

# Seating for this Workshop



- The tables you are sitting at are your “New” jurisdiction.
- Look around and try to evenly distribute yourselves amongst the tables.
- Introduce yourself to your table-mates:
  - Name
  - Agency
  - Role



# **Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers**

*Blueprint Toolkit*

*...where Volunteers and Hospitals meet*

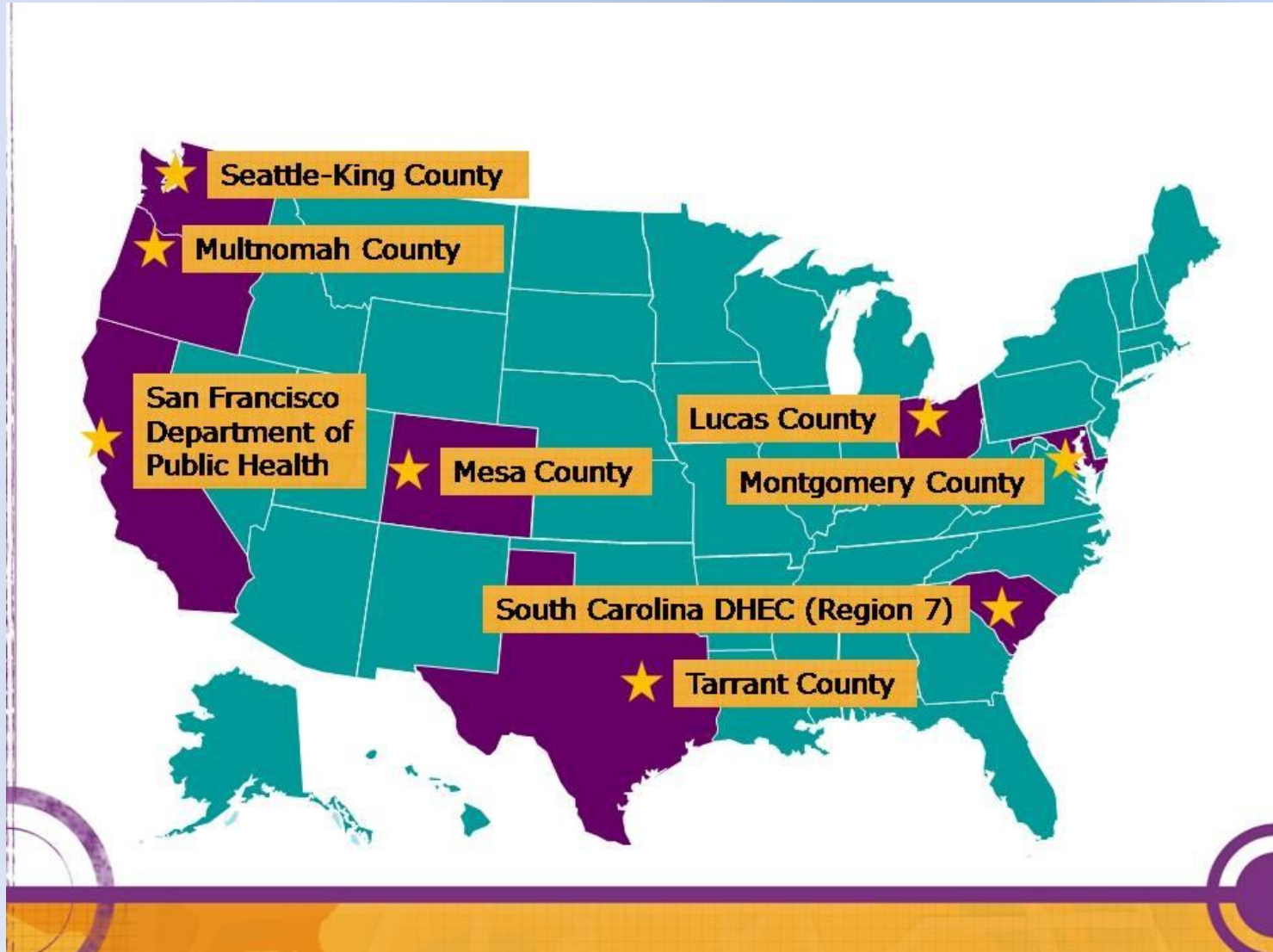
May 2, 2011

# Who are we?



- In 2009 Mesa County Health Department was designated an Advanced Practice Center (APC) by the National Association of County and City Health Officials (NACCHO). Mesa APC was selected to develop a toolkit, the *Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers*.
- Mesa County APC Team:
  - Greg Rajnowski, Tamara Capp, Mariah McGlothlin, Shane Chatfield, Tom Orr, Sue Kiser, Dr. Aduddell, and Jeff Kuhr (Mesa County Health Department);  
Karen Donnahie (Family Health West Hospital)

# NACCHO APC Sites



# Is this workshop for me?



- Public Health
- Hospital
- Volunteer Groups
- Others?
  - Emergency Management
  - Professional Organizations
  - Emergency Responders
- Please contact [MesaAPC@mesacounty.us](mailto:MesaAPC@mesacounty.us) if you would like more information.



