

Emergency Management Programs for Health Care Systems, Program Development Workshop

4 hours

Pete Brewster, Donna Roberts, Karen Biancolillo, Joanne McGlown, Connie Boatright

The purpose of this workshop is to improve the ability of attendees to develop and maintain comprehensive emergency management programs at their hospitals. The content used in the delivery of this session integrates the various standards and regulations into a simple process that can be applied at any hospital. Presenters will provide practical tips for implementation of this process.

Behavioral Objectives: At the conclusion of this session, Attendees will be able to:

- a. Identify the various standards and regulations that relate to emergency management programs for hospitals and health systems.
- b. Cite the steps in a generic program development process.
- c. Describe some of the major outcomes from this development process.

Course References: Available at www.va.gov/emshg

- “Emergency Management Principles and Practices for Healthcare Systems:” (Glossary, Competency Framework, and Curriculum)
- “Emergency Management Program Guidebook”
- “Emergency Management Capability Assessment Program”
- “Medical Surge Capacity and Capability (MSCC) Handbook”

Agenda

0800-0815

Introductions and Course Administration

Pete Brewster

0815-0900

System Overview

Pete Brewster

This session will set the context for the course and provide an overview of comprehensive emergency management policy and operational systems.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Identify the overall policy that guides the national emergency management discipline.
- Describe the overall operational system description the emergency health and medical services system.

0900-1000

Standards and Regulations

Karen Biancolillo and Joanne McGlown

This presentation will give attendees an appreciation for the variety of standards and regulations which impact health system emergency management programs.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Identify and discuss the various standards and regulations that impact hospital/health system emergency management programs.
- Identify and discuss the DHS national preparedness and HHS hospital preparedness documents.

1000-1015

Break

1015-1100

Development Process

Donna Roberts and Connie Boatright

This presentation will provide attendees with a practical process for emergency management program development that can be applied to any organization.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Identify and discuss a generic nine-step program development process for implementing a comprehensive emergency management program.
- Identify and discuss some of the outcomes of this process.

1100-1200

Small Group Discussion and Reports

All Cadre

During this activity, each small group will build a work plan and timeline for their emergency management programs.

Behavioral Objective: At the end of this session, the participant will be prepared to:

- Identify and discuss some solutions to common issues faced by Emergency Program Managers working in hospitals and health systems.

Emergency Management Programs for Health Care Systems, Program Evaluation Workshop

4 hours

Pete Brewster, Arnie Bierenbaum, Karen Biancolillo, Donna Roberts, Ann Potter

The purpose of this workshop is to enhance attendee understanding of program- and performance evaluation for emergency management programs in health care settings. The content is based on past and current research and programs, including the Veterans Health Administration's Capability Assessment Program, which has created a comprehensive set of target capabilities, measures, methods and scoring profile for use in hospitals.

Behavioral Objectives: At the conclusion of this session, Attendees will be able to:

- a. Describe some of the findings from past and current approaches to emergency management for health systems program evaluation.
- b. Explain one framework for hospital emergency management capabilities.
- c. Describe some of the approaches that can be used for evaluation measures, methods, and scoring to reach the overall goal of quality improvement.

Course References: Available at www.va.gov/emshq

- “Emergency Management Principles and Practices for Healthcare Systems:” (Glossary, Competency Framework, and Curriculum)
- “Emergency Management Program Guidebook”
- “Emergency Management Capability Assessment Program”
- “Medical Surge Capacity and Capability (MSCC) Handbook”

Agenda

1300-1315

Introductions and Course Administration

Pete Brewster

1315-1400

Research Basis

Pete Brewster

This session will set the context for the course and provide an overview of findings from disaster researchers that relate to program and performance evaluation.

Behavioral Objective: At the end of this session, the participant will be prepared to:

- Identify and discuss some social science research that have helped to set the context for our understanding of preparedness in the United States and approaches to evaluation of emergency management programs.

1400-1445

Past and Current Practice

Ann Potter, Donna Roberts

This session identifies the variety of approaches government agencies and organizations have developed over the past 15 years to evaluate emergency management programs and activities.

Behavioral Objective: At the end of this session, the participant will be prepared to:

- Identify and discuss some studies that have helped to set the context for program- and performance-level assessments of emergency management programs.

1445-1500

Break

1500-1600

VHA Capability Assessment Program

Arnie Bierenbaum, Karen Biancolillo

This presentation will explain the design and implementation of an industry-leading health system emergency management assessment program and identify some of the findings from this work.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- Describe the development process for the methodology.
- Describe the design of the capability framework.
- Identify the various components of the methodology and the contribution each makes into the overall assessment procedure.

1600-1700

Small Group Discussion and Reports

Donna Roberts and Cadre

During this session, attendees will design approaches to evaluate common components of health system emergency management programs.

Behavioral Objective: At the end of this session, the participant will be prepared to:

- Identify and discuss some approaches to evaluating components of an emergency management program for a hospital and/or health system.

Emergency Management Programs for Health Care Systems

Program Development Workshop

Course Introduction

Workshop Agenda

- 8-9 Course Introduction and Lesson One
- 9-10 Lesson Two
- 10-1030 Break
- 1030-1130 Lesson Three
- 1130-1200 Presentations

Primary References

- *“Emergency Management Principles and Practices for Healthcare Systems:”*
 - Glossary, Competency Framework, and Curriculum
- *“Emergency Management Program Guidebook”*
- *“Emergency Management Capability Assessment Program”*
- *Medical Surge Capacity and Capability (MSCC) Handbook*

Available at www.va.gov/emshg

Course Objectives

- Identify the various standards and regulations that relate to emergency management programs for hospitals and health systems.
- Cite the steps in a generic program development process.
- Describe some of the major outcomes from this development process.

***Why do hospitals engage in
emergency management?***

Why Do Hospitals Engage in Emergency Management?

- To help their communities in times of need and to protect patients, visitors and staff.
- Accreditation by The Joint Commission, CMS or State programs.
- Liability.
- Loss of revenue or damage to assets.
- Loss of reputation.

Most Emergencies in the Community

- 911 Communications Center receives calls.
- Jurisdictional public safety agencies are dispatched.
- First Officer on scene takes Command, establishes an Incident Command Post.
- Agency resources are sufficient to handle the problems encountered.

Most Emergencies in the Hospital

- Employees report problems to supervisors and/or to police desk.
- Initial response team(s) respond, based on the nature of the problem.
- First supervisor on the scene establishes “Command” and establishes an Incident Command Post.
- Hospital staff are directed to defend, protect and/or evacuate threatened areas.

...Until...

- Significant numbers or types of casualties, damage, and/or unusual problems are encountered.
- As the number of resources required increase, assistance is requested from partner hospitals, neighboring jurisdictions...

When does an emergency become a disaster?

Fritz (1961)

- *“Accidental or uncontrollable events, actual or threatened, that are concentrated in time and space, in which a society, or a relatively self-sufficient subdivision of a society, undergoes severe danger, and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented.”*

The Boundary Between Safety and Emergency Management: Hospital

- Safety professionals within the hospital address compliance with a variety of codes and standards compliance in the areas of construction, industrial hygiene, hazardous materials, environmental protection and general safety.
- Preparedness for emergencies has been, and will continue to be, an essential activity within these areas m ... but does not necessarily bring in the whole hospital or the broader community.

The Boundary Between Public Safety, Public Health, and Emergency Management: Community

- Police, fire, emergency medical services and public health agencies are responsible for meeting standards of service delivery.
- Preparing for emergencies is ... well, their job ... except research shows that planning for major emergencies or disasters is primarily conducted within the agency, and not so much across all agencies.¹

Emergency Program Manager's Function

The emergency program manager's role is to use a variety of resources, techniques and skills to create a team of agencies and organizations who work through a process of steps that reduces the probability and impact of extreme events – and should a disaster occur, brings about a quick restoration of routines.

Course Introduction Summary

- This course is focused on identifying and discussing a series of principles, steps and guidance that you can use to develop an emergency management program in your hospital or health care system.

Emergency Management Programs for Health Care Systems

Program Development Workshop

Unit One: System Overview

Lesson Objectives

- Identify the overall policy that guides the national emergency management discipline.
- Describe the overall operational system description the emergency health and medical services system.

Comprehensive Emergency Management: 4 Phases

- Mitigation
- Preparedness
- Response
- Recovery

Important Mitigation Steps

- Hazards Analysis - Internal & External
 - What types of natural, technological and man-caused events threaten the organization?
- Vulnerability Analysis
 - For each threat, ask “What will be the likely impacts (considering both direct and indirect effects) ?”
- Actions taken to reduce the impacts
 - What can be done to ensure operating systems remain functional? (And have back-ups...)

Important Preparedness Steps

- Resources Listing
 - That provide the back-up for damage to the plant, supplies, equipment, communications, and people.
- Pre-arranged agreements
- Staff orientation and training on basic response actions
 - Simple guidelines covering how you expect each employee to behave during any emergency.
- Organization-wide rehearsals

Important Response Steps

- Take appropriate actions to protect life and conserve property
- Notify persons in charge
- Continue to organize and manage

All Staff

-
- Situation assessment
 - Warning and notifications
 - Setting objectives and priorities
 - Organization-wide instructions
 - Plan for what happens next
 - Liaison with external systems

Mgmt.

Important Recovery Steps

- Determine present level and extent of patient care capability.
- Adjust patient care policies.
- Set objectives and priorities for the re-establishment of operating systems.
- Make stress debriefing services available to patients and staff.
- Schedule and conduct an incident critique and make improvements to the CEM program.

