Rural Nebraska Medical Response System Partnership

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Partners

- 51 Hospitals
  - 44 Critical Access (25 or fewer beds)
  - 4 Acute Care Hospital (larger than 25 beds)
  - 3 Designated Trauma Centers
- 13 Health Departments
- 2 Federally Qualified Health Center
- 1 Emergency Manager
- 72 County area (93 counties in Nebraska)
- Built on the foundation established by the Nebraska Medical Response System
Rural Nebraska Medical Response System Partnership

- Rural Region One Medical Response System
- Panhandle Region Medical Response System
- Tri-Cities Medical Response System
- West Central Region Medical Response System
Rural Nebraska Medical Response System Partnership: Goals
Assist hospitals in adopting NIMS at the organizational level for all appropriate departments and business units

*Help hospitals that are short staffed more efficiently adopt NIMS.*

Providing a Monthly Newsletter
Volunteer Medical Professionals

Working ESAR-VHP and Medical Reserve Corp
Using a Regional Approach

- Large geographic area/sparse population
- Similar needs
- Limited number of medical professionals
- Ability to draw from other areas in disaster situations
- Sharing of expertise and resources
Develop a model for establishing alternative care sites in rural communities

Also purchasing Mobile Medical Assets which are “Hospital Pods or Hospital-In-A-Box” for each Medical Response System

Influenza Outbreak 1918
Integrate emergency preparedness with hospital and region specific trauma care capabilities

- Limited number of Level II and III trauma centers
- Most disasters involve trauma
- Integrate preparedness planning with trauma planning
- Provide more education
- Provide rural sites additional assistance in caring for trauma patients
Integrate emergency preparedness with hospital and region specific trauma care capabilities

Activities
Expand teletrauma capabilities to additional facilities

- Over 100 sites in Nebraska connected via telehealth (hospitals and public health departments)
- Telehealth is used for patient care, education and administrative meetings
- Teletrauma: videoconferencing placed in emergency departments allowing connection between rural hospitals and large centers, including trauma centers and burn centers
Integrate emergency preparedness with hospital and region specific trauma care capabilities

Activities

- Provide telehealth equipment to hospital partners interested in teletrauma capabilities
- Establish specific protocols for use of telehealth in emergency situations (such as in the identification of unknown exposures, treatment of trauma patients with burns, etc…)
- Train practitioners in the appropriate use of telehealth in emergency situations
- Assess the success of teletrauma adoption
- Develop and implement specific training and educational uses for telehealth in supporting emergency preparedness in multiple entities
- Help partners incorporate the use of telehealth as a source of communication, surveillance, consultation, education and training
- Research the potential for two way interactive video conferencing for sharing human resources in surge capacity situations
- Work Team includes Statewide Trauma System Medical Director, Burn Center Medical Director and trauma nurse coordinators from all regions

Could future grants be used to study the feasibility and effectiveness of placing mobile telehealth units at alternative care sites? We don’t know, but we want to find out!
Identification and establishment of MOUs and Medical Mutual Aid Agreements between entities

*Hospitals will have a toolbox that will guide them through the establishment and maintenance of appropriate MOUs and Medical Mutual Aid Agreements.*
Partnership Strengths

- Number of Partners
- 65,000 + square miles
- Strong system of accountability
- Use of the Nebraska Statewide Telehealth Network
- A strong history of successful regional and statewide collaborations
Questions?
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