Emergency Management Agencies and Operations

- The Federal Emergency Management Agency (FEMA) is an agency of the United States Department of Homeland Security, initially created by Presidential Reorganization Plan No. 3 of 1978 and implemented by two Executive Orders on April 1, 1979.
- The National Incident Management System (NIMS) is a standardized approach to incident management developed by the Department of Homeland Security.
- Florida Emergency Preparedness Association (FEPA) was established in 1957 to help professional Emergency Managers work to protect the people of Florida in communities and industries across the state.
- American Health Care Association (AHCA)
- Florida Health Care Association (Long Term Care Providers and Preparedness)
What is Continuing Operations Planning?

- Cost Reduction; Lean and LEED Processes
  - Energy Efficiency Solutions and Advancement
- Operations and Operation Process Management
  - Efficiency & Advancement
  - Adequate Staff Growth or Reduction
- Productivity Flow and Patient Satisfaction
  - Employee Engagement
  - Employee Health Strengthening – Physical, Mental, Financial
  - Passionate Employees = Patient Satisfaction
  - Patient Satisfaction = Referrals, Positive Health Choice and Proactive vs Reactive
- Construction and Technology Growth and Expansion
  - BIM
  - Proprietary Technologies; ASE and LENS (JE Dunn)
  - LEED, Time and Money Saving Solutions
- EMR and EHR Adaption, Management and Flexibility, Recovery
  - Data Center Placement, Protection & Out-of-state Housing
- Efficiency – IN EVERYTHING
- Revenue Management and Revenue Generating Innovation
  - Reducing Readmissions, Outpatient Revenues and Strategy, Master Planning
  - Thinking outside of the box for future care planning and strategy

- Relief and recovery efforts pre and post event – natural and man made
- Initiate safety and response protocol regularly, within internal team for pre and post event. Role play.
- Basic and advanced medical response for most, if not all team members on staff
- Continued education; infectious/communicable disease, natural disaster response, response and delegation – hierarchy of command
- Physical security advancement within facility and on campus grounds
- Private patient rooms vs. curtains, sanitary/sterilization gear and process
- Technology protection, recovery – Physical and non (Medical Devices/EMR)
- Direct and continuous communication with response agencies, building code, environmental concerns and political changes in response efforts and funding.
- Property Safety and Repair – Facility and grounds protection, addressing civil environmental weaknesses and strengthening
- Stock and supply of necessities; water, basic medication, canned food
- Back up generators/utilities – Have several if possible, stored energy, water distillation tanks
When Do You Need Continuing Operations Planning Enforced?

- Pre and Post Disaster, Natural or Man-Made – Relief and Recovery
- Excess of Patients – At once or overtime
- Lack of Local, State or Federal Funding
- Reduction, or Need of Qualified Staff
- Lack of Supplies, Medication and Technology
- Costly Energy, Water and Related Utility Usage
- Population Growth
- Aging Population
- Geographic Disease Specific Increases – Specialty Services and Centers
- Outbreaks of Infectious Diseases, Airborne etc.

EMERGENCY MANAGEMENT & CONTINUING OPERATIONS PLANNING
Who Is Responsible?

The Incident Command System is a set of training processes and materials developed by FEMA.

It is modeled to ensure a timely, safe and cost effective outcome to an unexpected event relating to an environmental disaster, disease control/airborne infection communicability, or terror attack.

Do You Have An ICS Environment?

- The Incident Command System is a set of training processes and materials developed by FEMA.

- It is modeled to ensure a timely, safe and cost effective outcome to an unexpected event relating to an environmental disaster, disease control/airborne infection communicability, or terror attack.
Is Your Team and Your Facility Prepared?

The Incident Command System and protocol is **recommended** for local hospitals and healthcare providers and **suggested** by local and national emergency preparedness agencies and groups.

Although rare, these protocols are imperative for continuing operations planning and ensure safety against:

- HAZMAT Incidents
- Response to Environmental Hazards and Events
- Airborne and Communicable Infectious Control
- Terror or criminal attacks
- Fires

**INCIDENT COMMAND**

- PLANNING SECTION
- OPERATIONS SECTION
- LOGISTICS SECTION
- FINANCE & ADMIN SECTION

**No matter the size or complexity of an incident**, all should have a commander. The IC is responsible for all on-scene management for the entirety of the incident, or until command authority is transferred to another person who assumed the responsibility.
Are You The Incident Commander?

THE COMMAND FUNCTION

- Establishing IAP & Performing Command Activities
- Protecting Life and Property
- Controlling Personnel & Equipment Resources
- Maintaining Accountability for Responder & Public Safety
- Establish & Maintain Liaison w/ Outside Agencies
- Task Accomplishment & Review
Attributes of an Incident Commander

- Assertive
- Objective
- Calm
- A Quick Thinker
- Knowledgeable
- Leadership Skills
- Organized
- Bi-Lingual (a plus)

THE COMMAND TEAM

- INFORMATION OFFICER
- SAFETY OFFICER
- LIAISON OFFICER

Are You Ready?
THE COMMAND TEAM

Information Officer
Will handle all media inquiries and coordinate the release of information to the media with the Public Affairs Officer at the EOC (Emergency Operations Center).

