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Regional Emergency Planning for Healthcare Facilities: Initiating the Regional Planning Process

PURPOSE

This Best Practice discusses the processes necessary for initiating emergency planning among hospitals and healthcare facilities in a region.

SUMMARY

This Best Practice examines three critical issues for conducting regional emergency planning among healthcare facilities: organizing the planning process, conducting a regional hazard vulnerability analysis (HVA), and using the Incident Management System (IMS). These issues provide the basis for developing more integrated regional healthcare facility emergency planning efforts. Regions may approach these topics and others differently due to their unique circumstances or conditions.

DESCRIPTION

Organizing the Planning Process

Beginning the Planning Process

The regional emergency planning process can be initiated by various entities or officials. One motivated individual is often the driving force behind establishing regional planning efforts. This person may be an emergency manager from a healthcare facility, state or local government official, physician, nurse, or some other individual who recognizes the need for regional coordination and understands how to bring the necessary stakeholders together. Some regions have started by bringing together a core group of stakeholder healthcare facilities to discuss basic issues and approaches. This has built an important momentum for regional planning among healthcare facilities.

Regional emergency planning among healthcare facilities may be prompted by federal grants, the accreditation standards of professional associations, or some other factor. The Health Resources and Services Association's (HRSA) Bioterrorism Hospital Preparedness Program grants are intended to facilitate state and regional planning to improve preparedness for biological terrorism. Some regions have used their Metropolitan Medical Response System (MMRS) or Centers for Disease Control and Prevention (CDC) grants to spur emergency planning among their healthcare facilities.

Standards issued by professional associations like the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and the National Fire Protection Association (NFPA) have promoted regional planning. For example, JCAHO Environment of Care standards call for "processes for cooperative planning among hospitals that provide services to a contiguous geographic area…to facilitate the timely sharing of information."

Whom to Include in the Planning Process

Healthcare facilities will comprise the core group of stakeholders in the planning process. Representatives from the following types of healthcare organizations should be invited to participate:

- Acute Care Facilities
- Trauma Centers
- Ambulatory Care Facilities
- Psychiatric Care Facilities
- Outpatient Clinics and Surgical Facilities
- Licensed Independent Practitioners
- Others, such as Department of Veterans Affairs hospitals, as required

The planning process should also include representatives from the region's various emergency response agencies. While healthcare facilities will be the core group developing the system to coordinate emergency operations, it is important to include other agencies and organizations in the region to provide input and feedback. This will help build relationships between healthcare facilities and the local response community as well as promote coordination and integration of regional plans. The planning process should include the following agencies from local, regional, state and federal governments:

- Emergency Management
- Emergency Medical Services (EMS)
- Fire
- Law Enforcement
- Local Emergency Planning Council (LEPC)
- Local homeland security offices
- Military
- Public health
- Others, such as academic institutions, as required

Conducting a Regional Hazard Vulnerability Analysis

An important initial step in regional planning is conducting an analysis of the hazards confronting the region and its healthcare facilities. A coordinated, community-wide HVA can be a valuable tool for identifying vulnerabilities and determining what gaps exist in a region's healthcare facilities' preparedness. Regional HVAs can provide a guide for prioritizing coordination efforts.

There are a number of tools available to aid in the development of a regional HVA for healthcare facilities. First, JCAHO accreditation requires individual healthcare facilities to conduct an HVA unique to their specific circumstances. Regions can use any available individual facilities' HVAs as a starting point for conducting an HVA of all the region's healthcare facilities.

Second, other regional hazard, risk, and vulnerability analyses can provide a basis for a regional HVA for healthcare facilities. These can include:

- A general, region-wide HVA;
- Hazard analyses conducted by an emergency management agency, LEPC, public safety, or other entity; or
- Risk assessments conducted as part of a needs analysis for a HRSA grant.

Planners should be cognizant of these analyses' strengths, weaknesses, and limitations when using them in regional healthcare facility emergency processes.

For more information on HVAs, see the Lessons Learned Information Sharing Best Practices: *Emergency Management Programs for Healthcare Facilities: Hazard Vulnerability Analysis*.

Using the IMS and Unified Command

Regional healthcare facility emergency planning can be advanced if each healthcare facility conducts emergency operations using a system that is compatible with the IMS. Such a system will allow facilities in the region to coordinate operations under unified command using a common management structure, responsibilities, reporting channels, and terminology. This will help coordinate a region's medical operations, as well as integrate medical operations within the overall regional response structure. The IMS mirrors the Incident Command System; thus, adopting the IMS should not present major obstacles for most healthcare facilities.

