Helping Rural Hospitals Meet the Challenges of Emergency Preparedness

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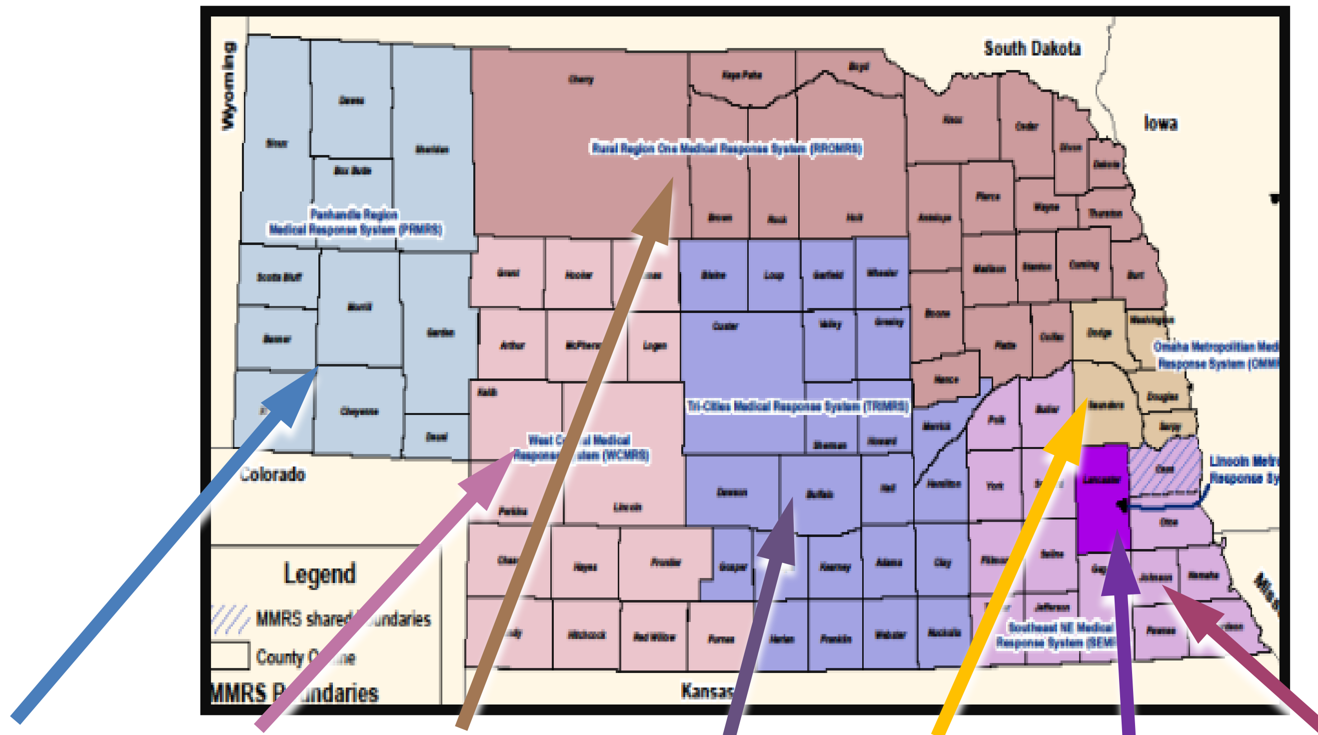
Nebraska Healthcare Coalitions: Partnerships for Preparedness

- Medical response systems are Healthcare Coalitions established after 2001 to bring various partners together in preparing for and responding to public health emergencies or disasters.
- Started as Metropolitan Medical Response Systems.
- Nebraska took a unique approach in also establishing rural medical response systems.

Nebraska Healthcare Coalitions



PRMRS	NPHCC	RROMRS	TRIMRS	OMMRS	LCHCC	SENHCC
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Healthcare Coalitions Partners/Members

- Hospitals and other healthcare providers
- Emergency management
- Public health
- Emergency medical services
- Public safety
- Long-term care providers
- Mental/behavioral health providers
- Private entities associated with healthcare (e.g., Hospital associations)
- Private/public labs
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, stand alone surgery, urgent care)
- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Community health centers
- Primary care providers
- Federal entities (e.g., NDMS, VA hospitals, IHS facilities, Department of Defense facilities)

Healthcare Coalitions

Strengthen our partners, our communities, our regions and our state through:

- Joint multi-agency planning
- Defining roles/responsibilities
- Education and training
- Regional and local exercises
- Development of organization level and regional emergency operations plans (CMS/TJC/DNV)
- Medical Reserve Corps/Vol. Mgmt
- Development of agreements for resource sharing
- Relationship development
- Serving as part of liaison and logistics in a response

