

Work Smarter, Not Harder: Leveraging Microsoft 365

November 12, 2025



We have built in time at the end of the presentation for Q&A.

At any time during this webinar, you may submit your questions in the Q&A box at the bottom of your screen.

Work Smarter, Not Harder: Leveraging Microsoft 365

November 12, 2025



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Erika Cheung, MSN, RN, CPN, is a pediatric nurse with a passion for disaster preparedness, response, and recovery. She currently oversees the emergency management program at Children's Hospital Los Angeles and represents the pediatric sector in the LA County Healthcare Coalition. Her expertise also includes special pathogens readiness, and she participates in several national workgroups, including the Pediatric Pandemic Network (PPN) and the National Emerging Special Pathogens Training and Education Center (NETEC). Erika's enthusiasm for developing sustainable processes has bolstered not only CHLA's preparedness but that of Southern California and beyond.



Work Smarter, Not Harder: Leveraging Microsoft 365

CHA Webinar – November 12, 2025

Disclosures and Acknowledgements

- References to Microsoft products do not constitute as sponsorship or endorsement of those items on behalf of the speaker or Children's Hospital Los Angeles
- Special thanks to Matthew Wright, Ashley Huynh, and Edwin Wong for their technological assistance and knowledge (without whom I could not have advanced our Emergency Management program)!

Learning Objectives

At the end of this session, participants will be able to:

- Define the functionality of Microsoft 365 features – specifically Teams, Forms, Lists, and Power Automate
- List the technology leveraged by Children’s Hospital Los Angeles (CHLA) to successfully streamline their Emergency Management (EM) program workflows
- Identify areas within their organization’s EM program where they can implement the technology and apply similar strategies to enhance their workflows

Audience Poll

What is your current level of familiarity with Microsoft 365?

- Not familiar at all
- A little familiar
- Somewhat familiar
- Very familiar

Overview of M365

What is M365?



Microsoft 365 (M365) is a **cloud-based productivity suite** developed by Microsoft. It combines a range of tools and services designed to help individuals and organizations work more efficiently and securely.

Key Components of M365:

Basic Office Apps:

- Word, Excel, PowerPoint, Outlook, OneNote, PowerBI

Collaboration Tools:

- **Microsoft Teams**: Chat, video meetings, and file collaboration
- **Outlook and Exchange Online** for business-class email and scheduling
- **SharePoint**: Intranet and document management

AI & Automation:

- Built-in AI features like **Copilot** in Word, Excel, and Teams. **Power Automate** for workflow automation

Security & Compliance:

- Data loss prevention, encryption, identity protection, and compliance tools
- Microsoft Defender for Office 365
- Centralized admin portal for managing users, devices, and policies
- Integration with **Microsoft Entra ID** (formerly Azure AD) for identity and access management

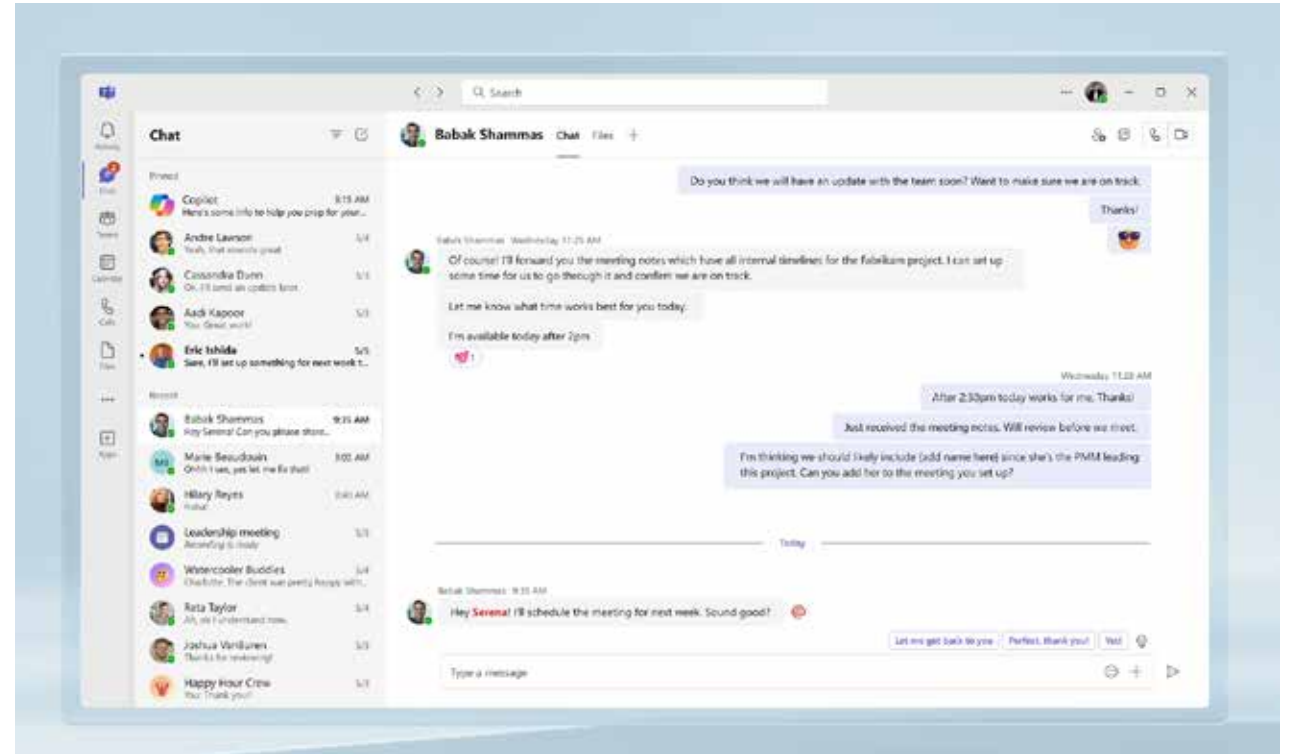
Microsoft Teams



A collaboration platform that combines chat, video meetings, file sharing, and app integration in one workspace.

- Key Advantages

- Central hub for everything!
- Can access multiple ways (desktop, web, and mobile)
- Ability to tag people



[Image Source: Microsoft](#)

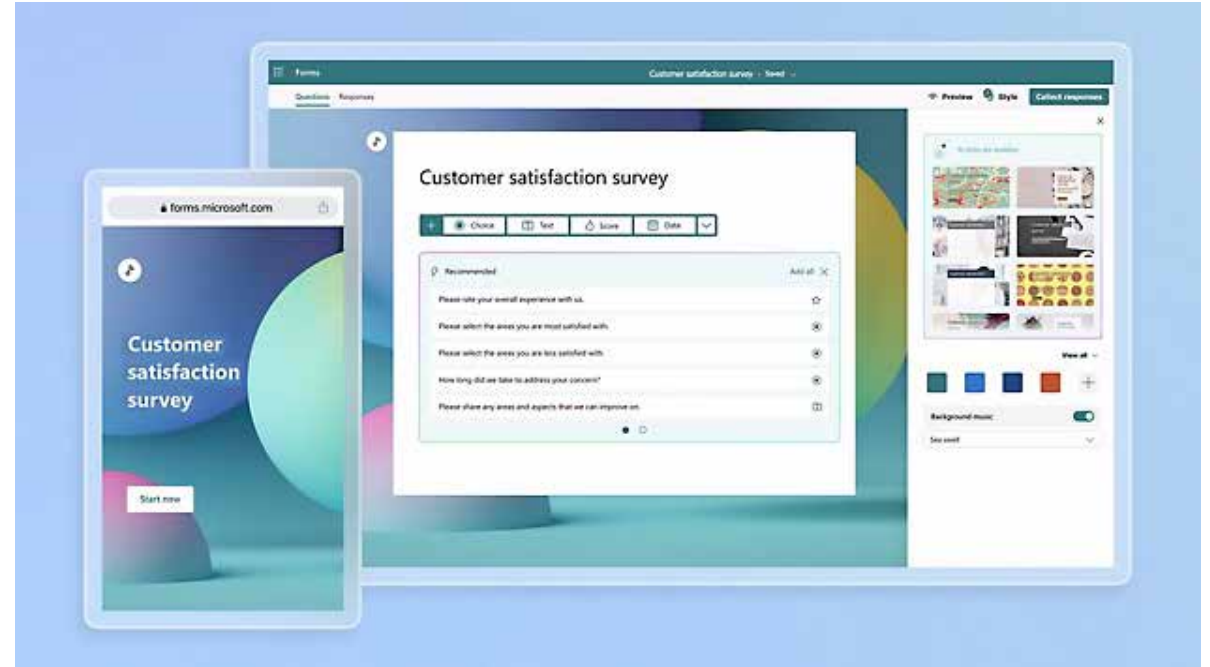
Microsoft Forms



A simple tool for creating surveys, quizzes, and polls to collect real-time responses and feedback.

