

A PRESENTATION FOR

NEHES Fall 2008 Conference

Expanded TJC Emergency Management Standards 



David Stymiest, PE, CHFM, FASHE, CEM, GBE
DStymiest@ssr-inc.com, cell 504.232.1113
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EM ... 2008 & 2009 TJC Survey Focus

- Beefing up your emergency management plan w/ the new 2008 EC EM standards.
- Modifying your new plan to correlate with the 2009 EM Chapter arrangement.
- TJC comment on the results of the 1st quarter 2008 surveys:
“THERE IS A LOT OF WORK THAT NEEDS TO BE DONE”
- Jerry Gervais, JCR EM seminar



History of TJC EM Standards

- Before 2001 – Emergency Preparedness
 - Inflexible, singular, initial response to major events
- In 2001 – Emergency Management
 - Dynamic, flexible, community, ongoing emergencies
- 2008 Emergency Management Expansion
 - Lessons learned since 2001
 - Flexibility for multiple escalating events
- 2009 Emergency Management Chapter
 - Major rewrite, realignment of EP's




Disasters from Coast to Coast

- 1993: Mississippi River Flooding (9 States)
- 1994+: California's Northridge Earthquake; continuing blackouts & wildfires in 2003, 2007
- 1996: Northwest Blackout – (9 States)
- 2001: September 11 terrorist attacks
- 2003: Northeast Blackout (50 million people)
- 2003: East Coast's Hurricane Isabel
- 2004 & 2005 -Gulf Coast hurricanes and tropical Storms – Charley, Ivan, Katrina, Rita, Wilma
- Yearly - tornados; floods; blizzards; ice storms; wildfires; and now even earthquakes



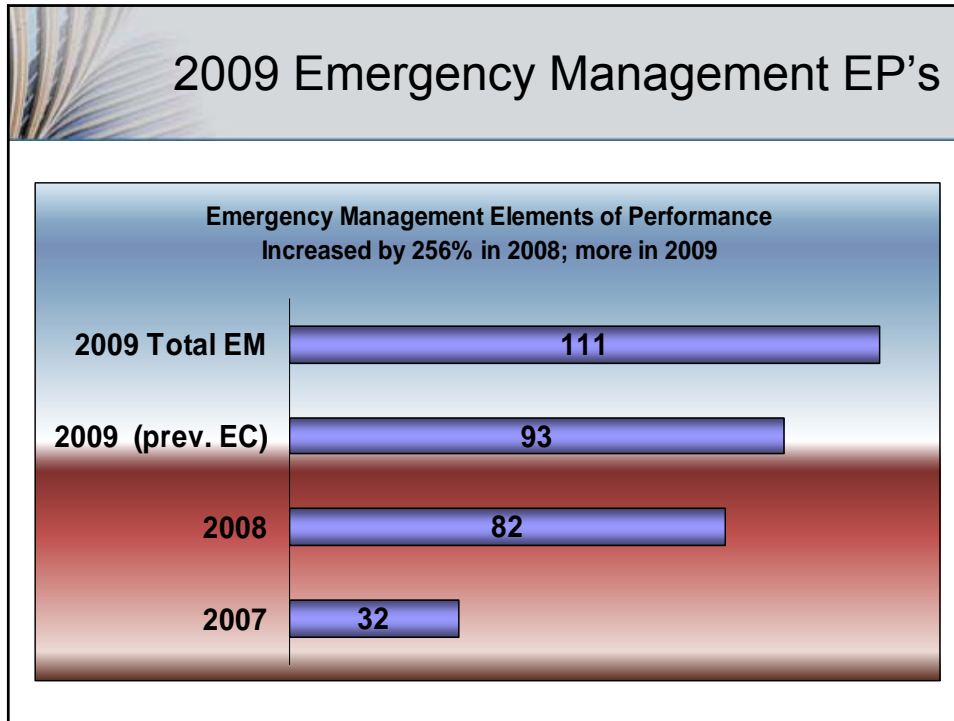
Major lessons learned

- Communication problems
- Inadequate Utility Management Plans
 - Generator failures, etc.
- Faulty ICS
- Local EOC's were ignored
- Planning based on recent local memory
- Common issues: Sustained, multiple communities, public services, federal response stressed, entire delivery system threatened



Effects on hospitals

- Other delivery avenues disappeared
 - Home care, LTC, physician offices, pharmacies, dialysis, outpatient centers
- Admissions increased, discharges stayed
- Citizen refuge, civil unrest
- Shelter in place → then evacuate