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Medical Surge/Emergency Operations Coordination
Primary Focus	Development of a Medical Surge Plan
Details	• Pre-hospital and hospital surge coordination and management • Continuous monitoring, offloading and on-loading of patients • Risk assessment of potential surge • Bed availability • Bed turnover/rapid discharge/transfer of lower acuity patients/deferral of electives • Onloading through redeployment of resources for higher acuity patients • Tracking and documenting patient movement

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Health Care Recovery
Primary Focus	Development of a Healthcare Recovery Plan
Details	• Critical medical services • Critical medical support services • Critical facilities management services • Critical healthcare information systems for IT and communication • Key healthcare resources • Post-disaster mental and behavioral health needs • Essentially: Business Continuity Planning

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Communications, Information Sharing, Responder Safety and Health
Primary Focus	Update Information and Communication Plan/Development of a Resource Plan
Details	• Process to provide status of resources • Process to provide status of need • Method to provide status • Identification of essential elements of information

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Mass Fatalities
Primary Focus	Develop or adopt Fatality Management Plan
Details	• Develop plan for coalition OR • Adopt the Nebraska DHHS "Emergency Support Function Eight – Mass Fatality Plan and Matrix"

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Health Care System Preparedness
Primary Focus	Structure of the TRIMRS Health Care Coalition
Details	• Strategic Planning Process • Review and amend policies and/or consider bylaws • Set direction for future growth and sustainability of the coalition

Healthcare Coalitions

Focus on the following Healthcare System Preparedness Capabilities:

Focus Area	Resource and Volunteer Management
Primary Focus	Providing/dealing with volunteers in a disaster; Developing plans for acquisition and sharing of resources
Details	• Recruiting, managing, credentialing, training and educating volunteers • Assigning roles and responsibilities, tracking out-processing • HCC Medical Volunteer Plan • Protocols for resource management • Protocols to receive and request resources that will provide pharmaceutical prophylaxis, and/or treatment and PPE to health care work force

Healthcare Coalitions:
The Value of TRIMRS to our Members

Stronger relationships with other organizations	**95.8%**
Development of multi-agency exercises	83.3%
Learning from others	83.3%
Development of plans	75%
Helps me or my organization be more successful doing our job in terms of preparedness, response and recovery	70.8%

Healthcare Coalitions

- Our Belief:

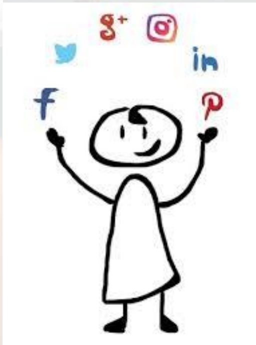
  We have goals and performance measures established by the Feds and by the State, but we also try to meet members and their communities where they are in their planning efforts and give them the support they need to take their efforts to the next level.

What we are NOT

Regulatory Authority

Critical Access/Small Hospitals, Emergency Preparedness and CMS Program Compliance

Who is Doing Emergency Planning in Rural Nebraska?



Hospitals:

- Facilities Managers/Maintenance Staff
- Safety Coordinators
- Security
- House Managers
- ED Nurses
- Infection Control Nurses
- Public Relations Specialist
- Massage Therapist
- Quality Managers
- Whoever has the desire or was the person available at the time! ***And, kudos, because many are doing an amazing job!***

Challenges of Emergency Planning in Rural Nebraska

Hospitals

- Limited staff time to devote
- Limited prior experience to the role (though they train vigorously!)
- Funding limitations
- Competing (revenue-generating) priorities
- EHR implementation/upgrades
- Hospital building projects
- *Sometimes* a lack of internal support by Administration, although this is getting much better
- Emergency preparedness fatigue among planners – difficulty motivating fellow employees to prepare for something that may never happen

Hospital Partners: Who is Doing Emergency Planning in Rural Nebraska?

Emergency Management

- Full-time Emergency Managers serving a single county
- Full-time Emergency Managers serving multiple counties
- Part-Time Emergency Managers with other jobs:
  - Law Enforcement
  - Banker
  - Hairdresser
  - Volunteer EMS

Hospital Partners: Who is Doing Emergency Planning in Rural Nebraska?

Health Departments

- Multi-county jurisdictional health departments
- One Emergency Response Coordinator in each
- Works hand-in-hand with HCC
- Has other duties

Hospital Partners: Who is Doing Emergency Planning in Rural Nebraska?

- **EMS**
- **Regional Behavioral Health**
- **Medical Reserve Corps**
- **CERT**
- **COADs/VOADs**
- **Universities**
- **Others**

Emergency Preparedness Role of Larger Health Systems in Rural Nebraska

- Resources and knowledge
- Experiences
- Enhance small hospital capacity and capabilities
- Transition of patients both ways
- Specialists from afar
- Leadership

CMS Regulations

CMS regulations were put into place in November, 2016 and are may be surveyed in November, 2017.

