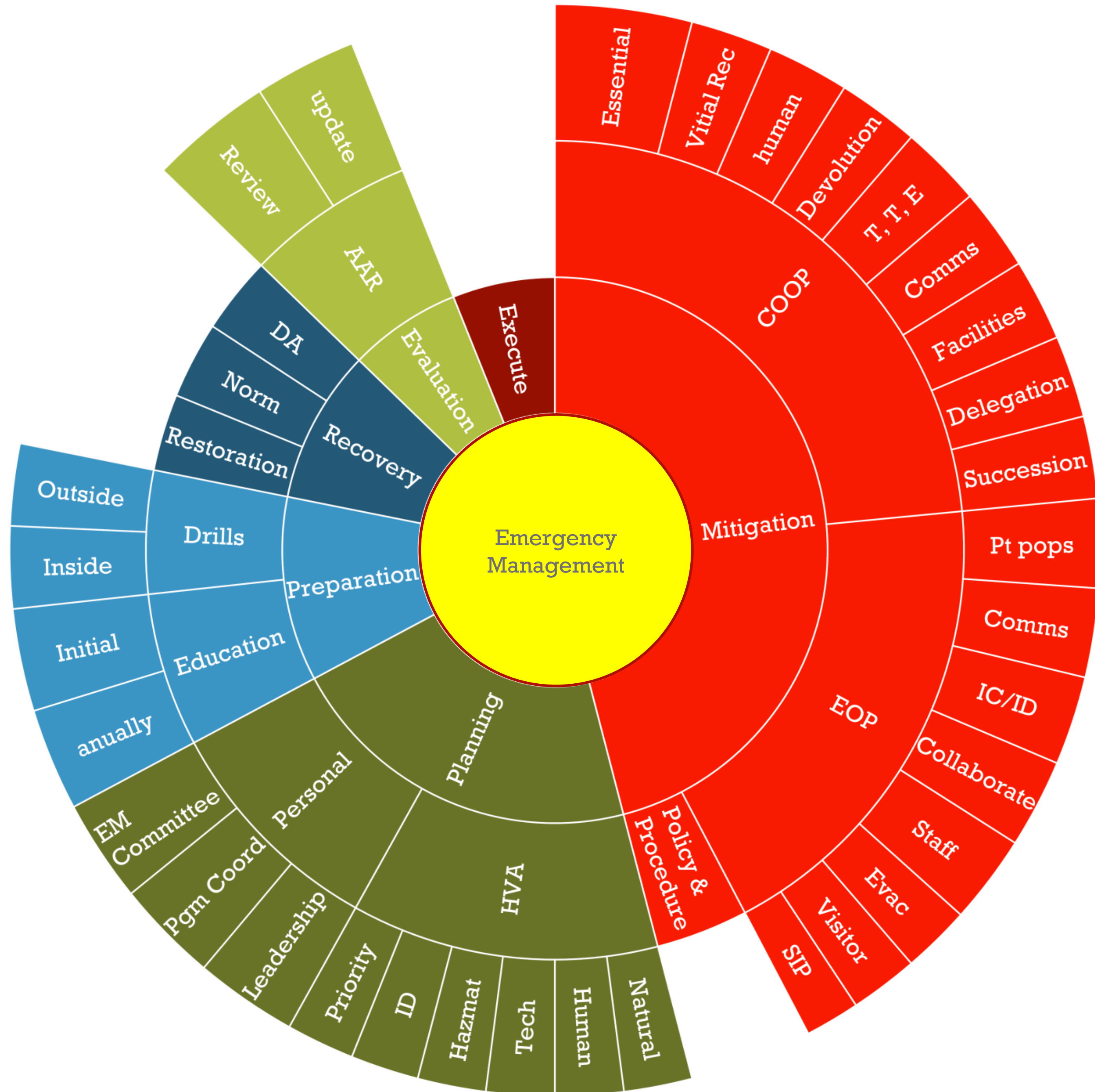
Healthcare Emergency Management Where are "U" in Preparedness

March 2023

Comprehensive Emergency Management Program



OSF HealthCare

New and revised standards in emergency management

- Effective July 1, 2022 – new standards will apply to all Joint Commission accredited hospitals and critical access hospitals
- New numbering system
- **Reduction from 124 to 60**
- Engagement with stakeholders, customers, and experts
  - Standard review panel – more than 50 members who have current roles in EM
  - TJC workgroup of life-safety code field directors, standards interpretation group-engineers, field staff clinical surveyors and staff from standards and survey methods
- Read the chapter

50%

New and revised standards in emergency management

Reference Guide: Emergency Management Standards

Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only

New EM Standards	EP	Area	Emergency Management Topic	Apply CAH	Apply HAP	Prior EM Standards
EM.09.01.01	1	EM Program	Written EM Program w/all-hazards approach	X	X	N/A
EM.09.01.01	2	EM Program	Separately certified Hospitals (unified/integrated EM Program)	X	X	04.01.01/1,2,3
EM.09.01.01	3	EM Program	Complies with laws and regulations	X	X	N/A
EM.09.01.01	4	EM Program	Transplant program (inclusion in the EM Program)	n/a	X	02.01.01/13
EM.10.01.01	1	EM Leadership	Senior leaders provide oversight & support	X	X	01.01.01/1; 02.01.01/1
EM.10.01.01	2	EM Leadership	Qualified individual to lead the EM Program	X	X	N/A
EM.10.01.01	3	EM Leadership	Multidisciplinary committee oversees EM Program	X	X	N/A
EM.10.01.01	4	EM Leadership	Multidisciplinary committee provides input	X	X	N/A
EM.11.01.01	1	HVA	Facility based HVA	X	X	01.01.01/2
EM.11.01.01	2	HVA	HVA: natural, human, tech, hazmat, infectious disease	X	X	N/A
EM.11.01.01	3	HVA	Prioritizes findings of HVA	X	X	01.01.01/3
EM.11.01.01	4	HVA	Uses HVA for mitigation & preparedness actions	X	X	01.01.01/5,6
EM.12.01.01	1	EOP-Planning	EOP is written all-hazards, including several plans	X	X	02.01.01/2, 8
EM.12.01.01	2	EOP-Planning	EOP identifies patient populations	X	X	02.02.011/11; 02.02.011/4
EM.12.01.01	3	EOP-Planning	EOP includes shelter-in-place and evacuation	X	X	02.01.01/15; 02.02.11/3
EM.12.01.01	4	EOP-Planning	EOP includes providing essential needs for staff/patients	X	X	02.02.03/3
EM.12.01.01	5	EOP-Planning	EOP describes incident command operations (IC)	X	X	02.02.01/22
EM.12.01.01	6	EOP-Planning	EOP includes process to cooperate/collaborate	X	X	02.02.01/22
EM.12.01.01	7	EOP-Planning	EOP identifies person(s) with authority to activate EOP/IC	X	X	02.01.01/5, 6; 02.02.01/5
EM.12.01.01	8	EOP-Planning	EOP identifies primary & secondary sites for IC operations	X	X	N/A
EM.12.01.01	9	EOP-Planning	EOP identifies 1135 waiver procedures	X	X	02.01.01/7, 14; 02.02.03/10
EM.12.02.01	1	EOP-Communications	Contact lists with names and contact info	X	X	02.02.01/20
EM.12.02.01	2	EOP-Communications	Coordinated messages and information during incident	X	X	02.02.01/1, 2, 3, 4, 6, 8, 9, 13
EM.12.02.01	3	EOP-Communications	Communication with relevant authorities	X	X	01.01.01/4
EM.12.02.01	4	EOP-Communications	Identifies warning and notification alerts	X	X	02.02.01/17
EM.12.02.01	5	EOP-Communications	Method for sharing patient information	X	X	02.02.01/5, 12, 21, 22
EM.12.02.01	6	EOP-Communications	Primary and Secondary means of communicating	X	X	02.02.01/14
EM.12.02.03	1	EOP-Staffing	Staffing plan to manage staff	X	X	02.02.07/10, 14
EM.12.02.03	2	EOP-Staffing	Addresses all staff and volunteers	X	X	02.02.07/2, 3, 4
EM.12.02.03	*4	EOP-Staffing	Managing volunteer licensed practitioners	X	X	02.02.13/1, 4, 5, 6, 7, 8 & 02.02.15/1, 4, 5, 6, 7, 8
EM.12.02.03	5	EOP-Staffing	Granting disaster privileges	X	X	02.02.13/2; 02.02.15/2

