

Sutter Health Emergency Management System

Metrics Project Overview

Presented By: Mark Shirley, MS, CSP, CHMM
Sutter Health Environmental Risk Consultant
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Why Metrics?

- Objectively and simply communicate readiness to senior leadership
- Establish benchmarks
- Prioritize planning activities
- Justify resource requests



Model: National Health Security Preparedness Index (NHSPI)

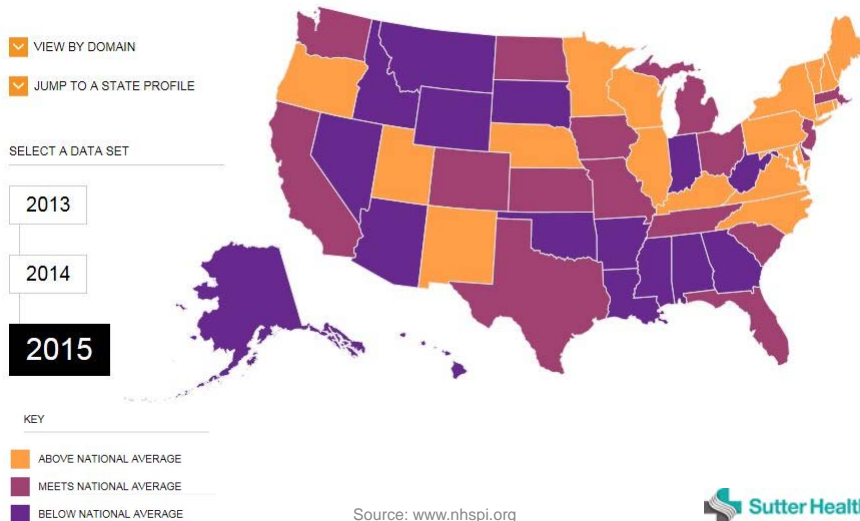
GOAL: *The NHSPI aims to provide an accurate portrayal of the nation's health security using relevant, actionable information to help guide efforts to achieve a higher level of health security and preparedness*



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NHSPI – Preparedness by State

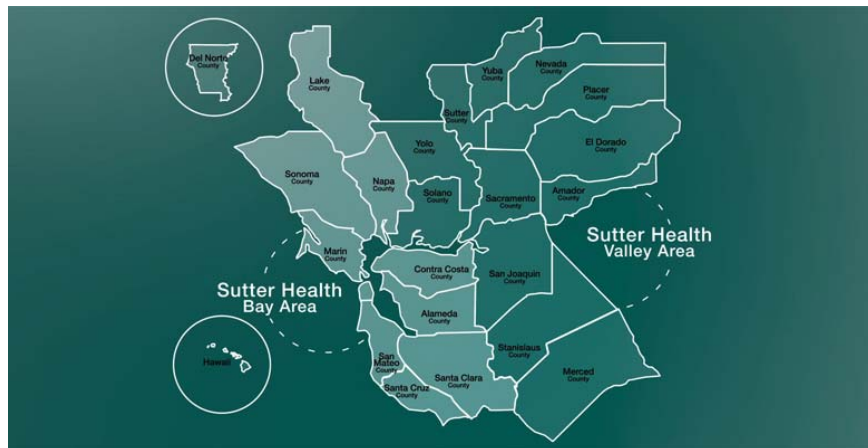


NHSPI – Preparedness by State (cont.)



