

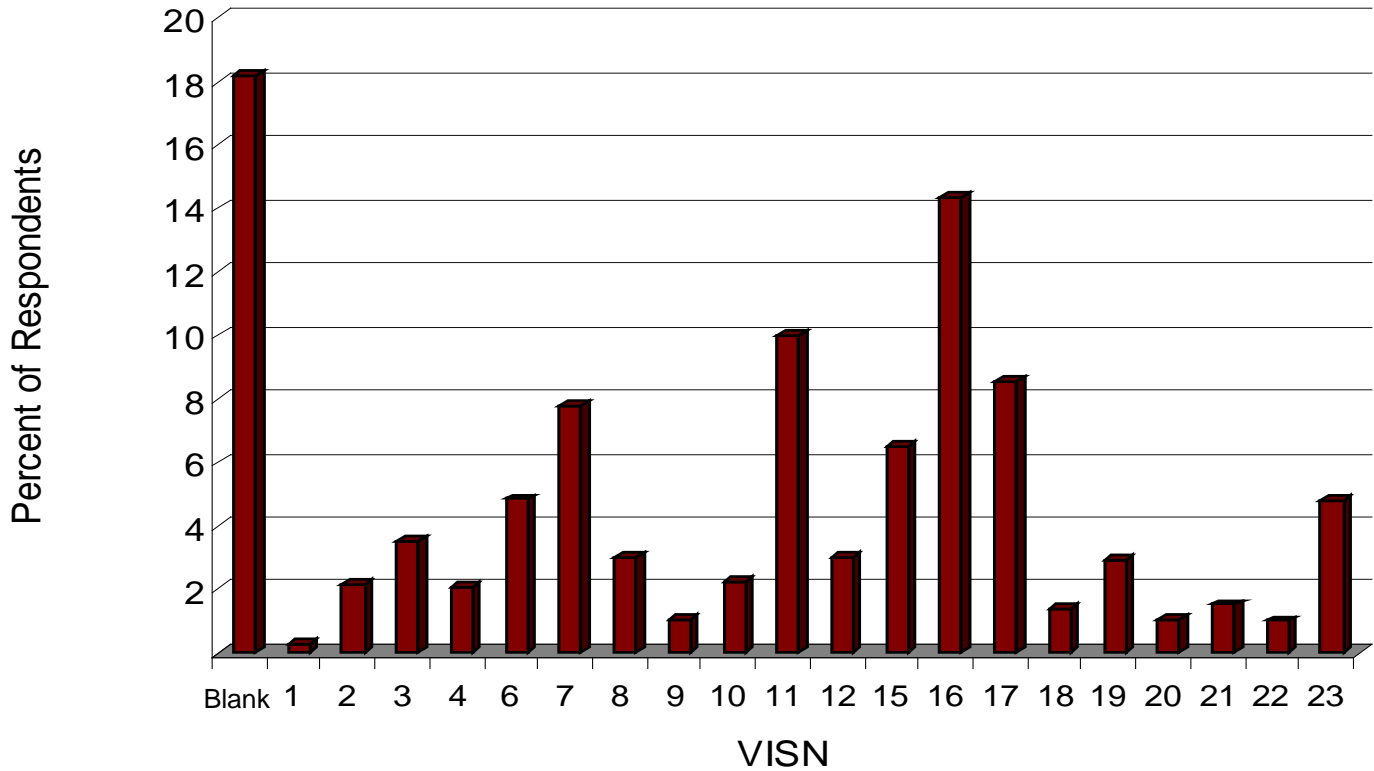
# VHA Comprehensive Emergency Management Program National Education & Training Needs Assessment Results

2009

# Overall Participant Demographics

From February 6<sup>th</sup>-20<sup>th</sup>, 2009, VHA conducted a National Emergency Management Education and Training Needs Assessment, requesting all VISN and VA Medical Center Directors to encourage key staff to participate in the survey. 2,917 completed the survey. Descriptive information is found below in Figures 1-6. These figures include information about VISN location, years of experience, preferred method of training, and key knowledge areas.

