

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](http://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.<sup>1</sup>

# 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**

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- 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

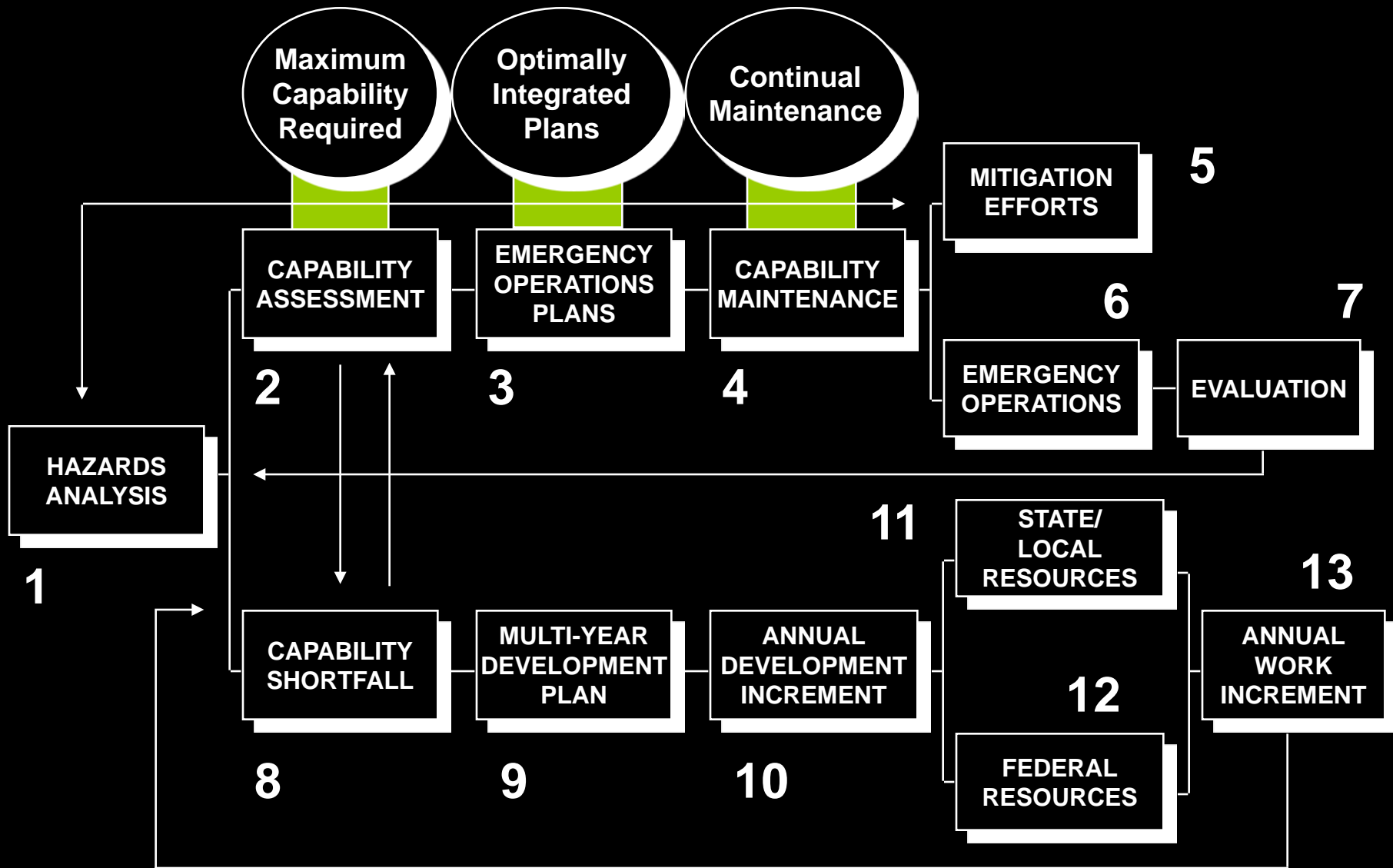
- A philosophy of inclusiveness - those groups that will respond to disasters are brought into the planning process.
- A method of organization - around functions generic to all disasters, not around specific hazards, agencies or people.

# 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 ?