# Workshop Goals

- Discuss the scope and purpose of the toolkit
- Describe the guidance and tasks the toolkit supports
- Demonstrate how to access and modify the tools

# Blueprint Toolkit Goals



- Refine Medical Surge tools in a way that will enhance partnership building
- Simplify exercises and just-in-time training
- Provide tools for volunteer management and integration into hospitals
- Make the use of medical and non-medical volunteers in public health and hospital activities more efficient and predictable



Questions before we begin?



## *Task:*

Identify and organize your partners into a planning team

# Healthcare Collaboration



- “Community of common interest”
- Leadership vs. Co-Leadership  
(“3 legged stool”)<sup>1</sup>
- Common planning/training issues  
(Joint Commission, HPP, EPR)
- Outcomes benefit all

<sup>1</sup><http://www.inqri.org/uploads/INQRIWebinarMarch2011WholeyDisch.pdf>

# Interdependence: Embrace it-- or fight it.



“Unlike collaboration, which requires an intentional decision to undertake – or not; interdependence is probably unavoidable. ...some will seek to dominate (economically, politically, intellectually) the various components upon which they depend, *so they will appear to their stakeholders to be less dependent.*”<sup>2</sup>

<sup>2</sup> [www.banffexeclead.com](http://www.banffexeclead.com) - “Leading Collaboration – Living Interdependence”

# Planning and Ownership



- Planning team should consist of a hospital preparedness planner, a volunteer group coordinator, and a community healthcare emergency planner (e.g. public health, EMS coordinator, emergency management coordinator.)
- Hospital senior leadership **MUST** buy-in to the planning and exercise cycle- “the whole enchilada”!



*Sub-task:*

Organize and coordinate an  
Emergency Support Function 8  
(ESF8) Committee or  
Health Care Coalition

# Healthcare Coalitions/ ESF8 Committees



Healthcare coalitions or committees can use the tools to identify gaps\* in emergency planning for hospital staffing, volunteer management, and organizational coordination.

\*Both the [ESF8 Plan template](#) and the Hospital Emergency Operations Plan template can be used.

# ESF8 and Public Health



- As the ESF8 coordinating agency, public health coordinates response to public health and medical care needs in the community.
- Should be involved in collaboration between healthcare (hospital/medical center) and the agencies that provide surge support (volunteer groups).

# ESF8 Coordination Tools



- [ESF8 Operational Plan Template](#)
- ESF8 Coordination and Training
- ESF8 Representative Emergency Operations Center Liaison
- ESF Matrix and Summary

# PPHR benefits of Blueprint



Fulfills preparedness (Project Public Health Ready) requirements in medical surge planning, volunteer management<sup>1</sup>, and Mass Patient Care<sup>2</sup> criteria.

<sup>1</sup> Planning guide, volunteer planning and procedures handbook, just-in-time training and job action sheets.

<sup>2</sup> ESF8 plan template.



# BREAK

10 min- tops



Return to your seats!



*Task:*

Hospital Emergency Operations  
Plan Orientation (EOP)

# Hospital emergency planning



- Hospitals are required to have a [plan](#) for how they will manage and involve volunteers in emergencies.

## **Joint Commission Standard EM.01.01.01**

The critical access hospital engages in planning activities prior to developing its written Emergency Operations Plan.

## **42 CFR Part 485 Subpart F**

Critical Access Hospitals (CAHs) are required to be in compliance with the federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment.

# Hospital planning for volunteer use



- In an emergency, the hospital/medical center may experience patient surge, potentially overwhelming the staff.
- Collaborate with the local volunteer organization and public health to prepare for the use of volunteers in surge.
- Help pre-define just-in-time training for volunteers in their facility, and pre-train volunteers where appropriate.

# Hospital EOP Tools



- Hospital EOP Template and Appendices
- EOP Lesson Plan for Staff Training
- EOP Lesson Plan for EOP Orientation Workshop
- EOP Training Worksheets
- EOP Workshop Participant Feedback Form
  - *Hospitals can use the EOP template as a whole, or in part.*



*Task:*

Establish a Training & Exercise  
Program



*Sub-task:*

Orient your planning partners to  
the HSEEP

# What is HSEEP?



- Homeland Security Exercise and Evaluation Program
- Guidelines are used by agencies that are receiving federal grant dollars from Homeland Security.
- Remember- these are “guidelines” and the HSEEP documentation has not been drafted specifically for healthcare.

# HSEEP Orientation Tools



- HSEEP Self Help Guide
- [HSEEP Self Help Guide PowerPoint](#)
- HSEEP Exercise Documentation
- HSEEP Exercise Types
- HSEEP Target Capabilities List
- HSEEP Compliance Aid
- DHS Preparedness Fact Sheet



*Sub-task:*

Hold a Training and Exercise  
Planning Workshop

# Training and Exercise Planning Workshop Tool



- Target Capabilities List
  - Capabilities-based planning
  - HSEEP
  - Exercise Cycle
- Training and Exercise PowerPoint
- Training and Exercise Planning Workshop Users Guide

# Consider your resources



- “Building Block Approach”
- Identify a Planning committee- internal and external resources
- Keep your ESF8/healthcare coalition in the loop
- Exercise documentation- who can and does, will?
- Hospital senior leadership engagement- will they roll out the red carpet?
- Training and exercise culture- will the hospital staff play?