15 with no reference to prior standard

Reference Guide: Emergency Management Standards

Effective July 1, 2022, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only

New EM Standards	EP	Area	Emergency Management Topic	Apply CAH	Apply HAP	Prior EM Standards
EM.12.02.03	6	EOP-Staffing	Providing employee assistance and support	X	X	02.02.07/5, 6
EM.12.02.05	1	EOP- Patient Clinical & Support	Written procedures with other hospitals re: patient information	X	X	02.02.03/9; 02.02.11/8, 12
EM.12.02.05	2	EOP- Patient Clinical & Support	Written procedures for managing visitors	X	X	N/A
EM.12.02.05	3	EOP- Patient Clinical & Support	Coordinates with Medical Examiner, mortuary, etc.	X	X	02.02.01/11; 02.02.11/7
EM.12.02.07	1	EOP- Safety & Security	Roles community security agencies have during disaster	X	X	02.02.05/1, 2, 3
EM.12.02.07	2	EOP- Safety & Security	Tracking on-duty staff and patients	X	X	02.02.07/9, 11; 02.02.11/12
EM.12.02.09	1	EOP- Resources & Assets	Written plan for managing resources and assets	X	X	01.01.01/8; 02.02.03/6, 12
EM.12.02.09	2	EOP- Resources & Assets	Written plan to obtain, allocate, mobilize, replenish, etc.	X	X	02.02.01/7, 10; 02.02.03/1, 2, 4, 5
EM.12.02.09	3	EOP- Resources & Assets	96-hour sustainability plan	X	X	02.01.01/3
EM.12.02.11	1	EOP- Utilities	Written plan for managing essential/critical utilities	X	X	02.02.09/7
EM.12.02.11	2	EOP- Utilities	Written plan for maintaining essential/critical utilities	X	X	02.02.09/8
EM.12.02.11	3	EOP- Utilities	Written plan for alternative power/systems	X	X	02.02.09/2, 3,4, 5, 6
EM.12.02.11	4	EOP- Utilities	Plan for managing alternative power/systems	X	X	N/A
EM.13.01.01	1	Continuity of Operations Plan	Written Continuity of Operations Plan (COOP)	X	X	N/A
EM.13.01.01	2	Continuity of Operations Plan	Written plan for secondary location	X	X	N/A
EM.13.01.01	3	Continuity of Operations Plan	Written succession plan	X	X	02.01.01/12
EM.13.01.01	4	Continuity of Operations Plan	Written delegation of authority plan	X	X	02.01.01/12
EM.14.01.01	1	Disaster Recovery	Written strategies for assessments, restoration	X	X	02.01.01/4
EM.14.01.01	2	Disaster Recovery	Written plan for family reunification	X	X	N/A
EM.15.01.01	1	Staff Education/Training	Written education and training program	X	X	N/A
EM.15.01.01	2	Staff Education/Training	Initial education and training	X	X	02.02.07/7
EM.15.01.01	3	Staff Education/Training	Ongoing education and training	X	X	02.02.07/13
EM.15.01.01	4	Staff Education/Training	Incident command staff education and training	X	X	N/A
EM.16.01.01	1	Testing the EOP	Written plan for annual testing of EOP	X	X	03.01.03/5; 03.01.03/17
EM.16.01.01	2	Testing the EOP	Conduct two (2) exercises per year	X	X	03.01.03/3
EM.16.01.01	3	Testing the EOP	Outpatient Care buildings conduct one (1) per year	X	X	N/A
EM.17.01.01	1	Evaluation of EM Program	Committee reviews AAR/IPs	X	X	03.01.03/13, 14, 15, 16
EM.17.01.01	2	Evaluation of EM Program	AAR/IPs forwarded to Senior Leadership	X	X	03.01.01/4
EM.17.01.01	3	Evaluation of EM Program	Updates made every two (2) years	X	X	02.01.01/16; 02.02.07/21; 03.01.01/1, 2

Key: Emergency Management (EM); Hazard Vulnerability Analysis (HVA): Emergency Operations Plan (EOP); After-action reports/Improvement Plans (AAR/IP); *4 (No EP 3)

EM.09.01.01

The hospital has a comprehensive emergency management program that utilizes an all-hazards approach.

1. The hospital has a written **comprehensive emergency management program** that utilizes an all hazards approach. The program includes, but is not limited to, the following:
   - **- Leadership structure and program accountability**
   - - Hazard vulnerability analysis
   - - Mitigation and preparedness activities
   - - Emergency operations plan and policies and procedures
   - - Education and training
   - - Exercises and testing
   - **- Continuity of operations plan**
   - **- Disaster recovery**
   - **- Program evaluation**

3. The hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.

PUBLIC HEALTH AND HEALTHCARE PREPAREDNESS CAPABILITIES

PUBLIC HEALTH PREPAREDNESS CAPABILITIES	HEALTHCARE PREPAREDNESS CAPABILITIES
1. Community Preparedness	1. Healthcare System Preparedness
2. Community Recovery	2. Healthcare System Recovery
3. Emergency Operations Coordination	3. Emergency Operations Coordination
4. Emergency Public Information and Warning	
5. Fatality Management	5. Fatality Management
6. Information Sharing	6. Information Sharing
7. Mass Care	
8. Medical Countermeasure Dispensing	
9. Medical Materiel Management and Distribution	
10. Medical Surge	10. Medical Surge
11. Non-Pharmaceutical Interventions	
12. Public Health Laboratory Testing	
13. Public Health Surveillance & Epidemiological Investigation	
14. Responder Safety & Health	14. Responder Safety & Health
15. Volunteer Management	15. Volunteer Management

EM.10.01.01

Hospital leadership provides oversight and support of the emergency management program.

1. The hospital's senior leaders provide **oversight** and **support** for the following emergency management program activities:
   - **Allocation of resources for the emergency management program**
   - Review of the **emergency management program documents**
   - Review of the emergency operations plan, policies, training, and education that supports the emergency management program
   - Review of after-action reports (AAR) and improvement plans
     - Note 1: The hospital defines who the member(s) of the senior leadership group are as well as their roles and responsibilities for EM-related activities.

By involving seniors leadership, creating plans that are encompassing and flexible, and education of all staff in emergency response, organizations create a framework for emergency preparedness

- Senior leaders
- Leaders of medical staff
- Department leaders

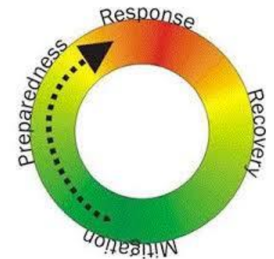
The Joint Commission

EM.10.01.01

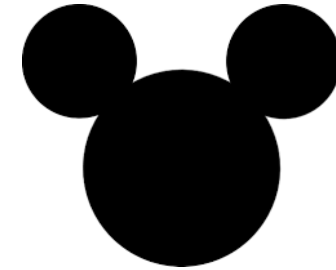
Hospital leadership provides oversight and support of the emergency management program.

2. The hospital's senior leaders identify a **qualified individual** to lead the emergency management program who has defined responsibilities, including, but not limited to, the following:

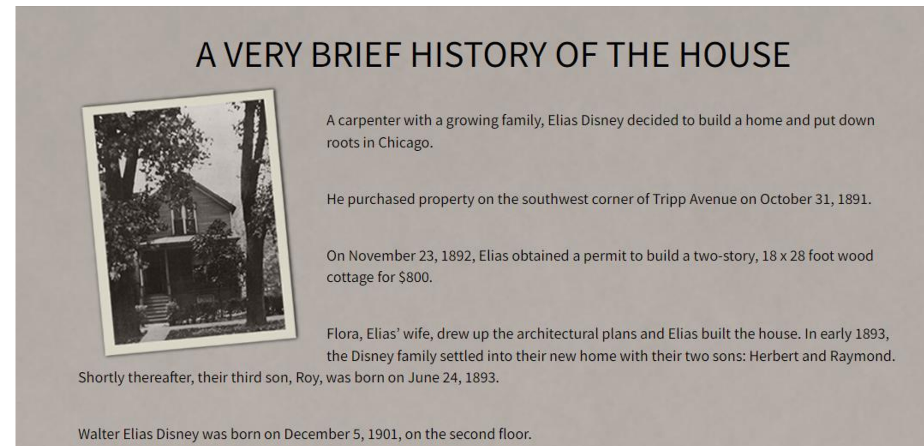
- Develops and maintains the emergency operations plan and policies and procedures
- Implementation of the **four phases of emergency management** (mitigation, preparedness, response, and recovery)
- Implementation of emergency management activities across the **six critical areas** (communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities)
- Coordinates the emergency management exercises and develops after-action reports
- **Collaboration across clinical and operational areas** to implement organization wide emergency management - Identification of and collaboration with community response partners
  - Note: Education, training, and experience in emergency management should be taken into account when considering the qualifications of the individual who leads the program



INTERESTING FACT #1



- Florida is known for Disney, but do you know where Walt was born?



A VERY BRIEF HISTORY OF THE HOUSE

A carpenter with a growing family, Elias Disney decided to build a home and put down roots in Chicago.

He purchased property on the southwest corner of Tripp Avenue on October 31, 1891.