- Key Advantages

- Easy way to collect info quickly
- Responses feed into a centralized space (multiple people can review)
- Can access with QR code and answer on a mobile device



[Image Source: Microsoft](#)

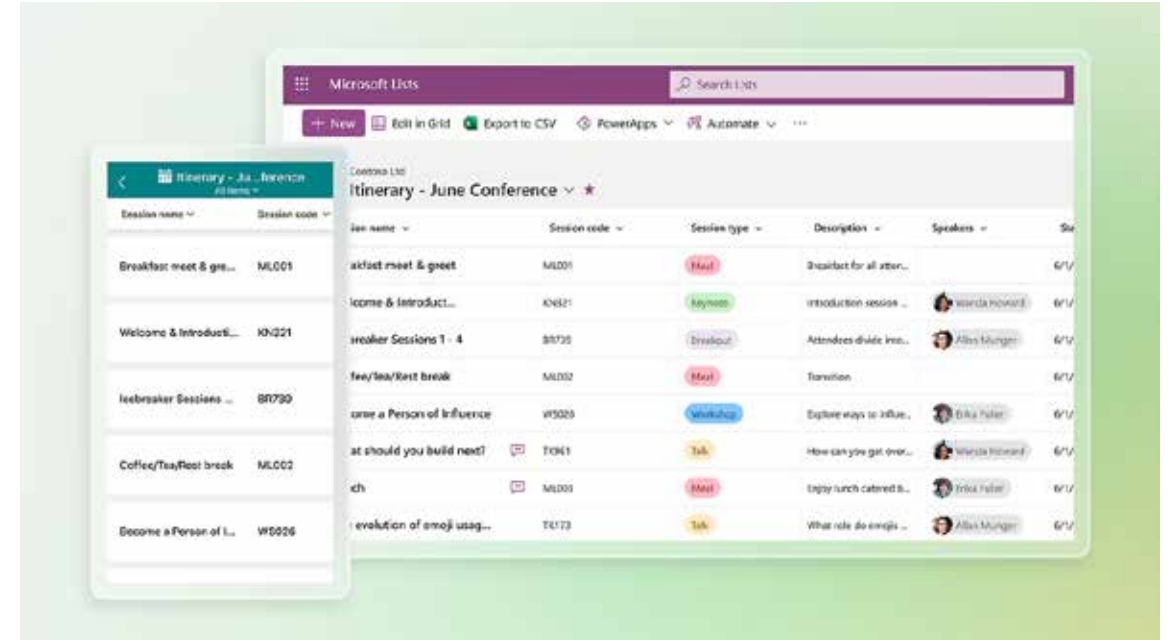
Microsoft Lists



A smart information-tracking app for managing tasks, assets, issues, and more using customizable lists.

- Key Advantages

- Better version of Excel spreadsheets
- Allows for greater visibility of items
- Can build rules and integrate with other Microsoft features



[Image Source: Microsoft](#)

SharePoint



A web-based platform for creating intranet sites, managing documents, and collaborating across teams.

- Key Advantages

- Can easily manage access for viewing files and pages within your organization

- Allows for use of “living” hyperlinks for easier version control with documents etc.

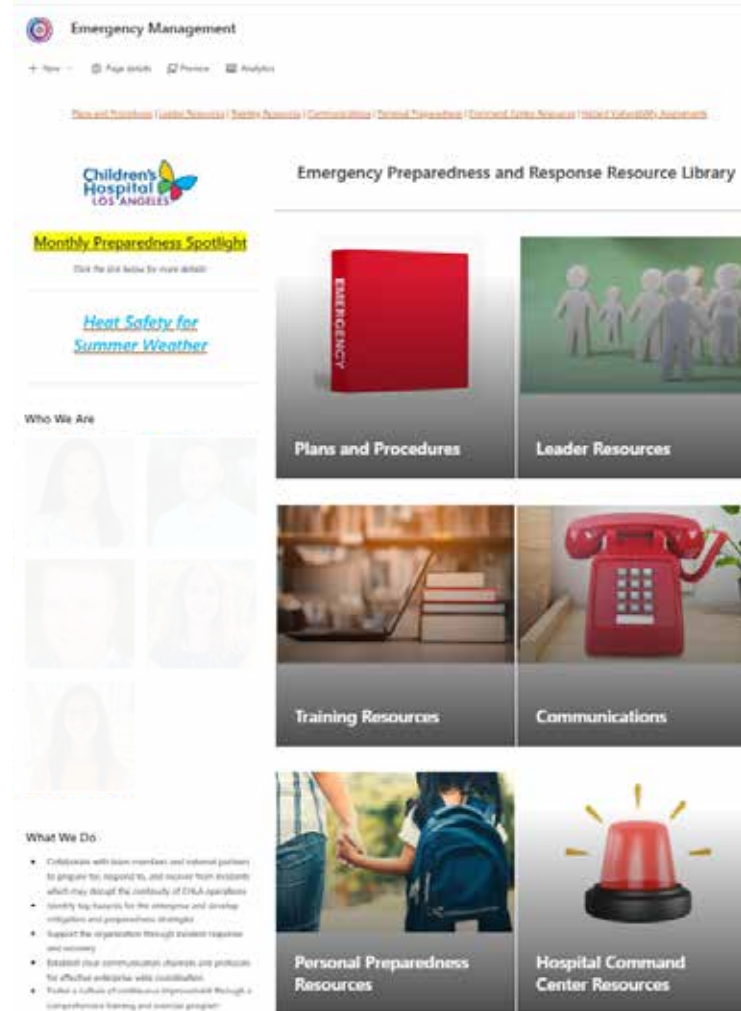
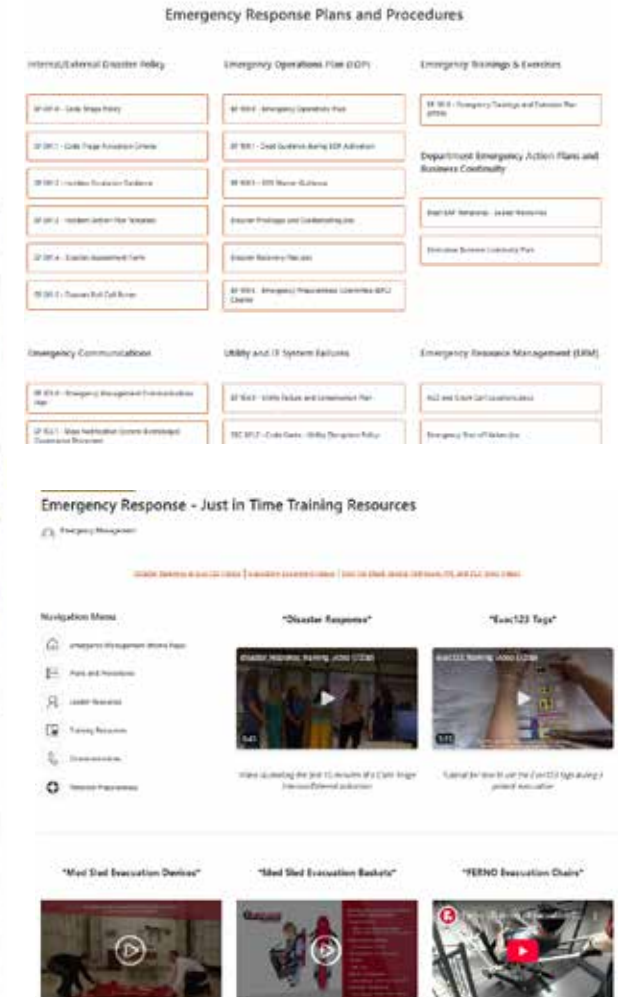


