Carolinas MED-1 Mobile Emergency Department



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- Mission
- Capabilities
- History
- Future and innovation

Mission Statement:

Carolinas MED-1 functions as a full spectrum community response asset, providing advanced clinical care capabilities to build community resilience and respond to large scale disasters.

A unique, advanced **mobile treatment facility** capable of augmenting existing healthcare resources in a community that can provide patient care services for a finite period of time should those existing resources be incapacitated



Organization and Governance

- Carolinas Healthcare System (CHS)
- 2. State of North Carolina- NCOEMS, Healthcare Preparedness
- 3. Emergency Management Assistance Compact (EMAC)
 - Governor declared states of emergency allow states to send personnel, equipment, and commodities to help disaster relief efforts in other states
- 4. \$ Who Pays?

Missions

- 1. Terrorism Response
- 2. Natural disaster or mass casualty incident
- 3. Medical augmentation during surge capacity
- Sustained medical care to support damaged hospital infrastructure or renovations
- 5. Community outreach asset for improved access to care

1. Active Terrorist incident involving a WMD:

- Mobilize to the incident site to provide high-level triage and initial treatment
- Continue to provide patient care services on-scene if local medical facilities become overwhelmed (surge capacity)
- Alt site if hospital compromised
- Organic security and local LEO liaison

2. Natural disaster or mass casualty incident:

- External Resilience:
 - Medical support for mass casualties that overwhelm the capability of regional facilities
- Internal Resilience:
 - Serve as a satellite medical facility should there be a disaster at a CHS or other hospital until essential services can be restored
- National Response:
 - Deploy to the Charlotte-Douglas International Airport if the NDMS Charlotte Casualty Reception Center is activated

3. Medical augmentation during surge capacity:

- External and Internal Resilience:
 - Overflow, satellite facility (e.g. H1N1)
 - Ambulatory medical care
 - Medical support during isolation or containment associated with a pandemic
- Stand bye for large events (e.g. DNC)

- 4. Sustained medical care to support damaged hospital infrastructure or renovations
 - Provide suitable facility that is capable of sustaining medical services for a finite period until essential services are restored

- 5. Improved access to healthcare (urban or rural settings)
 - Preventive medical care (H1N1 vaccinations)
 - Ambulatory / outpatient services
 - Ambulatory surgical services
 - Cancer screening
 - Occupational health
 - Women's and children's health
 - Immunizations and well-baby care
 - Dental care

Carolinas MED-1 Model of Response

Community Support

Crisis Response

External Resilience

Internal Resilience

Carolinas MED-1 Capabilities

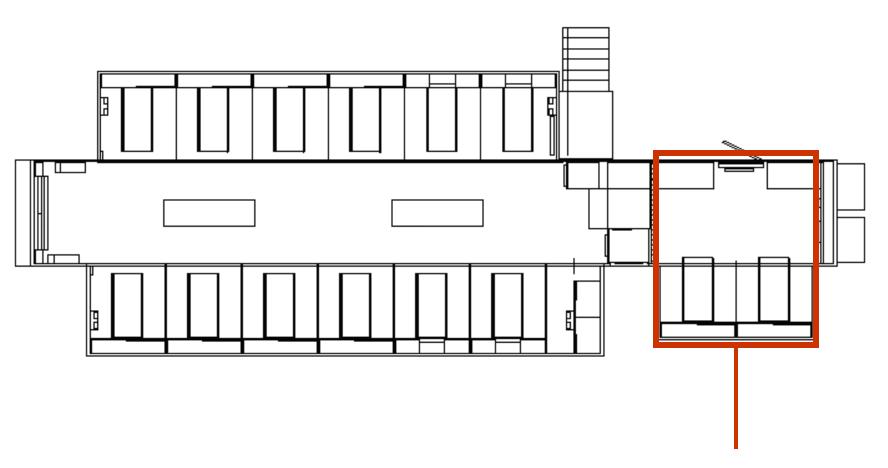
- Damage Control Surgery (DCS)
- 2. Emergency stabilization of traumatic or medical life threats
 - Hemorrhage control
 - Advanced airway and ventilatory management
 - Advanced cardiac care including cardioversion and thrombolytics
 - **❖** Shock: Blood products, vasopressors and central access
- 3. Conscious sedation
- 4. Minor Surgical Procedures
- 5. Obstetrical emergency care and deliveries
- 6. Dental, eye, ear, nose, and throat care
- 7. Telemedicine
- 8. 200 bed holding facility