Interpretive guidance and the State Operations Manual will be released in the Spring….any moment now….

17 agencies are delineated, all with similar rules that are tweaked a bit for each.

Focus is on four core elements:

- **All-hazards emergency plan**, based on risk assessment, focuses on capabilities and capacities
- **Policies and procedures**, reviewed and updated annually, and address provision of subsistence needs for staff and patients in evacuation and shelter-in-place.
- **Communications plan** to coordinate patient care within the facility, across healthcare providers, with state and local public health departments, and emergency management.
- **Training and testing program**, including policies and procedures, developing ability of all staff to demonstrate knowledge, two exercises each year (one TTX and one community based or functional).

CMS Regulations

Also (for hospitals and long-term care):

- **Standby Power:** Locate generators in accordance with the National Fire Protection Association (NFPA). Conduct generator testing, inspect and maintain as required by NFPA. Maintain sufficient fuel to sustain power in an emergency.

CMS Regulations

All Hazards Emergency Plan

Risk Assessment

- Identify essential business functions
- Identify risks and emergencies the hospital may encounter
- Identify contingencies for which the hospital should plan
- Assess how the emergency may cease or limit operations
- Determine what arrangements should be in place with others to help ensure service continuity

First Steps

- Standard HVA tool (Kaiser Permanente): Gather community partners (HCC, EMA, LHD, Law Enforcement, others); don't do this in a silo
- Implement Business Impact Analysis: involve departments/staff

Big & Tall Chairs at Offic × | NPI Registry × | Kaiser-HVA-Tool-and-Ins ×
cchealth.org/ems/pdf/Kaiser-HVA-Tool-and-Instructions.pdf

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Blizzard								0%
Ice Storm								0%
Earthquake								0%
Tidal Wave								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wild Fire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

Threat increases with percentage.

RISK =	PROBABILITY *	SEVERITY
0.00	0.00	0.00

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HAZARD AND VULNERABILITY ASSESSMENT TOOL

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CMS Regulations

All Hazards Emergency Plan

Business Impact Analysis: Prep for a Business Continuity Plan

- Every department should be involved
- Foundation for department-level and hospital-level plans
- Identification of Essential Business Functions: Services, recovery time objective, impact of downtime (patient safety, financial, regulatory, reputation, general operations for other departments, patient diversion)
- Planning for Reduced Services: Reduced or expanded hours of operation; staffing needs for each essential business function
- Utilities Needs: Ventilation, plumbed gases, power, phone, potable and non-potable water, laundry , refrigeration, etc…
- Information Technology: Needs, impact, downtime procedures
- Back-up and Alternate Operations: Alternate internal and external sites for providing services; alternate providers
- Identification of succession plan
- Identification of equipment and supply needs and any emergency agreements in place to secure these items

CMS Regulations

All Hazards Emergency Plan

Benefits of the Hazard Vulnerability Assessment and Business Impact Analysis:

- Provides the hospital you a state-of-the union, a foundation for all plans.
- It makes hospitals involve others within the facility (if preparedness is a one-man {or woman} show, there is a problem). Everyone needs to understand their role in a disaster. Everyone needs to provide input into the development of the plan
- If done right, it helps the hospital establish a foundation to develop external collaborative relationships, establish plans, start to define roles between agencies, and build a common operating picture. No one wants to have false expectations of their partners at the time of an event.

CMS Regulations

All Hazards Emergency Plan

Moving from HVA to Emergency Plan

- Must have a plan developed based upon risk assessments – all-hazards
- Must know and address any special populations in the community (children, seniors, disabilities, religions, racial/ethnic, limited English proficiency, other)
- Must delineate the types of services/treatment the hospital can provide in an emergency
- Should include delegations/succession planning
- Should outline cooperation and collaboration with others documented in plan

CMS Regulations

All Hazards Emergency Plan

Developing/Updating Emergency Plan (cont'd)

- Develop policies and procedures for carrying out the plan (not "operating guidelines" per CMS). Ensure staff knows their role.
- Address provision of subsistence needs for staff and patients.
- Outline alternate sources of energy.
- Determine alternate waste disposal plans.
- Know how you will track patients and staff (including patients transferred to other facilities).
- Address evacuation and shelter-in-place planning.
- Plan for medical documentation (with or without EHR).
- Address use of volunteers, including oversight and training.
- Address receipt and transfer of patients between facilities.
- Understand 1135 Waivers.
- Plan for redundant transportation options.