On November 23, 1892, Elias obtained a permit to build a two-story, 18 x 28 foot wood cottage for $800.

Flora, Elias' wife, drew up the architectural plans and Elias built the house. In early 1893, the Disney family settled into their new home with their two sons: Herbert and Raymond. Shortly thereafter, their third son, Roy, was born on June 24, 1893.

Walter Elias Disney was born on December 5, 1901, on the second floor.

EM.10.01.01

Hospital leadership provides oversight and support of the emergency management program.

3. The hospital has a **multidisciplinary committe**e that oversees the emergency management program. The committee includes the emergency program lead and other participants identified by the hospital; meeting frequency, goals, and responsibilities are defined by the committee.

- Note 1: Other multidisciplinary committee participants may include representatives from senior leadership, nursing services, medical staff, pharmacy services, infection prevention and control, facilities engineering, security, and information technology.
- Note 2: The multidisciplinary committee that oversees the emergency management program may be incorporated into an existing committee.

4. The **multidisciplinary committee provides input and assists** in the **coordination** of the preparation, **development**, **implementation**, **evaluation**, and **maintenance** of the hospital's emergency management program. The activities include, but are not limited to, the following:

- - Hazard vulnerability analysis
- - Emergency operations plan, policies, and procedures
- - Continuity of operations plan
- - Training and education
- - Planning and coordinating incident response exercises (seminars; workshops; tabletop exercises; functional exercises, full-scale, community-based exercises)
- - After-action reports and improvement plans

EM.11.01.01

The hospital conducts a hazard vulnerability analysis utilizing an all-hazards approach

1. The hospital conducts a **facility-based** hazard vulnerability analysis (HVA) using an all-hazards approach that includes the following:.

2. The hospital's all-hazards vulnerability analysis includes the following:
   - Natural hazards (such as flooding, wildfires)
   - Human-caused hazards (such as bomb threats or cyber/information technology crimes)
   - Technological hazards (such as utility or information technology outages)
   - Hazardous materials (such as radiological, nuclear, chemical)
   - Emerging infectious diseases (such as Ebola, Zika Virus, SARS-CoV-2)

#3 most cited standard 01.01.01
EP#2

EM.12.01.01

The hospital develops an EOP based on an all-hazards approach.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing an emergency operations plan.

1. The hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff, volunteers, physicians, and other licensed practitioners on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:

- Mobilizing incident command
- Communications plan
- **Maintaining, expanding, curtailing, or closing operations**
- Protecting critical systems and infrastructure
- **Conserving and/or supplementing resources**
- Surge plans (such as flu or pandemic plans)
- Identifying alternate treatments areas or locations
- Sheltering in place - Evacuating (partial or complete) or relocating services
- Safety and security
- **Securing information and records**

- Patient populations / at-risk
- SIP/evacuate to the department level
- Essential needs to staff and Pts during SIP/Evac
- Incident command operations
- Coop and collaborate with other healthcare

EM.12.01.01

The hospital develops an EOP based on an all-hazards approach.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing an emergency operations plan.

1. The hospital's emergency operations plan identifies the patient population(s) that it will serve, including at-risk populations, and the types of services it would have the ability to provide in an emergency or disaster event.
   - Note: At-risk populations such as the elderly, dialysis patients, or persons with physical or mental disabilities may have additional needs to be addressed during an emergency or disaster incident, such as medical care, communication, transportation, supervision, and maintaining independence.

2. The hospital identifies the individual(s) who has the authority to activate the EOP and/or the hospital's incident command.

8. The hospital identifies its primary and alternate sites for incident command operations and determines how it will maintain and support operations at these sites.
   - Note 1: Alternate command center sites may include the use of virtual command centers.
   - Note 2: Maintaining and supporting operations at alternate sites include having appropriate supplies, resources, communications, and information technology capabilities.

EM.12.02.01

The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency.

Note: The hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.

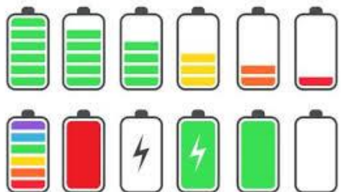
1. **Contact lists**
2. **Coordinated messages**
3. **Reporting information**
4. **Warning and notifications**
5. **Share/release info within the law**
6. **Primary and alternate means for communicating**

EM.12.02.05

The hospital has a plan for providing patient care and clinical support during an emergency or disaster incident.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing a plan for patient care and clinical support.

2. The hospital's plan for providing patient care and clinical support includes written procedures for managing individuals that may present during a disaster or emergency that are not in need of medical care (such as visitors).



NOT JOINT COMMISSION?

- **How does this apply to me…**
- 1910.38 Emergency Action Plans
  - 1910.38(b) Written and oral emergency action plans. An emergency action plan must be in writing, kept in the workplace, and available to employees for review. However, an employer with 10 or fewer employees may communicate the plan orally to employees
  - 1910.38(c) Minimum elements of an emergency action plan. An emergency action plan must include at a minimum:
  - 1910.38(c)(1) Procedures for reporting a fire or other emergency;
  - 1910.38(c)(2) Procedures for emergency evacuation, including type of evacuation and exit route assignments;
  - 1910.38(c)(3) Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;
  - 1910.38(c)(4) Procedures to account for all employees after evacuation;
  - 1910.38(c)(5) Procedures to be followed by employees performing rescue or medical duties; and
  - 1910.38(c)(6) The name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.
  - 1910.38(d) Employee alarm system. An employer must have and maintain an employee alarm system. The employee alarm system must use a distinctive signal for each purpose and comply with the requirements in § 1910.165.
  - 1910.38(e) Training. An employer must designate and train employees to assist in a safe and orderly evacuation of other employees.
  - 1910.38(f) Review of emergency action plan. An employer must review the emergency action plan with each employee covered by the plan:
  - 1910.38(f)(1) When the plan is developed or the employee is assigned initially to a job;
  - 1910.38(f)(2) When the employee's responsibilities under the plan change; and
  - 1910.38(f)(3) When the plan is changed.

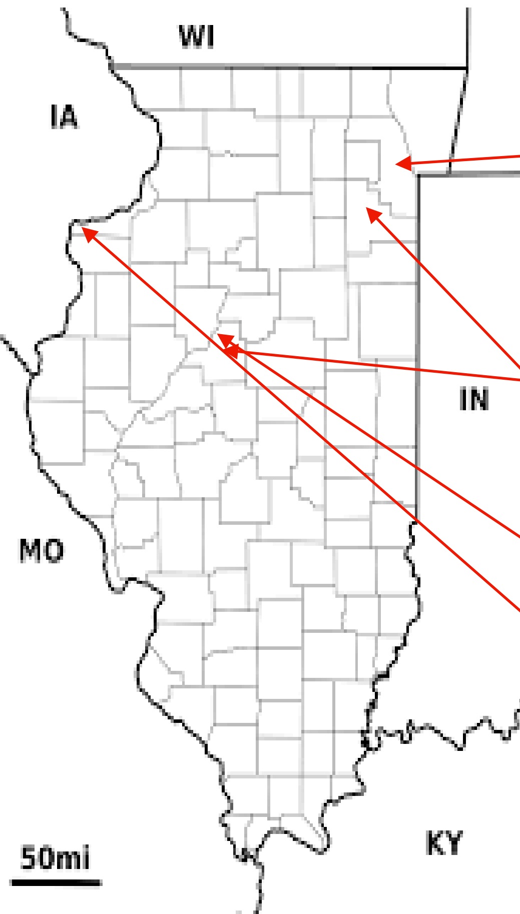
1600 more reasons to be prepared…

- Leadership and Commitment
- Program Coordinator
- Program Committee
- Program Administration
- Laws and Authorities
- Performance Objectives
- Records
- Planning Process
- Risk Assessment
- Resource Management
- Mutual Aid
- COOP
- Incident Management
- EOC
- Training and Education
- Test and Exercises

NFPA 1600®

Standard on Disaster/Emergency Management and Business Continuity Programs

INTERESTING FACT #2



1. Illinois produces a lot of nuclear energy (12 reactors)
2. It has the world's largest cookie factory
3. It was the birthplace of First Lady Michelle Obama
4. Hillary Clinton called Illinois home
5. Libby's (Morton) home of over 80% of the worlds can pumpkin
6. Dairy Queen Ice Cream (Joliet) opened chain of soft serve ice cream in 1940
7. Caterpillar (Peoria) created in 1925 with merger of Holt and CL Best tractor companies
8. John Deere (Moline) was an actually person, blacksmith that started making plows in 1837

EM.13.01.01

The hospital has a continuity of operations plan.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan.

1. *The hospital has a **written** continuity of operations plan (COOP) that is developed with the **participation** of key executive leaders, business and finance leaders, and other departments leaders* as determined by the hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.