CEM is Achieved through the Integrated Emergency Management System or IEMS

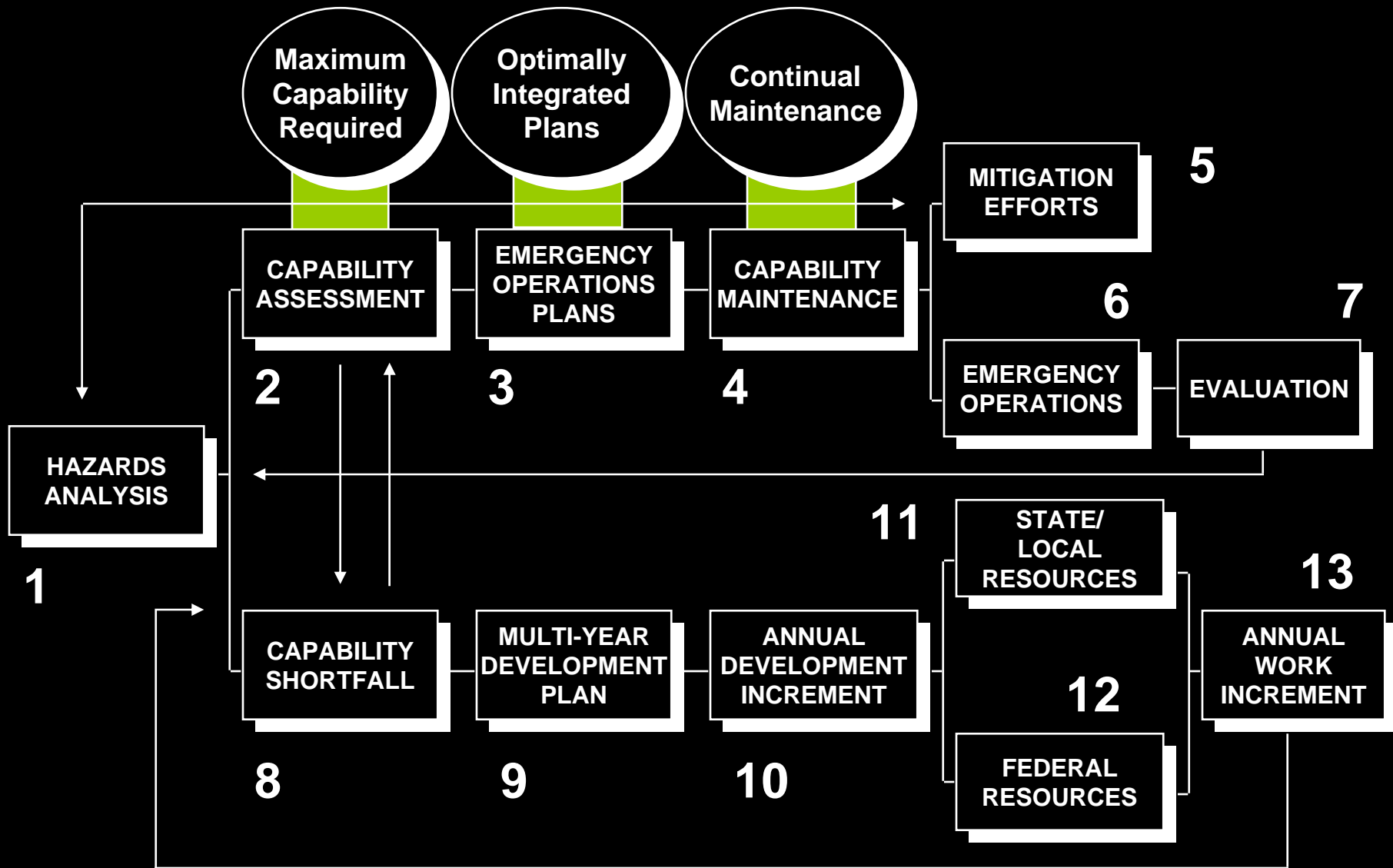
- A philosophy of inclusiveness - those groups that will respond to disasters are brought into the planning process.
- A method of organization - around functions generic to all disasters, not around specific hazards, agencies or people.

Planning Functions

- Transportation
- Communications
- Public Works
- Firefighting
- Information/Planning
- Mass Care
- Resource Support
- *Health & Medical*
- Search & Rescue
- Hazardous Materials
- Food
- Energy
- Law Enforcement
- Military Support

IEMS is Also...

- A strategic framework for implementing Comprehensive Emergency Management - a set of program development steps tied to the four phases:
 - Mitigation
 - Preparedness
 - Response
 - Recovery



Emergency Management Program vs. Incident Command System

- An organization's Emergency Management Program involves activities across four phases: mitigation, preparedness, response and recovery.
 - The ICS is used to manage the response and recovery timeframes.
 - Also functional in structure – applicable for “all hazards” and other events.

Emergency Management System

- Inter-governmental (Federal, State and local), inter-agency and inter-disciplinary with the Emergency Management Agency (EMA) serving to coordinate overall efforts.
 - Same analogy for application within a hospital or health care system.
- *“Medical Surge Capacity and Capability”* (MSCC) provides a description of the overall health and medical services operational system in the U.S.

MSCC - Six Tiers

- Individual Healthcare Asset
- Healthcare Coalition
- Local Jurisdiction
- State Response and Coordination of Intrastate Jurisdictions
- Interstate Regional Management and Coordination
- Federal Support to State and Local Jurisdictions

Individual Healthcare Asset

- Tier 1 are point-of-service facilities - Individually-operating health care systems, private physicians offices, and outpatient clinics.
- Priorities are resiliency, then support to the community (medical surge capacity and capability).
- TJC standards, NIMS compliance, OSHA and EPA requirements are main focus.

Healthcare Coalition

- The purpose of Tier 2 - Coalition focused on mutual-aid between individual healthcare assets.
- Focus is on cooperative planning, information sharing and information processing.
- Supporting local public safety/public health requirements, intra-state mutual-aid commitments, and national standards (ASPR HPP, MMRS, NDMS programs) are a main focus.

Local Jurisdiction

- For Tier 3, the county emergency management agency is the organizing point, with local public health agency serving as coordinator.
- Represents the medical and health functional annex of the Local Emergency Operations Plan (EOP).
- NIMS requirements are a focus.

State Response and Coordination of Intrastate Jurisdictions

- For Tier 4, the State emergency management agency is the organizing point, with State public health agency serving as coordinator.
- The existence of an intra-state mutual aid network is critical.
- State acts to coordinate mutual-aid between local jurisdictions (Tier 3s).

Interstate Regional Management and Coordination

- For Tier 5, the State emergency management agency is the organizing point, with State public health agency serving as coordinator.
- Active participation in the Emergency Management Assistance Compact (EMAC) is critical.
- State acts to coordinate mutual-aid for local jurisdictions (Tier 3s) with other States.

Federal Support to States and Local Jurisdictions

- For Tier 6, the Federal Emergency Management Agency (FEMA) is the organizing point, with HHS serving as coordinator.
- FEMA acts to coordinate support from Federal agencies for States and local jurisdictions (Tier 3s).

Lesson One Summary

- The U.S. emergency management system is inter-governmental, inter-disciplinary and inter-agency in nature.
 - Comprehensive Emergency Management is the primary policy approach for all hazards planning by communities and hospitals.
- Local jurisdictions provide the initial response to emergencies and disasters, supported by the State, then Federal government.

Questions ?

Emergency Management Programs for Health Care Systems

Program Development Workshop

Unit Two: Standards and Regulations

Primary References

- *(Same as Lesson One, plus)*
- *NFPA 1600, Standard for Disaster/Emergency Management and Business Continuity Programs*
- *The Joint Commission emergency management standards*
- *HHS: Assistant Secretary for Preparedness and Response (ASPR) grant performance targets*
- *DHS: NIMS, Critical Infrastructure and National Preparedness documents and programs*

Lesson Objectives

- Identify and discuss the various standards and regulations that impact hospital/health system emergency management programs.
- Identify and discuss the DHS national preparedness and HHS hospital preparedness documents.

Emergency Management Standards and Regulations

- OSHA / EPA
- HHS
 - EMTALA
 - HIPAA
 - ASPR
- Joint Commission
- DHS
 - NIMS
- NFPA
- Internal standards and requirements

Which of these standards and regulations do you spend the most time on?

Are they all equally important?

Department of Homeland Security Standards: 2008-2009

- National Incident Management System (NIMS) requirements for U.S. hospitals and health systems:
 - Went from 17 to 14 requirements in FY08/09.
- Continuity of Operations Planning (Federal agencies - hospitals)

Department of Health and Human Services Requirements

- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Health Information Portability and Accountability Act (HIPAA)
- Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP)

Occupational Safety and Health Administration & the Environmental Protection Agency

- OSHA:
 - Emergency Planning and Community Right-to-Know Act
 - Hazardous Materials and Waste Operations and Response Act
- EPA:
 - Runoff from decontamination

National Fire Protection Association (NFPA)

- Standard 1600 – Disaster/Emergency Management and Business Continuity Programs
 - Identifies the core elements of an emergency management program.
- Standard 99/12 – Health Care Emergency Management and Security

The Joint Commission EM Standards: 2009

- Foundation for the Plan (EM.01.01.01)
- The Plan for Emergency Response (EOP)
 - General Requirements (EM.02.01.01)
 - Specific Requirements
 - Communications (EM.02.02.01)
 - Resources and Assets (EM.02.02.03)
 - Security and Safety (EM.02.02.05)
 - Staff (EM.02.02.07)
 - Utilities (EM.02.02.09)
 - Patients (EM.02.02.11)

The Joint Commission EM Standards: 2009 (con't)