Design Concept

- Two 53 foot tractor-trailers:
 - Patient care facility
 - Support unit for equipment and supplies







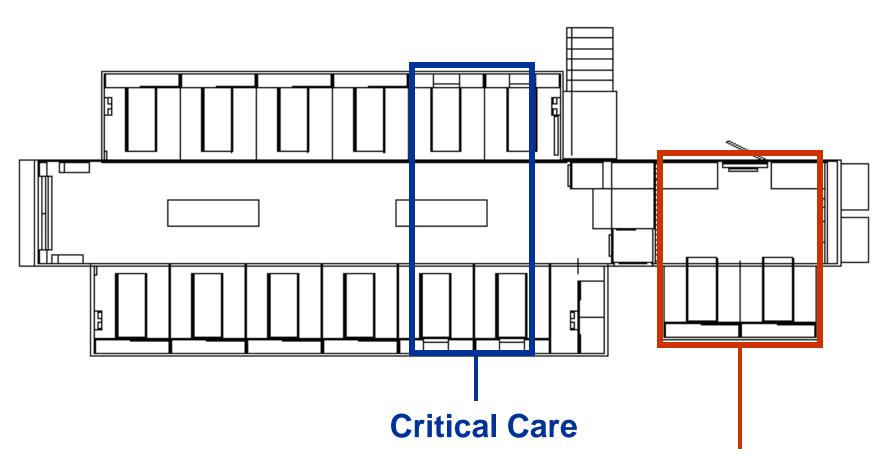
Operating Room / Critical Care



Damage Control Resuscitation and Surgical Care







Operating Room / Critical Care

4 Intensive Care Beds





Ventilator Support



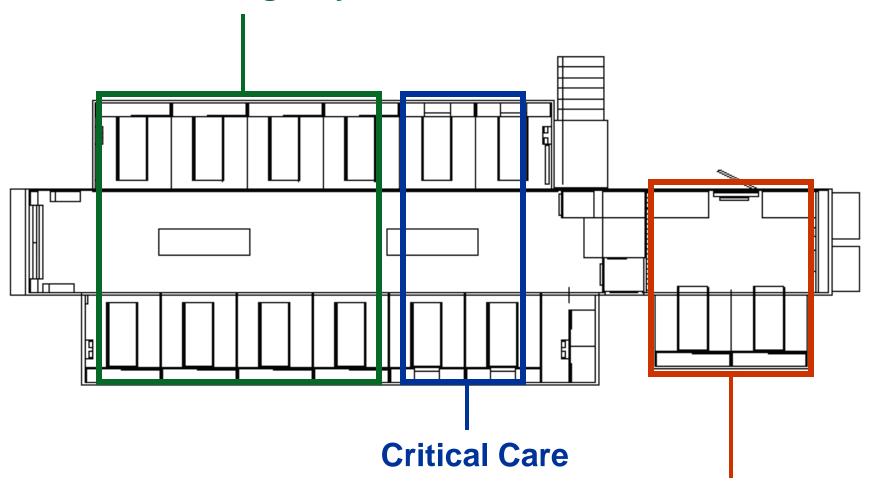


Central Monitoring Stations

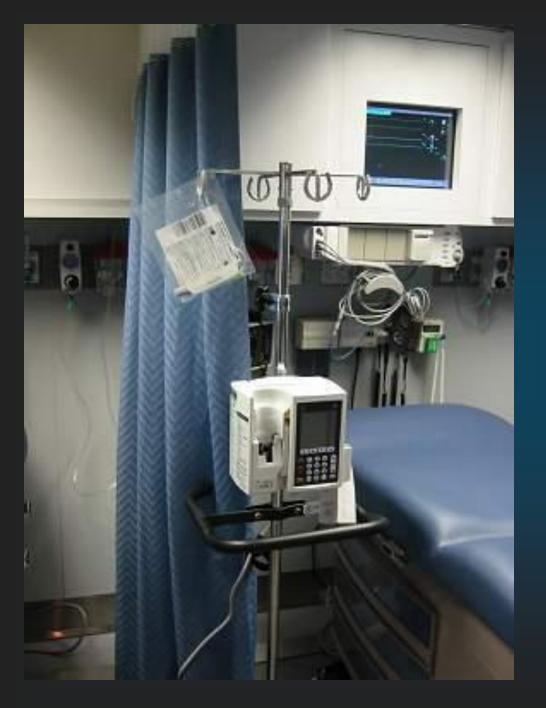




General Emergency Care

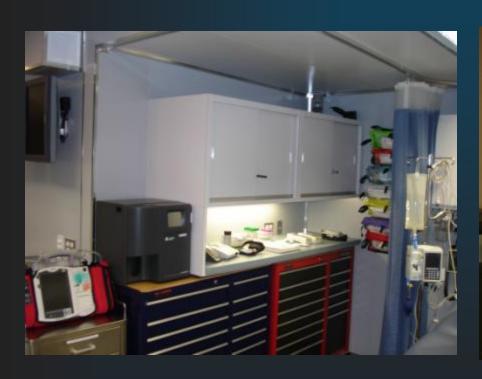


Operating Room / Critical Care



Intravenous Medication Pumps







Digital Radiology







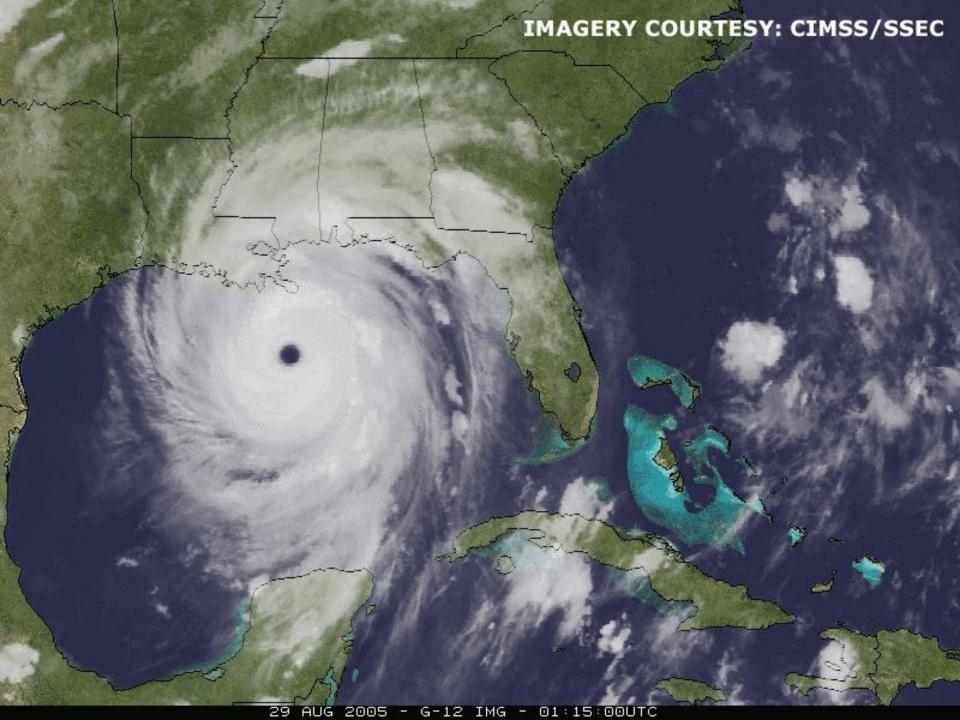
Orthopaedic & Suturing

Pharmacy













Hancock Medical Center







Katrina

Duration: 6.5 weeks

Patients: Approximately 7500

Volume: 50-350 patients/day

Acuity: Rashes

Wound infections and abscesses

Acute Heart Attacks and Strokes

