SURGE-Ready by Design

Transforming Telehealth into a Disaster Response Asset

THE PROBLEM / RESULTING GAP

- Disasters disrupt care access
- ED/EMS rapidly overwhelmed
- Low-acuity drives ED visits & transport
- ED medical surge & capacity strain

A SOLUTION

Disaster virtual care integrated into general population disaster shelters delivers real-time clinical care, manages low acuity patients in place, and escalates only when needed.

MODEL COMES WITH:

- ✓ Concept of Operations (CONOPS)
- ✓ Clinical Protocols & Escalation Pathways
- ✓ Job Action Sheets
- ✓ Just in Time Training
- ✓ Functional Annex.

Join the Release List!
Email srdrs@emory.edu

COMING SOON!

INTERCEPT. TREAT. PROTECT.

1 INTERCEPT
Reach patients early where they are, in the shelter or community.

2 TREAT
Deliver timely clinical care virtually during disasters, managing medical needs in place when appropriate, and escalating higher level of care as required.

3 PROTECT
Strengthen community healthcare resilience and preserve emergency capacity in disaster incidents.

Intercepting patients with virtual care. Treating patients in place. Protecting emergency capacity.

Right care. Right place. Right time – During Disasters.

MODEL TESTED – LIVE EXERCISE

May 28, 2026 | Polk County, NC

Public Health Prevent. Promote. Protect. Polk County | Buncombe County Health & Human Services | MAHEC Mountain Area Health Education Center | NC Poison Control | MAHPC Mountain Area Healthcare Preparedness Coalition

ASPR Administration for Strategic Preparedness & Response Office of Disaster Telemedicine | PRISMA HEALTH

Southern Regional Disaster Response System HHS Region 4 | Region 1 Regional Disaster Health Response System

- Simulated live disaster shelter-based care delivery
- Included NC Poison Control teleconsultation
- Integrated with ASPR's federal disaster telemedicine platform & federal telehealth physicians

UNEXPECTED FINDING: Poison Control routes calls by area code of incoming call, not caller location.

DISASTER VIRTUAL CARE FOR DISASTER SHELTERS MODEL 1.0

WHERE THIS WORKS

WHO: Public Health, Shelters, EMS, Hospitals
WHAT: Rapid virtual triage, assessment, treatment
WHEN: Disaster shelter activation & system surge
WHERE: Disaster shelters, rural & disrupted communities
WHY: Extended reach. Reduce strain. Maintain access.

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WHY THIS MATTERS

Surge overwhelms systems
Access to care breaks down
Care gaps widen fast
Patients are displaced

Disaster Virtual Care transforms disaster shelters into care access points and can:

- ✓ Reduce Medical Surge
- ✓ Preserve Emergency Resources
- ✓ Improve outcomes when systems are under strain

THIS ONLY WORKS IF YOU ARE IN IT!

Make disaster shelters virtual-ready
Healthcare partners lead care delivery
Build partnerships now
Train and test early

DEMONSTRATED WINS

- ✓ Reduced EMS transports
- ✓ Reduced unnecessary ED visits
- ✓ Enabled care in place in shelters
- ✓ Expanded clinical reach with limited staff
- ✓ Supported ESF-8 operations

- ✓ Rapid patient registration
- ✓ Simple, intuitive interface
- ✓ Non-clinical staff friendly
- ✓ Quick-start job aids
- ✓ Unified care across all levels remotely with platform

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