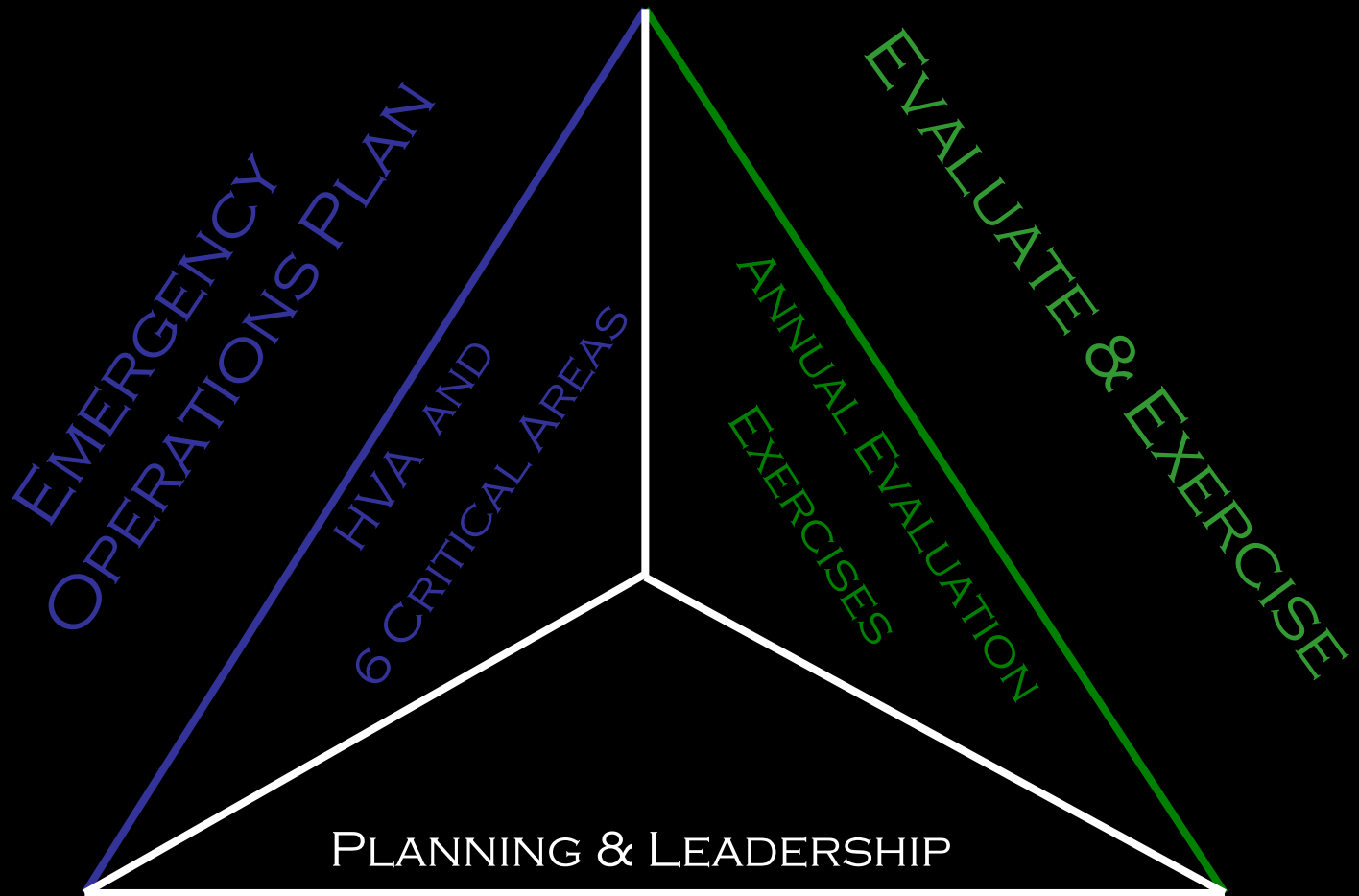
- Specific Requirements (con't)
 - Disaster Volunteer
 - Volunteer Licensed Independent Practitioners (EM.02.02.13)
 - Volunteer Practitioners (EM.02.02.15)
 - Evaluation
 - Evaluating the Planning Activities (EM.03.01.01)
 - Evaluation the EOP through Exercises (EM.03.01.03)

The Joint Commission: 2009 Overview

- Is now an accreditation manual chapter .
- All Standards and Elements of Performance from 2008 are incorporated into the 2009 Emergency Management Chapter.
- No new Standards or Elements of Performance in 2009.
- This new chapter contains some standards that were in HR, EC and MS.
- Survey Process is similar to 2008.

The Joint Commission: 2009 Overview (con't)

- The revised standards emphasize a “scalable” approach that can help manage the impact on a single organization, multiple organizations, an entire community, or region.
- Consider: the variety of events; the intensity of events; and, the duration of the disasters.
- The revisions also stress the importance of planning, and testing response plans for emergencies during conditions when the *local community cannot support* the healthcare organization.



EMERGENCY PROGRAM

Hazards Vulnerability Analysis (HVA)

- Documented.
- Annual Review.
- Site specific: one or many.
- Organization and community partners prioritize HVA
 - Includes disclosing to community needs and vulnerabilities.

Hazards Vulnerability Analysis (con't)

- Use the HVA to plan mitigation activities:
 - Impacts on Mission Critical Systems/Infrastructure
- Use the HVA to plan preparedness
 - Respond requirements - EP 8 - Documented inventory of resources & assets
 - Fuel
 - Personal Protective Equipment (PPE)
 - Water
 - Medical/surgical supplies
 - Other

Emergency Operations Plan (EOP)

- Emergency Operations Plan describes response procedures:
 - Written plan.
 - Capabilities to self-sustain for up to 96 hours.
 - EOP describes:
 - Recovery strategies
 - Initiation and termination of response and recovery phases
 - Defines authorities
 - Alternative care sites
 - Actual implementation is documented

EOP: Six Critical Areas

1. Communication [EC.02.02.01]
2. Resources & Assets [EC.02.02.03]
3. Safety & Security [EC.02.02.05]
4. Staff responsibilities [EC.02.02.07]
5. Utilities Management [EC.02.02.09]
6. Patient, clinical & support activities [EC.02.02.11]

TJC Surveying

- Review of the organizations Emergency Operations Plan.
- Two themes:
 - Discussion
 - Prefer to conduct in ICS
 - Observation
 - Tour based on Discussion
- The subject matter will be based on a review of the Hazard Vulnerability Analysis

Survey Process - Discussion

1. Compliance with EM Standards
 - ✓ EOP
 - ✓ Six Critical Functions
2. Discuss Emergency Operations Plan.
3. Surveyor is evaluating Team Dynamics

Survey Process – Discussion

Surveyor initiates discussion around the four EM categories:

- Mitigation
- Planning
- Response
- Recovery

Surveyor examines:

- Six Critical Functions
- Organization's overall EM structure
- Operations
- Planning activities

Survey Process - Observation

- How the facility handles actual emergencies.
- Evaluated with the organization.
- Availability of supplies & equipment.
- Training efforts that accompanied EOP.
- Effectiveness of communication systems.
- Contingency Planning.
- Patient care.

Scoring & Decision Process

- Scoring Scale
 - 0 = Insufficient Compliance
 - 1 = Partial Compliance
 - 2 = Full Compliance
- Requirement for Improvement (RFI)
 - All findings of less than full compliance will be cited as a RFI
 - All RFIs require resolution through an Evidence of Standards Compliance (ESC)
 - This includes findings scored partial
 - “Supplemental Findings” (2008 term) are eliminated

EP Scoring Categories

A: Structural requirements

- EP's scored yes (2) or no (0)
- May address issues requiring full compliance

C: Based on number of times an EP is not met

- Score 2: 0-1 instances of non-compliance
- Score 1: 2 instances of non-compliance
- Score 0: ≥ 3 instances of non-compliance
 - Above is based on a sample of 10

NOTE: The 'B' Category has been eliminated

Department of Homeland Security: Key Directives (2001-2008)

Homeland Security Presidential Directive(s);

- 5 – Management of Domestic Incidents
 - National Response Plan/Framework
 - National Incident Management System
- 7 – Critical Infrastructure Protection
- 8 – National Preparedness
 - Target Capability List
 - Homeland Security Exercise and Evaluation Program

HHS ASPR

Hospital Preparedness Program

Overarching Requirements and ASPR Expectations:

The following four sub-capabilities must be incorporated into the development and maintenance of all capabilities:

- **National Incident Management System (NIMS)**
- **Education and Preparedness Training**
- **Exercises, Evaluation and Corrective Actions**
- **Needs of At-Risk Populations**

HHS ASPR

Hospital Preparedness Program

Level One Sub-capability: FY 2008 HPP cooperative agreement funds will be used to continue building medical surge capacity and capability at the State and local level through associated planning, personnel, equipment, training and exercises.

- Interoperable Communication Systems
- Tracking of Bed Availability (HA_vBED)
- ESAR VHP
- Fatality Management
- Medical Evacuation/Shelter in Place
- Partnership/Coalition Development

HHS ASPR

Hospital Preparedness Program

Level Two Sub-Capabilities: These Level-Two sub capability activities remain allowable costs under the FY 2008 cooperative agreement provided the Level-One Capabilities are being adequately addressed in the work plan.

- Alternate Care Sites
- Mobile Medical Assets
- Pharmaceutical caches
- Personal Protective Equipment
- Decontamination

HHS ASPR

Hospital Preparedness Program

Additional Considerations:

- Medical Reserve Corps
- Critical Infrastructure Protection

HHS ASPR

Hospital Preparedness Program

Appendices:

- Medical Surge Capacity and Capability
- NIMS Requirements for Healthcare Organizations
- Homeland Security Exercise and Evaluation Program
- HAvBED Operations Requirements and Definitions
- Emergency System for the Advance Registration of Health Professionals

Questions ?

Emergency Management Programs for Health Care Systems

Program Development Workshop

Unit Three: Development Process

Lesson Objectives

- Identify and discuss a generic nine-step program development process for implementing a comprehensive emergency management program.
- Identify and discuss some of the outcomes of this process.

What are, or have been, the most important parts of developing your hospital's emergency management program?

Which have been most difficult to accomplish?

Organizational Apathy

- Lack of an organized constituency or influential champion.
- Defeatism
- “Higher priorities”
- Difficulty substantiating the benefits.
- Over-estimation of capability.
- Ambiguity of responsibility.