Asthma and COPD

Respiratory distress

Motor Vehicle Crashes

Lacerations

Burns

Chronic pain syndromes





Carolinas MED-1, Columbus, Indiana June 21-August 4, 2008

On June 7, 2008, a cloudburst dumped nearly 11 inches of rain on Columbus and Bartholomew County.

A flood of unprecedented proportions resulted, swamping neighborhoods, businesses, and Columbus Regional Hospital.

There were two deaths in Columbus.

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Columbus Regional Hospital



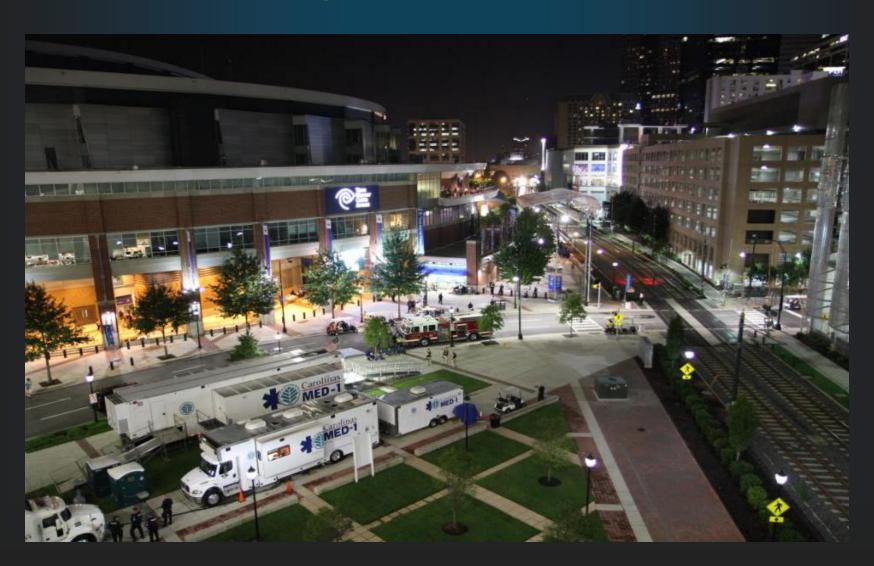


Carolinas MED-1





2012 Democratic National Convention



Carolinas MED-1 Deployment Structure

Modular response capabilities

- Hospital facility/ vehicle
- Housing and staging facility
- Leadership team
- Recon teams
- Communication suite

Carolinas MED-1: The Future

MED-1 Innovation

Carolinas MED-1 Innovation

1. MED 1 Green

- Energy audit
- Energy Conservation Measures
- Distributed Generation
- Mobile Microgrid

2. Technology refresh

- Communication suite
- EMR and patient tracking
- Integrated wireless patient care



Innovation

- 1. Multi sector collaboration
 - Health care and energy industry
 - Health care and technology industry
- 2. Public- private partnerships
 - MED-1 and NC SMAT
- 3. Action oriented

Conclusions

 MED-1 provides a cost effective solution for planned mass gathering events, facility downtimes or crisis response

2. MED-1 maximizes Public- Private Partnerships

3. MED-1 Continues to Drive Innovation

4. MED-1 team maintains focus on service

Questions?



ZOMBIE APOCALYPSE

Chances are, you're already surrounded by mindless, bloodthirsty, half-alive, subhuman wretches. An actual zombie outbreak would just give you an excuse to do something constructive.



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