- Note: The COOP provides guidance on how the hospital will continue to perform its **essential business functions** to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.

2. The hospital's continuity of operations plan identifies **in writing how and where it will continue to provide its ESSENTIAL BUSINESS FUNCTIONS** when the location of the essential or critical service has been compromised due to an emergency or disaster incident.

- Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.

5 STEPS FOR COOP

- **Gain organization leadership buy-in**
  - Many BC and COOP mitigation measures, such as creating a staff contact roster, can be performed at little to no cost. Remember that the goal of BC is self-preservation. Can your organizational leadership afford to do nothing?
- **Establish a COOP Planning Team**
  - Establish a **strong internal planning team** with staff that have preparedness mindsets. Regardless of size, the team should represent all critical elements: clinical operations, non-clinical operations, and human resources or IT specialties.

5 STEPS FOR COOP (continued)

- **Identify One Leader With Authority to Serve as Project Manager**
  - One executive or leader with authority should function as the overall project manager. That person ensures that collaboration occurs, deadlines are met, and the project maintains forward progress, in addition to resolving conflicts.
- **Perform a BC Risk Assessment or COOP Threat & Hazard Identification & Risk Assessment (THIRA)**
  - The first step to performing a BC risk assessment or COOP THIRA is understanding what risks exist. This process is more straightforward than you think. Most emergency management and public health agencies are required by their grants to perform risk assessments for their jurisdictions. Many are available online; however, contact the state or local public health preparedness office or emergency management agency if one cannot be located for your area. The risk assessment should identify threats or hazards with opportunities for hazard prevention, deterrence, or risk mitigation.

5 STEPS FOR COOP (continued)

- **For BC: Perform a Business Impact Analysis (BIA)**
  - The **business impact analysis (BIA)** predicts the consequences of disruption of a business function or process and gathers information needed to develop a recovery strategy. Considering potential operational and financial impacts, the BIA should include other outcomes such as regulatory fines, contractual penalties, and customer dissatisfaction. Factor in the timing and duration of disruption, as these variables can alter the impact on the business. The BIA will be used to establish priories to restore business operations.
  - Identify threats or hazards with opportunities for hazard prevention, deterrence, or risk mitigation.

EM.14.01.01

The hospital has a disaster recovery plan.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a disaster recovery plan.

1. The hospital has a disaster recovery plan that describes **in writing** its strategies for when and how it will do the following:
   - Conduct organization wide **damage assessments**
   - Restore critical systems and essential services
   - Return to full operations

2. The hospital's disaster recovery plan describes **in writing** how the hospital will address *family reunification* and coordinate with its local community partners to help locate and assist with the identification of adults and unaccompanied children.

EM.15.01.01

The hospital has an emergency management education and training program.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing education and training.

1. The hospital has a **written education and training program** in emergency management that is based on the hospital's prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communication plan, and policies and procedures.

- Note: If the hospital has developed multiple hazard vulnerability analyses based on the location of other services offered, the education and training for those facilities are specific to their needs.

2. The hospital provides **initial education and training in emergency management to all new and existing staff**, individuals providing services under arrangement, volunteers, physicians, and other licensed practitioners that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following:
   - Activation and deactivation of the emergency operations plan
   - Communications plan
   - Emergency response policies and procedures
   - Evacuation, shelter-in place, lockdown, and surge procedures
   - Where and how to obtain resources and supplies for emergencies (such as procedures manuals or equipment)
   - **Documentation is required.**

- Ongoing – every 2 years
- Incident command staff participate

INTERESTING FACT #3

The deadliest job in the United States?

- President of the United States
- Of the 46 Presidents – 8 have died in office, 4 were assassinated and 4 died of natural causes