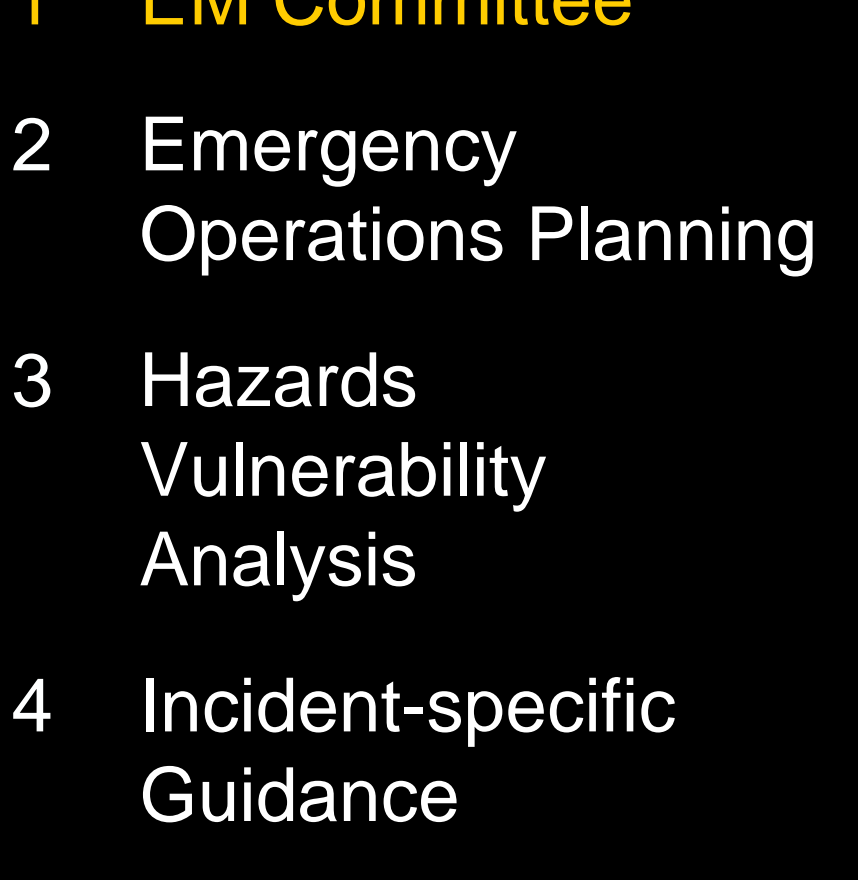
Emergency Program Manager's Role

The EM program manager's role is to use a variety of resources, techniques and skills to create a team of entities who work through a process of steps that reduces the probability and impact of extreme events...

EM Program Development, Maintenance & Evaluation Process

-
- 1 EM Committee
 - 2 Emergency Operations Planning
 - 3 Hazards Vulnerability Analysis
 - 4 Incident-specific Guidance
 - 5 On-going Mitigation & Preparedness
 - 6 External Coordination
 - 7 Education & Training, Exercises
 - 8 Application
 - 9 Evaluation

EM Program Development, Maintenance & Evaluation Process

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- 1 **EM Committee**
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Emergency Management Committee

- Responsible for the emergency management program.
- Define the role of the organization in the community-wide emergency management program.
- Review, approve, staff, budget and monitor corrective actions.
- Membership to include all relevant key operating units/departments.

Annual Work Plan

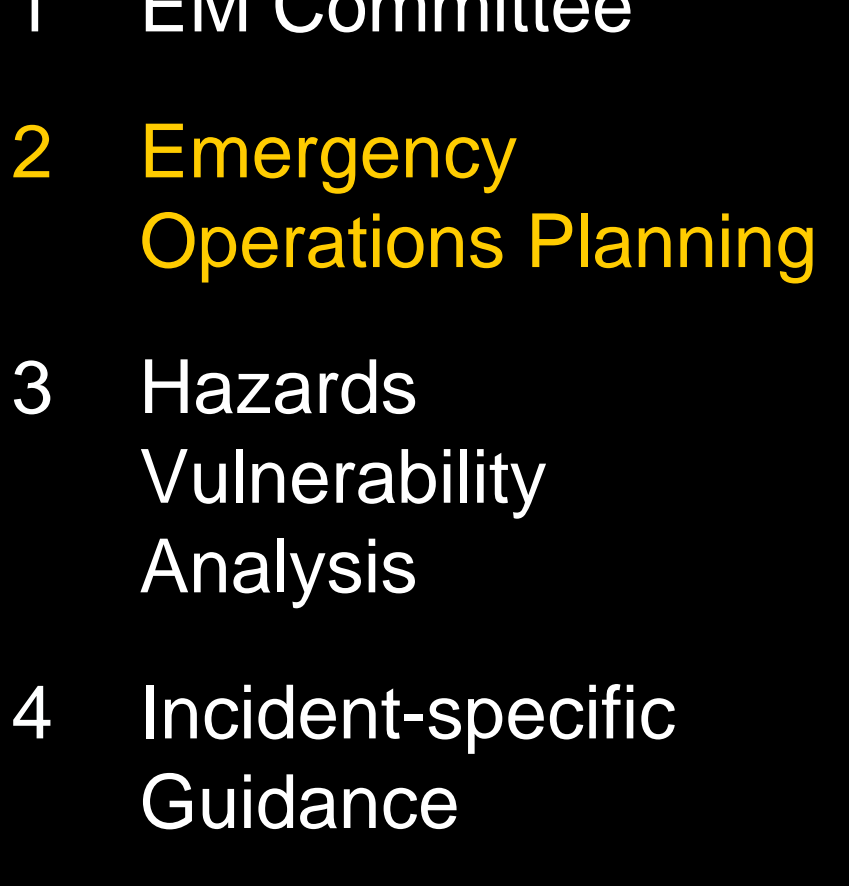
- Laws & authorities
- Policy & mission statement(s)
- Emergency Program Manager & Emergency Management Committee responsibilities
- Goals, objectives, strategies & budget
- Timeline

The annual work plan for the EM Program, developed by the EM Committee and approved by the CEO.

Why are Goals, Objectives and a Timeline Important?

- Disasters don't happen everyday!
- Establish direction.
- Help to maintain long-run involvement of resource providers.
- Help to enhance performance.

Nine-Step Program Development Process

- 
- 1 EM Committee
 - 2 **Emergency Operations Planning**
 - 3 Hazards Vulnerability Analysis
 - 4 Incident-specific Guidance
 - 5 On-going Mitigation & Preparedness
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Purpose and Uses of an Emergency Operations Plan (EOP)

- Written record of the emergency operations planning process.
- Establishes the incident management structure and coordination processes.
- Basis for education, training and exercises.
- Describes how the organization intends to behave during emergencies.

Emergency Operations Planning

The EOP:

- Groups areas of responsibility and assigns organizational units.
- Establishes command, control and coordination relationships.
- Describes strategies for response and recovery activities.
- Addresses all hazards.

Sample EOP Structure

- Basic Plan
- Functional Annexes:
 - Command/Management
 - Planning
 - Logistics
 - Finance
 - Operations:
 - Business Continuity
 - Equipment, Plant & Utilities
 - Safety & Security
 - Health & Medical
- Support Annexes
- Incident-specific Guidance
- Job Aids

Sample EOP Structure

EOP Format Blends Both

- Basic Plan
- **Functional Annexes:**
 - Command/Management
 - Planning
 - Logistics
 - Finance
 - Operations:
 - Business Continuity
 - Equipment, Plant & Utilities
 - Safety & Security
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- Support Annexes
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- Job Aids

**ICS Management
Functions**

**Planning functions
for a
health care
organization**

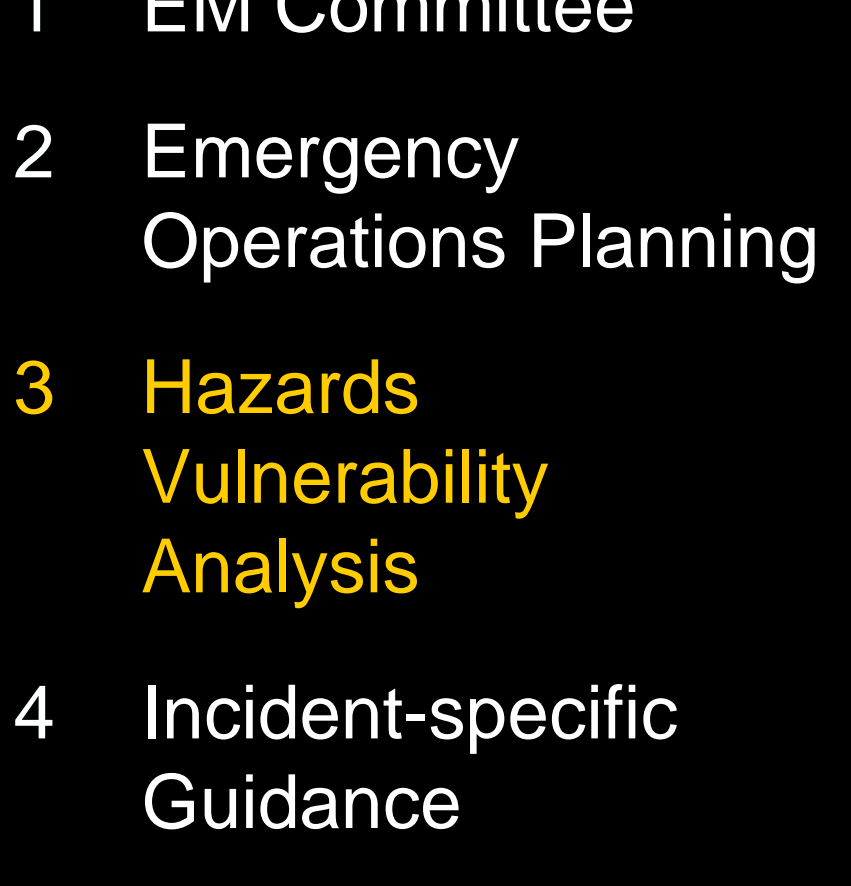
Six Key Functions Joint Commission

- “All hazards” command structure
- Emergency communication
- Resource management
- Safety and security
- Staff
- Utilities
- Clinical activities

EOP Functional Annexes

- Management
- Management, Safety and Security; & Business Continuity
- Logistics
- Safety and Security
- Management
- Equipment Plant and Utilities
- Health and Medical

Nine-Step Program Development Process

- 
- 1 EM Committee
 - 2 Emergency Operations Planning
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Hazards Vulnerability Analysis (HVA)