Figure 1. Percent of Respondents Located in Each VISN



# Overall Participant Demographics

Figure 2. Years of Experience in Emergency Management Role

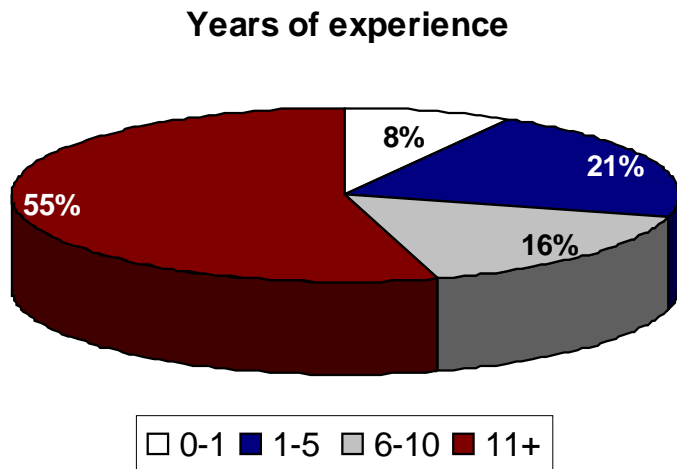
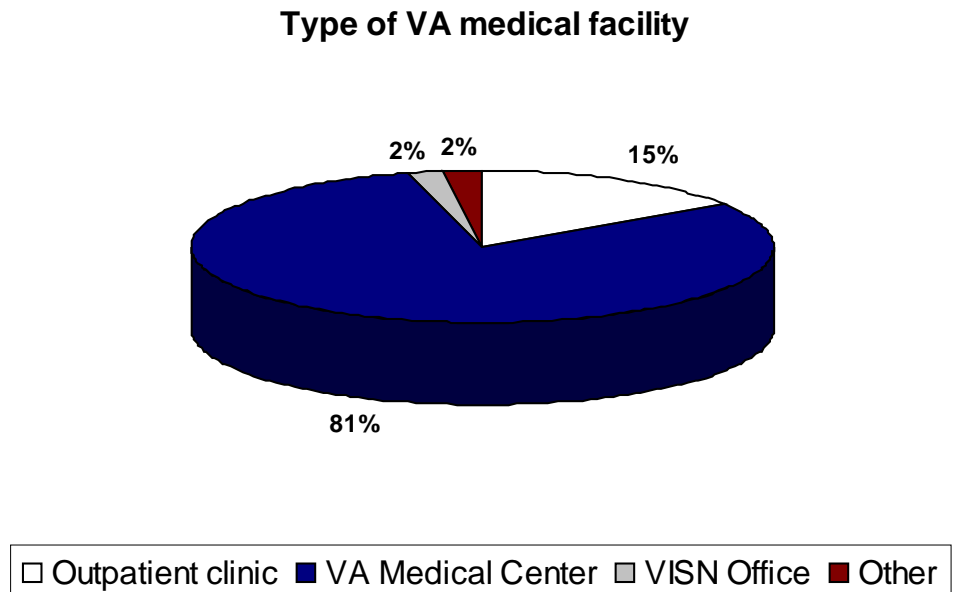
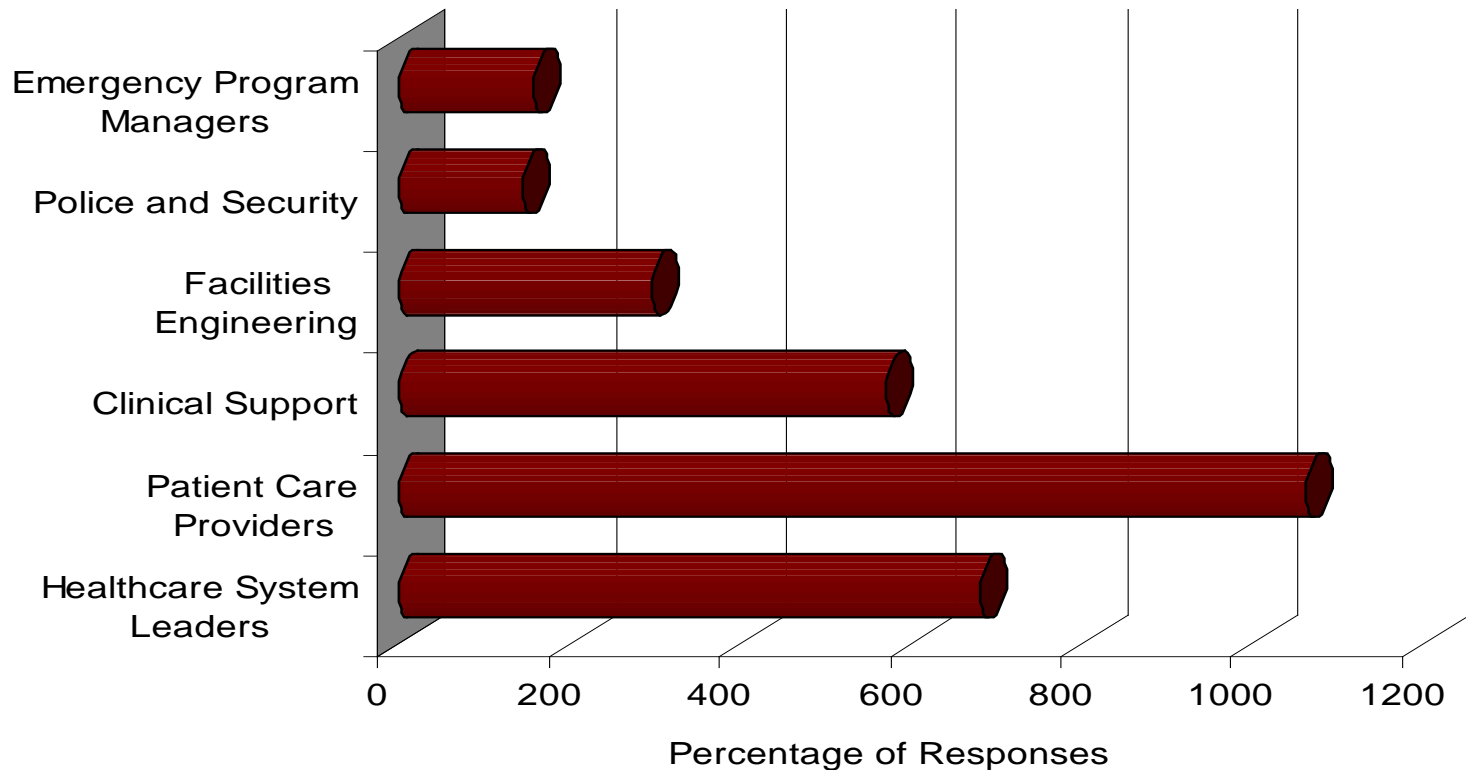


