Healthcare Emergency Management:

Creating and Sustaining a Functional and Compliant Program

Healthcare Emergency Management

- Regulatory compliance
  - The “have to”
- Functionality
  - “Real time, real life
- The Program
  - Day to day

Large Health System Perspective

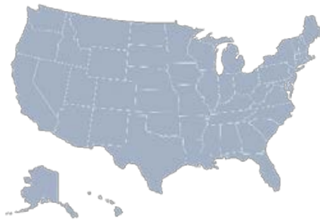
Clinical Stats

Number of Births	>84k
ED Visits	>3.1M
Outpatient Visits	>23M
Surgical Visits – Outpatient	>400k
Equivalent Discharges	>1.6M

161 Hospitals

2,600 Sites of Care

21 States and the District of Columbia



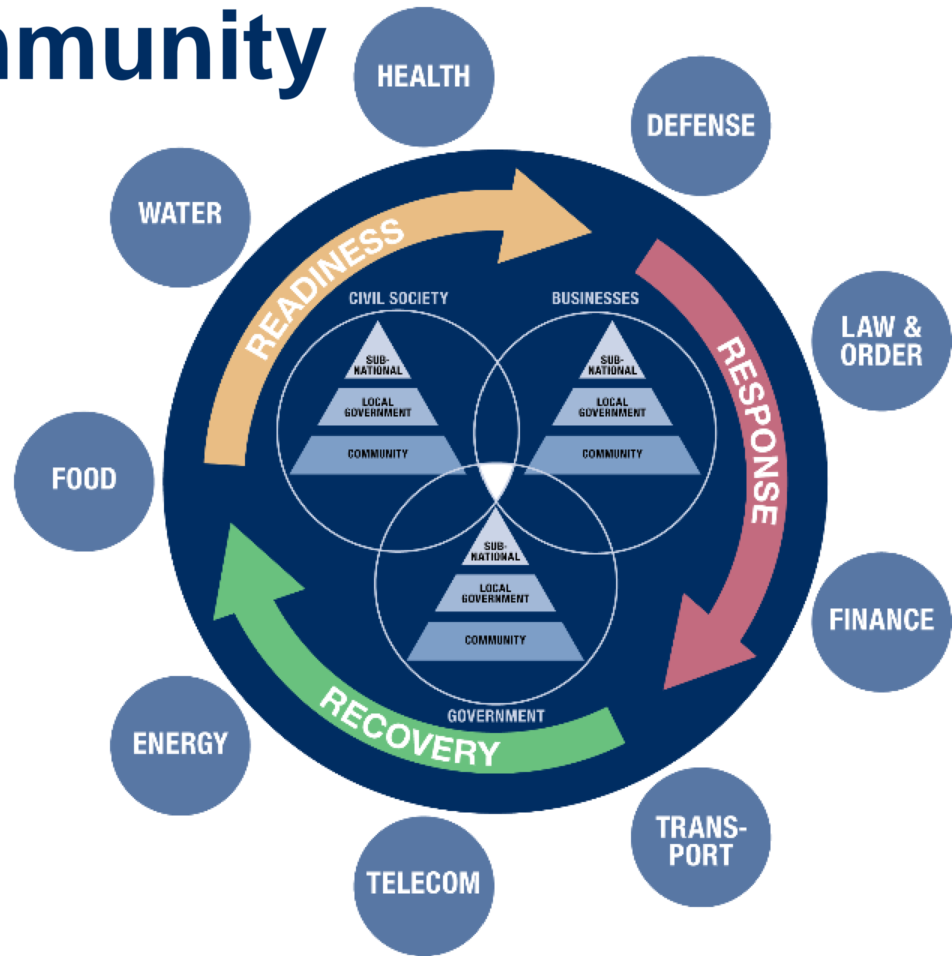
More than 22k Available Beds

34k Affiliated Physicians

156k Associates

Corporate Community Approach

All businesses and facilities are aligned and organized for a robust response to disasters