Image Source: Children's Hospital Los Angeles



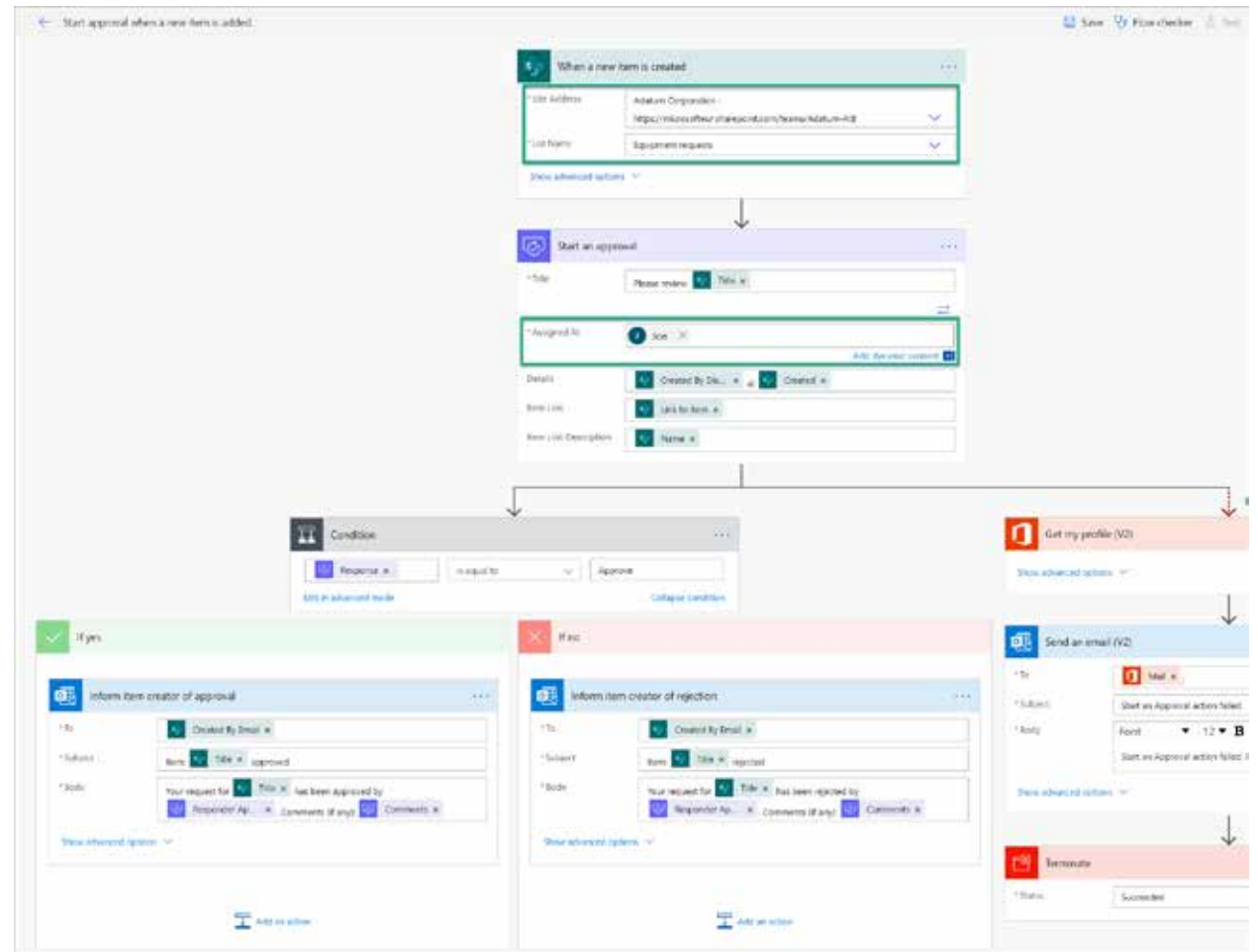
Power Automate



A workflow automation tool that connects apps and services to streamline repetitive tasks and processes.

- Key Advantages

- Pair with a Microsoft List and your Active Directory to create automated reminder emails



[Image Source: Microsoft](#)

CoPilot



An AI assistant embedded in Microsoft 365 app that helps generate content, summarize information, and automate tasks using natural language.

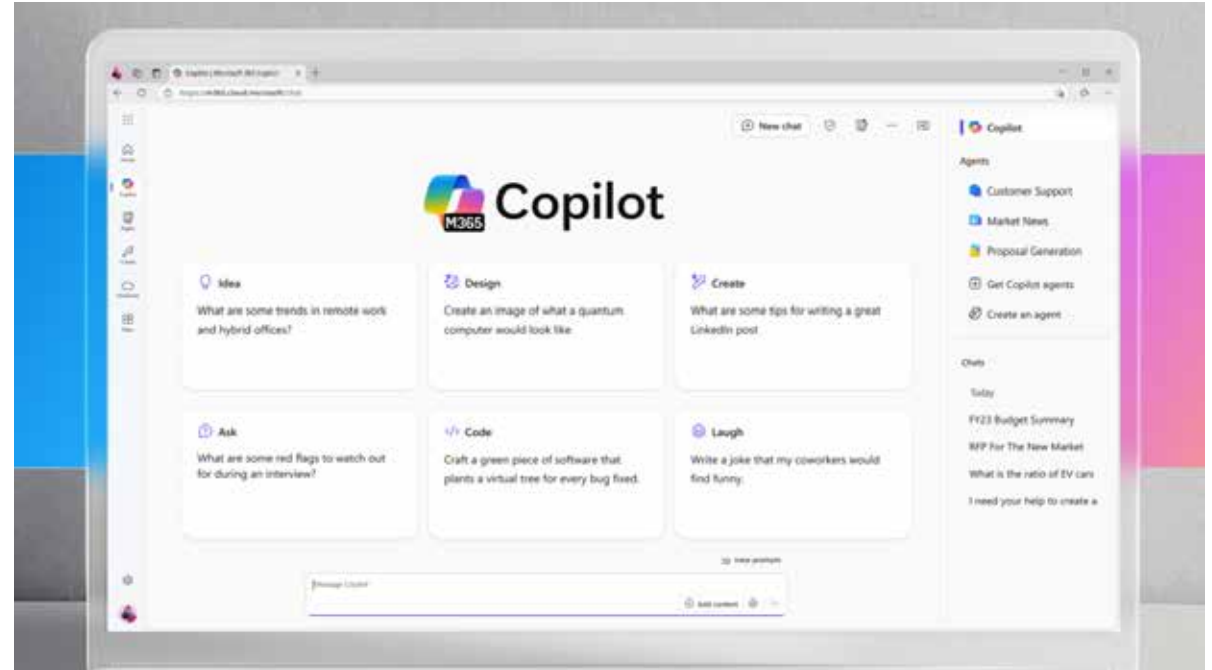
- Key Advantages

- ü Revise emails for improved wording and clarity

- ü Can assist with creation of Power Automate flows

- ü Summarize meeting notes

1. *Enable meeting transcription/recording*
2. *Download transcript and upload to CoPilot chat with a prompt*
3. *Refine, revise, or add more detail*
4. *Export to Word Document or PDF*



[Image Source: Microsoft](#)