Figure 3. Type of Medical Facility



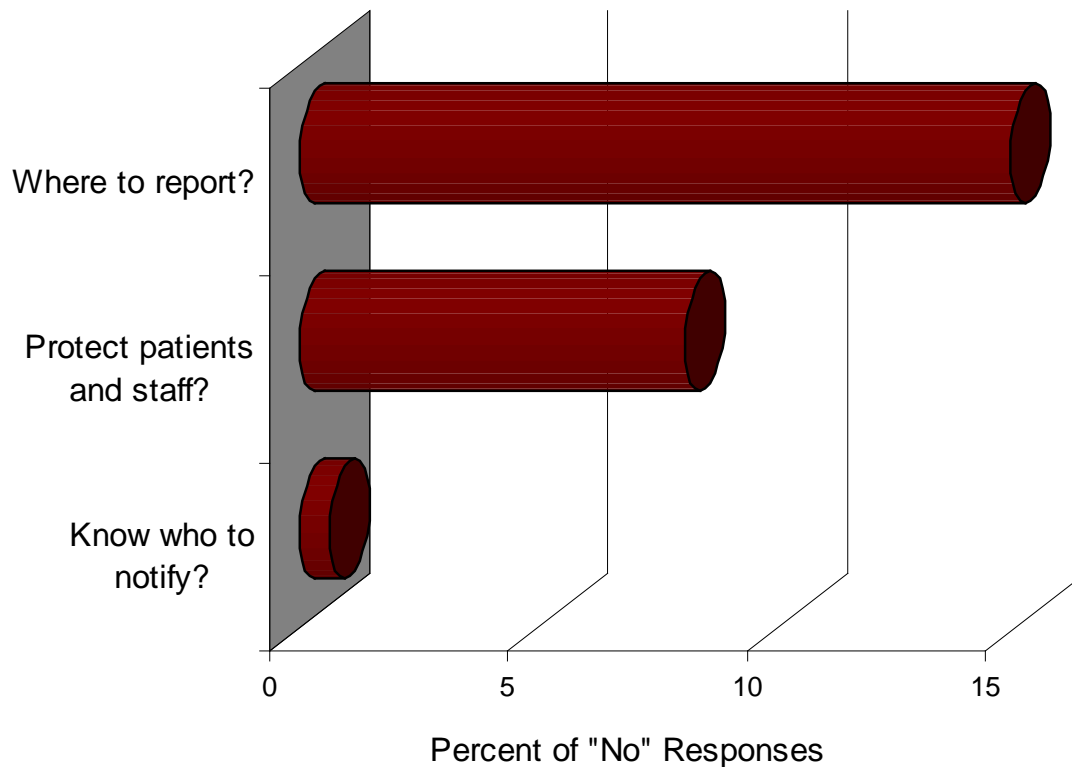
# Overall Participant Demographics

Figure 4. Percentage of Respondents Working in Each Job Grouping



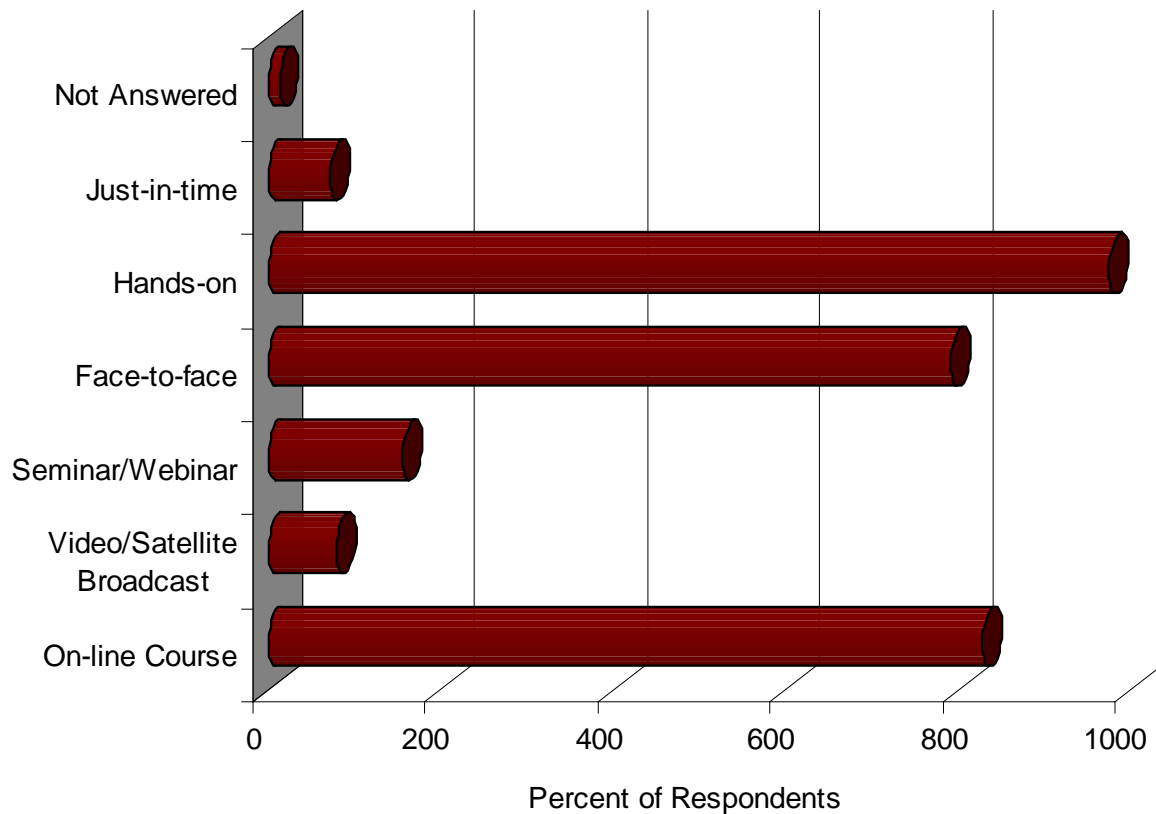
# Overall Participant Demographics

Figure 5. Perceived Deficiencies in General Emergency Management Responsibilities