Top Down Approach

- Standardized EOP

COMMUNITY INVOLVEMENT

EM 01.01.01 EP 2 – 4: **The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies within the organization and the community that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The findings of this analysis are documented. The hospital, together with its community partners, prioritizes the potential emergencies identified in its HVA and documents these priorities. The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capabilities to meet its needs. This communication and identification occur at the time of the hospital's annual review of its EOP and whenever its needs or vulnerabilities change.**

At the <<Emergency Management Committee>>, a multidisciplinary forum, the HVA is analyzed at least on an annual basis, or whenever experiences warrant additional review. Historical experience, geographical location, weather and climate conditions, local hazards, political conditions and populations served are factored into the analysis, and balanced against the facility's mitigation strategies and preparedness activities.

Risk Assessment Tool

The US Department of Health and Human Services provides a Risk Assessment Tool that is composed of 3 Modules: A Threat and Hazard Assessment Module (THAM), A Rapid Infrastructure Survey Tool Vulnerability Module(RIST-V), and a Rapid Infrastructure Survey Tool Consequence Module (RIST-C). THAM is a resource for the HVA process to support facilities in identifying and assessing threats and hazards to facilities, assets, and functions. The THAM can be used in a "stand-alone" assessment approach; however, its greatest value is in conjunction with existing approaches/ tools such as the hospital-focused Hazard Vulnerability Assessment (HVA) required under Joint Commission directives.

Accurate, quantitative risk analysis is necessary to underpin investments in reducing vulnerabilities and building critical infrastructure resilience. Risk analysis includes determination of the probability that a given threat or hazard will occur, the extent to which that threat or hazard can impact performance of a facility, system, or function (i.e., vulnerability), and the consequences of facility, asset, or function degradation or failure, including cascading effects and key internal and external dependencies and interdependencies. The Risk Assessment Tool provides a wide array of objective web-based data sources that can be accessed in a user-friendly and efficient way to support risk assessment activities.

When the HVA is completed, collaboration with local governmental or municipal agencies occurs to assist in defining priorities within the HVA and to ascertain capacities to support the needs of unexpected events. Medical staff review additionally occurs. The HVA process is documented, and kept on file in the <<EC/Safety Committee>> minutes. A copy of the local community HVA is kept on file.

C. INDIVIDUALS TASKED TO RESTORE LOST DATA

Authority for Granting Privileges: The HICS Labor Pool and Credentialing Unit Leader will implement the facility's disaster credentialing procedure to allow facility access for individuals tasked with restoring lost data. A Disaster Privileges Verification Form will be completed for each individual, which includes unique identifying information about the individual, such as specialty, work address, phone number,

Regulatory Compliance

Medxcel

Hospital Accrediting Organizations

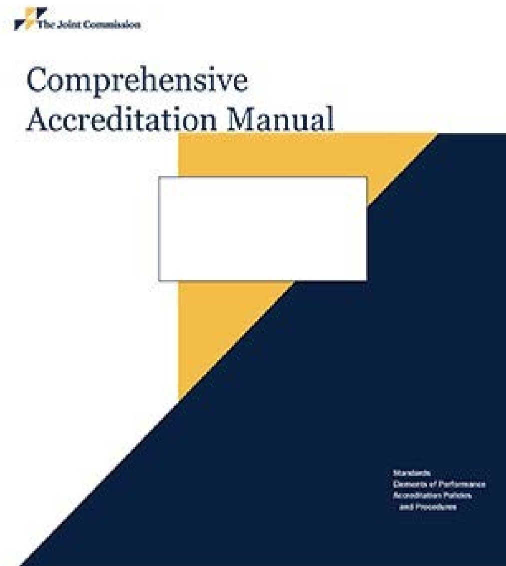
- The Joint Commission (TJC)
- Det Norske Veritas (DNV)
- American Osteopathic Association/Healthcare Facilities Accreditation Program (HFAP)
- Centers for Medicare and Medicaid Services (CMS)
- Various state and local agencies