Regions may find it advantageous to institutionalize the role of a regional coordinator, which would be distinct from each facility's Incident Manager. This position manages the coordination of participating healthcare facilities. The coordinator should not take a *command* role since many healthcare facilities are private entities. For more information on the IMS, please see the Lessons Learned Information Sharing Best Practice: *Emergency Management Programs for Healthcare Facilities: The Incident Management System*.

The Medical and Health Incident Management System (MaHIM) is a variation of the IMS intended for the regional coordination of healthcare facilities. MaHIM emphasizes a systems approach to incident management. It is the product of Drs. Joseph Barbera and Anthony Macintyre of the George Washington University. Copies of MaHIM may be requested at http://www.gwu.edu/~icdrm/.

Funding a Regional Initiative

Regional planning initiatives for healthcare facilities may be eligible to receive funding from several Federal sources, including the HRSA Bioterrorism Preparedness Program, the MMRS Program, and the CDC grants.

Some regions have received dual-use funding to help build their preparedness projects. Many of these healthcare facilities have worked with EMS and emergency management personnel to secure funding for equipment from the Department of Justice and the Department of Homeland Security.

Federal funding information can be found at the following websites:

- CDC Grants: http://www.cdc.gov/od/pgo/funding/grantmain.htm
- Department of Homeland Security, Office for Domestic Preparedness: http://www.ojp.usdoj.gov/odp/
- HRSA: http://www.hrsa.gov/bioterrorism.htm
- MMRS: https://www.mmrs.fema.gov/

RESOURCES

Standards

JCAHO Environment of Care

- EC.4.10.1: "The hospital conducts a hazard vulnerability analysis to identify potential emergencies that could affect the need for its services or its ability to provide those services."
- EC.4.10.2. "The hospital establishes the following with the community:
  - "Priorities among the potential emergencies identified in the hazard vulnerability analysis.
  - "The hospital's role in relation to a communitywide emergency management program.
  - "An 'all hazards' command structure within the hospital that links with the community's command structure."
- EC.4.10.8. "The plan provides processes for notifying external authorities of emergencies, including possible community emergencies identified by the hospital (for example, evidence of a possible bioterrorist attack)."
- EC.4.10.9. "The plan provides processes for identifying and assigning staff to cover all essential staff functions under emergency conditions."
- EC.4.10.15. "The plan provides processes for cooperative planning among hospitals that together provide services to a contiguous geographic area (for example, among hospitals serving a town or borough) to facilitate the timely sharing of information about the following:
  - "Essential elements of their command structures and control centers for emergency response.
  - "Names and roles of individuals in their command structures and command center telephone numbers.
  - "Resources and assets that could potentially be shared in an emergency response.
  - "Names of patients and deceased individuals brought to their hospitals to facilitate identifying and locating victims of the emergency."
- EC.4.10.19. "The plan identifies alternate roles and responsibilities of staff during emergencies, including to whom they report in the hospital's command structure and, when activated, in the community's command structure."

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- 12.2.3.2. "The emergency management committee shall model the emergency management plan on the incident command system (ICS) in coordination with local emergency response agencies."
- 12.3.3.5. "Logistics. Contingency planning for disasters shall include as a minimum stockpiling or ensuring immediate or at least uninterrupted access to critical materials such as the following:

  "1) Pharmaceuticals
  "2) Medical supplies
  "3) Food supplies
  "4) Linen supplies
  "5) Industrial and potable (drinking) waters"

References

- American Hospital Association, *Model Hospital Mutual Aid Memorandum of Understanding* (Washington, DC, American Healthcare facility Association, 2001). (*LLIS.gov* ID# 6561)
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- Central Arkansas Metropolitan Medical Response System Disaster Management Compact (*LLIS.gov* ID# 9685)
- District of Columbia Hospital Association, "Mutual Aid Memorandum of Understanding," September 27, 2001. (*LLIS.gov* ID# 9666)
- Greater New York Hospital Association website: (www.gnyha.org)
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- Texas Department of Health and Texas Institute for Health Policy Research, *Disaster Preparedness and Response in Texas Hospitals: Hospital Emergency Preparedness Planning, Bioterrorism Preparedness and Response (Part 1)*, March 24, 2003.
- United States General Accounting Office, *Hospital Preparedness: Most Urban Hospitals Have Emergency Plans but Lack Certain Capacities for Bioterrorism Response*, (Washington, DC, U.S. General Accounting Office, August 6, 2003). (*LLIS.gov* ID# 13529)