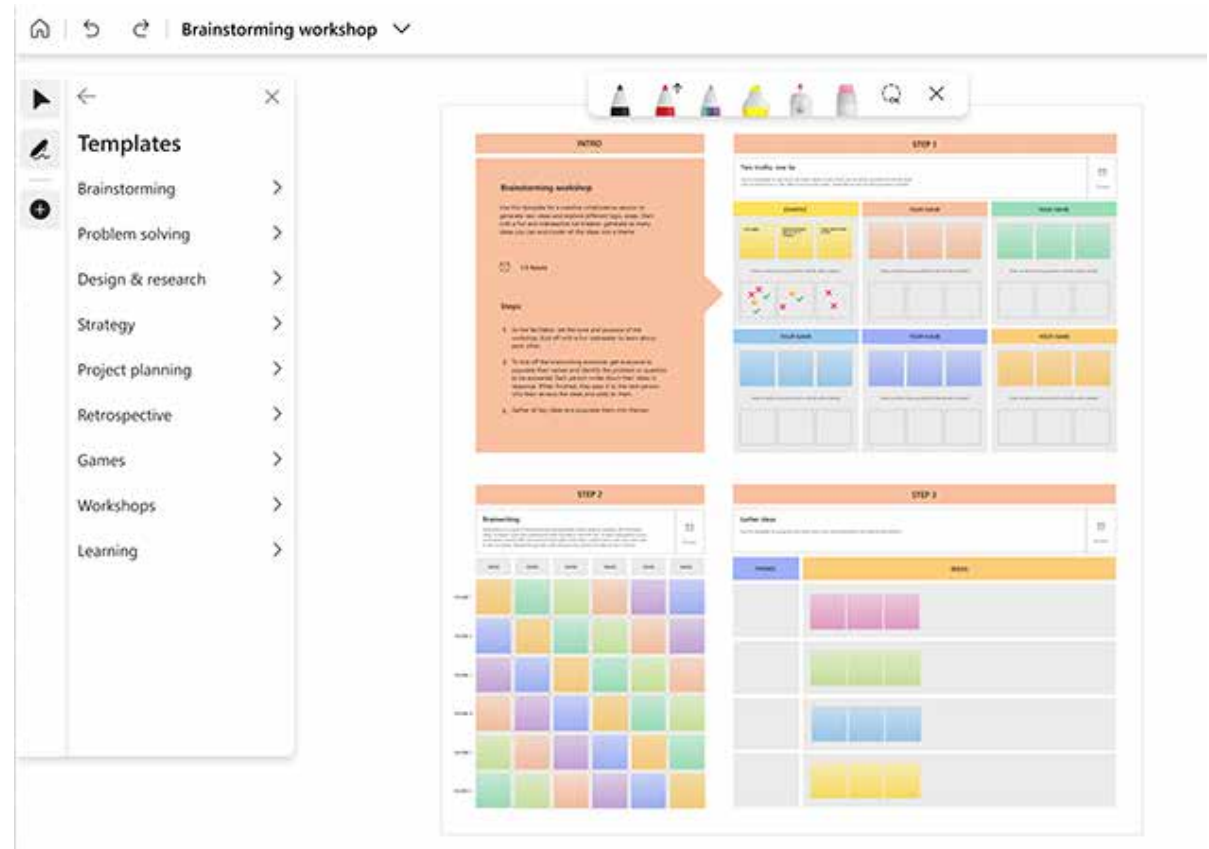
Tip – you don't need a CoPilot Pro license to do this! This is available on the web version

BONUS: Whiteboard



A digital canvas for teams to brainstorm, draw, and collaborate visually in real time.

- Key Advantages
 - ü Supports real time collaboration for virtual/hybrid teams
 - ü Multiple users can use it simultaneously
 - ü Has several templates available



[Image Source: Microsoft](#)

Integration of M365 into CHLA's EM Program



Streamlining Activations of the Hospital Command Center (HCC)

Virtual HCC Environment



General Posts Files Notes HCC Dashboard +

Emergency Activations (virtual HCC)
General
Restricted Access HCC Channel

Cheung, Erika 7/9/2024 7:13 PM Edited

Virtual Hospital Command Center (HCC) - new page for Emergency Activations

Welcome to the new **Emergency Activations (virtual HCC)** page! This page will serve as a centralized platform for all communication and coordination for incidents. The other Emergency Activations page will sunset and be deleted (on July 10, 2024).

Summary of Changes
HCC huddle calls will no longer utilize a static meeting link - a new meeting series will be created for each incident and the link will be shared via Everbridge and/or Outlook.

When starting a new incident, please click on "Files" and then use the red folder that is titled "**YYYY.MM.DD - INCIDENT Quick Start.**"

- New channels should not be created as we would like to keep things streamlined.
- Previous incidents will be archived once the ongoing HCC response has ended.
- There is a private "restricted access" channel that will be used for more sensitive/confidential issues related to incidents.

The "Files" tab contains 4 key folders (see below) in addition to the Incident Quick Start folder:

- [Archive \(Past Incidents\)](#)
- [Contact Lists and On-Call Schedules](#)
- [HCC Setup and Resource Documents](#)
- [Incident Response Guides](#)

see less

2

Reply

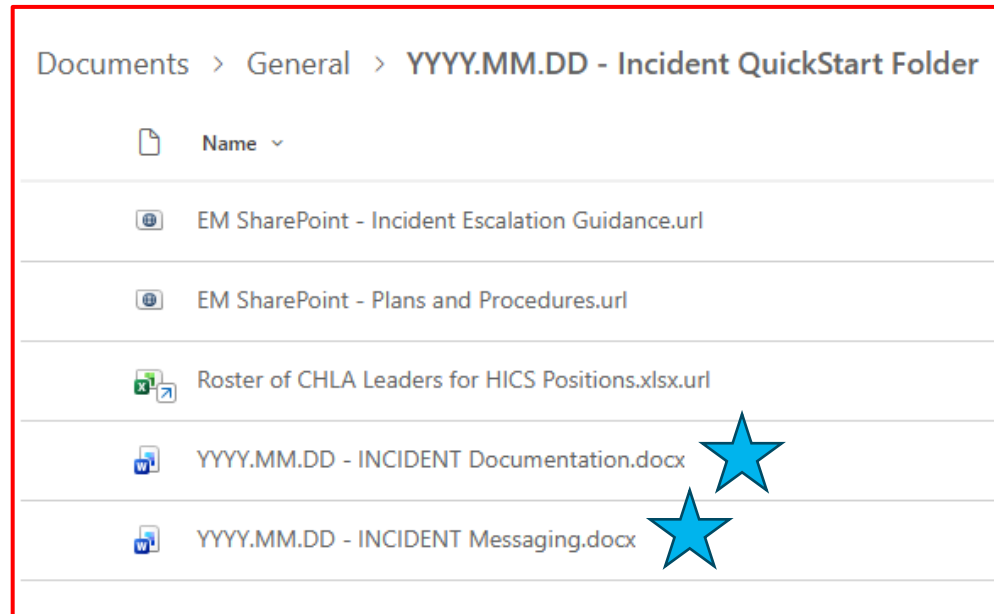
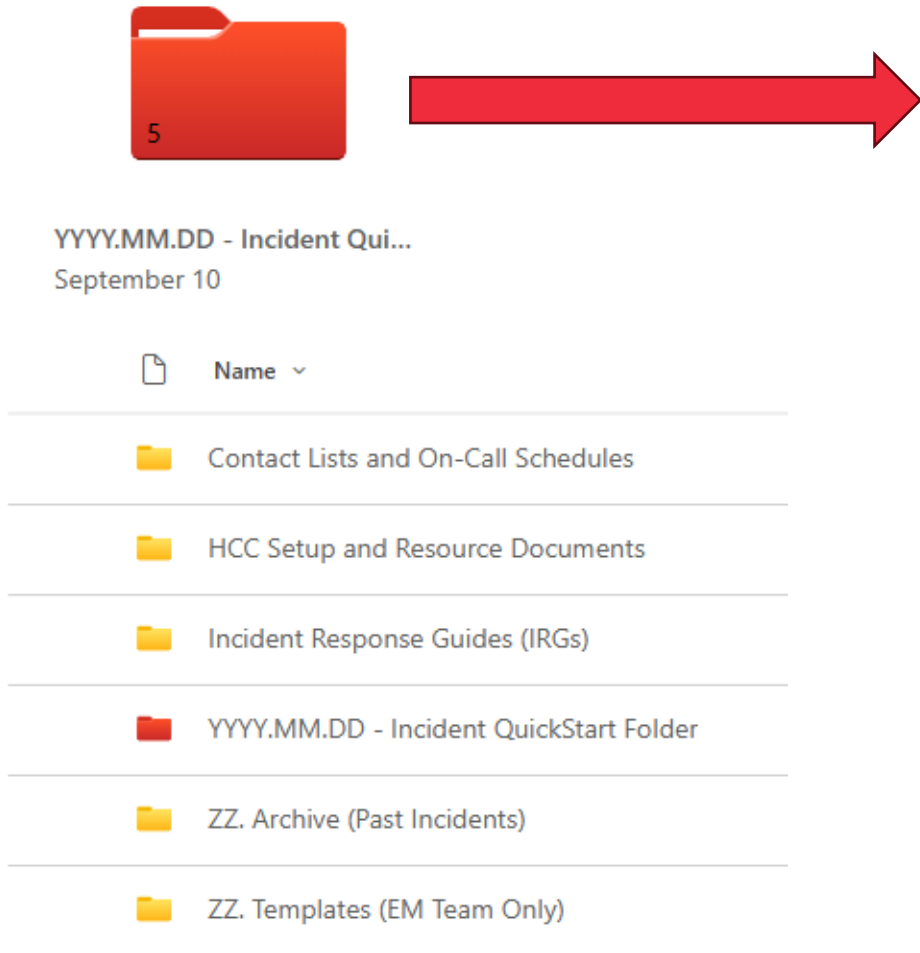
Key Benefits

- Dedicated location and Teams chat (for ongoing updates throughout incident)

Rationale for *new* meeting link:

- *Each meeting has an associated Teams chat (but response team is not always the same every time, so subsequent chats will notify everyone already on it)*

Virtual HCC Environment (cont.)