Common Requirements

- Emergency Management Program
  - Comprehensive, all-hazards
- Emergency Operations Plan
  - Emergency Management Plan, CEMP, etc.
- Hazard Vulnerability Analysis (HVA)
- Exercises and training
- Incident Command
- Annual evaluations and reviews

Emergency Operations Plans

- The Joint Commission
  - One chapter; 31 pages
  - 128 EPs



Emergency Operations Plans

- TJC requirements
  - EM Foundation: **Leadership involvement**, HVA, Incident Command, Resources and assets, Planning
  - Designed to coordinate resources and assets, safety and security, staff responsibilities, utilities, clinical and support activities
  - Response and recovery specifics
  - Alternative care sites
  - **Succession planning**
  - **Delegation of authority**

Emergency Operations Plans

- TJC requirements (cont.)
  - Response plans / procedures
  - Transplant centers
  - Sheltering
  - Communication mechanisms
  - Medications and supplies
  - Safety and security
  - Management of waste, radioactive, chemical, and biological events
  - **Staff - roles and responsibilities, assignments, training, support, tracking**

Emergency Operations Plans

- TJC requirements (cont.)
  - **Volunteers – LIPs or others; credentials, placement, monitoring**
  - Continuity of operations
  - Utilities and alternative means
  - Management of patient care
    - Surge, evacuation, tracking, vulnerable patients, information management, morgue, mental health
  - Annual evaluations
  - Plan activations and after action reporting

Emergency Operations Plans

- CMS
  - Emergency Preparedness Final Rule
  - 44 “E” tags, not all applicable to hospitals
  - Compliance started November 15, 2017
  - Affected 17 providers and **suppliers**

Cut the Red Tape Initiative

- On September 17, 2018 CMS announced a proposed rule to relieve burden on health care providers by removing unnecessary, obsolete, or excessively burdensome Medicare compliance requirements for health care facilities.

- Give facilities the flexibility to review their emergency program every two years, or more often at their own discretion, in order to best address their individual needs.
- Eliminating the **duplicative** requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, State and federal emergency preparedness officials and a facility’s participation in collaborative and cooperative planning efforts.
- Give facilities greater discretion in revising training requirements to allow training to occur annually or more often at their own discretion.

Emergency Operations Plan

- CMS requirements
  - Comprehensive plan
  - Updated (annually)
  - Patient population, including at risk patients
  - Emergency services provided
  - **Continuity of operations**
  - **Delegation of authority and succession planning**
  - Cooperation with community agencies

Emergency Operations Plans

- CMS requirements (cont.)
  - Policies and procedures
  - Evacuation
  - Shelter in place
  - Subsistence needs during evacuation and shelter in place
  - 1135 Waiver
  - **Emerging infectious diseases**
  - Training and testing
  - Drills and exercises