New 2008 EM EP's in All Areas

EC.4.11	Managing consequences of emergencies	11 EPs (2 new EPs)
EC.4.12	Emergency Operations Plan with 6 critical areas	6 EPs (1 new EP)
EC.4.13	Managing emergency communications	14 EPs (4 new EPs)
EC.4.14	Managing resources and assets	11 EPs (1 new EP)
EC.4.15	Managing safety and security	8 EPs (5 new EPs)
EC.4.16	Managing staff roles and responsibilities	4 EPs (3 new EPs)
EC.4.17	Managing utilities during emergencies	5 EPs (1 new EP)
EC.4.18	Managing patient clinical and support activities	6 EPs (5 new EPs)
EC.4.20	Testing the Emergency Operations Plan	17 EPs (4 new EPs)

2009 EM Chapter Outline		
EM.01.01.01	Planning (HVA, ICS, inventory, etc.) prior to writing EOP	8 EPs
EM.02.01.01	General requirements for EOP	8 EPs
EM.02.02.01	EOP: Managing emergency communications	15 EPs
EM.02.02.03	EOP: Managing resources and assets	9 EPs
EM.02.02.05	EOP: Managing security and safety	9 EPs
EM.02.02.07	EOP: Managing staff	9 EPs
EM.02.02.09	EOP: Managing utilities	7 EPs
EM.02.02.11	EOP: Managing patients	8 EPs
EM.02.02.13	Managing LIP disaster privileges	9 EPs
EM.02.02.15	Managing non-LIP volunteer practitioners	9 EPs
EM.03.01.01	Evaluating effectiveness of EM planning activities	3 EPs
EM.03.01.03	Exercising the EOP	17 EPs

EM: Preparing for a Change ...


- **“We want to encourage organizations to use a scalable approach to disasters of varying duration which can escalate unexpectedly and strain the organization and the entire community”**

- John Fishbeck, Associate Director, TJC. “Preparing for a Change in Preparedness”, Environment of Care® News, May 2007, Vol.10, No.5.
- New 2008 EP’s deal with escalating emergencies




What's New?

- EM is an organization-wide priority, not just EC
 - **All departments**
- Organization plans for, develops, maintains, manages, establishes, defines, and strategizes for a flexible and effective emergency response via:
 - **“All hazards approach”**
 - **“Scalable approach”**
 - **“Sustainability”**
 - **“Escalating events”**
 - **“Planned exercises”**




Emergency Management 2008 EC portion

- **EC.4.11** Managing consequences of emergencies
- **EC.4.12** Emergency Operations Plan
- **EC.4.13** Managing emergency communications
- **EC.4.14** Managing resources and assets
- **EC.4.15** Managing security and safety
- **EC.4.16** Managing staff roles and responsibilities
- **EC.4.17** Managing utilities during emergencies
- **EC.4.18** Managing patient clinical and support activities during emergencies.
- **EC.4.20** Testing the Emergency Operations Plan



Emergency Management 2008 Other portions

- IM.2.30 Continuity of information;
- IC.6.10 Influx or risk of infectious patients;
- LD.3.15 Patient flow;
- MS.4.110 Granting disaster privileges
- HR.1.25 Assigning disaster responsibilities.



Emergency Management 2009

- EM.01.01.01 Planning prior to EOP
- EM.02.01.01 General requirements for EOP
- EM.02.02.01 EOP: Managing communications
- EM.02.02.03 EOP: Managing resources & assets
- EM.02.02.05 EOP: Managing security & safety
- EM.02.02.07 EOP: Managing staff
- EM.02.02.09 EOP: Managing utilities
- EM.02.02.11 EOP: Managing patients
- EM.02.02.13 Managing LIP disaster privileges
- EM.02.02.15 Managing non-LIP volunteer practitioners
- EM.03.01.01 Evaluating effectiveness of EM planning
- EM.03.01.03 Exercising the EOP

EM.01.01.01


Planning prior to developing EOP

- Leaders actively involved in EM planning
- Conduct HVA: must be current
- Choose, prioritize w/ community partners
- Annual needs/vulnerabilities discussions
- Use HVA to define MITIGATION
- Use HVA to define PREPAREDNESS
- ICS consistent w/ community
- Documented inventory of resources & assets * [* - Most problematic in 2008]

EM Planning


- Org's leaders, including reps from administration, clinical staff, and medical staff, must all actively participate in EM planning.
- Communicate your needs & vulnerabilities to the community emergency response agencies.
 - Understand & identify community's capabilities & limitations to meet those needs.
- For each emergency in its HVA, org. defines: mitigation & preparedness activities, and response & recovery strategies & actions. **