CMS Regulations

All Hazards Emergency Plan

First Steps

- Don't reinvent the wheel – use templates through the Healthcare Coalition, TRACIE, the California Hospital Association, online searches, neighboring hospitals, and others. Make them your own.
  - Plans that commonly include a lot of the specific elements mentioned previously: Evacuation/Shelter-in-Place, Volunteer Management, Business Continuity.
- Work with the HCC on Inter-hospital MOAs (most hospitals have them in place). Determine other needed MOAs between hospitals and other types of healthcare providers, such as nursing facilities. Understand what emergency management has in place for resource acquisition – put this in the hospital plan (if they have the MOA, the hospital doesn't need one).
- Work with the HCC, emergency management, local and regional EMS, Long Term Care on transportation options.
- Work with the HCC, emergency management and local health departments regarding special populations. This is something they are required work on.

CMS Regulations

Communications Plan

Develop a plan that complies with federal and state law.
Assure the hospital can contact medical/clinic staff in a timely manner to ensure provision of care.
Have contact information for all of the hospital's healthcare and response partners, HCC, state and federal resources.
Ensure multiple primary and alternate means of communication.
Arrange for routine "state of the union" communication with emergency operations center (both hospital command center and any local jurisdictional EOC).
Delineate an alternate means of storing, preserving and disseminating patient information.
Plan for ability to notify family members of patients.
Understand NIMS to provide a common emergency response structure

First Steps

Look at technical communications and work with the emergency manager – they are the communications specialists. Most hospitals have several redundant communications in place.
Consider mass notification systems to reach hospital staff; again, check with the emergency manager, who may be able to add the hospital staff to existing Code Red system. Save money!
Ensure the hospital has an identified Public Information Officer and make them take PIO training. Work with the emergency manager to ensure the hospital is part of any Joint Information Center, if one is stood up during an event.
Follow HIPAA rules for back-up of EHR.

CMS Regulations

Training and Testing

- Develop an emergency preparedness testing and training program.
- Update plan annually.
- Train all new and existing staff, including contract services. Ensure they know their role. Maintain documentation always!
- Exercises: One full-scale community exercise (or facility functional); one hospital functional or TTX.
- Always create after action reports and improvement plans.
- Create after action reports/improvement plans for actual events.

First Steps

- Require staff to take 100, 200, 700 and, top staff… 800. Free through FEMA online.
- Ensure those in Incident Command understand their roles (Kristi Sanger/Center for Preparedness does excellent training).
- Drill down through the emergency plan to the basics for staff. It isn't important that they know the whole plan; it is important they know their role and the decision-making structure.
- Engage in training to learn how to develop exercises (Center for Preparedness/Anniston).
- Know the top hazards for the hospital/community and exercise them (look at your HVA).
- Look to the HCC and others in the community to assist with exercises. They all have requirements to meet, as well, and should be ready to engage.
- HSEEP provides templates for documentation of exercises; use these templates to ensure thorough documentation (AAR/Improvement Plan the most important). The HCC should also be able to help you with this.

Training Resources

- **Healthcare Coalitions:** Plan development; workshops; exercises; MOAs; mock surveys (future), etc…
- **Center for Preparedness Education:** www.prepped.org; Online training, multi-day retreats and immersion programs, exercise planning; annual symposia geographically located
- **Association of Healthcare Emergency Preparedness Professionals:** http://www.ahepp.org/
- **FEMA:** https://training.fema.gov/
- **ASPR TRACIE**: https://asprtracie.hhs.gov/
- **Center for Domestic Preparedness**: https://cdp.dhs.gov; free, all-expense paid training in Anniston, Alabama
- **California Hospital Association**: http://www.calhospitalprepare.org/; excellent templates and checklists
- **Nebraska Hospital Association**: http://www.nebraskahospitals.org/quality_and_safety/emergency-preparedness.html Preparedness Newsletters, workshops, etc….
- **CMS:** https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

Law Enforcement Role in Hospital Preparedness

- Meet with the hospital to clarify your role in various types of emergencies. Ensure they know both what you can do and what you cannot do (which is equally important).
- For violent events, reinforce what your expectations are of them and their staff when you show up onsite so that they may train accordingly. Also let them know what will occur in the aftermath (i.e. how does an investigation interrupt their patient care delivery?)
- Walk through their hospital and get to know their layout, location of locked and unlocked doors, how to get through these doors, how doors operate when alarms are going off, what types of patients/services are in each area, etc… Do this a couple times of year and when there are changes to the facility layout. Ask for keys/badging, etc…so you can get in and through regardless of these barriers.
- Ensure you know their hospital codes (moving toward plain English, but not all).
- Provide advice about security. Most don't have onsite security outside of the maintenance person. You can assist them in evaluating that security and choosing options to enhance it. Also advise about how to handle staff/patients who may be acting strangely – what are the signs to look for to keep someone from escalating?

Thank you!

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