Tip – use hyperlinks and shortcuts to mitigate version control issues

Key Benefits

- Quick Start folder makes it easy to initiate
 - Does require manual reset after incident (EM team responsibility)
- Less is more – make the folders and file names intuitive (plain language)

Huddle Call Templates



Key Benefits

- Easy to document on (in real time) during a virtual meeting
- Keeps everyone on the same page (especially if someone screen-shares this document for those who are visual)

Tip – Check that you aren't missing any key stakeholders (and for full activations, give permission to leave, if not applicable).

Emergency Activations – Incident Documentation Template

Adapted from HICS 214

NOTE: this documentation template is intended for general emergency activations. **For mass casualty incidents (MCIs), use this template instead**

INCIDENT NAME	
INCIDENT START DATE/TIME	
INCIDENT SCRIBE	
SITUATION SUMMARY	
What happened? <i>High level summary only</i> (no questions at this time) <i>Specific activities should be added to incident event log</i>	<ul style="list-style-type: none"> • •
Who are the key stakeholders or departments impacted? <i>Remember to assess above, below, and next to affected area</i>	<ul style="list-style-type: none"> • •
Time Out #1 – does anyone else need to be included in this discussion? <i>(or if anyone needs to drop off)</i>	
Do we need to activate the Hospital Command Center? <i>Refer to the Code Triage activation criteria matrix as needed</i> <ul style="list-style-type: none"> • (Select one): CODE TRIAGE STANDBY CODE TRIAGE INTERNAL CODE TRIAGE EXTERNAL 	

Huddle Call Templates (cont.)



Tip – Don't wait until the end of huddle call to send first alert. Use message templates to expedite the initial message.

Key Benefits

- Suggested individuals/job titles to assign to HICS roles
- Customized list of areas to consider when reviewing the initial incident scope/impact

Emergency Activations – Incident Documentation Template

Adapted from HICS 214

Time Out #2 – what communications can be sent now while HCC strategies are being developed?																																			
<p>Who is the incident lead(s)?</p> <p>Assign HICS IMT Positions <i>Reference list of recommended leaders for HICS positions</i></p>	<p>Incident Commander – AOD/AAOD and House Sup</p> <p>Operations Section Chief – SMEs for affected area</p> <p>Planning Section Chief – initially EM</p> <p>Public Information Officer –</p> <p>Finance Section Chief – necessary for Code Triage <i>External</i></p>																																		
<p>Considerations for Specific Departments/Areas</p>	<table border="1"> <thead> <tr> <th>DEPT/AREA</th> <th>CONSIDERATIONS & REPORTED ISSUES</th> </tr> </thead> <tbody> <tr><td>HS/Access Center</td><td></td></tr> <tr><td>Inpatient</td><td></td></tr> <tr><td>Emergency Dept</td><td></td></tr> <tr><td>Perioperative Services</td><td></td></tr> <tr><td>Radiology</td><td></td></tr> <tr><td>PLM</td><td></td></tr> <tr><td>Respiratory</td><td></td></tr> <tr><td>Pharmacy</td><td></td></tr> <tr><td>Ambulatory (Sunset Campus)</td><td></td></tr> <tr><td>Ambulatory (offsite)</td><td></td></tr> <tr><td>PBX Operators</td><td></td></tr> <tr><td>Security</td><td></td></tr> <tr><td>Facilities</td><td></td></tr> <tr><td>Food Services</td><td></td></tr> <tr><td>Research (SRT/Saban)</td><td></td></tr> <tr><td>Other</td><td></td></tr> </tbody> </table>	DEPT/AREA	CONSIDERATIONS & REPORTED ISSUES	HS/Access Center		Inpatient		Emergency Dept		Perioperative Services		Radiology		PLM		Respiratory		Pharmacy		Ambulatory (Sunset Campus)		Ambulatory (offsite)		PBX Operators		Security		Facilities		Food Services		Research (SRT/Saban)		Other	
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Other																																			

Huddle Call Templates (cont.)



Emergency Activations – Incident Documentation Template

Adapted from HICS 214

What are we going to do to respond to the incident and mitigate additional issues? <i>Reference strategies in the EOP and other EM plans as appropriate</i>	ACTION ITEM	ASSIGNED TO

Tip – Keep adding sections to the same file (less documents to keep track of).

What do we need to communicate to team members, patients, and/or the public?

Are there any considerations for the next 24-48 hours?
Identify points of contact for overnight and weekend

When is the next check-in about this incident?

What are the thresholds for declaring this incident over (or further escalation)?

Follow-Up Meeting (Date/Time)		
Situation Update	<ul style="list-style-type: none"> <i>High level summary only</i> <i>Specific activities should be added to incident event log</i>	
Considerations for Specific Departments/Areas	DEPT/AREA	FOLLOW UP ON ACTION ITEMS & ADDITIONAL ISSUES
	HS/Access Center	
	Inpatient	
	Emergency Dept	
	Perioperative Services	
	Radiology	
	PLM	
	Respiratory	
	Pharmacy	
Ambulatory (Sunset Campus)		

INCIDENT START DATE/TIME:	
INCIDENT END DATE/TIME:	
INCIDENT EVENT LOG	
TIME	Notable Activities



Messaging Templates



ALL CHLA Messaging

Please use the following template to develop initial incident messaging (objective: send out within 15 minutes of huddle call initiation – do not wait for all the details to be confirmed)

- Quick reference: [templates \(in restricted access channel\)](#)

Notification Title	CHLA Alert: INCIDENT NAME
<input checked="" type="checkbox"/> Use custom SMS message	
<input checked="" type="checkbox"/> Use custom Email/Everbridge Mobile App message	
Fax, Pager, Text-to-speech	CHLA's Command Center is aware of [INCIDENT DESCRIPTION]. Please check your text messages and/or email for additional details. More information will be provided as it becomes available.
SMS	CHLA Alert – TWO-THREE WORDS. Click link for details.
<input checked="" type="checkbox"/> Add web page message	
Web Page Message (for SMS)	Dear Team Members, Just after [time], Children's Hospital Los Angeles was impacted by a [description of issue]. [Issues to address; generator power, agency that is responding, estimated time to fix]
And	What you should do:
Custom message for Email and Everbridge mobile app	<ul style="list-style-type: none"> Reference procedures listed in your department's red binder containing your Department Emergency Action Plan (Dept EAP) Additional Strategy #1 Additional Strategy #2 <p>We will share more information as it becomes available. Thank you for your attention.</p> <p>Thank you, XXX, House Supervisor Incident Commander</p>
Contacts	Rules:
Settings (Delivery Methods)	Select option
	<ul style="list-style-type: none"> All Modalities All Voice All Text

Key Benefits

- Formatted in Word for easy cut/paste into Everbridge once finalized
 - Notification templates in the Everbridge system is more cumbersome (but possible) for collaboratively in real time (and to send messaging for Incident Commander review/approval)
- Adding web page message to SMS messages (mimic email)
 - NOTE: the web page hyperlink will use up about 50% of your SMS character limit
- For initial alerts, reference a separate document with templates to get started



Streamlining Data Collection for the Hospital Command Center (HCC)

Collecting Reports for HCC



New Process

- Departments complete electronically instead of faxing paper forms
 - ü Static hyperlink that's sent via Everbridge alert (only when needed, not all incidents)
 - ü Paper copies still available for downtime
- Form responses feed into a List that can be filtered into multiple views
 - ü Requires some back-end "programming"
- Filtered list views are displayed on SharePoint page (like a custom dashboard)

Key Benefits

- Dashboard updates in real-time (unlike PowerBI which has static refresh times)
- Data is viewable by multiple different stakeholders simultaneously
 - ü Does require access to the private Teams page (not all team members can view)
- Streamlines the analysis and groups information in useable format

Electronic Disaster Assessment Forms



Tip – a Form Duplication link is provided later in this slide deck!

