


NAVIGATING THE PATH TO PREPAREDNESS FOR RURAL HEALTH CARE PROVIDERS

XTreme Collaboration Hub



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Barriers to Surge Management

- How do I find my staff, and know if they are ok and if they are coming to work?
- How do I create an effective communication strategy so I can get help?
- How do I keep my patients from needing to be transferred to an urban hospital?
- How do I deal with the entire community on my lawn some of whom may be patients?

Barriers to Surge Management

What are the real needs-not beds, a sample from Katrina:

- I need a cook and environmental services staff
- I need 5 gallon clear plastic bags and hangers
- I need diapers and baby formula
- I need food but anything other than an MRE
- I need housing for volunteers
- I need training for volunteers
- I need volunteers with guns for security
- I need fuel for cars and gas for cooking
- How do you get 9 feet of water and 1 foot of mud out of an ER quickly, while dealing with Joint Commission

Barriers to Surge Management

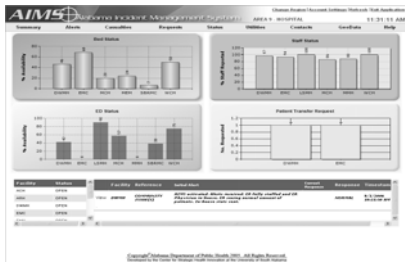
- How can I make payroll with no power
- How can I fax a form if my fax is at the bottom of the Mississippi Sound
- How do I publish bids in a local newspaper that washed away?
- I need to know how best to manage employee morale
- I need a laundry facilities
- How do I negotiate with free clinics to go home and quit hurting my local docs who stayed and are working?
- How do I prioritize patient evacuation?
- How do I make clinical decisions in a resource austere environment?
- How do I prioritize use of ventilators/antivirals/vaccines when patient demand exceeds capacity?

Barriers to Being Transactional

- Many of the resources are hard coded-SNS stockpile, ventilators and may not match the real needs of patients such as .
 - SINGULAIR
 - APAP/HYDROCODONE BITARTRATE
 - ALBUTEROL
 - PROTONIX
 - LEXAPRO
 - NASONEX
 - PROAIR HFA
 - LORATADINE
 - AMOXICILLIN
 - ALBUTEROL SULFATE
 - AZITHROMYCIN
 - CLONIDINE HCL
 - ADVAIR DISKUS 250/50
 - FLUTICASONE PROPIONATE

The Current State of Affairs

- Preparedness includes being on the radar screen



Barriers to Being Transactional

- Resource databases including ESARVHP etc are not linked to situational awareness tools.
- ESF handoffs are no assurance of a fulfillment of a request.
- Faith based and commercial support often occurs outside of our awareness.

Our Inability to Respond to the Barriers Means

That we are violating Taylor's version of Ashby's Law of Requisite Variety

Which Means

- We need to recognize that there is a gap between that which we can do and that which needs to be done
- We need to fill in that gap by creating greater capability in our health care providers and giving them the tools that promote that self management
- We need to recognize limits in the federal "volunteer structure"
- We need to think virtually and physically

The Path To Emergent Coherence

By creating a new kind of medical and public health information sharing environment to support rural providers on the EDGE

- E - Extensible
- D - Developed
- G - Global
- E - Event driven

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The Path To Emergent Coherence

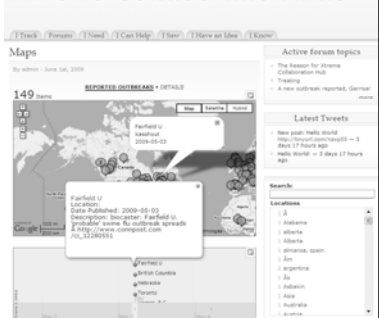
In any disaster there will be self forming knowledge networks that seemingly are random at the beginning but that make themselves and their resources known over time

- volunteers who show up.
- companies who donate goods.
- Faith based groups, social networks

I Track

Any situational awareness information from any source

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I Track

An ability to gain more granularity about an event, even across our borders state or national.

Forums

An ability to share thoughts before events occur.

Forums

Collaborative discussions from a broad range of knowledge experts.

I Need

The ability to ask for anything from anyone

I Can Help

The ability to find the right resource and to close the transaction

I Saw

Crowdsourcing as an effective surveillance tool

Contacts and Links

- AIMS- <http://training.aimslive.org>
- XCH- <http://199.33.132.103/xch/>

- For AIMS Demo Passwords email:
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