John F Kennedy 35th

Abraham Lincoln 16th

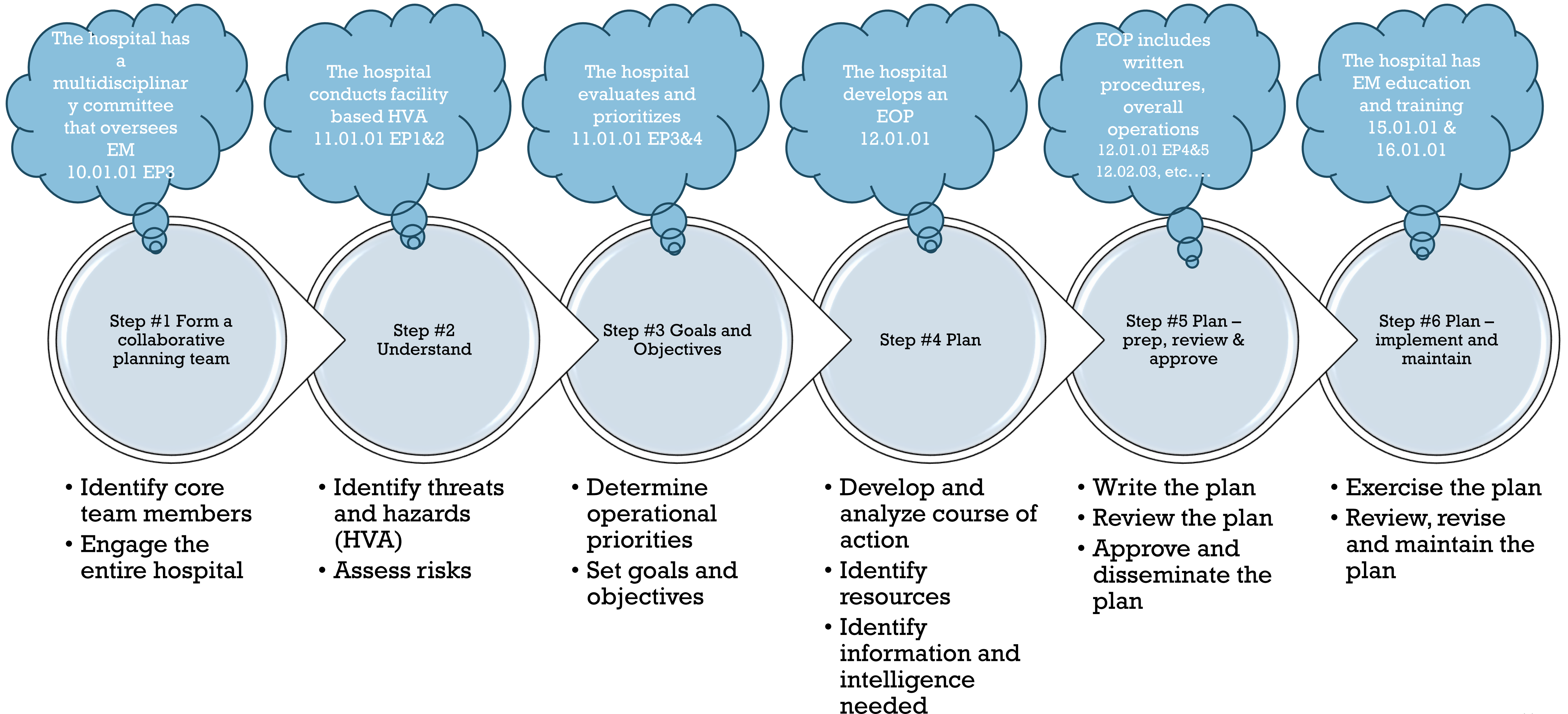
William McKinley 25th

James A Garfield 20th

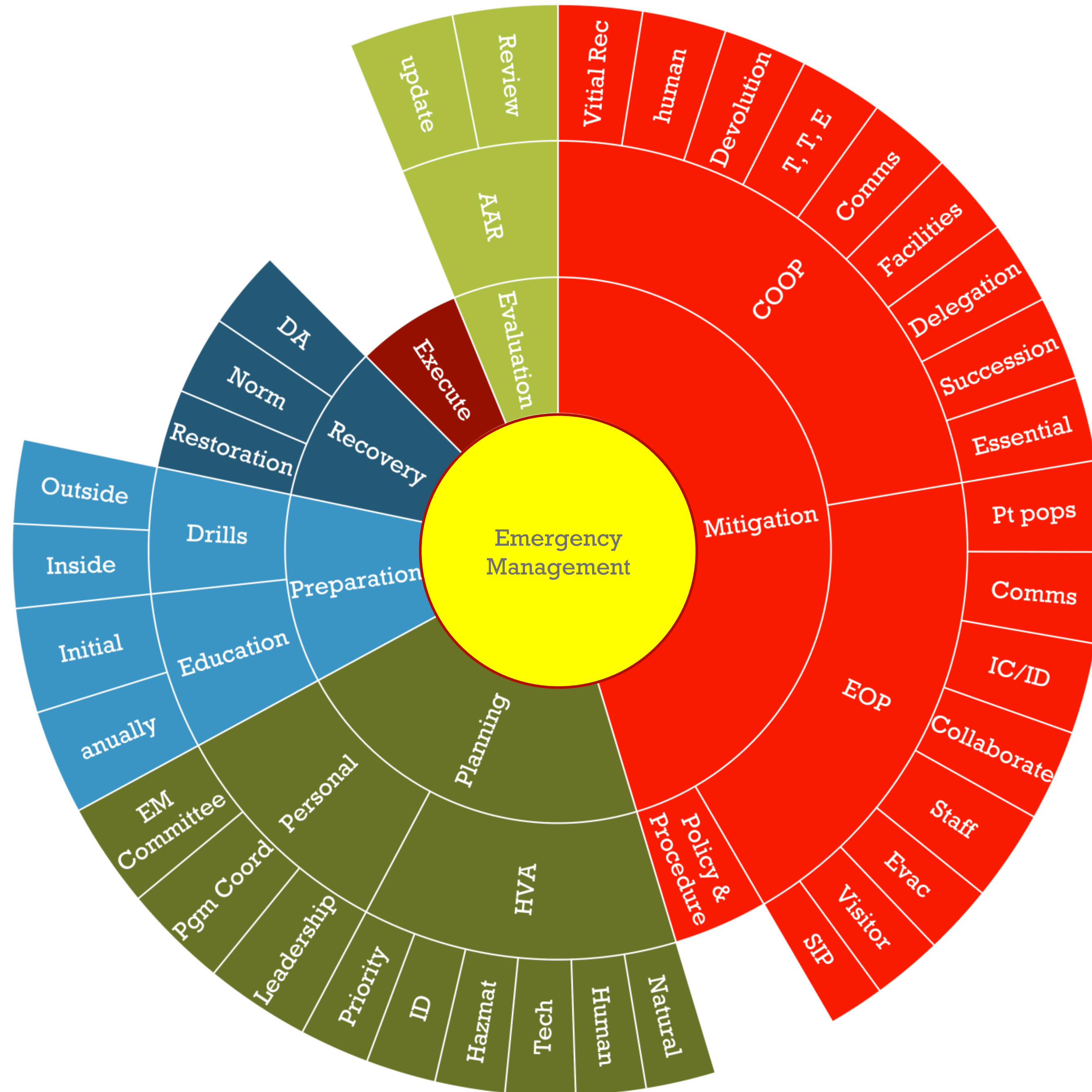
SEW IT UP…

- **LEADERSHIP INVOLVEMENT** – EM Program starts at the top (C-Suite, SVP, VP), responsibility
- Emergency Operations Plan – based on HVA
  - Continuity of Operations – continue essential business function, essential services, delegation and succession
  - Disaster Recovery – IT/IS, return to full function, damage assessment. HVA based, critical systems, family reunification
- Written program evaluation
- Qualified Emergency Management Individual
- Multidisciplinary Committee
- HVA – natural, human caused, technology, HazMat, EID
- Communications plan – primary and alternate
- Visitors not seeking medical care
- Written training plan – base on HVA, NEO, Med Staff, HIMT, volunteer, at least every other year
- ***Non EM Chapter*** – EC power systems and safe environment & LD leader oversight of EM activities
  - References to NFPA 101, 110 & 99

PLANNING STEPS…



Comprehensive Emergency Management Program



Thank you!

Question and conversation

Troy Erbentraut – BS, EMT-B, CHEC II, CHPCP

Director - Office of Preparedness and Response

OSF HealthCare

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Healthcare Emergency Management Where are “U” in Preparedness

March 2023

THE WHY

Getting the Balance Right

Do the right thing

Do things right

Public Health
Prevent. Promote. Protect.

Impacts of Sandy: Days of Hospital Services Lost

Hospital Services	New Jersey				New York			
	Bayonne[a]	Hoboken[b]	Jersey City	Palisades	Bellevue	Coney Island	Long Beach	NY
	Approximate Days of Service Lost							
Emergency Department Services	0	14	0	1	40-100	14	>60	>60
Out-Patient Clinics								
Medical/primary care	0	7	7	1	20-34	16	30	7+
Surgical clinics	0	NA	7	1	20-34	5	>60	7+
Ob/gyn clinics	0	7	7	NA	20-34	5	>60	7+
Pediatric clinics	0	7	7	NA	20-34	5	>60	7+
Surgical Services								
Major operative procedures	0	14	7	1	100	>30	>60	60
Minor procedures	0	14	7	1	100	>30	>60	49
Endoscopic procedures	0	14	7	1	100	>30	>60	60
Other specialty procedures	0	14	NA	1	100	>30	>60	60
Obstetric/delivery Services	NA	14	0	NA	100	>30	NA	>60
Rehab/physical therapy	0	14	0	1	100	21	>60	>60
Laboratory services	0	14	0	1	5	3	>60	49
Radiology Services								
Plain radiographs/x-rays	0	3	0	1	40	3	>60	49
Computed tomography (CT) scans	3	3	0	3	40	3	>60	49
Magnetic resonance imaging (MRI)	0	3	0	1	100	>30	>60	60
Ultrasound	0	3	0	1	40	3	>60	49
Interventional procedures	0	NA	0	7	100	>30	NA	49
Blood Bank	0	NA	NA	1	40	>30	NA	49
Non-Clinical Services								
Kitchen	0	NA	0	1	60	0	>60	>60
Laundry	0	NA	0	1	60	0	>60	>60
Administrative	0	7	0	0	5	0	0	moved
Medical records	0	0	0	0	NA	0	0[c]	0

NA = Not available at that facility
a. Took patients transferred from Hoboken Hospital
b. Hospital closed for 14 days
c. Lost records in the out-patient clinic only

Source: http://www.fema.gov/media-library-data/1385590865538-0c10ec4ba66e38db446a93689445ba9e/Sandy_MAT_AppH_508post.pdf

Comprehensive Emergency Management Program

Emergency Management

- Mitigation
  - COOP
    - Vital Rec
    - human
    - Devolution
    - T, T, E
    - Comms
    - Facilities
    - Delegation
    - Succession
    - Essential
  - EOP
    - Pt pops
    - Comms
    - IC/ID
    - Collaborate
    - Staff
    - Evac
    - Visitor
    - SIP
  - Policy & Procedure
- Planning
  - HVA
    - Natural
    - Human
    - Tech
    - Hazmat
    - ID
    - Priority
  - Personal
    - Leadership
    - Pgm Coord
    - EM Committee
- Preparation
  - Education
    - anually
    - Initial
  - Drills
    - Inside
    - Outside
- Recovery
  - Restoration
  - Norm
  - DA
- Execute
- Evaluation
  - AAR
    - update
    - Review

EM.13.01.01

The hospital has a continuity of operations plan.

Note: The hospital considers its prioritized hazards identified as part of its hazard vulnerability assessment when developing a continuity of operations plan.

1. The hospital has a **written** continuity of operations plan (COOP) that is developed with the **participation** of key executive leaders, business and finance leaders, and other departments leaders as determined by the hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.

   - Note: The COOP provides guidance on how the hospital will continue to perform its **essential business functions** to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.

2. The hospital's continuity of operations plan identifies **in writing how and where it will continue to provide its essential business functions** when the location of the essential or critical service has been compromised due to an emergency or disaster incident.

   - Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.

INTERESTING FACT #4

- The most western state in the US?
- The most eastern state in the US?
- The most northern state in the US?
- The largest state in the US?

5 STEPS FOR COOP

- **Gain organization leadership buy-in**
  - Many BC and COOP mitigation measures, such as creating a staff contact roster, can be performed at little to no cost. Remember that the goal of BC is self-preservation. Can your organizational leadership afford to do nothing?
- **Establish a COOP Planning Team**
  - Establish a **strong internal planning team** with staff that have preparedness mindsets. Regardless of size, the team should represent all critical elements: clinical operations, non-clinical operations, and human resources or IT specialties.

5 STEPS FOR COOP (continued)

- **Identify One Leader With Authority to Serve as Project Manager**
  - One executive or leader with authority should function as the overall project manager. That person ensures that collaboration occurs, deadlines are met, and the project maintains forward progress, in addition to resolving conflicts.
- **Perform a BC Risk Assessment or COOP Threat & Hazard Identification & Risk Assessment (THIRA)**
  - The first step to performing a BC risk assessment or COOP THIRA is understanding what risks exist. This process is more straightforward than you think. Most emergency management and public health agencies are required by their grants to perform risk assessments for their jurisdictions. Many are available online; however, contact the state or local public health preparedness office or emergency management agency if one cannot be located for your area. The risk assessment should identify threats or hazards with opportunities for hazard prevention, deterrence, or risk mitigation.