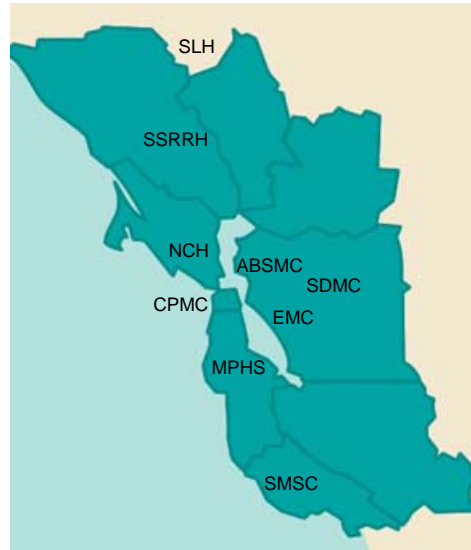
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Sutter Health (SH) – Preparedness by Area



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SH – Preparedness by Affiliate



SLH – Sutter Lakeside Hospital

SSRRH – Sutter Santa Rosa Regional Hospital

NCH – Novato Community Hospital

ABSMC – Alta Bates Summit Medical Center

SDMC – Sutter Delta Medical Center

CPMC – California Pacific Medical Center

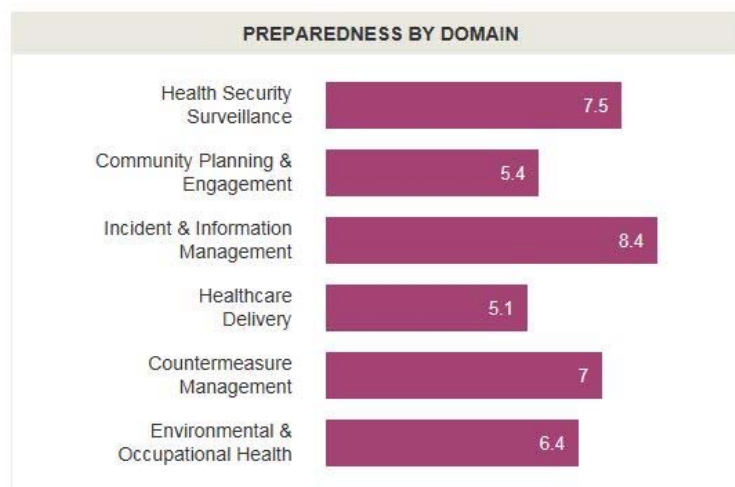
EMC – Eden Medical Center

MPHS – Mills Peninsula Health Services

SMSC – Sutter Maternity and Surgery Center



NHSPI – Preparedness by Domain



Source: www.nhspi.org



NHSPI – Subdomains

HEALTHCARE DELIVERY SUB-DOMAINS

PC-PREHOSPITAL-CARE **IC-INPATIENT-CARE** LTC-LONG-TERM-CARE MBH-MENTAL-BEHAVIORAL-HEALTHCARE HC-HOME-CARE

Inpatient care refers to care for a patient who is formally admitted (or "hospitalized") to an institution for treatment and/or care and stays for a minimum of one night in the hospital or other institution.

MEASURE	MEASURE DESCRIPTION	SCORE
m147	Median time (in minutes) from emergency department (ED) arrival to ED departure for admitted ED patients (identifier ED-1)	<
m148	Median admit decision time (in minutes) to emergency department (ED) departure time for admitted patients (identifier ED-2)	<
m149	Number of staffed beds (per 100,000 population)	<
m152	Percentage of a state's population who live within 50 miles of a trauma center (including trauma centers from neighboring states)	<
m160	(Number of) physicians and surgeons (per 100,000 population)	<
m167	Number of active registered nurse (RN) and licensed practical nurse (LPN) licenses (per 100,000 population)	<

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Source: www.nhspi.org



NHSPI – Subdomain Score

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m147	Median time (in minutes) from emergency department (ED) arrival to ED departure for admitted ED patients (identifier ED-1)	>

Measure Name	M147
Measure Source	
Data date (s)	2012 - 2014
Limitations	There is unknown information about the nature of treatment between emergency department arrival and discharge.
Score	327

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Source: www.nhspi.org



SH – Domains

- Program Components
- Facility Resiliency
- Communication Capabilities
- Supply Support
- Training

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Program Components Subdomains

