



The Advisor



A quarterly publication by Kansas Healthcare Coalition Clinical Advisors

Healthcare Coalitions in Kansas

The establishment of Healthcare Coalitions across the United States began in 2017. Prior to that time, monies designated for Emergency Preparedness endeavors flowed directly to hospitals and health departments to secure needed resources for emergency response/readiness. The formation of Healthcare Coalitions (HCC) was done for a variety of reasons, chief of which was the need to coordinate efforts to prepare for emergencies impacting agencies, communities, regions and states. Four core agencies are key to HCC success: hospitals, public health departments, EMS and Emergency Mgmt. Additionally, many other healthcare and emergency-related entities are represented in HCCs. Together these groups plan, prepare, train, exercise, and develop policies to effectively respond to virtually any type of disaster. They secure resources for ready deployment, offer ways to maintain certifications, present best practices and encourage collaborative relationships. Each HCC has their own Clinical Advisor, Readiness & Response Coordinator and Infection Prevention Specialist. Their website is available to members 24/7, regular meetings are scheduled at least six times per year and available virtually and often in-person. A monthly newsletter and a helpful resource guide are distributed monthly and an annual Emergency Preparedness Summit is planned for members. The Clinical Advisors meet monthly and have written this newsletter to assist you in your practice.



Burn Surge Response in Urban Areas



Beckie Manahan, PA

The number of casualties can often have an inversely proportional relationship to the number of resources available. This statement is especially true when it comes to burns. Burn injuries are not, “one size fits all” situations.



When a burn patient is enroute to your facility it can invoke a high level of staff anxiety. Familiarizing and rehearsing with your staff burn protocols will help to alleviate some of this anxiety. For larger

incidents, utilizing your region’s Burn Surge Annex, will employ best practices along with meeting expectations/protocols with referring burn facilities.

Fire or heat results in thermal burns and therefore are the most common type of burn treated in emergency rooms. However, thermal burns do not commonly result in a mass casualty incident (MCI). Chemical and radiation burns are more likely to result in an MCI. These MCI situations can be the result of accidental or terroristic agents. Likewise, chemical and radiation injuries can strike fear and panic in all involved. Historically, these agents have been used in warfare as far back as 400 BC when the Greeks used sulfur against enemy soldiers. In more recent times, Sarin, Chlorine, Mustard Gas, and other nerve agents have been used as weapons. Nuclear disasters have also occurred with large numbers of patients with flash burns.

Planning for all types of burn injuries is possible. First and foremost, know your region. Do you live near a large manufacturing company? What chemicals are transported through your region and by what means? How many miles from a nuclear plant do you live? Do you have a Fire Department or EMS unit with decontamination training and equipment? Does your facility have a designated decontamination plan?

If you feel like you’re not prepared for a burn surge. You can contact your county Emergency Manager and join the Local Emergency Planning Committee. You should reach out to your local Fire Department, EMS directors and meet with your facility directors to ensure cohesive planning. Preparation within your facility will be the key to success when it comes to patient survival and employee satisfaction. Benjamin Franklin has been credited with saying, “By failing to prepare, you are preparing to fail.” If your agency hasn’t began preparation and planning for a burn surge, it’s time to take action now.

Burn Surge Response in Rural Kansas



John Kelley, MD

In any ER the last thing you ever want to hear is a dispatcher on the scanner paging out EMS to a local address with a call for help with “multiple fatalities and/or multiple critical burn patients.” No matter the cause of burn injury, for most of the rural hospitals in Kansas just having one critical burn patient can quickly be overwhelming to the system. When a facility is faced with

multiple patients an “all hands on deck” and incident command approach may become necessary in order to effectively respond to and care for the patients that will present to the hospital. Difficulties in transferring patients for a multitude of reasons like many of us experienced over the last two years with the pandemic have shown us firsthand how important it is to be prepared to care for patients we normally would not care for in our small hospitals. Preparation and planning with training is key to help us be ready to do a job we pray we will never have to do. As we prepare for the Burn Surge Annex training exercise in April we wanted to take the opportunity to start thinking about how we should each prepare our respective organizations to deal with a surge of burn patients that could result from an event of some kind in our community.

Burn care is trauma care. As caregivers, first responders, hospital staff, health care providers, we must always remember that burn patients may have other injuries besides the obvious burns. The clinical history and mechanism of injury will help us think about what other injuries might be playing a role in these difficult to treat patients. With multiple patients, crisis standards of care and triage principles will need to come into play in deciding how best to approach the care of multiple patients and who to treat first. Practice and training using the basic principles of burn care and mass casualty care will better prepare your organization to succeed if you experience a burn surge incident. The Burn Surge Annex is full of helpful information and links to quickly point you to resources that can be a great assistance to you in planning and preparing as well as in an actual event.