5 STEPS FOR COOP (continued)

- **For BC: Perform a Business Impact Analysis (BIA)**
  - The **business impact analysis (BIA)** predicts the consequences of disruption of a business function or process and gathers information needed to develop a recovery strategy. Considering potential operational and financial impacts, the BIA should include other outcomes such as regulatory fines, contractual penalties, and customer dissatisfaction. Factor in the timing and duration of disruption, as these variables can alter the impact on the business. The BIA will be used to establish priories to restore business operations.
  - Identify threats or hazards with opportunities for hazard prevention, deterrence, or risk mitigation.

Facets of your BIA

To ensure you have all areas of your business operations analyzed, we focus on these 5 categories of possible business impact: Systems, Services, Staff, Suppliers and Sites

- **Systems**: Implement redundant equipment and utilize secure backups What systems will be brought **back online first** and in what order do you restore your equipment; what *barebone*s can be setup to resume operations
- **Services**: Explore ways to keep your organization operating in some capacity so as to diminish negative impacts associated with interruptions What **services will be restored first** and in what order will the rest of your operations and departments be brought back online
- **Sites:** Increase security controls and power/internet/communications services at your organization's current site; select possible temporary secondary site for your office in case of disaster
- **Staff**: Appoint emergency contacts - Department heads, company managers and tech staff to implement plans in case of incidents or emergencies Your staff is also required to provide crucial data about your company's processes, priorities, applications and work flow details from each department in a questionnaire that is a must for the BIA process
  - Designate Disaster Recovery Team: Assemble team to monitor plan and be responsible for its' compliance What staff will be required during the restore period and as you bring your business back to full operation
- **Suppliers**: List crucial players in your Supply Chain and find alternate sources for supplies critical tour your operations; locate replacement equipment that can be kept on site or at satellite/remote office in case of emergencies in your area

Questions

For each of these "Five S" categories

- Describe the **impact**: How would an emergency or interruption impact your department and business as whole, what would be the hourly, daily or weekly financial impact to the business as a result
- Formulate a **plan**: How will each department handle an incident or interruption and then organization as a whole
- **Implement** the solution: Implement hardware and backup solutions to safeguard data; strengthen security controls to prevent interruption
- **Test it**: Run simulations were systems fail and restore procedures are implemented; run mock drills were the building is evacuated or a late night call to make sure Emergency Response Staff have the Incident Response Plan materials and Emergency Contacts handy
- **Embed it**: Make these plans and newly adopted processes part of a regularly scheduled meeting, quarterly if not monthly; implement
- **Change Management** to get any new equipment or applications or changes in Emergency Response Team personnel reviewed and added to the BIA

Systems – Services – Sites – Staff – Suppliers

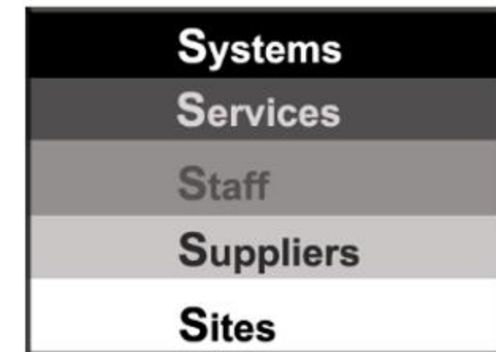
What is a business impact analysis?

BIA is a process that "predicts the consequences of disruption" to an organization. It gathers together useful information on likely problems and how to recover from difficult situations.

It is the first step of a continuity plan, used to discover, avoid, and mitigate risks. Processes play a huge role in risk management as well as disaster planning and recovery.

A BIA is an analysis that assesses the **quantitative impact** of an incident or interruption on your organization in terms of financial loss & diminished levels of services or products you provide to your customers. BIA also measures the **qualitative impact** that occurs with these event in terms of your business to operate and workforce morale & retention, damage to your brand reputation, legal and regulatory jeopardy that might result.

BIA FOCUSES ON THE EFFECTS OR CONSEQUENCES OF A POSSIBLE INTERRUPTION TO CRITICAL BUSINESS FUNCTIONS AND SYSTEMS

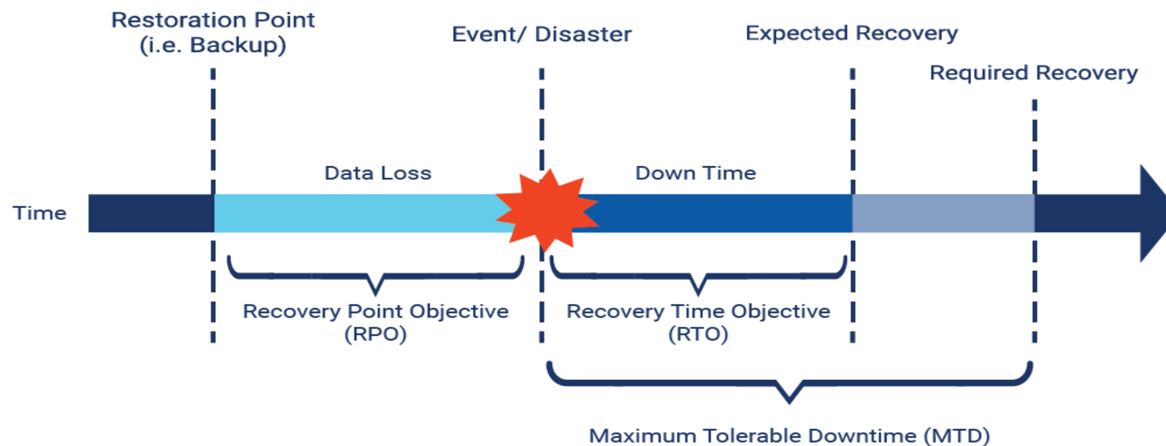


To ensure you have all areas of your business operations analyzed, we focus on these 5 categories of possible business impact: Systems, Services, Staff, Suppliers and Sites

- BIA involves **considerable time** to complete, the time spent during a properly conducted BIA can provide the structure that leads to solid and timely recovery from interruptions that often put other organizations out of business.
- Scope: Identify **what's critical** and must be included, what can left for after recovery and in what order services get restored
- Which offices and which departments are most critical and in which **order they are restored**
- Which network infrastructure & applications are **mission critical** for operations and how many in each department are needed initially to resume business operations
- Goals: Provide executive management with a list of prioritized business functions and staff requirements
- Provide executive management with a list of **prioritized business functions and staff requirements**

- Objectives: Using questionnaires from key personnel and data gathered from Risk Analysis, identify the following- Critical business functions, critical hardware & software dependencies, impact of disruptions and critical resources including suppliers and other 3rd party services
  - **Maximum Tolerable Downtime (MTD):** The longest amount of time that a business unit can be unavailable before it threatens the survival of your business MTD's can vary drastically depending on time of the year, season or holiday proximity Usually measured in hours or days, some business functions that have zero-tolerance for down-time, it can be measured in minutes
  - **Recovery Time Objective (RTO):** The maximum period of time that a business unit will be unavailable before you can restart it The period of time for the RTO is always less than the more extreme MTD calculation
  - **Recovery Point Objective (RPO):** The acceptable amount of data loss measured in time, example: is a backup made every hour of the day or will a daily backup work..... does 1hr of lost work have such a negative impact on your organization that it has to be planned for and budgeted for Additional terms and calculations to consider when evaluating existing systems or looking for new equipment:

Key components of the BIA: MTD, RTO and RPO



Google

LETS REVIEW

- Obtain Executive Support
- Establish Project Management
- Identify Essential Functions
- Conduct Threat and Risk Analysis
- Conduct BIA
- Determine COOP Plan Priorities
- Develop Concept of Operations

Elements to develop:

Activation
Essential Functions
Orders of Succession
Delegation of Authority
Continuity of Facilities
Continuity Communications
Vital Records Management
Human Capital
Test – Train – Evaluate
Devolution
Reconstitution
Readiness

INTERESTING FACT #5

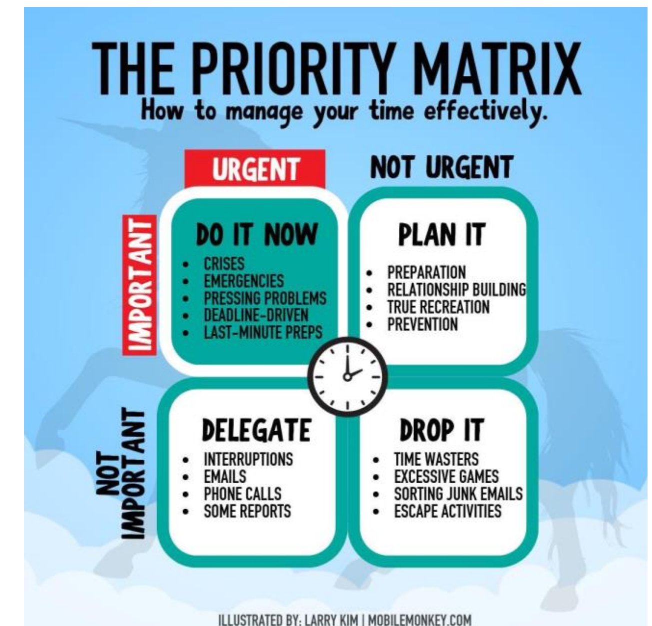
Researchers discovered that laughing increased both heart rate and calorie expenditure by up to 20 percent – and the longer participants laughed for the greater the effects

What are the physical, mental, and social benefits of laughter?

