Managing Alternate Care Site Utilization Through Medical Operations Coordination Cells

Background

NOTE: This resource was published in 2020 and is not being maintained. While information contained within was current when published, it may be outdated, and some links may not work.

The following resource is intended to provide strategic guidance to state, tribal, local and territorial (STLT) jurisdictions for coordinating **Medical Operations Coordination Cell (MOCC)** and **Alternate Care Site (ACS)** operations. MOCCs can support load-balancing activities and assist in utilization management of ACS within the regions they support. Timely and coordinated ACS activation is essential to hospital's expansion of operations to accommodate a surge in COVID-19 cases. **MOCC-ACS collaboration improves resilience in hospitals' and other healthcare facilities' healthcare systems during a COVID-19 surge.**

What do MOCCs and ACSs Do?

Medical Operations Coordination Cell (MOCC)

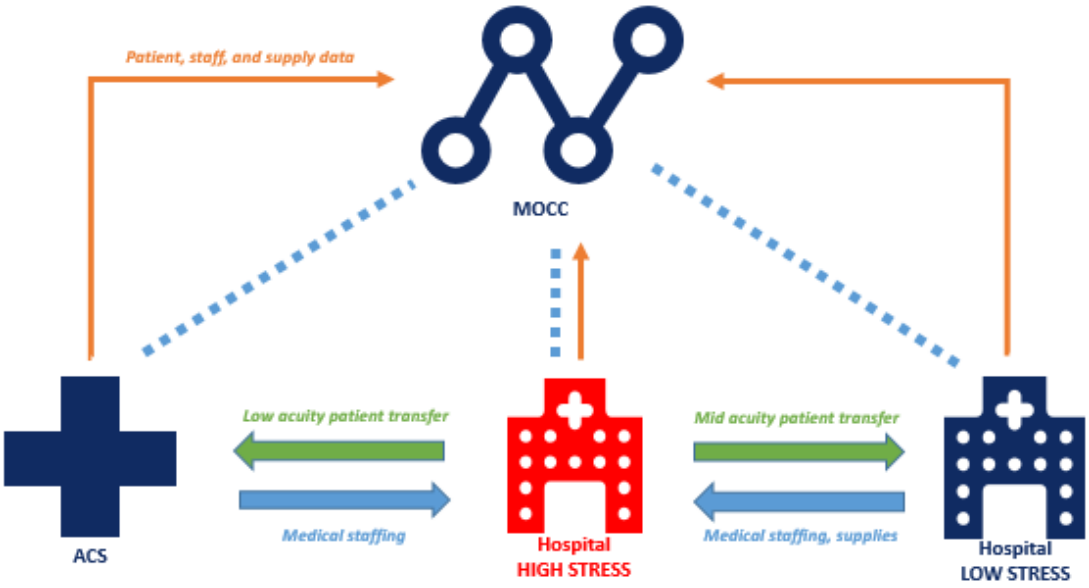
- **Facilitate patient movement between hospitals and ACSs**
- Act as single point of contact for requests from hospitals and other healthcare facilities, hospital associations, public health departments
- In certain health systems, healthcare coalitions may perform similar patient load-balancing functions

Alternate Care Site (ACS)

- **Temporary conversion of a facility to provide healthcare capacity**
- Established as extensions of hospitals to sustain operations when other mitigation strategies can't sufficiently manage COVID19 surge events
- Staffed by traditional and non-traditional medical providers

How Can MOCCs and ACS Most Effectively Work Together?

fig 1. ACS-MOCC Coordination Schematic



MOCCs can **conduct timely patient transfers in response to hospital triggers** (thick arrows between hospital and ACS), **alert all regional hospitals and contacts of updates to ACS status** (blue dotted lines), **manage patient flow** (blue dotted lines), **share of COVID-19 census data for situational awareness** (thin orange arrows) throughout the healthcare system.

What Should STLT Consider in Their MOCC-ACS Coordination Plan?

Prior to initiating conversations about improving MOCC-ACS coordination, STLT public health authorities and healthcare executives of EMS System must determine necessity for a joint ACS site and agree to upon its activation. EMS system executives may have entered a partnership with their local Assistant Secretary for Preparedness and Response Emergency Support Function #8 (ASPR ESF-8) to activate local MOCC. Therefore, the Healthcare Resilience Working Group advises that STLT public health authorities approach EMS system executives about bolstering MOCC coordination efforts in the following areas:

Identifying Triggers 	MOCCs should consider **compiling each hospital's established organizational triggers and timing guidelines** for transfer to ACS	***Why?*** MOCCs can respond immediately to health system surge alerts, expediting ACS activation through formal requests to STLTs when healthcare demand exceeds the surge capacity
Alerting the Right People 	MOCCs should consider adopting an **alerting process** to inform hospitals and regional contacts on operational updates to the ACS	***Why?*** MOCCs can scale ACS utilization to meet demand through management of ACS contract extensions
Managing Patient Flow 	MOCCs should consider **establishing a 24/7 call center** staffed by healthcare workers, which acts as the POC for each hospitals' COVID-19 triage designees	***Why?*** MOCCs can optimize ACS utilization through management of patient transfers
Data Application and Situational Awareness 	MOCCs should consider **sharing COVID-19 hospital census and patient transfer data**	***Why?*** MOCCs can provide STLTs with situational awareness on how the regional healthcare ecosystem is coping through data it collects in its operations

With a robust coordination infrastructure in place, ACS can ultimately be. activated in a utilitarian fashion, thus enabling clinicians to focus on enhancing quality of care for each patient