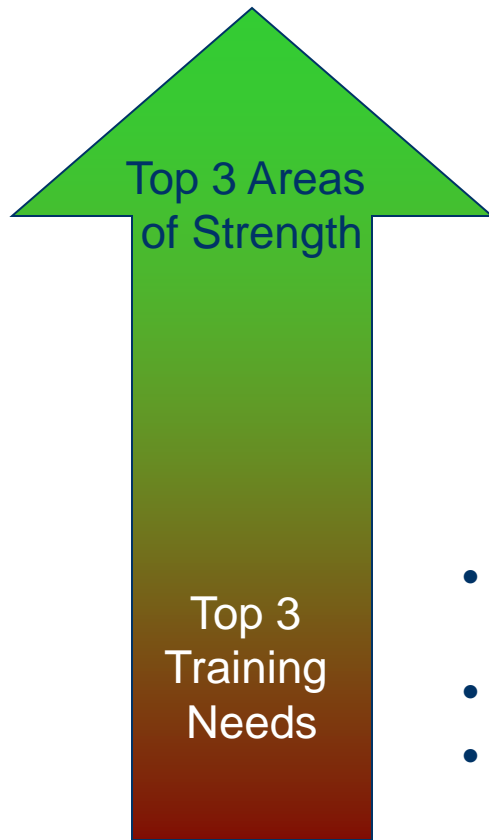
# Overall Participant Demographics

Figure 6. Educational methods considered most effective



# Training Needs: Healthcare System Leader

## Performance Excellence

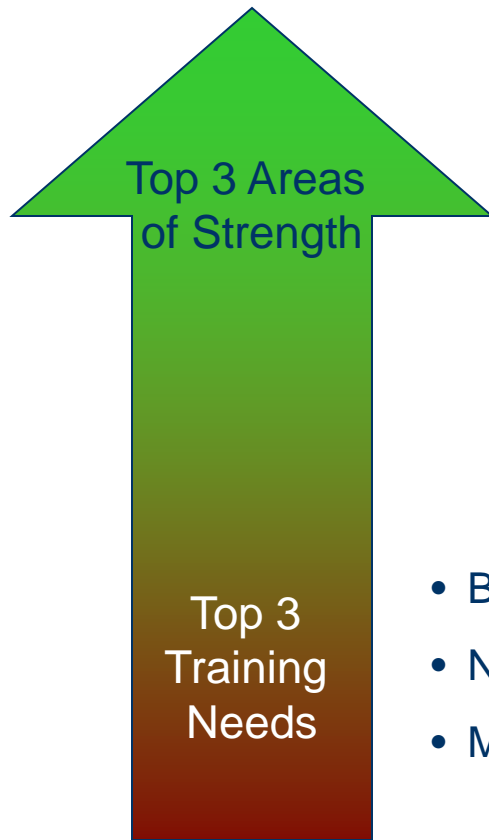


- Maintaining Authorized Leadership Succession
- Incident Recognition, Activation and Initial Notification
- Internal Communications

- Connectivity with HHS e.g., ASPR, CDC and Other Federal Agencies
- Satellite Telephones
- Maintenance of Voice and Data Communication through Satellite link