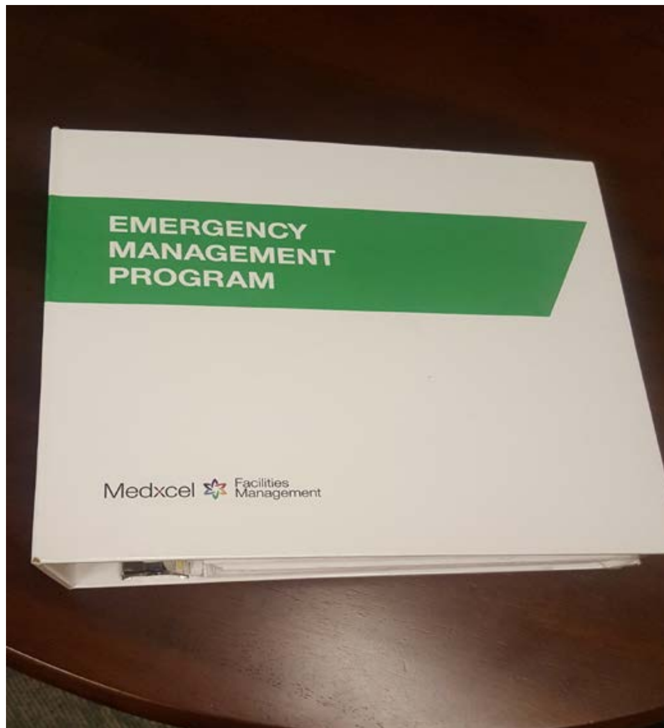
Functionality

Getting Started

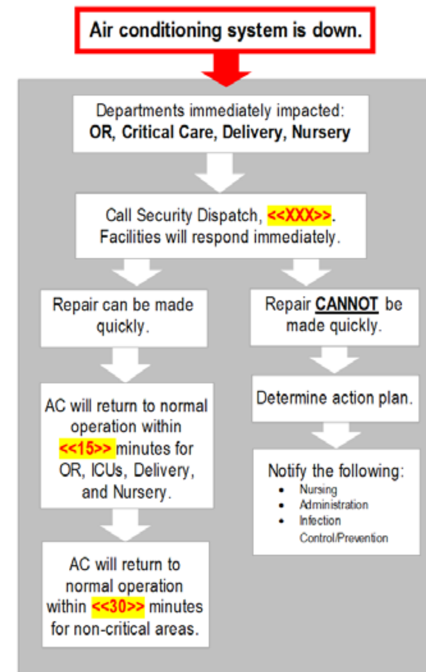
- **Complete your Hazard Vulnerability Analysis**
- **Complete your 96 Hour Assessment**
- Develop your Emergency Operations Plan
- Write corresponding policies and procedures
- Keep it simple
- After Action Reports
  - Make improvements and document

How to ensure TJC and CMS compliance?

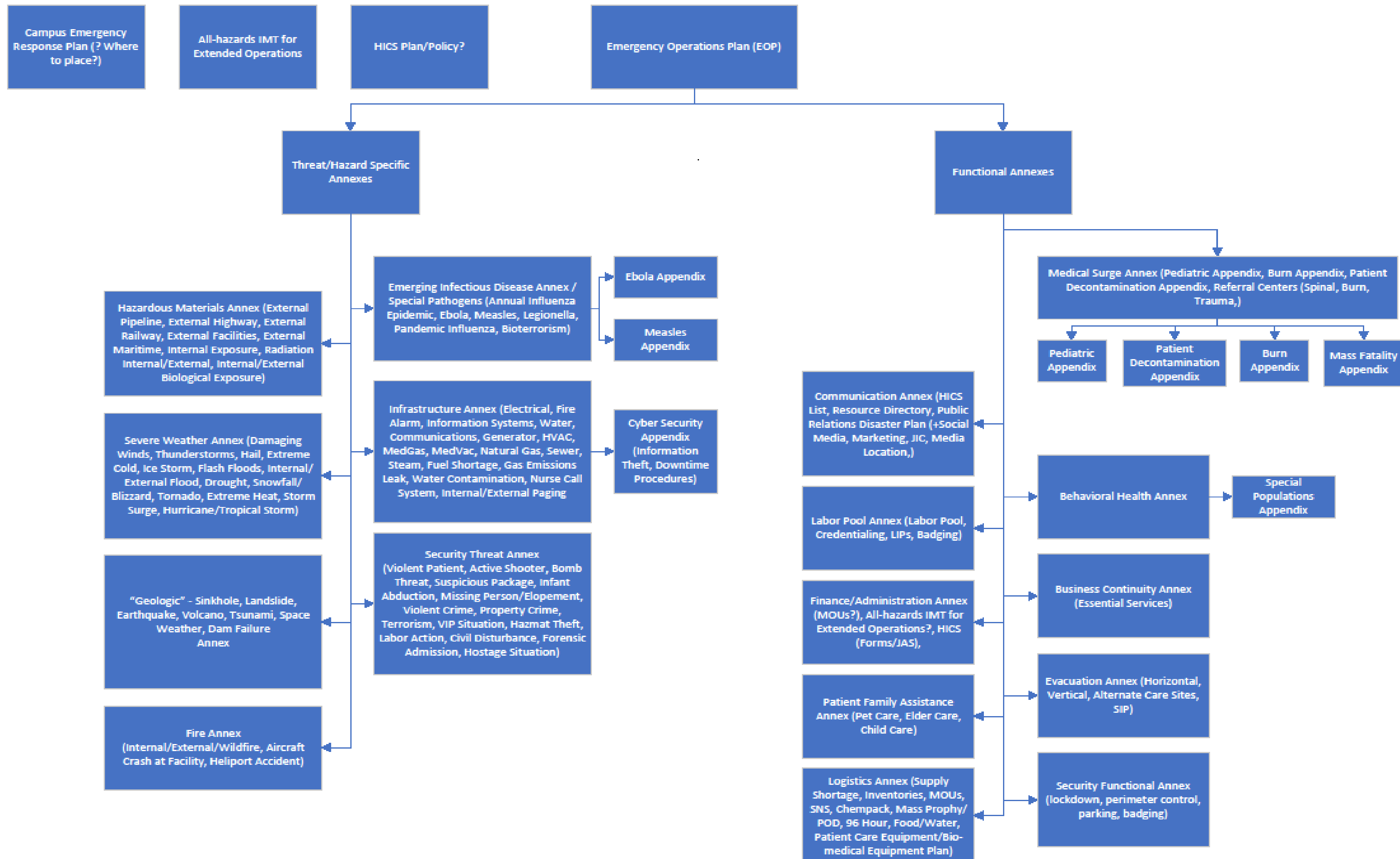
- Comprehensive EOP, inclusive of both sets of standards, with appendices