- Physical health benefits
- Boosts immunity
- Lowers stress hormones
- Decreases pain
- Relaxes your muscles
- Prevents heart disease
- Mental health benefits
- Adds joy and zest to life
- Eases anxiety and tension
- Relieves stress
- Improves mood
- Strengthens resilience
- Social benefits
- Strengthens relationships
- Attracts others to us
- Enhances teamwork
- Helps defuse conflict
- Promotes group bonding

Element #1

- Essential Functions
  - Identify the most critical functions that be continued under all circumstances
  - Perform BIA’s



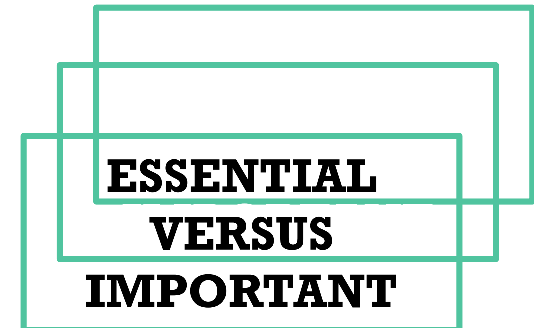
IF EVERYTHING IS IMPORTANT, THEN NOTHING IS IMPORTANT, IF EVERYTHING IS A PRIORITY, THEN NOTHING IS A PRIORTIY

BIA's

- What is a business impact analysis?
  - A BIA is a process that "**predicts the consequences of disruption**" to an organization. It gathers together useful information on likely problems and how to recover from difficult situations.
- Survey is designed to determine each department's essential functions, and top applications/systems and equipment that support that function;
- To ensure consistency in how questions are asked and answered consider:
  - Employee head count to include full time employees and hours of operation so that costs and revenue are accurate;
  - Is daily revenue based on 5 day work week or 365 days of operation;
  - Drop down menus for essential functions ;
    - Separate BIA for non-clinical departments without patient or family impact;
    - Develop a communication schedule.

BIA's (continued)

- The BIA is composed of the following three steps:
- **Determine mission/business processes and recovery criticality**. Mission/business processes supported by the system are identified and the impact of a system disruption to those processes is determined along with outage impacts and estimated downtime. The downtime should reflect the **maximum that an organization can tolerate while still maintaining the mission**.
- Identify **resource requirements**. Realistic recovery efforts require a thorough evaluation of the resources required to resume mission/business processes and related **interdependencies** as quickly as possible. Examples of resources that should be identified include facilities, personnel, equipment, software, data files, system components, and vital records.
- Identify **recovery priorities** for system resources. Based upon the results from the previous activities, system resources can more clearly be linked to critical mission/business processes. Priority levels can be established for sequencing recovery activities and resources



BIA's (continued)

- Step one of the BIA process - Working with input from users, managers, mission/business process owners, and other internal or external points of contact (POC), identify the specific mission/business processes that depend on or support the information system.
- Mission/Business Process Description
- Outage Impacts
  - Impact categories and values should be created in order to characterize levels of severity to the organization that would result for that particular impact category if the mission/business process could not be performed. These impact categories and values are samples and should be revised to reflect what is appropriate for the organization.
- The following impact categories represent important areas for consideration in the event of a disruption or impact.
  - Impact category: {insert category name}
  - Impact values for assessing category impact:
    - Severe = {insert value}
    - Moderate = {insert value}
    - Minimal = {insert value}

Maximum Acceptable Downtime (MAD) Key

*If MAD: 8 hours = **vital*** *24 hours = **critical*** *5 business days = **essential*** *30 calendar days + = **important.***

Key function or activity	MAD	Recovery timeframe and strategies
	Vital (8 hrs downt	
	Critical (24 hrs do	
	Essential (5 days (	
	Important (30+ d	

SAMPLE WEIGHT ASSIGNMENTS: IMPACT SCORES

	Description	Weight
Operations Impact	N/A or blank	0
	>72 hours	1
	<72 hours	3
	<24 hours	5
	< 8 hours	7
	<4 hours	9
	0 hours	11
Patient Safety Impact	9 - null (or blank)	0
	1 - None at all	1
	2 - minimal risk	3
	3 - moderate risk	5
	4 - severe risk	7
	5 - immediately life threatening	14
Family Impact	9 - null (or blank)	0
	1 - none at all	1
	2 - minimal	3
	3 - moderate	5
	4 - severe	7

BIA's (continued)

- When identifying essential functions, it is **important to focus** on the service, unit, department, and discipline and NOT on the group or activity that you are dependent on to perform the essential function
- **Identifying essential functions is the most important AND time consuming step in development of the Continuity Plan!**
- Let's go over some of the common questions asked or arguments made when proposing a Business Impact Analysis:
  - We just did one recently (often recently means several years).
  - Our business has not changed enough to warrant an updated BIA.
  - Can't we just ask the leaders of each department for the information?
  - This is not business critical. We know what is a priority.
  - You want 2 – 3 hours of how many people's time? From every department?

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Common BIA Benefits

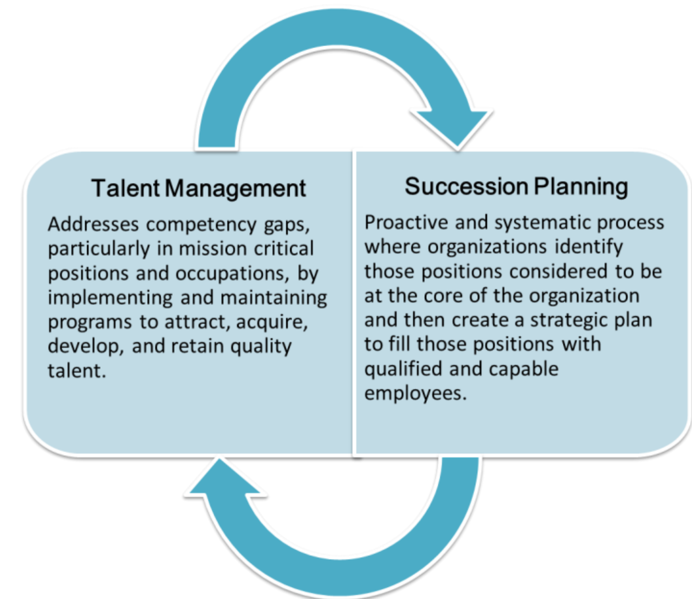
- Improved Functionality
  - You can document and/or identify **interdependencies** between processes.
  - Actual applications and systems used, as well as their importance, are identified and updated. The functional importance of the applications become well understood by IT.
  - Shadow IT functions, often with critical business dependency, are identified. There is often an assumption that these SaaS/cloud-based applications do not have a backup or recovery need – that the vendor will "handle" that; this is not the case.
  - You gain a better understanding of the nature and complexity (or lack thereof) of the IT and recovery processes.
  - Identify or understand new processes or changes to existing processes.
  - Improvements in interface between departments and groups.
  - Increased understanding by departments of their role within the organization.
  - You achieve a better understanding of actual impact.
- Reduced Costs
  - Elimination of potential fines related to regulatory requirements.
  - Removal of potential redundancies and unnecessary services or software.
  - Identification of potential changes to insurance, maintenance, or licensing costs.
  - Ability to reduce or remove costs based on new understanding of needs.
- Regulatory compliance

Element #2

- Orders of Succession
  - Identify a line of succession for leadership positions in your hospital. It is recommended to have 3-4 deep in succession, if possible.

Administrative Operations Succession Plan

Principle Position	Successor 1	Successor 2	Successor 3
Bob Anderson **President & Regional CEO**	Jennifer Croland **Vice President / CNO**	Dr. Robert Sparrow **Vice President / CMO**	Sherri Greenwood **VP Nursing Administration**
Jennifer Croland **Vice President / CNO**	Sherri Greenwood **VP Nursing Administration**	Tammy Woods-Duvendack **VP Quality and Safety**	Mary Fisher **DIR of Nursing Admin**
David Stenerson **Chief Financial Officer**	Robin Quinn **DIR Finance**	Lisa Fuller **VP Ambulatory Administration**	Kristen Largent **VP Nursing Administration**
Dr. Robert Sparrow **Vice President / CMO**	Dr. Terry Lynch **DIR Medical Services**	Dr. Tim Miller **Academic Affairs**	Dr. Michael Cruz **Regional CEO**
Lisa Fuller **VP Nursing Administration**	Jo Garrison **DIR Ambulatory PT**	Phil Baer **DIR Ambulatory PT**	Tom Cox **VP Oncology Services**
Sherri Greenwood **VP Nursing Administration**	Lisa Heimgartner **DIR Surgery**	Doug Bowers **MGR Surgery**	Colleen Blackburn **DIR Cardiovascular Services**



Element #3

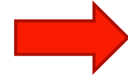
- Delegation of Authority
  - Identify positions that have the legal authority to carry out particular duties for your hospital. These delegations must be written, signed and included as part of the plan.