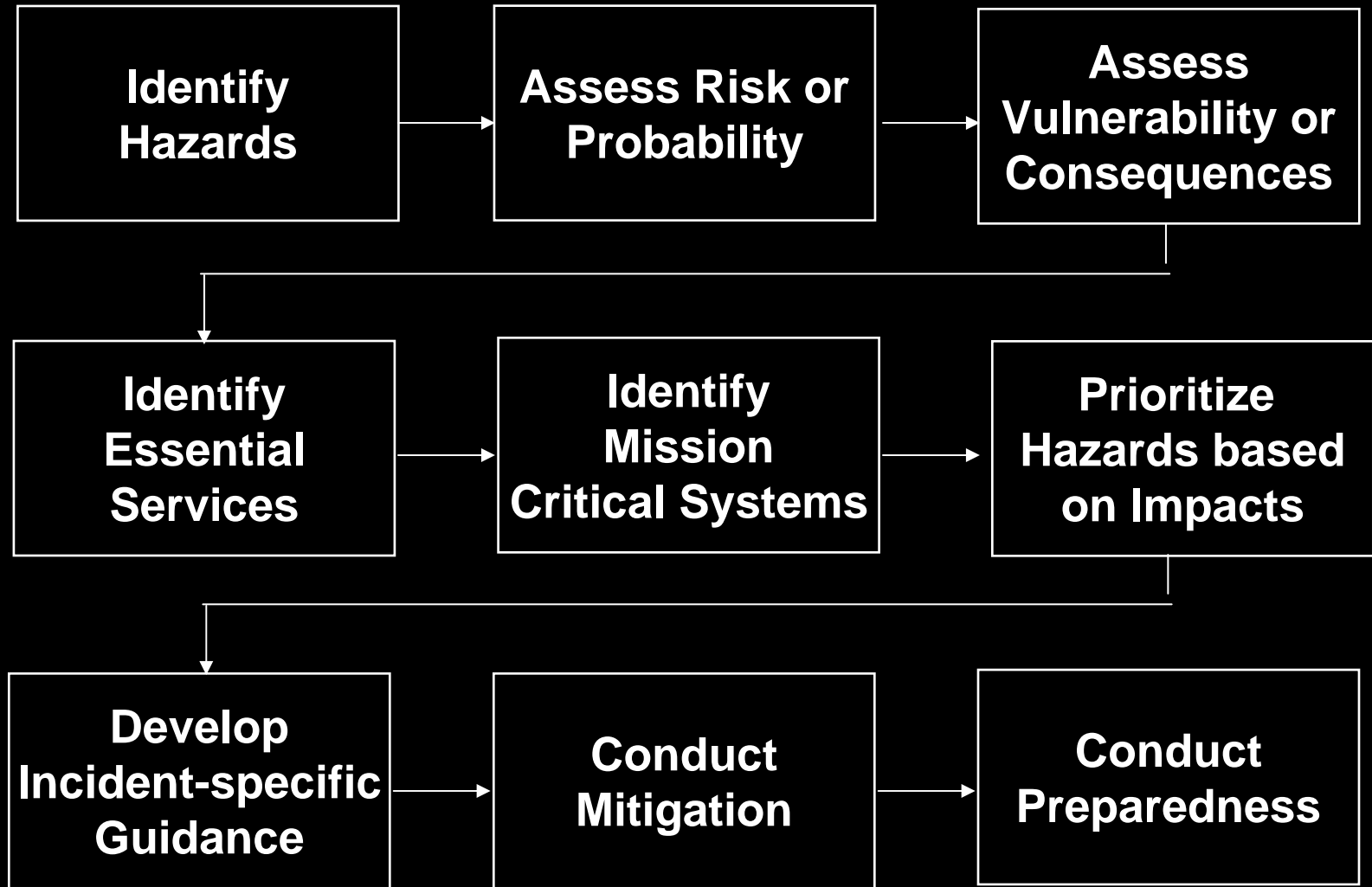
- A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence or “vulnerability” is related to both the impact on organizational function (resiliency) and the likely service demands created by the hazard impact (medical surge).

Sample Hazards, Threats and Events

- Naturally-occurring Events:
 - Drought, EQ, Fire, Flood, Hurricane, Thunderstorm, Tornado, Tsunami, Volcanic Eruption, Winter Storm.
- Human-related Events:
 - Bomb Threat, Civil Disturbance, Cyber Attack, Hostage, Terrorism, Violent Behavior.
- Hazardous Materials Events:
 - Explosives and Biological, Chemical, Radiological Events

HVA Steps

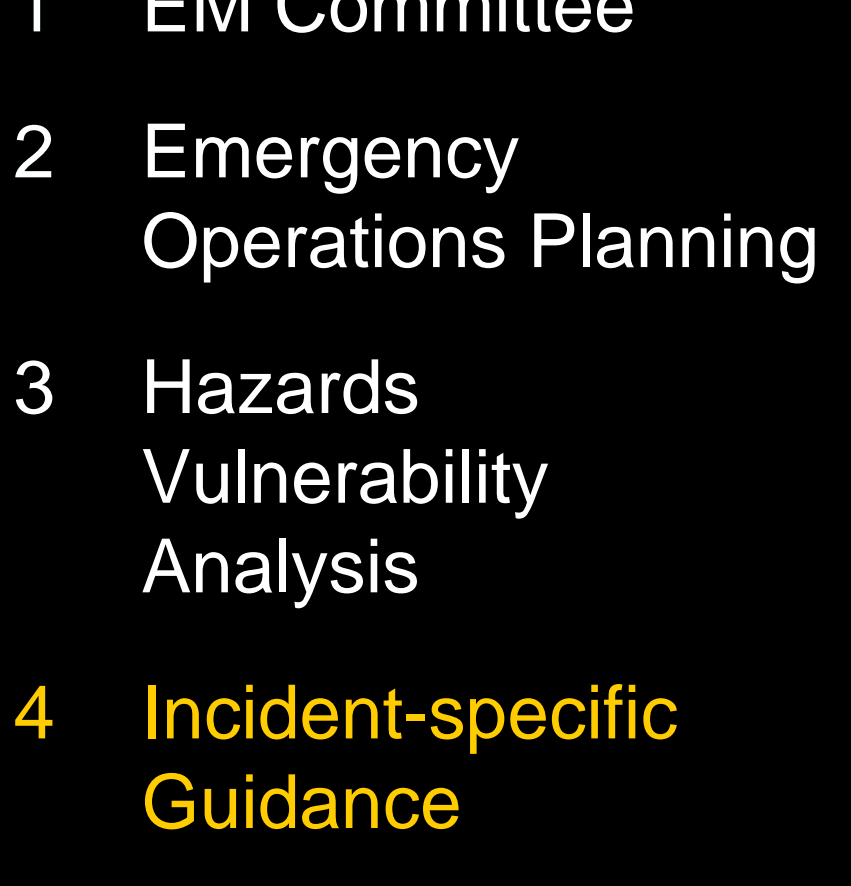
- HVA Process:
 - Hazard identification (what?)
 - Risk assessment (how likely?)
 - Assessment of vulnerabilities (what will we lose?)
- The driver for on-going mitigation and preparedness activities.



Mission Critical Systems

- Lighting
- Electrical Power
- Steam Distribution
- HVAC
- Room or Hood Exhaust
- Water Delivery
- Water Conditioning
- Waste Stream
- Critical Supplies
- Communications
- Computer Systems
- Alarms
- Vertical Transportation
- Central Medical gases
- Staff

Nine-Step Program Development Process

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The EOP is “all-hazards” Planning

- The Emergency Operations Plan (EOP) describes the overall strategy for how the organization intends to behave in response to any hazard, threat or event.
- Basic Plan
- Functional Annexes
- Support Annexes
- *Incident Annexes*
 - *incident-specific planning*

Incident-specific Guidance is...

- Short, concise protocols that describe the initial response actions to particular hazards, threats or events.
- Decision-support tools or algorithms.
- Pre-identified ICS position staffing and operating facilities.
- Specifically-designed equipment and supply caches.
- Mutual-aid arrangements.

Types and Purposes of Incident-specific Guidance

- *Hazard-focused* – guidance that explains strategies for each priority hazard identified through the HVA:
 - Earthquake, hurricane, snowstorm, etc.
- *Operational Event-focused* – guidance that explains strategies for carrying out certain activities:
 - Evacuation, mass casualty incident, etc.

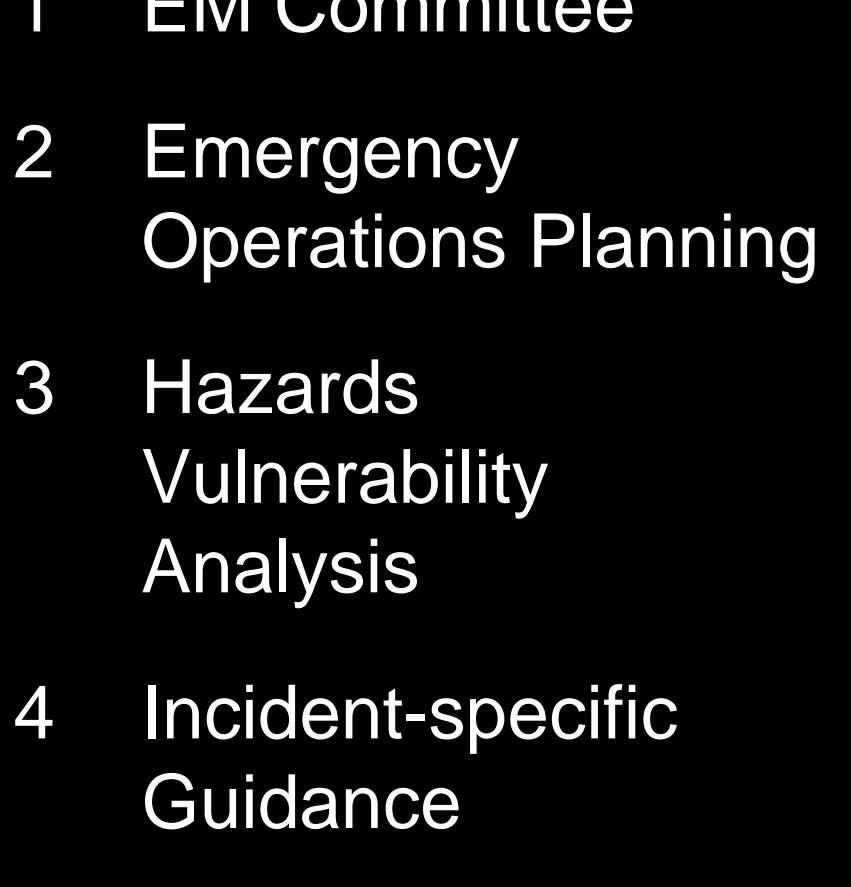
Types and Purposes of Incident-specific Guidance (con't)

- *Mission Critical System-focused* – guidance that explains strategies for loss of a Mission Critical System:
 - Staff shortage, loss of water, power, medical gas, etc.