#26 HVAC Air Conditioning System Fails



EOP

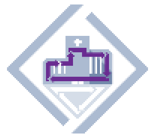


The Program

Largest sole provider of healthcare facilities services in the U.S., using an integrated model to best serve our customers.

Emergency Management, EC & Safety

Direct Chain of Command Ensures:



Standardization

Optimization

Communication

Who is in Charge

- Dedicated team
- "Add on" duty
  - Qualifications
- **Are you revenue depleting or revenue generating?**

Face the Facts

- It’s really hard to fail the EM review
  - But it can be done!
- We appear more regulatory than functional
- We fly by the seat of our pants
  - “no plan of operations extends with any certainty beyond the first contact with the main hostile force”

Field Marshal Helmuth Karl Bernhard Graf von Moltke

What He Meant

- Moltke wanted to evolve beyond deterministic battle plans in favor of resilient strategies that could adapt to real battle situations as they occurred

Goal of the Program

- Saves lives (obviously), but…
  - Do cool things
  - Have fun meetings
  - Keep open providing full or most services through a disaster
    - Elective procedures

All Hazards

- It's not a magic bullet
- Specific plans for your top hazards
  - Top 5

Reporting Structure

- CMS requires executive leadership involvement
  - Shouldn’t you report to them?
  - Signatures don’t count
- Role of EC and EM Committees
  - Are the meetings meaningful?

Are You Busy

- Consider similar work roles and experience
  - Safety and EM
- Other work may be a fit depending on person
  - Facilities
  - Emergency department

EM FTE's

- Square Feet is not a good indicator
  - Works for security and facilities, but not EM
- Current Work
  - Spend a month tracking what you do by hour (be honest)
  - Add any quarterly, annual, etc work

Revenue

- It gets the C-Suite attention
- What are the highest revenue generating procedures at your facility?
- How do you sustain those services through a disaster?

Revenue isn’t the Only Thing

- Your community needs you
  - Especially after a disaster
- Some services may not be available elsewhere
  - Investigational therapies
  - Insurance implications
- Reputation

Thoughts from the Field

- Dave Chapman, SOII
- John Coffey, SOII
- Lawana Jolivette, SOIII
- Mike Matroni, SOIII
- Darren Staggers, SOII

Thank You

Questions?

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