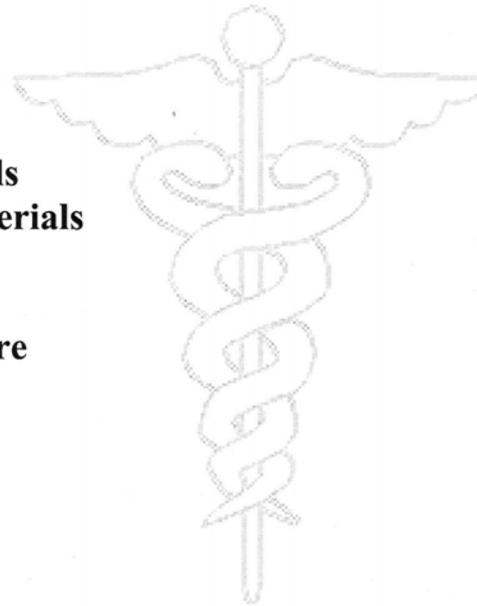
- Provide primary care to evacuees
- Staff the Special Needs Shelter
- Provide vaccinations as needed
- Establish Public Health Unit Clinics



FREE EVACUEE MEDICAL CLINIC

Services Provided:

- ✓ Urgent Care
- ✓ Immunizations
- ✓ Medication Refills
- ✓ Educational Materials
- ✓ Referrals
- ✓ Social Services
- ✓ Mental Healthcare
- ✓ Counseling



LOCATION:

DATE / TIME:



Services provided by Minnesota LifeLine, a collaboration between the University of Minnesota, Mayo Medical Center, St. Catherine's School of Nursing, the American Refugee Committee and NECHAMA in coordination with the Louisiana Department of Health







































A

Louisiana Department of
Health and Hospitals
Office of Public Health
Lafayette Parish
Public Health Unit
(Building A)

Vital Records
Medical Services
Sanitarian Services





MOBILE VAN



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MINNESOTA
LIFELINE







ROCK TONIGHT!

PHOTO SHOW PANEL

02
03
05
06
12
14
16

60
62
64A
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77
80
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85
88

THIS END UP
LOW TEMPERATURE
ON FREEZING
OR HEAT
SEE INSTRUCTIONS

Kimberly Clark
Light Soft Perennial Flush
Washable System
Adult
20
3912230

Office Depot

Most Common Conditions

- Mental Health
- Diabetes
- Hypertension
- Asthma
- Minor trauma
- Infections

Accomplishments

“The health care system in Louisiana is so broken people are afraid to use it. That is why you saw so much untreated disease. Its about race and class, 30% of our people have no access to primary care. What did you accomplish? You taught us we can do this, we can make it happen. You taught us how to fish”

Dr. Erin Brewer

Accomplishments

- Patients examined: 5,263
- Patients vaccinated: 18,384
- Total vaccines given: 24,017
- Prescriptions written: 5,887
- Medications dispensed: 3,323
- Medical referrals: 244
- Mental health consults: 529

Accomplishments

- PHU Clinics will continue
- Grants have been written
- A research working group has been formed

Lessons Learned

(Physician Volunteer Perspective)

- Primary care is an unmet need
- Military like organization
- Expect the unexpected
- Provide care one person at a time





Patient Care/ Clinic Model Utilized

- Advanced Practice Nursing (Nurse Practitioner) role
- RN role
- Collaboration and team approach
- Common Purpose as a guiding principle

Major (and minor) Challenges

- Role definitions
- Distribution of workload/tasks
- Makeshift work/clinic environment
- Complicated patient complaints/issues with limited time and resources
- A gal named Rita





How Challenges Were Resolved

- Role issues: Addressed these right away, and revised on an ongoing basis
- Workload: leveraged strengths of team members
- Patient issues: leveraged limited resources
- Rita: she sent us camping

Approach to Mental Health

- Psychologist/Psychiatry staff support
- Routine screening questions for each patient evaluated and treated
- Referral sources
- Anticipating mental health issues/needs
- Mental health for team members

Rapid Mental Health Triage

- When did you get out?
- Are all of your family safe and accounted for?
- Have you been having trouble coping, sleeping, or have thoughts of killing yourself?
- Is there a particular person you are worried about, for example where you are living now?

Lessons Learned **(Nurse Volunteer Perspective)**

- Staying focused on the goal
- Provide a broad definition of roles
- Be aware of special strengths of team members

Lessons Learned (continued)

- Be as flexible as Gumby



Keys to Mission Success

- Strong and competent direction from local leaders in the affected area
- Effective community outreach and case finding
- Effective partnership between organizations
 - Committed Joint Command Teams in Minnesota and Louisiana

Keys to Mission Success

(continued)

- Individual volunteers willing to commit to the unknown (“flexible and fluid”)
- Self sufficiency (logistical organization and support)

Lessons Learned

(MRC Director's Perspective)

- Need to develop a web-based system for deployment
- Good volunteer screening is important
- Importance of mission-based orientation
 - Mission objectives and parameters
 - Incident command principles and structure
- Training and protocols (needle-sticks, injections, clinical basics)
- Primary care job action sheets are needed

Lessons Learned

(continued)

- Importance of multi-disciplinary teams
 - Physicians, nurses, pharmacists
 - Public health, psychologists, social workers
 - Emergency managers
 - Health profession students
 - Chaplains



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Lessons Learned

(continued)

- Importance of debriefing upon return
- Relief workers make poor evacuees
- Recent hurricane response experiences (both positive and negative) should inform future planning and system development
- Academic institutions, particularly AHC's, have a great deal to offer related to disaster response

**Whatever we provided, our
volunteers received much more
in return**



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