In my twenty-five plus years of practicing in emergency medicine in rural areas, the focus of care with these kinds of patients revolved around stabilizing and transferring the patients to the nearest

burn unit. After our pandemic experience of the last two years we have learned the world has changed, and we can't always be guaranteed to get these patients transferred in a timely fashion. Resuscitation and stabilization (treating burn shock) is still key, but growing in our knowledge of pain management, escharotomy, sepsis prevention, glycemic control and prevention of hypothermia are just a few of the things we should become familiar with as health care teams.

The Burn Surge Annex document available from the HCC has several educational links and resources to check out. One of the resources linked below from the University of Utah has some really good training modules and quick reference sheets that focus on “Prolonged Care Of the Burn Patient in a Non-Burn Facility Following a Mass Casualty Incident-A 96 Hour Plan.”

The Burn Surge Annex was a tremendous help to the Southwest Region when we endured the wildfires last year.

Mindy Bremer



- <http://crisisstandardsofcare.utah.edu> :
 - Module 1: Initial Assessment and Management
 - Module 2: 0-48 Hours
 - Module 3: 48-96 Hours
 - Module 4: Transfer and Transport
- The above resources are all available online along with an app you can download to your mobile device with all of the above modules and reference sheets plus several other interesting resources.
- The Burn Surge Annex is tailor-made for each region in the state. It is available to members via the www.kshcc.com website under your region's documents.
- The presentation, *Initial Management and Transfer of Burn Patients* by Sarah Fischer, MSN, RN, Burn Coordinator at Ascension Via Christi Burn Center is also available, www.kshcc.com/ks-prep-summit-speakers.html.
- Each region is hosting an Advanced Burn Life Support Class (ABLS) as well as a Burn Surge Tabletop Exercise. Please contact your local Readiness & Response Coordinator for assistance in participating in these events. (Description of the course: <https://ameriburn.org/>)

Introducing Our Clinical Advisors:



Mindi Bremer RN, is the Emergency Preparedness Manager & Safety Officer for Wichita County Health Center. She is also the Southwest Healthcare Coalition (SHERT) Readiness & Response Coordinator as well as the Clinical Advisor for SHERT.

Mindi Bremer started her career in 1992 as a Certified Nurse Aide. In 2001, she earned her Associates Degree in Nursing. She worked at Greeley County Hospital/Long Term Care from 1992-2004. In 2004 she returned to her hometown in Leoti, Kansas to work as an RN. She took on the lead as Wichita

County Health Center Director of Nursing from 2014-2016.

Mindi started working in emergency preparedness in 2006 while working as a floor RN. Eventually, this role became full-time. Mindi continues to work for Wichita County Health Center as an RN, full-time Emergency Preparedness Manager and Safety Officer. She also is acting Chairperson for the Wichita County Local Emergency Planning Committee.

She became a member of the Southwest Healthcare Coalition (SHERT) in 2006, and she has been actively serving as a member to the current time. Mindi also served several years as the SHERT Chairperson. Just prior to COVID-19 becoming a Pandemic, Mindi assumed the role as SHERT Readiness & Response Coordinator (RRC) and Clinical Advisor. Mindi is also a member of the Kansas All Hazards Incident Management/Support Team.

Mindi is a proud single parent of two children: her son, Trae (Jewell) Bremer lives in Hamlet, North Carolina, and her daughter, Tailar (Seth) McGregor and their daughter Mayzee live in Clay Center, Kansas. She loves spending time traveling, visiting her children and being a “Nana” to precious Mayzee.

“My accomplishments can be credited to my Christian faith, strong work values, and the many mentors I’ve had had along the way,” states Mindi.



Beckie Manahan, PA & Emergency Manager
Neosho Memorial Regional Medical Center
Southeast Kansas HCC Clinical Advisor

Beckie Manahan is a Physician Assistant with nearly 30 years’ experience in pre-hospital and ER medicine. Beckie became a regular attendee of the Southeast Kansas Healthcare Coalition in 2018 and was assigned the role of HCC Clinical Advisor when the program initiated. In December of 2019, the Neosho Memorial Regional Medical Center Emergency Manager announced her retirement and Beckie was given this prestigious title, right before the World Health Organization declared COVID-19 a pandemic.

Beckie is still trying to learn acronyms and develop a better understanding of what is required from a hospital EM and a clinical advisor while covering occasional ER shifts. Beckie has never been shy in regards to speaking, and loves to accept teaching assignments. *“Many times, I’ve walked away from a webinar or meeting and asked myself, “I wonder if I talked too much?” (Never fear Beckie, you didn’t– editor’s note.)*

Beckie has strong Christian beliefs and loves spending time with her husband, daughter (28) and son (16). She and her family have cattle, bees (apiary), and manage a food truck/trailer restoration business. In their spare time, California gold mining is where you will find them.



Healthcare Coalition Partners of KS, LLC

Company E-mail: coalitionpartners@hccpkansas.com

Website: <https://www.kshcc.com>

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.