Standard Operating Procedure Sample Format

- Subject/Title
- Description of Threat/Event
- Impact on Mission Critical Systems
- Operating Units and Key Personnel
- Mitigation/Preparedness Activities
- Response/Recovery Activities
- Notification Procedures
- Specialized Staff Training
- References and Further Assistance
- Attachments

Nine-Step Program Development Process

- 
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Resiliency

- Refers to the ability of an individual human or an organization to quickly recover from change or misfortune. It is commonly thought of as “buoyancy” or the ability to “bounce back.”
- ***Resiliency*** is the focus of ***continuity planning***.

Continuity Planning Includes...

- Identification of essential functions
- Preservation of vital records
- Management of staff
- Delegations of authority
- Relocation of essential functions to alternate facilities

Some Essential Functions of a Hospital

- Emergency department
- Surgery
- Patient diagnostics
- Acquisition/supply
- Engineering
- Building maintenance
- Patient administration and records
- Finance
- Administration

Vital Records

- Electronic and hardcopy documents, references, and records needed to support essential functions during emergencies.
 - Emergency operating records
 - Devolution of authority.
 - Blueprints.
 - Legal and financial records
 - Patient records
 - Personnel payroll records
 - Insurance records
 - Contracts

Delegations of Authority

- To ensure the continued operation of departments/agencies and their essential functions.
- Who is authorized to make decisions or act on behalf of the department/agency head and other key officials for specific purposes during emergencies?

Management of Staff

- Essential hospital functions
- Critical staff:
 - Position(s)
 - Skills
 - Numbers
- Employee and family preparedness
- Staff and family support

Alternate Facilities

- Located at a safe distance from the main facility.
- Can be operational in 12 hours or less.
- Provide sufficient space, equipment, supplies, and services to support needed personnel in the performance of essential functions.

Mitigation

- Based on the analysis of critical operations and the HVA.
- Identifies interim and long-term goals and lists various strategies for structural and nonstructural mitigation to eliminate or reduce the threat(s) or their impacts.

Recovery Planning

- Also based on the analysis of critical operations, the HVA.
- Develop priorities, processes and timeframes for restoration of mission critical systems.
- Identify alternative sources of mission critical resources.
 - Resource Management

Resource Management

- The recovery planning process includes the identification of critical operations, resources and restoration priorities.
- Those restoration priorities drive resource management strategies – where can you get what you need to restore service 24/7?
- What can't you reliably borrow and/or improvise with?

Inventory Critical Resources & Develop Agreements

*Who can help
and respond ?*

**Resource Types:
HUMAN
PHYSICAL
INFORMATIONAL**

Networks

Private Sector

City

Federal Agencies

Volunteer

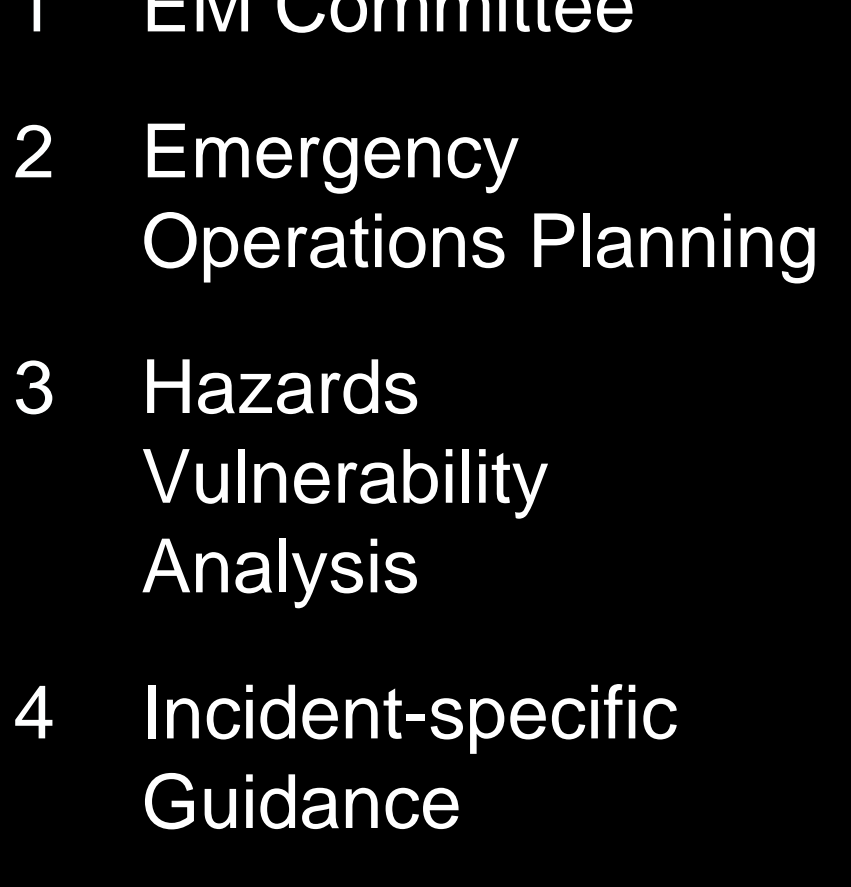
The key to rapid recovery.

Agreements should clarify:
“Meet and Greet”
Know Your Neighbors
Train With Them
Terms for Use/Maintenance
Create an Inventory System
How To Request

Personal/Family Preparedness

- Get key staff informed: learning about hazards and personal family vulnerabilities.
- Have them make a plan: a set of actions and supporting information for emergency situations, plus guidance for practicing the plan.
- Ensure they assemble a kit: develop a cache of emergency supplies for the home, vehicle and other family sites.
- Maintain your plan and kit.

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Key Terms

- Education – Instruction, structured to achieve specific, competency-based objectives, that imparts primarily knowledge.
- Training – Instruction that imparts and/or maintains the skills (and some abilities, such as strength and endurance) necessary for individuals and teams to perform their assigned system responsibilities.

Key Terms

- Drills – a training application that develops a combination or series of skills.
- Exercise – a scripted scenario-based activity designed to evaluate the system's capabilities and capacity to achieve overall and individual functional objectives and to demonstrate the competencies for relevant response and recovery positions.

Competencies, Instruction and Evaluation

- Competencies describe the necessary knowledge, skills, and abilities that instructional activities (education, training and drills) are designed to provide, and that evaluative activities (exercises) measure.

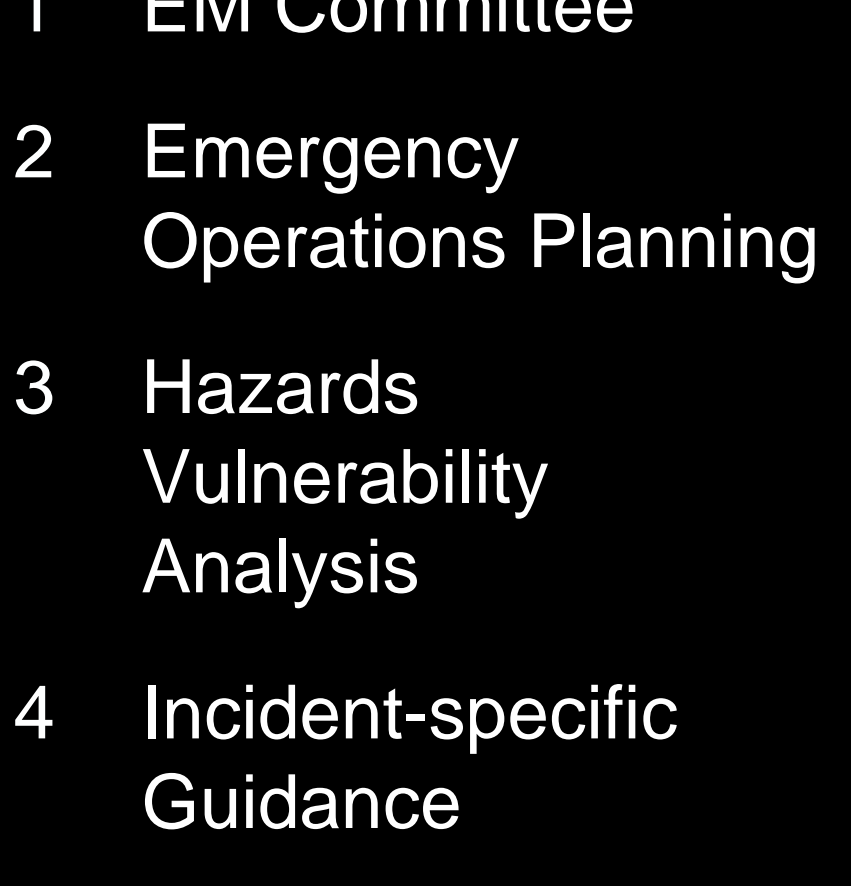
Types and Purposes of Exercises

- Tabletop – designed to evaluate knowledge of how the system is applied to a scenario.
- Functional – designed to evaluate knowledge, skills and abilities to perform a particular functional area within the system.
- Full-scale – designed to evaluate a series of functional areas or the overall response system.