Emergency Authority
Remember that emergency authority may be best delegated to members of the Disaster Preparedness Office or members of the Emergency Management Subcommittee. Emergency Authority refers to the ability to make decisions related to an emergency, such as deciding whether to activate the Emergency Operations or Continuity of Operations plan[s], deciding whether to evacuate a building, or determining which Mission Partners should report for their duties.

Administrative Authority
The ability to make decisions that have effects beyond the duration of the emergency. Unlike emergency authority, administrative authority does not have a built-in expiration date. Such decisions involve policy determinations and include hiring and dismissal of employees and allocation of fiscal and non-monetary resources. Statutory or constitutional law may limit the delegation of this kind of authority, and counsel may need to be consulted when determining this type of delegation of authority. Specific authorities being delegated should be documented separately.

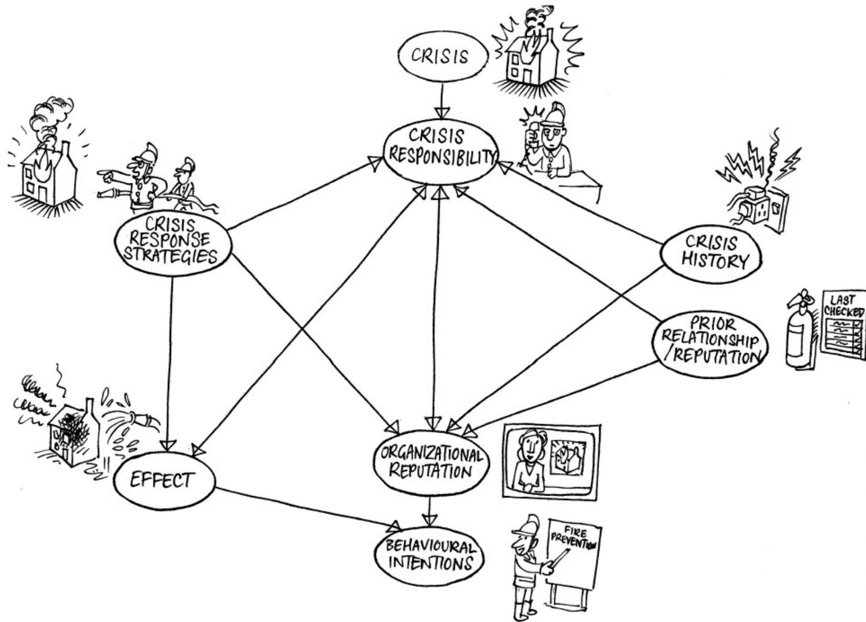
Element #4

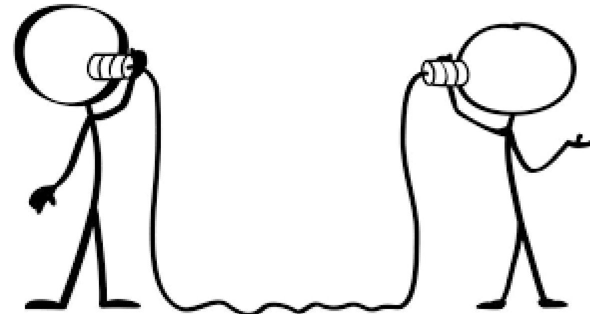
- Continuity Facilities
  - Identify facilities (also called alternate sites) other than the primary facility in which your agency can carry out its essential functions.



Element #5

- Continuity of Communications
  - Identify interoperable communications to be used during an emergency as well as applicable contact lists, call down rosters and logs of trainings and drills.





Element #6

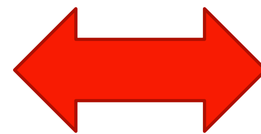
- Vital Records Management
  - Identify in your plan what records, databases, systems and equipment are needed to support your hospital's essential functions.

Element #7

- Human Capital
  - Include how you will train employees on the hospital's COOP plan, how you will communicate with them during a COOP event as well as other programs available for home and family preparedness, if applicable.

Element #8

- Test, Train, Evaluate
  - Identify how you will test, train and evaluate your COOP. Tests and trainings must be documented.



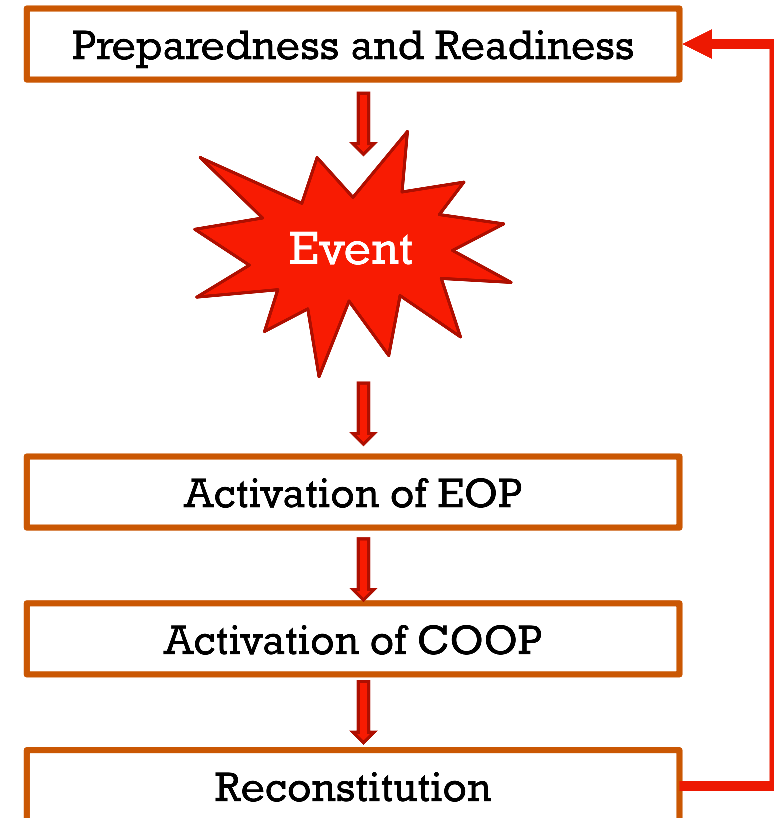
Element #9

- Devolution
  - Include a section describing how your agency will deal with a catastrophic event that wipes out your primary facility and most if not all your employees. This can be done through using other facilities and their staff members to carry out the essential functions of your agency; training them, exercising with them, allowing access to the vital systems, records, databases and equipment they would need to fulfill those functions.

*This Devolution of Operations Plan supports overall **[Organization Name]** Continuity of Operations planning, and provides procedures, guidance, and organizational structure to ensure the continuation of **[Organization Name]** essential functions in the event that the **[Organization Name]** primary operating facility is incapacitated and personnel are unavailable or incapable of deploying to the **[enter continuity facility name here]**. In this situation, management, leadership responsibility, and essential functions will devolve to the designated **[Organization Name]** devolution of operations sites in **[enter location information here]**, along with several other satellite and subcomponent offices.*

Element #10

- Reconstitution
  - Identify a course of action for reconstituting all business functions and moving back to the primary facility after an emergency has concluded.



INTERESTING FACT #6

Don't forget to laugh

4 of the last 10 governors have spent time in federal prison

Rod Blagojevich 2011
George Ryan 2006
Daniel Walker 1987
Otto Kerner 1973

DIFFERENCE BETWEEN

a Boss and a Leader

The differences between a boss and a leader are apparent to those who work directly below someone within an organization. Your superior can make your day miserable or they can make it absolutely amazing depending on the way they communicate. If you aren't sure if you are working for a boss or a leader, check out the difference below to get a better understanding of your current situation.

Difference Between

BOSS	LEADER
Drives employees	**Coaches** them
Depends on **authority**	On **goodwill**
Inspires **fear**	Generate **enthusiasm**
Says, **"I"**	Says, **"We"**
Places blame for the breakdown	**Fixes** the breakdown
Knows how it is done	**Shows** how it is done
Uses people	**Develops** people
Takes credit	**Gives** credit
Commands	**Asks**
Says, **"Go"**	Says, **"Let's go"**

What is a crew member and team member?

Thank you!

Question and conversation

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