1. **Your First and Last Name ***

Enter your answer

2. **Your Role/Job Title ***

Charge Nurse or Lead (or their designee)

Medical Division Leadership or Chief Resident (or their designee)

Director/Manager/Supervisor (or their designee)

Division Administrator (or their designee)

Other

3. **I am submitting on behalf of: ***

NOTE - medical providers should submit on behalf of their division, not the specific location (i.e., ED or clinic) where they work.

Inpatient Unit

Ambulatory Clinic or SCC (except for areas with patients who may be actively under or recovering from procedural sedation/anesthesia)

Procedural Areas (Emergency Department, OR, PACU, ASC, Cath Lab, Radiology, Radiology Oncology, Sedation Unit, Dentistry Clinic)

Ancillary/Administrative Department

Medical Division or Pediatric Residency Program

Inpatient Unit - Initial Report

Complete the following questions if you are reporting on behalf of an inpatient unit.

4. **Your Department Name ***

If you do not see your department name, please return to the previous question and select the correct department type.

Select your answer

5. **I am submitting:**

The initial report for my work area (within 15 minutes of the first Appendix D request from the Hospital Command Center)

A follow-up report for my work area (1 hour after being notified about Hospital Command Center activation or when additional submissions are requested)

A reverse-triage report for potential evacuation (TRAIN categorizations for patients in my work area)

Key Benefits

- Branching logic – targeted questions by area/location
- Separates questions into an initial report (within 15 min) and follow-up report (within 1 hour) since some information takes longer to collect

Electronic Disaster Assessment Forms (cont.)



• Initial Report (Example - Inpatient)

- Names of department leadership onsite
- # of RNs, LVNs, etc. currently on shift
- # of RNs etc. that can be available for HCC within 1 hour (estimated number)
- Current patient census
 - Can be discharged in 1 or 4 hours
 - Can be transferred in 2 hours (from ED, ICU, and OR to the med-surg floors)
- # of open patient rooms (regardless of current staffing)
- Dept operational status (red/yellow/green)
- Damage/infrastructure issues
- Critical department needs/concerns

• Follow-Up Report (Example - Inpatient)

- Updated # of RNs etc. that are available and can be deployed to HCC
- Updated patient census
 - Can be discharged or transferred
- # of available gurneys and wheelchairs
- # of visitors on the unit
- # of injured patients, visitors, and staff
- Staffing concerns for the next 2 days
- Additional damage/infrastructure issues
- Additional department needs/concerns

Electronic Disaster Assessment Forms (cont.)



Reverse Triage Report (for potential patient evacuation)

Using the TRAIN tool, please determine the number of patients who meet each reverse triage category. Criteria for each category are listed below within each question. **REMINDER: only account for patients that cannot be discharged from your unit within 4 hours.**

A copy of the TRAIN tool can be found in **EP 107.0 (Hospital Evacuation Plan)**.

- Link to Evacuation Plan: <https://chla.sharepoint.com/sites/CHLAPolicy/Layouts/15/DocIdRedir.aspx?ID=CHLAPOLICY-1855054449-5804>

Key Benefits

- Only collected for inpatient units and procedural areas
- Only for patients that cannot be discharged within 4 hours (since total/partial evacuation should not be spontaneous)
- Provides criteria for just-in-time education

7. **Number (#) of patients who cannot be discharged within the next 4 hours and meet **any** RED criteria as described below** (these color codes are different from the Unit Operational Status in Question 25) *

- *Maximum life support:* neonatal ventilator, HFOV, ECMO, iNO, CVVH, Berlin Heart, weight < 1.5 kg, etc.
- *Maximum mobility assistance:* incubator or cannot be moved without specialized equipment (neurosurgical, bariatric, etc.)
- *Maximum pharmaceutical support:* 2 or more continuous IV medication drips (do not count IV fluids)

The value must be a number

8. **Number (#) of patients who cannot be discharged within the next 4 hours and meet **any** ORANGE criteria as described below** (and are not already categorized as red) *

- *Moderate life support:* CPAP/BiPAP/High-Flow, continuous nebulized treatments, conventional ventilator, dialysis, external pacemaker, etc.
- *Moderate pharmaceutical support:* continuous TPN and/or 1 continuous IV medication drip (do not count IV fluids)

The value must be a number

9. **Number (#) of patients who cannot be discharged within the next 4 hours and meet **any** YELLOW criteria as described below** (and are not already categorized as red or orange) *

- *Minimal life support:* oxygen hood or non-rebreather, chest tube, etc.
- *Minimal pharmaceutical support:* intermittent TPN; continuous IV fluids
- *Moderate nutrition support:* continuous enteral (NG, GT, etc.) feeds

The value must be a number

Form Responses to Lists



This step requires some technical skills

Key Benefits

- Automatically feeds in real time from Microsoft form responses
- Multiple filtered views can be created (to organize data into logical groupings)

Emergency Activations (virtual HCC)

+ Add new item | Edit in grid view | Undo | Share | Copy link | Export | Forms | Automate | Integrate

Appendix D Part 1 Responses

All Items | Ambulatory Patients (here now) | Ambulatory P

Submitter Name	Submitter Rol...	Department N...	Department T...	Unit leadership	Total Census f...	Pts in BED/GU...	Pts in CRIB/IS...	D/C
[REDACTED]	Clinical Manager	Respiratory Care	Ancillary (including medical divisions, facilities/support services, social work, lab, pharmacy, respiratory, etc.)	[REDACTED]				
[REDACTED]	Charge Nurse	Duque 5	Inpatient Unit or Emergency Department	[REDACTED]	33	26	7	
[REDACTED]	Assistant Vice President, Donor Services	Foundation, Glendale 20th floor	Administrative					
[REDACTED]	Business Manager	Infectious Diseases	Ambulatory Clinic					

ambulatory Patients (with urgent ... | Available Rooms and Equipment

+ Add view

Rooms...	N
Damage/Infrastructure Issues	
Department Demographics	
Department Operational Status	
Details about Non-Functional Items	
Injuries	
Inpatient Census	2
Inpatient TRAIN Categorizations	
Issues to Escalate to HCC	
Non Functional Items	
Total Ambulatory Patient Census	
Total Team Members Available for HCC	

Tip – Leverage your IT personnel... but if all else fails, use CoPilot and/or search for Microsoft tutorials (see practical applications part of this slide deck)

HCC Dashboard



Emergency Activations (virtual HCC) 🔔

+ New ▾ 🗨️ Promote 🔗 Page details 👁️ Preview 📊 Analytics

CHLA Hospital Command Center Dashboard

 Cheung, Erika
Mgt. Emergency Management

Department Leadership and Form Submitter Info

Clinical - Inpatient

Clinical - Ambulatory

Available Staffing/Personnel

Physical Environment and Life Safety

^ Clinical - Inpatient

Total Inpatient Census

Department N...	Total Census f...	D/C 1 Hour or ...	D/C 4 Hours o...	ICU-to-Floor T...	Pts in BED/GU...	Pts in CRIB/IS...	Modified
4 east Anderson	26	0	0	3	26	3	July 30
Duque 5	34	2	5	0	22	12	January 8
Duque 5	33	2	7	4	26	7	November 21, 2024
D6Rehab - Duque Building 6th floor	18	3	5	0	18	0	November 21, 2024
6East	32	5	7	0	24	8	November 21, 2024

^ Clinical - Ambulatory

Ambulatory Patients Onsite Now (those who can easily walk/be carried versus not)

[See all](#)

Department N...	Can Walk/Easil...	Cannot Walk/...	Modified
Allergy Immunology	0	0	January 9
ID	0	0	January 9
Pulmonary Page 1st Floor	19	0	January 9
Allergy Immunology 3rd floor OPT	4	4	January 8

Ambulatory Patients with Urgent Medical Needs (and need to be seen within 1-2 days)

[See all](#)

Department N...	Here Now	Later Today	Tomorrow
Ophthalmology	18	60	27
Santa Monica	0	0	0
McCallister 3rd floor	30	73	0
GI clinic Duque 2nd floor	0	0	0

HCC Dashboard (cont.)