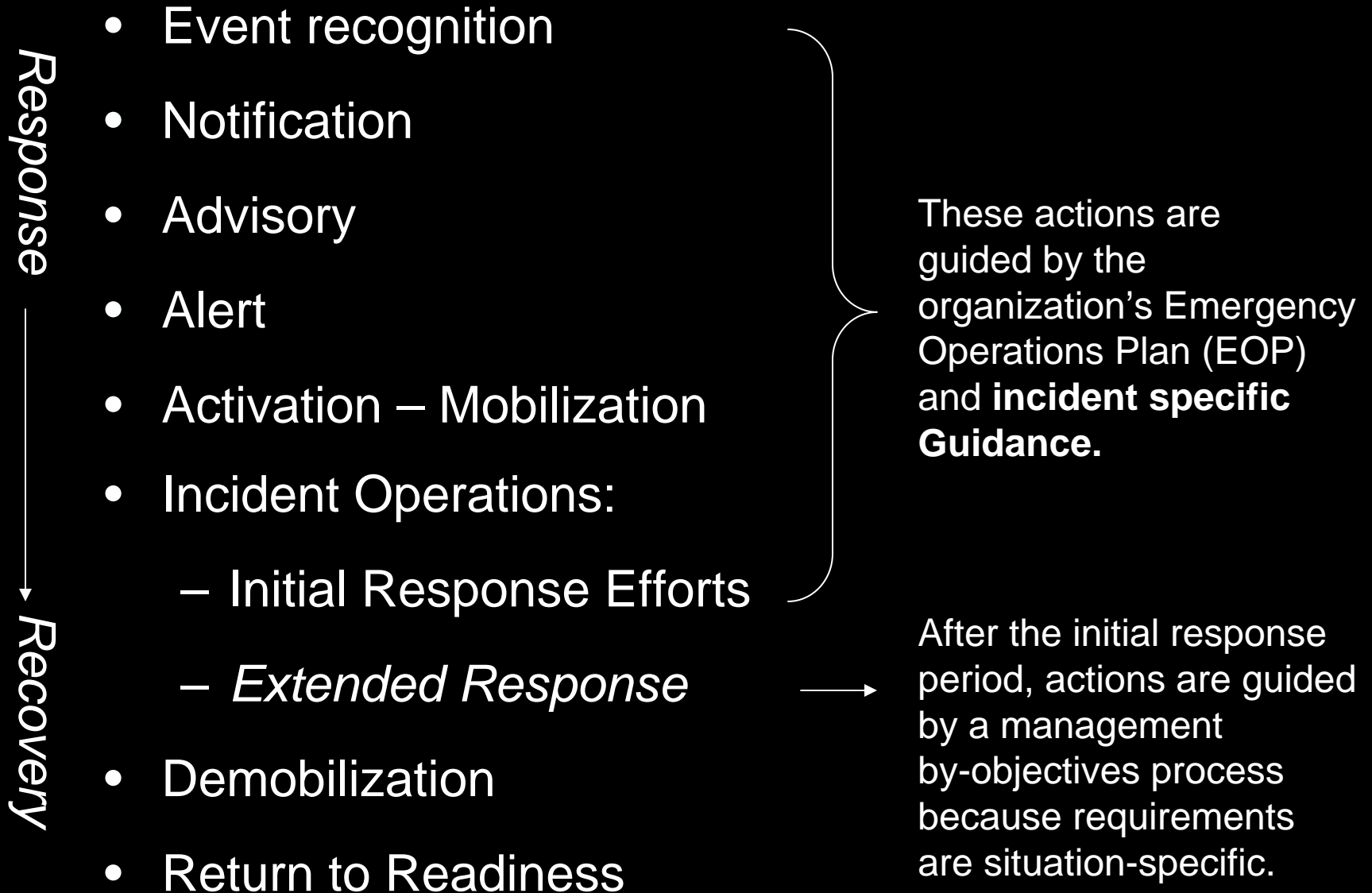
The Importance of an Exercise Program

- Exercises build on the foundation of instruction on the existing system and should include all types in a building block order.
 - Education and training should be based on existing procedures (EOP and incident-specific procedures), and provided prior to an exercise.
 - Full-scale exercises should not be conducted without first conducting training, tabletops and functional exercises.

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Life Cycle Stages of an Incident



Components of the EOP used in Response Phase

- Incident-specific guidance
 - Decision tree/initial action list
 - Notifications and reporting requirements
- Call-back rosters
- ICS Position descriptions/Job Action Sheets
- ICS forms
- Other checklists

ICS Management Elements

- **Agency Executive** – Director/CEO at the hospital facility, regional or national level.
 - Set overall policies and priorities.
- **Policy Coordination Entity** - Operating unit/Department managers.
 - Support the Agency Executive and the IMT with technical assistance and program coordination.
- **Incident Management Team (IMT)** – Staff trained to perform ICS command and general positions.
 - Staff the Emergency Operations Center and Response Support Unit
 - Develop the Incident Action Plan
 - Provide the Situation Briefings and Operations Briefings.

Agency Executive Role

- Operates from normal office, continues to run the organization and participates in incident action planning.
- Articulates policy, direction and scope of authority to the Incident Management Team (IMT) Commander.
- Evaluates effectiveness and correct deficiencies.
- Determines priorities across and within incidents.

Policy Coordinating Entity * Role

- Operates from normal office, continues with day-to-day program management, but convenes as needed to advise the Agency Executive and IMT Commander.
- Provides technical guidance to support policies or actions during emergencies.
- Consists of program representatives with decision-making authority.
- Coordinates issues between program areas and across the system.

* Title in NIMS ICS is “Multi-agency Coordination Entity.” Title was adapted to reflect an internally-focused entity focused on policy coordination.

Incident Management Team Role

- Operates from an Emergency Operations Center.
- Conducts incident action planning efforts.
- Manages response activities.
- Compiles, authenticates and publishes regular summary situation status and resource status information.
- Coordinates through liaison officers with other agencies.

Managing Information in ICS

- Designate operational periods.
- Synchronize planning cycles across the organization and/or community.
- Establish a conference call schedule that supports planning cycles.
- Keep meetings short and focused on management-by-objectives.
- Determine reporting forms and deadlines.
- Designate times for updates and briefings.

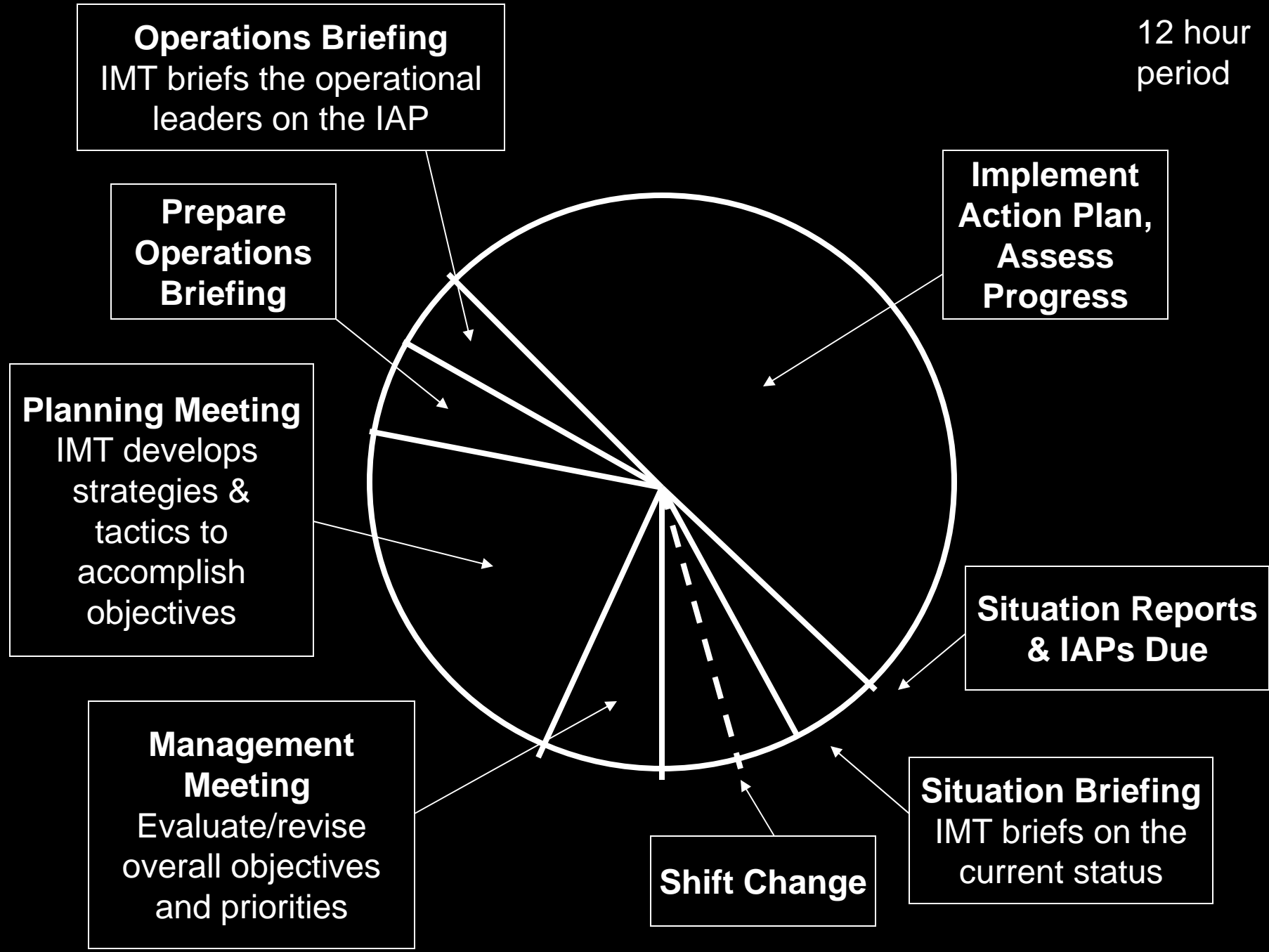
“Operational Period”

- The designated time period in which tactical objectives are to be accomplished and re-evaluated.
- Common lengths are:
 - 12 or 24 hours for severe weather.
 - 2 to 4 hours for fires, acts of violence.
 - Multiple days for relatively stable situations like debris removal from building collapses or landslides.