# Training Needs: Patient Care Providers

## Performance Excellence

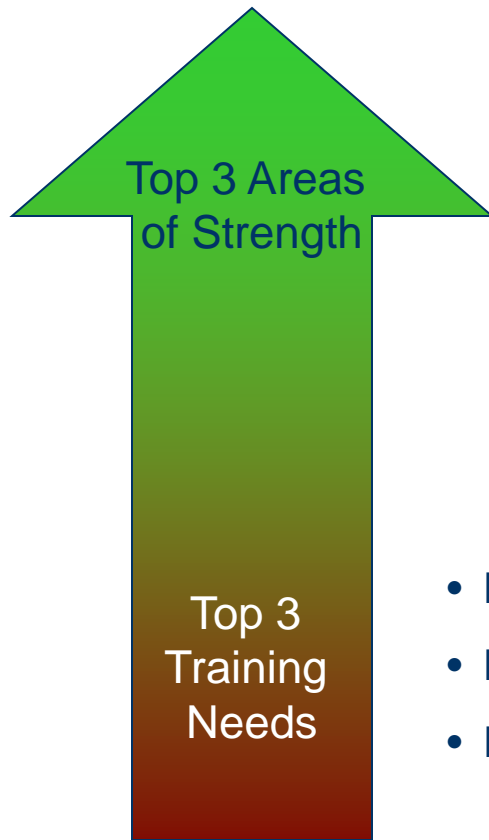


- Personal Protective Equipment
- Ambulatory Clinical Services
- Specialty Outpatient Services

- Bed expansion under DOD/VA
- National Disaster Medical System NDMS
- Mass Fatality Management

# Training Needs: Clinical Support

## Performance Excellence

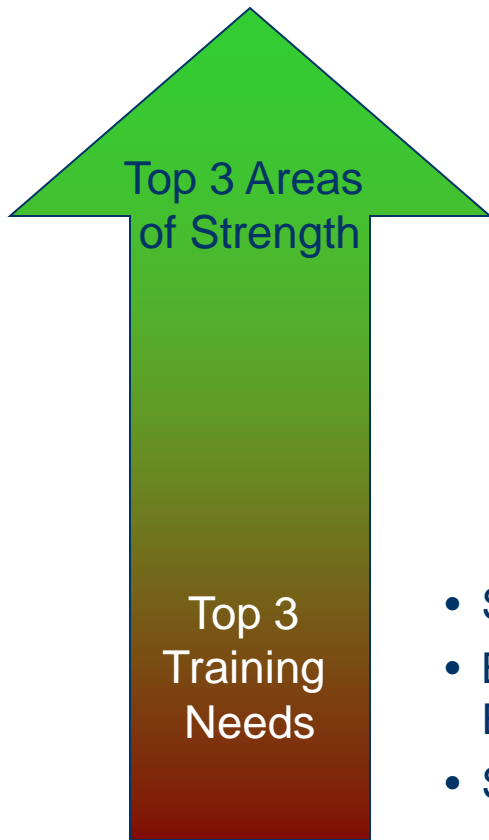


- Personal Protective Equipment
- Incident Recognition, Activation and Initial Notification
- Isolation Rooms

- Bed expansion under DOD/VA
- Mass Fatality Management
- National Disaster Medical System NDMS

# Training Needs: Facilities Engineering

## Performance Excellence

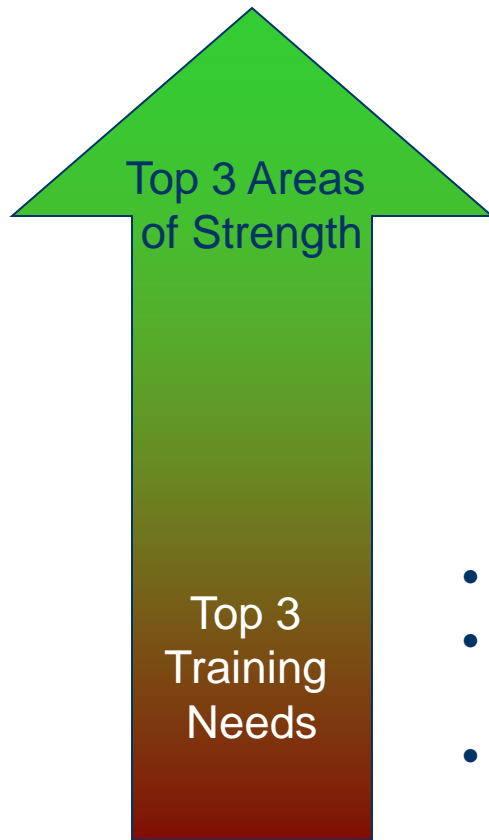


- Personal Protective Equipment
- Evacuation
- Participation in an Emergency Management Committee process to support the Emergency Management Program