** *Stay tuned: this requirement might be reduced to top 3 emergencies in your HVA [JG at JCR EM pre-conf.]*




Mitigation

- Hazards analysis, internal & external
- Vulnerability analysis: likely impacts of each threat, direct & indirect
- Take actions to reduce adverse impacts
- Acknowledge you have 4 hospitals in 1:
 - Weekday hospital / Weekend hospital
 - Nighttime hospital / Holiday hospital



Preparedness

- List all backup resources
 - Infrastructure, supplies, equipment, communications, people
- Establish MOU's for backup resources
- Staff orientation & training, basic responses
- Facility-wide rehearsals
 - Stress organization-wide mobilization, coordination & communications



Documented Inventory of Assets & Resources

- The org. keeps a documented inventory of the assets and resources it has on-site, that would be needed during an emergency, at a minimum, PPE, water, fuel, staffing, medical, surgical, & pharmaceuticals. *
- The org establishes methods for monitoring quantities of assets and resources during an emergency. *
- The inventory is evaluated at least annually.



What's New?

- The organization develops and maintains a written **Emergency Operations Plan (EOP)** that describes an “all-hazards” command structure for coordinating the 6 critical areas within the organization during an emergency.
- A single event can “escalate” into multiple events, therefore, a “scalable” response capability is now emphasized for EM.

Emergency Operations Plan

- TJC will look for the details in your EOP
 - They are seeing 2 models:
 - All in one book
 - Master book is short with 3 sets of detailed books that deal with the top 3 HVA emergencies.
- J. Gervais, at JCR EM Pre-conference

EM.02.01.01

EOP general requirements

- Leadership participates in developing EOP
- Describes RESPONSE and RECOVERY activities
- 96 hours *
- Processes for initiating / terminating R&R
- Spell out authority to activate R&R phases
- Identifies alternative sites
- Implements response procedures in actual emergency
- For 6 critical areas, implement all components of EOP requiring advance preparation
- EOP has the details – over 60 EP's

Response	
<p style="text-align: center;"><u>All Staff</u></p> <ul style="list-style-type: none">• Take action to protect life & conserve property• Notify people in charge• Organize & manage	<p style="text-align: center;"><u>Management</u></p> <ul style="list-style-type: none">• Assess situation• Warning & notifications• Set objectives & priorities• Facility-wide instructions• Plan for what happens next• Liaison with external entities

Recovery
<ul style="list-style-type: none">• Determine present patient care capability• Adjust patient care policies• Set objectives & priorities for re-establishing EC systems• Provide stress debriefing to patients & staff• Schedule, then conduct incident critique• Use lessons learned to improve EM program

96 Hours – the hottest topic

- The EOP identifies [in writing] the organization's capabilities and establishes response efforts when the organization cannot be supported by the local community for at least 96 hours in the six critical functional areas. *


Note: Acceptable response efforts could include:

- Conservation of resources [rationing];
- Curtailment of services;
- Supplementing of resources from outside the local community;
- Staged [partial] evacuation [consider timing]
- Total evacuation is the LAST resort per TJC.



Why 96 Hours?


- The federal government has admitted to TJC that it takes them 72 hours to mobilize and then 24 hours to respond once they arrive on site at a major disaster.
- NOTE: A total evacuation exercise can be a real learning experience [per TJC] when reduced elevating is a constraint.



Striving for 96 Hours

- “One goal of this EP is to ensure that organization leadership and staff have communicated about the organization’s resources that would be available during an emergency and how long those resources could last.”


- Jerry Gervais, Associate Director, TJC. “Preparing for Catastrophes and Escalating Emergencies”, Environment of Care® News, January 2008, Vol.11, No.1.



Striving for 96 Hours

- “The expectation is that the organizations understand the capabilities and consumption rates of the various systems and supplies. Once this is understood, leadership can make reasonable and practical decisions for continuing services without local community support.”

- George Mills, Senior Engineer, TJC. “Preparing for Catastrophes and Escalating Emergencies”, Environment of Care® News, January 2008, Vol.11, No.1.



Striving for 96 Hours

- Suggestion: Directly after a regular EOP test or exercise is concluded, bring key members of your EM or EOP team & leadership, (e.g., administration, nursing, facilities management, pharmacy, housekeeping, dietary, safety, security, etc.) into your incident command center to conduct a tabletop exercise for the 96-hour “escalating scenario” (w/o community support).
 - You may want to continue from the point where the regular exercise terminated.
 - This exercise may take a few more hours.