- Compliance: NIMS, TJC, CMS & mock surveys
- Business Continuity Program maturity
 - Departmental profiles current
 - Oversight activity
- Events tracked and critiqued, and after action plan completed
- Exercises conducted and critiqued, and after action plans completed

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Facility Resiliency Subdomains

- Seismic performance (Structural Performance Category/Nonstructural Performance Category ratings)
- Natural gas shut-off valve
- Domestic water
 - Connection redundancy
 - Storage tank capacity
 - Alternate source (well/dewater)
- Emergency power
 - Generator redundancy
 - Power taps



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Communication Capabilities Subdomains

- Everbridge
 - Utilization
 - Training
 - Patient 800#
 - Gov't emergency telecommunication system (GETS) / Wireless priority service (WPS)
 - Implementation
 - Testing & usage
 - Telecommunication service priority (TSP) implementation
- 
- Satellite phone capabilities
 - HAM radio capabilities



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Supply Support Subdomains

- Food
- Linens
- Fuel
- Water
- Triage
- Med Surge
- Rx



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Training Subdomains

- HICS for Incident Management Team
- HazMat Resource Team
- Triage/MCI/Highly infectious disease for ED



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Veterans Health Administration Emergency Management Capability Assessment Program (EMCAP) Program Overview

Presentation for:

California Hospital Association 2016 Disaster Planning Conference

Presented by:

Dennis Olson

VHA Office of Emergency Management, Program Manager

Tony Barker

VHA Office of Emergency Management, Area Emergency Manager, Pacific Region

VHA Office of Emergency Management

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EMCAP Mission

Veterans Health Administration (VHA) evaluates comprehensive emergency management programs at VA Medical Centers and Health Care Systems to ensure resiliency and continuity of Primary Mission Essential Functions for the delivery of health care services to VA patients, military personnel, and the public, as appropriate, in the event of a disaster, emergency or other contingency.

VHA Office of Emergency Management

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Evaluation Program Objectives



- **Assist** facility director by providing a **gap analysis** of comprehensive emergency management program regarding current national, VA, and VHA program requirements to address through facility improvement plans
- **Inform** of potential **accreditation shortfalls** within the emergency management standards
- **Identify systemic, VHA-wide issues** that necessitate enterprise-level attention



Mission Areas



- 1 – Program Level (9 Capabilities)**
 - Provides the foundation of the facility’s Comprehensive Emergency Management Program
- 2 – Incident Management (4 Capabilities)**
 - Addresses how the facility manages response to and recovery from incidents or emergencies to include evacuation
- 3 – Safety and Security (4 Capabilities)**
 - Focus on the facility’s ability to provide a safe and secure environment, including HazMat, patient decontamination and Shelter-in-Place procedures



Mission Areas (cont.)



4 – Resiliency (9 Capabilities)

- Addresses personal preparedness of employees, data and voice communications, and mission-critical utility systems

5 – Medical Surge (7 Capabilities)

- Looks at the ability to manage an increase in demand for clinical and ancillary services that exceed normal operations
- Includes: Influx of patients (surge), laboratory and radiological services, and VA-sponsored patient care in the community due to an emergency or disaster

6 – Support to External Requirements (3 Capabilities)

- Focuses on the ability to support and integrate with the community, and involvement in the Disaster Emergency Medical Personnel System (DEMPS)



Capability Elements



- **Plans and Policies**

- Emergency Operations Plan (EOP), Standard Operating Procedures (SOP), Medical Center Memorandums (MCMs)

- **Resources**

- Staff, equipment, funding

- **Processes and Procedures**

- Based on facility's plans and policies

- **Training and Exercise**

- Required training and exercises

- **Evaluation and Organizational Learning**

- Improvement planning and program enhancement



Evaluation Program Details



- **Protocols**
 - Evaluation criteria based on policy requirements and established guidance
 - Activities include document review, facility orientation, focused individual and group interviews, functional exercise
- **Tailored Evaluations** – Common capabilities and other applicable capabilities determined by facility profile
- **Results** – Met or Not met