Physical Environment and Life Safety

Department Operational Status (inpatient and ambulatory) [See all](#)

Department N... Operational St...

Operational Status: GREEN - able to function and keep the cli... (40)

Allergy Immunology	GREEN - able to function and keep the clinic open with issue to no assistance
ID	GREEN - able to function and keep the clinic open with

Critical Department Needs/Concerns (issues to escalate to HCC) [See all](#)

Department N... IPT/ED Issues... Ambulatory Is... Admin/Ancilla...

4 east Anderson		
Radiology		
Clinical Pathology and Laboratory Medicine		Not Sure
Health Information		None

Visitors Onsite (by department) [See all](#)

Department N...	T-Total Visitors	Modified
4 east Anderson	25	July 30
Radiology	0	March 19
Clinical Pathology and Laboratory Medicine	0	February 20
Health Information	0	January 21

Injured Persons (by department) [See all](#)

Department N...	Team Me...	Patients/Visito...	Modified
Radiology/Duque	22	0	November 21, 2024
PG-54	11	0	November 21, 2024
Vascular Access Team/ Internal Transport	11	0	November 21, 2024
BMT/ Inpatient 4th	0	0	November 21, 2024

Damage/Infrastructure Issues [See all](#)

Department N...	IPT/ED - Dam...	Ambulatory A...	Administrative...
4 east Anderson	None of the abo...		
Radiology	None of the abo...		

Available Rooms and Equipment (Clinical) [See all](#)

Department N...	IPT/ED Rooms...	Clinic Rooms ...	Wheelchairs - ...
4 east Anderson	0		0
Radiology			0

Available Staffing/Personnel

Total CHLA Team Members Working Today (onsite or remote) [See all](#)

Department N...	IPT/ED RNs	IPT/ED CPs	IPT/ED LVNs	IPT/ED Provid...	OPT RNs	OPT LVNs	OPT Providers	OPT Non-Clin
4 east Anderson	11	4	0	0				
Radiology								
Clinical Pathology and Laboratory Medicine								
Health Information								

Team Members Available for HCC (Labor Pool) [See all](#)

Department N...	IPT/ED RN-LV...	IPT/ED Non-Clin...	OPT RN-LVNs ...	OPT Providers...	OPT Non-Clini...	Admin/Ancilla...	Admin/Ancilla...	Modified
4 east Anderson	1	1	1					July 30
Radiology						1	4	March 19
Clinical Pathology and Laboratory						3	2	February 20

Key Benefits

- Data can be visualized by multiple HCC members simultaneously (to aid in rapid decision making)



Automation of Action Item Tracking

Action Item Tracker



Description of Correction (Task)	Associated AA...	Documentation	AAR Publis...	Lead Responsi...	Person Assigned	Current Status	Anticipate...	Actual Comple...	Notes or Outcome/Resolution
Document process for activating the temporary onsite shelter	January 2025 Windstorm and Wildfires	AAR Link	3/3/2025	Emergency Management	[Redacted]	Completed	6/30/2025	1/9/2025	Document is saved in Emergency Activations MS Teams page
Update Emergency Operations Plan to acknowledge key teams responsible for activating a state of emergency bonus, emergency childcare, phone support "warm line," and managing disaster donations and volunteering opportunities	January 2025 Windstorm and Wildfires	AAR Link	3/3/2025	Emergency Management	[Redacted]	Completed	6/30/2025	2/18/2025	Information added as part of Feb 2025 EOP revision
Contact Everbridge to find out if our system has the capability to send targeted messaging based on team member home location	January 2025 Windstorm and Wildfires	AAR Link	3/3/2025	Emergency Management	[Redacted]	Completed	6/30/2025	2/18/2025	Everbridge has the ability to import static locations (home or work) and then we can see them on the universe map and send a shape to send the message. We do not have any ability to send notifications based on live/dynamic locations. We can also use address data to build filters and rules.

Key Benefits

- Captures same information as Excel spreadsheet (but with added automation capabilities)
- Allows for increased visibility to capture outcome/resolution for future reference

Action Item Tracker (cont.)



Emergency Preparedness Committee - EPC
EPC Corrections Tracker

Description of Correction (Task)	Associated AA...	Documentation	AAR Publish D...	Lead Responsi...	Person Assigned	Current Status	Anticipate...	Actual Comple...	Notes or Outcome/Resolution
Current Status: Completed (125)									
Current Status: In Progress - On Track (1)									
Investigate if an appointment list can be obtained through STAR if it is still operational when Oracle is down and how to obtain and disseminate this list.	Ambulatory Downtime/Business Continuity Tabletop Exercise (April 2025)	AAR Link	5/13/2025	Information Services Ambulatory Operations Leadership	[Redacted]	In Progress - On Track	8/31/2025		60 days of registered appointments (from STAR) - Alicia and Diana are getting daily email reports but we would like to transition this to a file sync to downtime computers
Current Status: In Progress - Overdue (1)									
Provide updated red phone directory and job aide to all Dept EAP owners when all annual revisions are complete.	2024 Unannounced Rehab: Emergency Drills	AAR Link	9/30/2024	Emergency Management	[Redacted]	In Progress - Overdue	11/30/2024		April 2025 - help desk ticket and phone optimization spreadsheet sent to UC team on 3/28/25 August 2025 - goal is to have red phone (and radio projects) done by October before annual dept EAP revisions begin
Current Status: Not Started (6)									
Consolidate guidance documents into 1 resource and address missing information/questions: When to use, define low level hazards, consider tiered activation guidance similar to MCI activation guidance, and outline deactivation steps (including equipment reset, EVS waste management, and water tank inspection by Facilities)	GAC Closure Rally and ICE Protests (June 2025)	Event Summary and Action Plan	6/23/2025	Emergency Management, ED Nursing Leadership, ED Faculty Leadership	[Redacted]	Not Started	9/30/2025		

Tip – Ensure you have columns to capture the who, when, and current task status (necessary for automation).

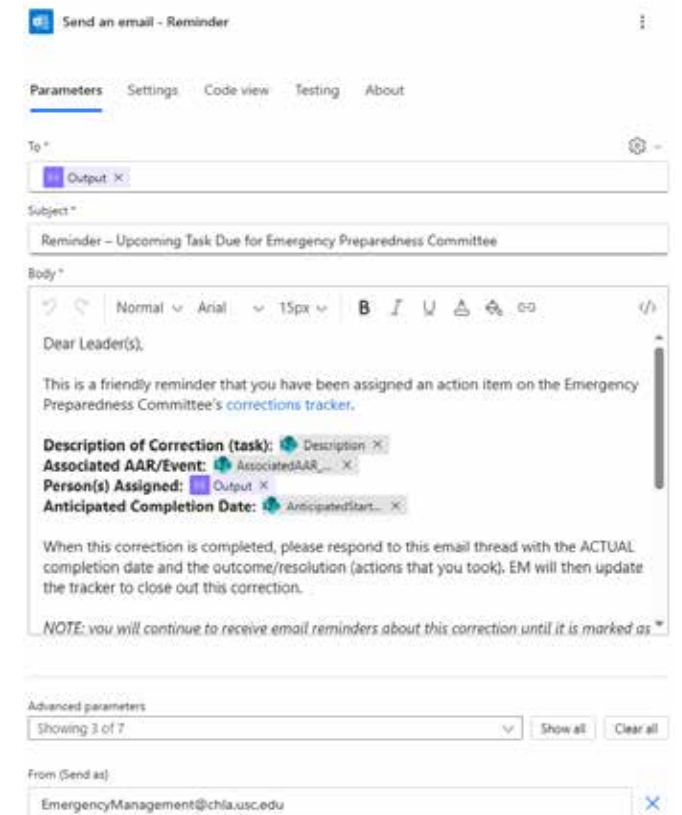
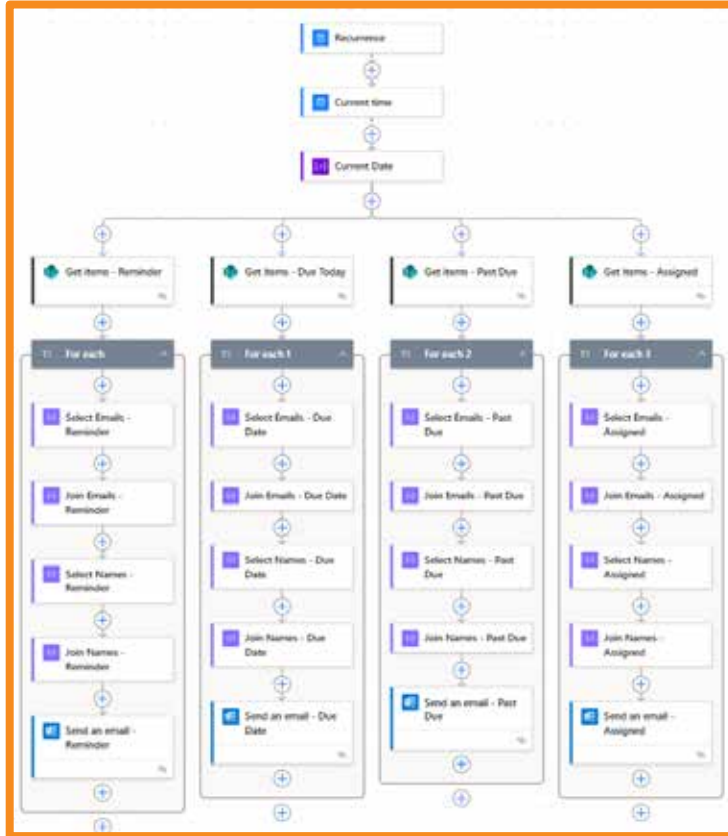
Automated Email Reminders