Alternate care sites

- Expand existing space
 - Infrastructure intact: short term, horizontal evacuation or surge demand
- Use remote space
 - Site selection: clinical capacities
 - Logistics: service, supply
 - Patient management: meds, records, tracking
- TJC is looking for specifics

EM.02.02.01

Managing Communications

- Develop and implement a plan to maintain diverse communication pathways with backups, both within the HCO and outside with critical community resources and emergency responders.
- How well will you be able to communicate at the beginning of and throughout an emergency or disaster w/ staff, LIP's*, patients, families, suppliers, other HCO's, alternate care sites, and community, including emergency responders?
- Confer with your local emergency responders, e.g., fire department, police or sheriff, and identify their and your capabilities and limitations and provisions for ongoing communications.

Emergency Communication Strategies

- Backup communications processes and technology such as
 - Land lines; Fiber networks; Redundant links
 - Out of state servers; Fax machines
 - Runners; Bulletin boards
 - Ham radios
 - Cell phones; Text messages; Remote area codes; Multiple wireless providers;
 - Satellite phones; etc.

Emergency Communication

- New info from TJC seminar:
 - Some Orgs are outsourcing employee recalls to web-based services.
 - American Red Cross recently announced they will no longer manage the role of communicating patient status information.
- Hot off the press:
 - “According to a study released by Osterman Research and sponsored by Neverfail, more than 50 percent of the participants report they are consolidating all of their e-mail servers into a single data center in one geographic location. Yet less than 1 percent says they are protecting these systems with redundant servers in case of disaster -- leaving most at risk of losing data and severely compromising their business.”

EM.02.02.03


Managing Resources and Assets

- Identify, locate, acquire, distribute, account for and sustain essential & critical resources, materials, medical & pharmaceutical supplies.
- Do you know what is available from your vendors, neighboring health care providers, community services, local state & federal government affiliates, and how to access during a disaster?
- Do you have contingency plans if some assets are not available to provide critical supplies?
- Be able to share with others: local and non-local. *
- Be able to monitor quantities during emergencies. *
- Be able to move Pts with their info, meds, supplies, equipment, staff. *



About MOU's

- TJC thinks many MOU's are not worth the paper they are printed on – look outside your community. Make sure your MOU's are recently updated and dated.
- Discuss emergency re-supply capabilities (no truck access for example) when renegotiating annual contracts.
- Drill down on suppliers' real capabilities for YOU.
- How will you communicate with vendors?
- Use state associations as vehicle for initiating multi-community resource sharing agreements.



EM.02.02.05


Managing Security & Safety

- Determine the type of access and movement to be allowed by staff, patients, visitors, vendors, emergency volunteers, utility suppliers, maintenance and repair personnel, and others for everyone's safety & security and for the security of critical supplies, equip. & utilities.
- Coordinate with local emergency responders, e.g., police, sheriff, National Guard and identify their and your capabilities and limitations during a disaster. *



Security & Safety

- Do not plan on local police for exterior traffic control in a real disaster.
- Weapons protocols
- If you plan to lock down some doors, get with your local AHJ and make sure AHJ agrees to your plan.
- How will you manage increased biological waste [water/sewer failure] & CBRN decon?
 - What if waste disposal firms do not show up?



EM.02.02.07

Managing Staff


- Define staff responsibilities and expectations to ensure that all staff, including LIP/medical staff, understand and can fulfill their roles in all 6 critical areas during a disaster and can adjust to changing or escalating conditions and new demands.
- Have all staff been oriented and trained in their assigned ICS roles & responsibilities per the HVA via job action sheets, checklists, flow charts, exercises, etc.? *
- Manage staff & family support; volunteers



EM.02.02.09


Managing Utilities

- Identify alternative means of providing essential utilities via negotiated relationships w/ primary suppliers, Memoranda of Understanding with other orgs. in the community, redundant equipment, or through a parent entity.
- Have you identified other suppliers outside of the local community in lieu of single source providers? Your org. and others will be vying for the same resources!



Onsite gasoline storage

- If you store gasoline onsite for distribution to your facility's vehicles, ambulances, and employees for coming in ...
 - Make sure to have an MOU with local government that the hospital will give gasoline to first responders and in exchange the local government will not expropriate the entire supply.