- Staff and Family Mass Prophylaxis
- Biohazard Infection Control Surge Services during Emergencies
- Shelter for Family of Critical Staff

# Training Needs: Police and Security

## Performance Excellence

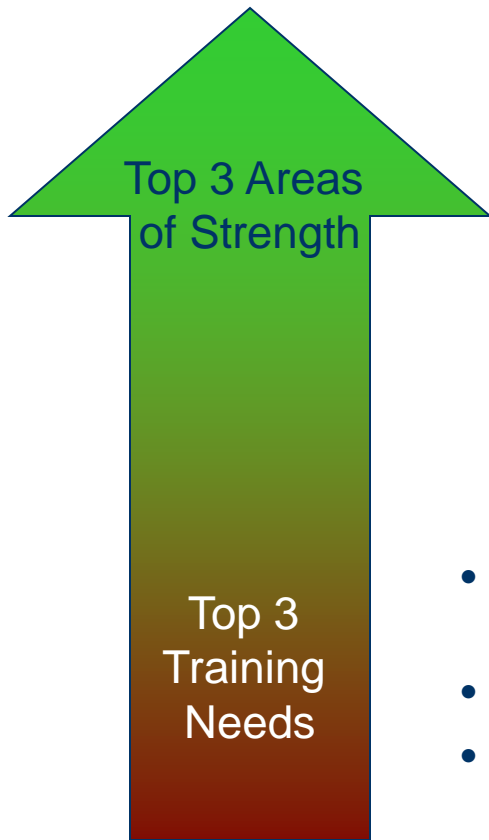


- Perimeter Management
- Incident Recognition, Activation and Initial Notification
- Internal Communications

- Staff and Family mass Prophylaxis
- Biohazard Infection Control Surge Services during Emergencies
- Mass Fatality Management

# Training Needs: Emergency Program Managers

## Performance Excellence



- Incident Recognition, Activation and Initial Notification
- Initial Incident Management/Emergency Operations Center
- Administrative activities to ensure the Emergency Management Program meets its mission and objectives

- Maintenance of Voice and Data Communication through Satellite link
- Staff and Family Mass Prophylaxis
- Satellite Telephones

# Additional Information

- 75% received education and training on their roles and responsibilities from their facility's Emergency Operations Plan.
- 55% were involved in a disaster or emergency while at work at a VA or with another health care organization. Those who had been involved in an emergency rated a natural hazard (59%) as the top cause of the most significant disaster or emergency faced, followed by man-caused (22%) and technological hazard (20%).
- Out of the 15% of respondents currently enrolled as members of the VA's Disaster Emergency Medical Personnel System (DEMPS), 7% have been deployed to support Federal recovery efforts in the last 4 years.
- Participants indicated that disaster training is offered twice a year (35%) or once a year (25%). However, 37% of respondents did not know how often disaster training is offered at their facility. Yet 74% of total respondents participate in these trainings and/or exercises offered at their facility.
- The majority (99%) of respondents can access a computer at work for education and training.

# Thank you!

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Matrix of Joint Commission Standards requiring the evaluation of the hospital's Emergency Operations Plan (EOP).

**Standard Number EM.03.01.01**

Annual Requirements

- Review of Hazard Vulnerability Analysis
- Objectives and Scope of Emergency Operations Plan (Findings must be documented)
- Review of inventory (Findings must be documented)

**Standard EM.03.01.03**

The hospital evaluates the effectiveness of its Emergency Operations Plan  
 Basic requirement is activation of the EOP twice a year at each site included in the EOP  
 Here is a matrix of the requirements for activation;

Requirement	Activate EOP #1	Activate EOP #2
Can real events be used to meet this requirement?	Yes	Yes
Required for business occupancy	Yes	No
Table Top exercise acceptable	No	No
Includes an influx of patient	Yes, if designated disaster receiving station	Not necessary
Includes escalating event with community unable to support hospital	Yes, if designated disaster receiving station	Not necessary
Participation in community-wide exercise	Yes, for each site with a defined role in community response*	Not necessary
Must use likely scenario	Yes	Yes
Must use evaluator that does not participate in drill**	Yes	Yes
Must monitor resource mobilization	Yes	Yes
Documented evaluation	Yes	Yes
Action Plan	Yes	Yes
Results in modifications to EOP	Yes	Yes