This step requires some technical skills

Key Benefits

- Custom emails automatically trigger if certain conditions are met
 - ü Based on “Current Status” and “Anticipated Completion Date”
 - ü Task-specific information feeds directly from Action Item Tracker (Lists)
 - ü Eliminates the need for manual tracking and notifications
 - ü One pain point – the connections sometimes fail (and you have to re-authenticate them)



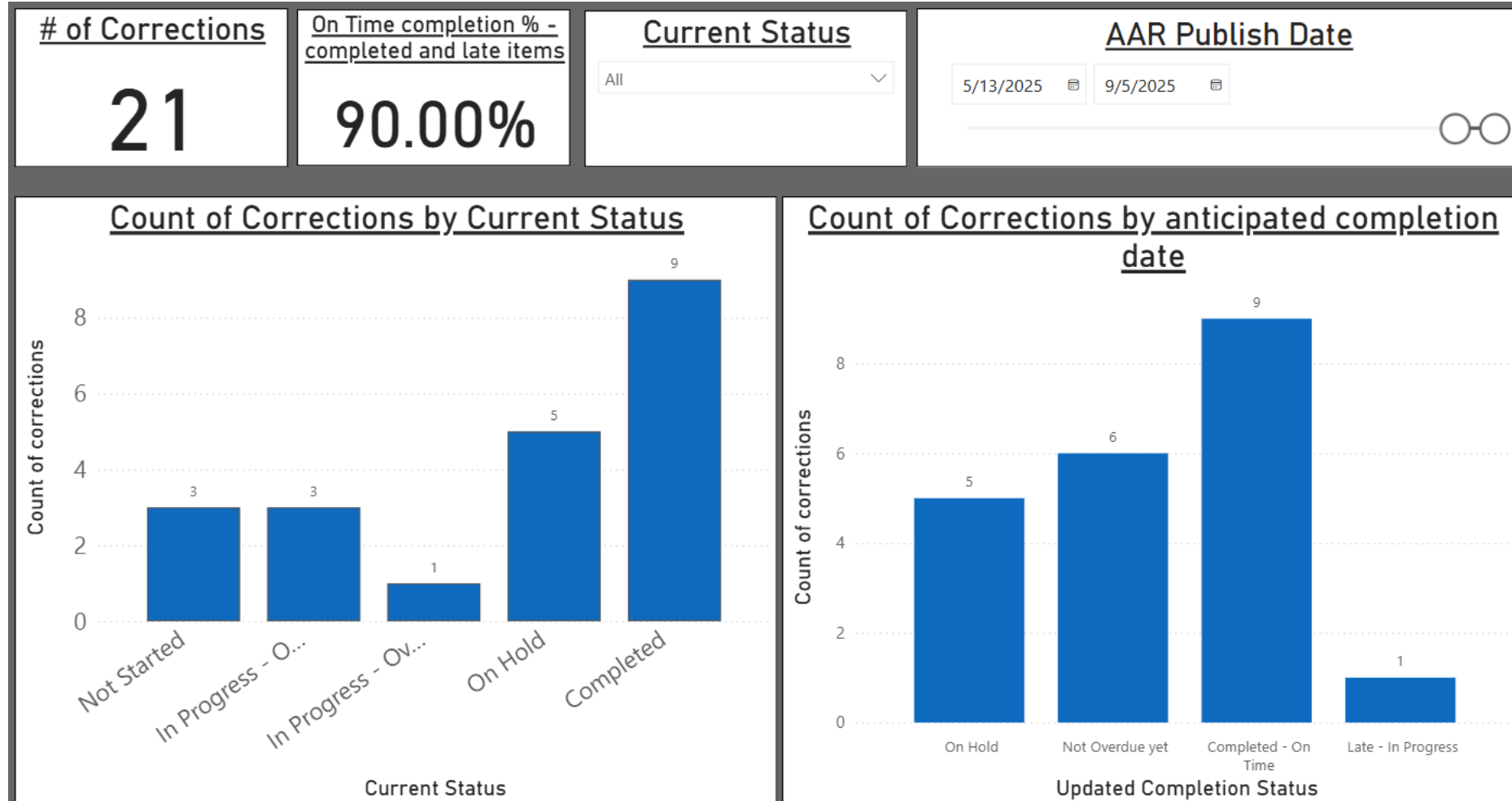
Tip – Leverage your IT personnel... but if all else fails, use CoPilot and/or search for Microsoft tutorials (see practical applications part of this slide deck)

Additional Tips



- Assigned person(s) are not expected to update tracker
 - Reply to email thread when action item is completed
 - EM team updates tracker (with status, completion date, and outcome)
- Our EM inbox is also copied on all reminder emails for ongoing visibility (and to perform necessary follow-ups)
- Tracker can be private or open access (within your organization)
 - Private Lists are ideal if there's sensitive information or private health information (PHI)

BONUS: PowerBI Metrics Dashboard



Practical Tips to use M365 in Your EM Program

HCC Activations



- Create new Teams meeting link for each incident
- Ensure that private Teams access is up to date (audit at least 1x/year)
- Upload resources into a virtual Quick Start folder
- Adapt HICS forms into Word documents
- Leverage “live” documents feature for real-time collaboration

HCC Dashboard



- Create basic Form to capture department status reports
 - Branching logic will make it easier for end-user (targeted questions to answer)
 - Combine responses (if it's the same question being asked in multiple branches)
 - Resource: [Form Duplication Link \(Children's Hospital Los Angeles\)](#)
- Identify a tech-savvy SME (or use Microsoft tutorials) to build the “back-end” connections between your Form, List, and SharePoint Page
 - PowerAutomate and CoPilot can also help to generate the List
 - Resource: [Connecting Forms to Lists](#)
 - Resources: [Creating Filtered Lists](#) and [Creating Useful List Views](#)
 - Resource: [Designing SharePoint Pages](#)

Automated Emails



- Build your tracker (List) just like you would create a spreadsheet
- Identify a tech-savvy SME (or use Microsoft tutorials) to build the “back-end” connections between your List and PowerAutomate
 - CoPilot can also help to create PowerAutomate flows
 - Resource: [Create a Cloud Flow from a Description](#)
 - Resource: [Create a Cloud Flow with CoPilot](#)
- Define process for documenting action item completion

Congratulations!



Image Source: CoPilot

Questions?

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Thank You

Thank you for participating in today's webinar.

An online evaluation will be sent to you shortly.

For education questions, contact education@calhospital.org.