Utility Contingency Plans

“The whole thing about utilities management in my mind is contingency plans”

- George Mills, 10/2/07 NEHES Conference

Practice EC.02.05.01 Utility Failure Contingency Plans with EM exercises


- George Mills, 8/22/08 JCR Audio Conference



EM.02.02.11


Managing Patients

- Consider and plan how to manage clinical activities during a variety of disaster scenarios, including when community resources and support are not available and demand increases.
- How will you manage or reschedule patient clinical needs even during the most dynamic situations or when a decision is made to keep all patients on the premises or to safely evacuate all patients?
- Plan for documenting & tracking patients' clinical information; transporting patients w/ their meds, medical records, essential medical equipment, etc. *
- Include vulnerable populations, hygiene, sanitation, mental health, mortuary *



EM.02.02.13 [LIP] EM.02.02.15 [non-LIP]
Disaster Privileges for Volunteers

- Volunteer LIP's
 - Identify responsibilities, protocols, permissions, differentiating from staff, ongoing oversight by medical staff, ID required, license verification
- Non-LIP Volunteer Practitioners
 - Identify responsibilities, protocols, permissions, differentiating from staff, ongoing oversight, ID required, license/certification/registration verification



EM.03.01.01
Evaluating effectiveness of planning

- Annual review of HVA is documented.
 - Risks, hazards, potential emergencies
- Annual review of inventory process is documented.
- Annual review of EM planning effort objectives, scope, performance, and effectiveness is documented.
- In order to make such evaluations, you must define exactly what the objectives, scope, and performance are and what criteria you use to determine effectiveness! Just “saying” your planning was “effective” won’t get you any points.


EM.03.01.03

Exercise the EOP twice per year

- Exercises (combining OK) include at least
 - 1 with influx of simulated patients (tabletop not OK)
 - 1 escalating event without community support (tabletop OK)
 - 1 participation in community-wide exercise (tabletop OK)
- Based on HVA; monitor 6 critical areas
- Evaluate exercises and emergencies: All levels (admin, EC, support staff, clinical & docs review deficiencies & areas to improve)
- Change EOP, monitor effectiveness of changes
- May need interim measures
- Exercises should stress limits of the org's EM; should validate effectiveness of EOP

Escalating Events: Examples

- Flood, External
- Flood, Internal
- Civil Unrest
- Landslide
- Natural Gas Failure
- Electrical Failure, External
- Electrical Failure, Internal
- Generator Failure
- Life Safety, Critical, or Equipment Branch Failure
- Water Failure
- Sewer Failure
- HVAC Failure
- Steam Failure
- Fire, Internal
- Fire, External
- Fire Alarm Failure
- Communications Systems Failure
- IT Failure
- Med Gas/Vacuum Failure
- Elevator Machine Room Failure
- Fuel Oil Shortage
- Transportation Failure
- Structural Damage
- Hazmat Exposure
- Unavailable Supplies



Emergency Management Tracer

Surveyor to select an emergency from org's hazard vulnerability analysis (HVA) and follow processes pertinent to that event by visiting relevant departments and interviewing staff to assess their knowledge of their roles and responsibilities for that particular emergency.


Surveyor may not choose from top 3 of HVA.



EM tracers

TJC's mass casualty disaster scenarios

- Transportation system collision
- Public bldg. fire + collapse
- Tornado [sudden onset ND]
- Heat wave + drought [slow]
- Severe winter storm [or hurricane] [slow onset ND]
- Truck bomb detonation
- Suicide bomber
- Toxic Industrial accident
- Chemical spill in transit
- Terrorist attack using chemical agent
- Botulism outbreak
- Anthrax outbreak
- Tularemia outbreak
- Smallpox outbreak
- Emergence of tuberculosis
- Resurgence of influenza
- Accident at a nuclear power station
- Detonation of a radiological device



Emergency Management Tracer

- Surveyor to also assess availability of: supplies, equipment, personal protective equipment, effectiveness of staff training, communication systems including backup systems.



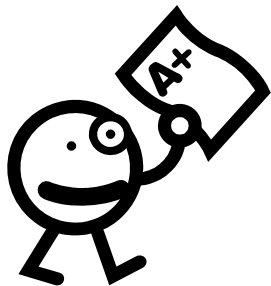
In a nutshell ...

1. Look at the risks involved per your HVA.
2. Identify strategies for appropriately managing those risks.
3. Implement & test those strategies for appropriateness and sustainability.
4. Monitor performance to make sure that everything turns out the way you thought it would. Change & improve as necessary.
5. Consider using new standards as your template!

Resources

- TJC Perspectives®: June 2007, Vol.27, No.6; and Jan. 2008, Vol.28, No.1
- Environment of Care® News, May 2007, Vol.10, No.5; and Dec.2007, Vol.10, No.12; and Jan.2008, Vol.11, No.1
- TJC 2008 Accreditation Manuals for HAP,CAH, and LTC & LT2 (as noted)
- TJC HAP: 2009 Emergency Management Chapter
- TJC History Tracking Report: 2009 to 2008 Requirements; HAP, Emergency Management Chapter

Any questions?



Thank You!

David Stymiest
Smith Seckman Reid
cell 504-232-1113
DStymiest@ssr-inc.com