*Sub-task:*  
Hold an Exercise

# Exercise Planning Tools



- Tabletop tools:
  - [Situation Manual \(SITMAN\)](#)
  - Exercise Injects
  - Material Safety Data Sheet
- Functional tools:
  - Functional Exercise Plan (EXPLAN)
  - Functional Exercise PowerPoint
  - Master Scenario Events List (MSEL)

# Full Scale Planning Tools



- Full Scale (EXPLAN )
- Controller-Evaluator Handbook
- Exercise Actors Guide
- [Full Scale Exercise After Action Report \(AAR\)](#)



## *Task:*

Develop a Just-in-Time Training  
Process for Emergency Volunteer  
Integration into the Hospital

# Volunteer Management



- Department of Homeland Security (DHS) and CDC Target Capabilities
- Addressed by Joint Commission and CMS
- This toolkit was created after Mesa County healthcare organizations identified\* the need to prepare for using volunteers in hospitals/community during emergencies.

\*result of the Mesa County PPHR process

# Volunteers



- During medical emergencies the volunteer group may be called in to aid in the response.
- Coordinate with the hospital/medical center and public health to determine appropriate volunteer roles in the hospital/medical center.
- Align those roles with the capabilities of that volunteer group.

# Volunteer Policies



The toolkit addresses volunteer policies, procedures and liability.

Hospitals are encouraged to work with their own Risk Management officer, or the county attorney to determine if a “rider” is needed for additional insurance provisions.

# Volunteer Training Tools



- [Volunteer Policies and Procedures Handbook](#)
- Volunteer Staging List
- [Volunteer Placement Questionnaire](#)
- Workstation Just-in-Time Training
- Orientation Handouts
- [Job Action Sheets \(JAS\)](#)



# BREAK

10 min- tops



Return to your seats!



# Workshop Phase

# Workshop Instructions



- The remainder of the workshop will be a series of activities.
- Each activity will be a step toward:
  - Identifying your target capability gaps,
  - Assessing your resources, and
  - Implementing Blueprint Tools.

# Your “new jurisdiction”



- Your table is your “new jurisdiction”
- Your role in this jurisdiction is the same as your role in real life.
- You are a planning team!
- Try to find common themes (gaps, capabilities, strengths) that exist in your real jurisdictions--these will be used as elements for the workshop.



# STEP 1: CAPABILITIES

# Target Capability



- Medical Surge/ Volunteer Management
- Activities that will be exercised?
  - Activity: Using the handouts, identify your Target Capability gaps and strengths
  - Report out from your tables
- Result is a list of objectives for your “jurisdiction’s” planning team

# Medical Surge



Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.

# Volunteer Management



Volunteer [and Donations] Management is the capability to effectively coordinate the use of volunteers [and donations] in support of domestic incident management.



## **STEP 2: COMMUNITY CAPACITY**

# Community Capacity



- Look at your “jurisdiction’s” ability to address the gaps that you identified.
- What are the strengths/improvements for:
  - Hospital
  - Public Health
  - Volunteer organizations
  - Emergency Management and Response

# Do you already have a solid foundation?



- Acknowledge what you can do:
  - Patient care
  - Trauma and Triage
  - Patient Tracking
  - Supply management
  - Volunteer Supervision
  - Etc...
- Acknowledge systems in place:
  - EMS systems, 800 MHz, etc...

# Outdated “building code”?



- Acknowledge the past (but revise it!)
  - Disaster Plans
  - CDPHE/Centers for Medicare and Medicaid reviews
  - Incidents/events
  - Plans, committees, teams, and their contributions
  - Individuals and skills

# Seasons change, so should plans!



- Acknowledge changes
  - Facilities
  - Staff
  - Resources
  - Relationships
  - Requirements
  - Community and Cultural
  - Political and Systemic



## **STEP 3: IMPLEMENTING TOOLS**

# Capabilities/Capacity



- What is on your list of strengths?
  - Think in terms of all Departments/Functions
- What is on your list of gaps?
  - All Departments/functions
- What volunteer roles would help address these?
- How would you integrate and shift staff?

# Groups



Report out from your tables:

- The gaps
- The capabilities that need to be addressed
- The type of resources needed to address the capability gaps

# Future collaboration

## -next steps



- Task list for Implementation of the Blueprint Toolkit (handout)
- Other areas of interdependence
  - Alternate Care Facility/Site
  - Daily volunteer management
  - Community healthcare partners (home health, long-term care)

# Thank you!



- Thank you for participating in the Blueprint Toolkit Workshop
- Please give us your feedback by taking this short survey.

<http://www.surveymonkey.com/s/bpwebinar>

- Blueprint Toolkit:  
<http://health.mesacounty.us/MesaAPC>
- Mesa APC Website:  
<http://health.mesacounty.us/APC2>