Incident Action Planning Cycle Activities

- Situation updates/reporting
- Situation briefing/Shift change
- Management meeting
- Planning meeting
- Operations briefing/implement action plan

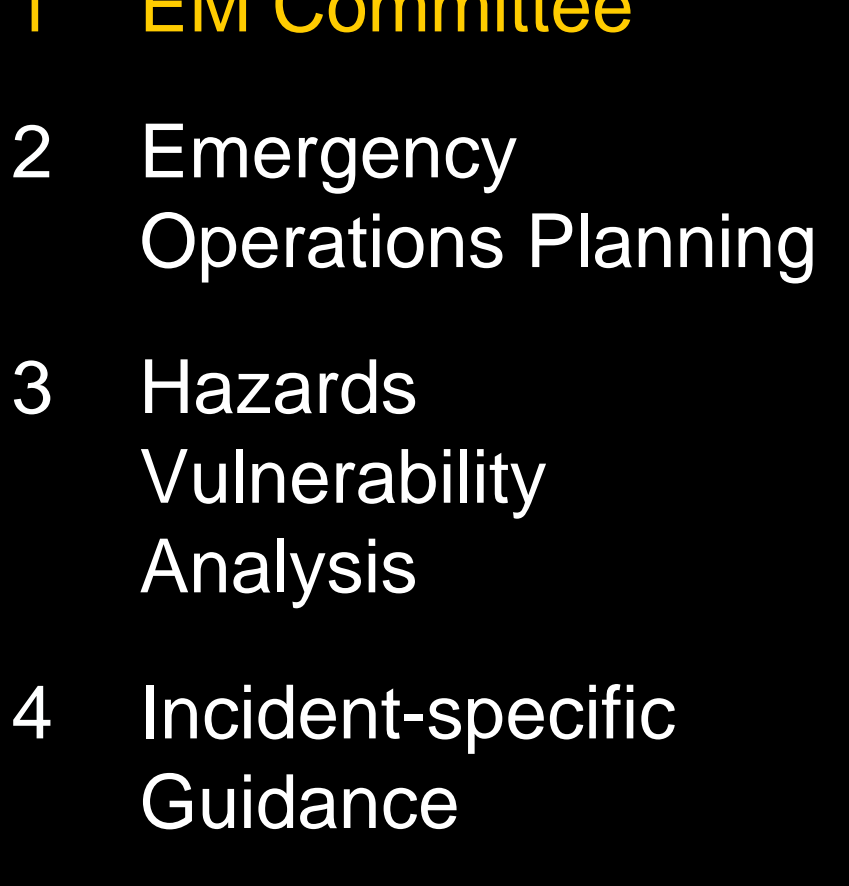
12 hour period



ICS Planning Cycle

- The operational period is the designated time period in which tactical objectives are to be accomplished and re-evaluated.
- During each operational period, there are five distinct activities that take place.
- Across the national system, it is important to establish and synchronize planning cycles in order to reduce confusion and the need for day-long conference calls.

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Key Terms

- Summative evaluation – is conducted for accountability - providing a “grade.”
- Formative evaluation – is conducted for organizational learning – providing feedback for positive change.
- Organizational learning – uses a defined process to effectively and permanently incorporate change.

Program-level Evaluation Targets

- Progress towards annual goals and objectives.
- Cost of mitigation or preparedness projects and actual/perceived benefits.
- Adequacy or completeness of the HVA.
- Inclusiveness of planning process, participation in planning meetings.
- Numbers of trained employees.

Program-level Evaluation Methods

- Self-assessment
- Observation
- Document review
- Interviews
- Survey
- Tests
- Equipment trials

EOP-level Evaluation Targets

- Currency of contact information.
- Timeliness and completeness of notifications.
- Knowledge of roles, responsibilities and reporting location.
- Ability to perform assigned tasks.
- Readiness of equipment and supply caches.
- Gaps in coordination and/or cooperation.

EOP-level Evaluation Methods

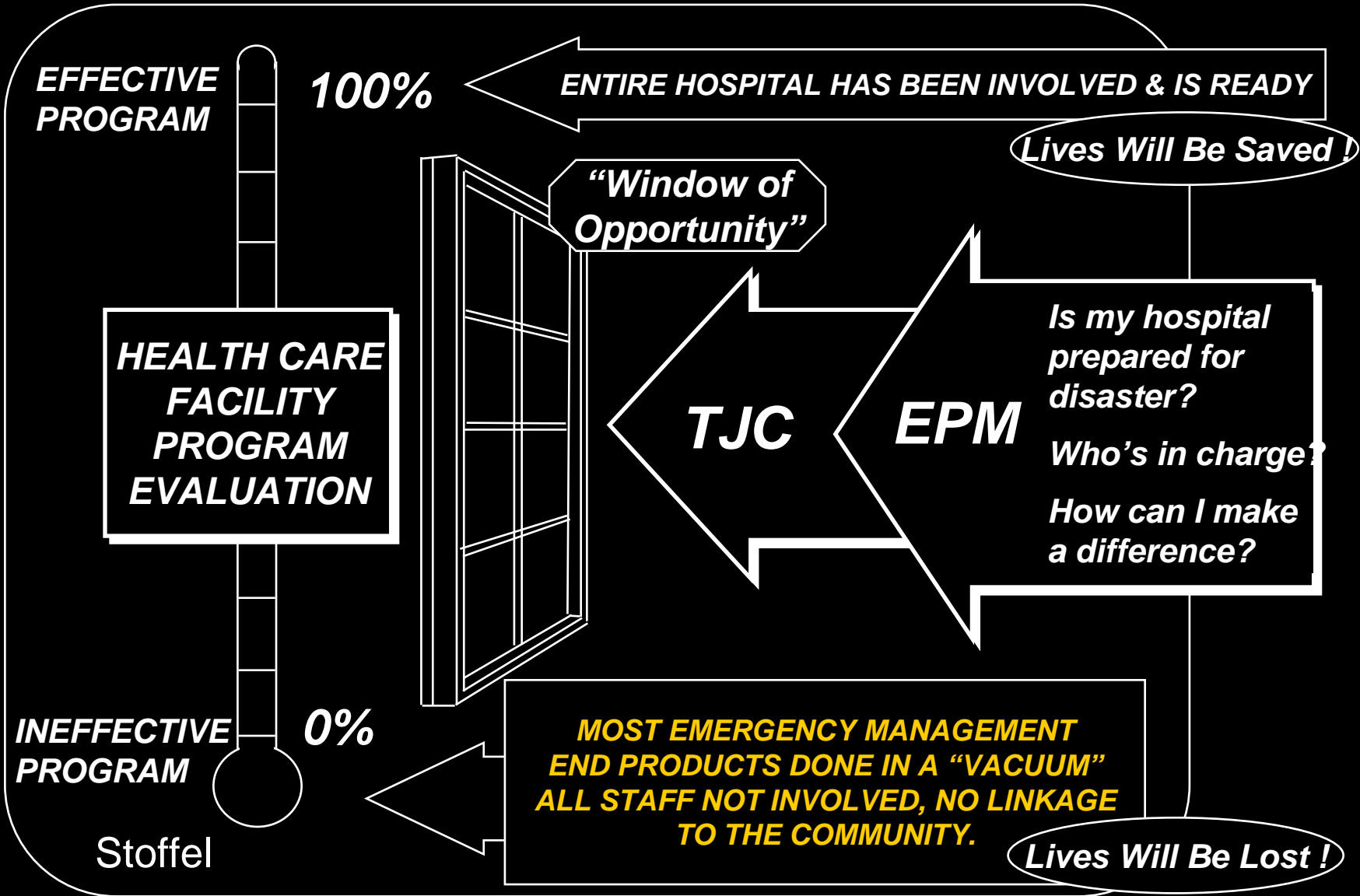
- Actual events, “proxy” events and exercises.
- Exercise evaluation forms should be designed using performance objectives. Evaluators note comments based on observations.
- After Action Report (AAR) process – a focused, post-incident or post-exercise activity to capture objective observations, both positive as well as negative, related to response system performance. Its product is commonly referred to as “lessons learned.”

AAR Process

- Documentation of the type and extent of response/recovery activities involved an exercise or real event.
- Identifying performance successes and weaknesses.
- Analyzing findings to determine whether the source is policy, procedure, training or equipment.
- Developing recommendations for corrective action.

Role of the Emergency Management Committee (EMC)

- Organizational learning is the primary objective of the EMC.
- Establishes the policy, procedures and standardized process.
- Assigns responsibilities to a task group.
- Monitors progress; reviews, approves and funds recommendations.



EFFECTIVE PROGRAM

100%

ENTIRE HOSPITAL HAS BEEN INVOLVED & IS READY

HEALTH CARE FACILITY PROGRAM EVALUATION

INEFFECTIVE PROGRAM

0%

Stoffel

“Window of Opportunity”

TJC

EPM

*Is my hospital prepared for disaster?
Who’s in charge?
How can I make a difference?*

Lives Will Be Saved !

MOST EMERGENCY MANAGEMENT END PRODUCTS DONE IN A “VACUUM” ALL STAFF NOT INVOLVED, NO LINKAGE TO THE COMMUNITY.

Lives Will Be Lost !

Characteristics of Effective EM Programs

- Roles of officials defined.
- Areas of responsibility and lines of command are clear.
- Good interpersonal relationships.
- Planning is conducted on an on-going basis.
- All hazard approach.
- Motivation provided for involvement.

Strategies for Success

- Meet and greet operating unit managers.
- Research the facility and community.
- Establish personal credibility and commitment.
- Use past experience.
- Engage in consensus-building activities.
- Seek to coordinate, not control.

Questions ?

Emergency Management Programs for Health Care Systems

Program Development Workshop

Unit Four: Small Group Discussions and Reports

Lesson Objective

- Identify and discuss some solutions to common issues faced by Emergency Program Managers working in hospitals and health systems.

Small Group Discussion

- *As a group, review the following emergency management program elements and, for a hospital:*
 - List of elements in chronological order.
 - Description of how much time each element may take.
 - Which of them must be accomplished with other hospitals
 - How many years it may take to accomplish all of them.

- Research Laws and Authorities.
- Conduct a Hazard Identification, Risk Assessment and Impact Analysis.
- Develop a Hazard Mitigation Program.
- Create a Resource Management System.
- Develop Mutual Aid Agreements.
- Conduct Planning.
- Establish Direction, Control and Coordination.
- Put Communications and Warning Systems in Place.
- Develop Operational Procedures.
- Logistics and Facilities.
- Conduct Training. Exercises, Evaluations & Corrective Actions.
- Develop Crisis Communication, Public Education and Information.
- Manage the Finance and Administration for the EM Program.

Group Reports

- A Spokesperson will report for each group.
- Please include:
 - List of elements in chronological order.
 - Description of how much time each element may take.
 - Which of them must be accomplished with other hospitals
 - How many years it may take to accomplish all of them.

Questions ?