



NWHRN

Findings from Regional DMCC interviews

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Always on for you.



Overarching Outcomes

Successes

- Majority felt they understood their role and could implement if needed
- Know their regions and partners
- Many have comprehensive tools to support their work.
- Share best practices with other DMCCs
 - Pre-designation of patient placements as an example

Areas for Improvement

- EMS role is important to work and yet not defined
- Definition of DMCC
- Definition of Region
- Maybe too many DMCCs
- Depth and training in DMCC staff
- No official commitment

Recommended structure/options

- **EMS** | describe EMS role in triaging and patient placement at the scene (Transport Officer/Supervisor or other designation)
- **Support Hospitals** | (optional) Where needed provide a scale up step for EMS to work with when exceeds their ability to place patients but less than a full DMCC activation. In more disbursed geography could support placement in defined area.
- **[Regional] DMCCs** | Second scale up step DMCCs structured by PH regions. adjustments may be made based on patient movement flow. ** one designated hospital per each region are the only 'DMCCs'
- **State DMCC** | Determine triggers for when activated