*\*Table Top exercises are acceptable to meet the participation in a community wide exercise*

*\*\*Evaluator can be member of hospital staff, for real events hospitals may use observations of those who were involved in the command structure*

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# HSEEP for Hospitals

## Gathering Information and the Exercise Design Checklist

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# Learning Objectives

- Identify the documents needed prior to designing an exercise
- Discuss the multi-year exercise grid
- Review the After Action Reports for exercises and actual events
- Introduce the Exercise Design Checklist

# **Tools Needed**

**List of Documents to Gather**

**Multi-year Exercise Review Grid**

**Example After-Action Report with  
Improvement Plan (AAR/IP)**

**Exercise Design Checklist**

# Gathering Exercise Planning Documents

- Provides a process for identifying what you have tested and what remains to be tested.
- Used to assist in narrowing the scope and identifying information for the exercise design process

**COMMUNITY HOSPITAL, ANYCOUNTY, USA  
MULTIYEAR EXERCISE REVIEW**

YEAR	COMMUNITY HOSPITAL, ANYCOUNTY, USA MULTIYEAR EXERCISE REVIEW											
	Qtr 1			Qtr 2			Qtr 3			Qtr 4		
	J	F	M	A	M	J	J	A	S	O	N	D
2003					SARS Surge of infectious pts					County tornado; trauma		
2004				Haz mat drill; Lab evac					trauma influx, triage tags, bed capacity			
2005						FEMA Radiation exercise				Hazmat: decon tent, victims		
2006				Event: high census: focus on early dischg					County Drill: Hospital EOC Liaison ICS, Pneumonic Plague, influx of pts			
2007					Mass clinic for pneum. plague				County Drill: bus crash, trauma influx, bed capacity, ICS			

# MULTIYEAR EXERCISE REVIEW

## REMAINING OPPORTUNITIES FOR IMPROVEMENT OR RETESTING

2009 Inpatient Surge	Notification to families of need for prompt discharge	High turnover of IV pumps, battery charging issues				Mechanism for charting second doses of med given in ER
2008 Trauma surge	Phone bank for family calling looking for family members	Family waiting area – new construction issues	Family parking issues	Coordinator for billing for green triage area		
2007 Tornado warnings	Location for visitors now that Community Auditorium is available		Budget for security film for CCU/SICU windows	Non- clinical areas reporting for labor pool		North wings closed for Construction  Alternate areas for evac

# After Action Reports

- Review the opportunities for improvement from past exercises and actual events
- Identify opportunities are “fixed” and need to be retested
- Identify opportunities that still need improvement and plan to complete the improvements
- Identify which opportunities can be retested as part of the exercise that is being planned

# Exercise Design Checklist

- Modified from Agency for Healthcare Research and Quality Exercise Evaluation Tools, 2008
- Includes 6 critical areas of Joint Commission Emergency Management Standards
- Used to limit scope of the exercise and identify objectives that will be tested

*For Questions or Additional  
Information Contact*

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## **Gathering Exercise Design Planning Documents**

Purpose: to ensure the exercise package is developed to meet all regulatory expectations and is in harmony with other agencies participating in the exercise.

1. Review and update the hospital's multiyear exercise review analysis
2. Obtain the current facility and regional Hazard Vulnerability Assessment
3. Gather the After Action Reports with associated Improvement Plans (AAR/IP) from at a minimum since January 2008 (best practice may be the last 2 -3 years or since the last time that scenario was exercised, i.e., decon)
4. Gather the AAR/IP for any actual events at a minimum since January 2008 (best practice may be the last 2-3 years)

Note: Since 2008, Joint Commission as required that all corrected items identified for improvement be retested. The standards also require that each facility select objectives based on their HVA and after action reports from exercises as well as real events. (Reference: Emergency Management 03.01.03)

### **Other Reference Documents:**

HICS Documents for Incident Command setup for different scenarios can be found on HICS website: [www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS) Appendix H.

HSEEP Online toolkit: [www.hseep.dhs.gov](http://www.hseep.dhs.gov)

The Joint Commission, Emergency Management Standards, 2010

Centers for Medicare and Medicaid Services, EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING, Sept. 2007