Post-Site Visit Actions



- **Report Within 60 Days**
 - Describes identified program gaps and provides corrective recommendations
- **Facility Actions**
 - Address identified gaps through comprehensive improvement plans



Results Analysis

Fiscal Year 2015: 40 VA Medical Centers and Health Care Systems Evaluated

Capability Element	% Met
Evaluation and Organizational Learning	66*
Exercise and Training	74**
Policy and Plans	75
Process	89
Resources	88

- * - This result is artificially low because of findings related to annual program reviews that were not contained in policy guidance, (e.g., review of FRDP, past year's goals and objectives, EM program budget execution, etc.)
- ** - This result is skewed significantly due to the completion rates for administration-imposed ICS training (IS-100, 200, 700, 800 and ICS 300 and 402)



Capability Element Analysis

- **Evaluation/Organizational Learning:**
 - Evaluating program and activities
 - Identifying needed improvements, and developing and implementing corrective actions plans

Evaluation/Organizational learning issues are addressed locally by the emergency management committee, which approves, assigns and tracks to completion the performance improvement actions.



Capability Element Analysis



- **Exercise/Training:**

- Staff and service level emergency management training and exercises

Issues are primarily addressed at the facility level, however policy-level gaps will necessitate enterprise-level program initiatives.

- **Policy/Plans:**

- Program documentation addressed at the medical center level by developing, updating or revising emergency management program-related documents

Program documentation is comprised of an Emergency Operations Plan (EOP) and incident-specific plans, the Hazard Vulnerability Analysis and critical system resiliency processes, Continuity of Operations (COOP) plans, Emergency Management Committee (EMC) charter and meeting minutes, training and exercise documentation, and program improvement plans and documentation.

The status of COOP plans, EMC charters and program improvement documentation accounted for the bulk of the Not Met results noted during evaluations.



Capability Element Analysis (cont.)



- **Process:**

- Related to functions that demonstrate staff understanding of the program requirements and plans, and how they are implemented

Issues noted in the Process element generally reflect underlying gaps in Policy/Plans or Exercise/Training where staff explain or demonstrate processes and procedures.

- **Resources:**

- Related to supplies, equipment or staffing

Depending on the nature of the issue noted during the evaluation, Resources issues may be addressed at the facility level or they may require additional support from Network and/or VHA program offices.



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Summary Analysis

- The threshold for a noted issue is a 25% or higher (10 or more facilities) “Not Met”
- Three capability elements for focus:
 - Evaluation/Organizational Learning
 - Exercise/Training
 - Policy/Plans
- Further investigation identified two primary areas of concern:
 - Program documentation
 - Training issues

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Summary Analysis (cont.)

- National-level program policy needs greater clarity regarding **mandatory** program and planning requirements, particularly in resiliency, continuity of operations, recovery, training and exercises
 - Program guides provide guidance on these topics, but guidance is **not mandatory**; thus, implementation is inconsistent across the enterprise
 - Program inconsistencies at the local level were often the result of varied formats, interpretation and implementation of program requirements despite regional differences and needs
- Training is a national-level and local-level need
 - Nationally: Enhancing knowledge, understanding and consistency
 - Locally: Roles, responsibilities and job-specific training

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VHA Office of Emergency Management

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Positive Takeaways

- Strongest programs have highly engaged, multi-disciplinary Emergency Management Committee
- Community engagement is key
- Program documentation is essential – “not documented ...”
- Consistency (in process and repetition) is a multiplier
- Emergency Management Team versus Emergency Manager

driving readiness in dynamic times

Disaster Planning for California Hospitals

Questions?

CALIFORNIA HOSPITAL ASSOCIATION



Thank You!

Mark Shirley, MS, CSP, CHMM
ShirleM@sutterhealth.org

Tony Barker, MSHS
Tony.Barker@va.gov

Dennis Olson
Dennis.Olson@va.gov