Safety Officer
Will monitor safety conditions and develop measures for ensuring the safety of all assigned personnel.

Liaison Officer
Serves as the on-scene contact for other agencies assigned to the incident.

RESPONSE TEAM

Life Safety

Property Conservation

Incident Stability
THE PLANNING SECTION

- Collect
- Evaluate
- Use
- Derive IAP
- Delegate
- Command Right Hand

and disseminate the information about the incidents development and resource status.

Depending on event size, the Planning Section may construct the IAP vs. IC.

THE OPERATIONS SECTION

1. Responsible for carrying out the response activities described in the IAP.

2. Operations Chief coordinates the Operations Section activities and has primary responsibility for receiving and implementing the IAP.

3. Reports to the Incident Commander and determines the required resources and organizational structure within the Operations Section.
**Operations Section Chief’s Primary Responsibilities**

- **Direct and Coordinate ALL Operations**
- **Ensure Safety of All Operations Personnel**
- **Assist the IC in Developing Response Goals**
- **IMPLEMENT THE IAP**
- **Request or Release Resources through IC**
- **Keep IC Informed of Situation and Resources**

**THE LOGISTICS SECTION**

Geared to support the incident responders....

- **Responder Assistance**
- **Personnel**
- **Providing Facilities, Services & Materials**
THE LOGISTICS SECTION

For Example: Medical Units established by the Logistics Section provide care for incident responders, not civilian victims...

THE FINANCE & ADMINISTRATION SECTION

Critical for tracking incident costs and reimbursement accounting. **Not to be overlooked!** If not monitored and justified, reimbursements can be difficult or denied.

This section is imperative when the incident is of a magnitude that may result in a Presidential Declaration.
It’s Not a Science – It’s **Tried, Tested and True**

In Business…

In Industry…..

And by response agencies at all government levels…..

Your ICS Structure Should Include:

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management
“By failing to prepare, you are preparing to fail.”
- Benjamin Franklin

Defined.....

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Essential in an emergency management system and response protocol. Diverse groups or agencies in addition to first responders involved need to understand all terminology, acronyms and related verbiage that may have unique or slightly different meanings.
Defined…..

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Develops from the top-down organizational structure at ANY incident. “Top-Down”. The Incident Commander is put in place and appropriately and adequately activates other functions as needed.

In pursuit of building perfection®

Defined…..

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Approximately 95% of all incidents – the organizational structure include one command and single resources; 1 fire truck, 1 ambulance, 1 tow truck and so on…

Other layers are activated when warranted and are dependent on incident intricacy and size.

In pursuit of building perfection®
Defined.....

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

A system that uses a common communication plan, standard operating procedures, clear text, common frequencies and common terminology.

Defined.....

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

When each and every person within the organization reports to only one designated person.
Defined…..

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Allows all agencies with responsibility for the incident, either geographic or functional, to manage an incident by establishing a common set of incident objectives, strategies and recovery goals.

Overall Objectives
Planning Jointly
Maximizing Use of Resources
Continuous Communication

ONE Operations Section Chief
ONE Incident Command Plan
Defined…..

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Is defined as the number of individuals one supervisor can manage effectively. "In ICS, the span of control for any supervisor falls within a large range of three to seven resources, with five being the optimum." IC should reexamine the organizational structure should these numbers change.

Defined…..

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Include:
- ICP
- A place where IC, Command and General staff can oversee all incident operations
- Incident that are geographically disbursed, may require additional facilities, w/ larger resources, or highly specialized resources
Defined.....

- Common Terminology
- A Modular Organization
- Integrated Communication
- Unity of Command
- A Unified Command Structure
- Consolidated IAPs
- A Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Defined...

- Maximizes resource use
- Consolidates control of single resources
- Reduces the communications load
- Provides accountability
- Ensures personnel safety

All resources are assigned to a status condition:

- **Assigned** resources are performing active functions
- **Available** resources are ready for assignment
- **Out-of-service** resources are not ready for assigned or available status

Safety & Security Continuing Operations Planning
Is Your Environment **Safe** For Patients – and For You?

- Front desk area panic buttons
- Security cameras throughout facility and property
- Security guards and staff constantly reviewing recordings, guarding property and armed.
- Up to date hurricane code windows and doorways, steel
- Bullet proof glass and windows
- Metal detectors at entry ways
- Safety protocol for EVERY visitor
- Background checks for each and every employee, top to bottom
- Immediate background check/facial recognition software for suspicious individuals??
- Determine any and all gun owner or criminal activity employees
- Continuous drug testing for employees and vendors

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Is Your Team and Your Facility Prepared & Safe?

- Incident Command Plan – Emergency Action Plan
- Incident Commander – Hospital Representative
- Quarantine and Isolation Protocol and Process – Designated Areas
- Infectious, Pest or Similar Eradication Methods
- Hurricane, Storm and Flood Protection, Material and Process
- Effective, Initiative Taking, Communicative, Hard Working - Team
- Facilities and Resources Prepared for Response and Recovery
Construction Safety Tips and “Must Have” Items

- Every construction site should have an (AED) Automated External Defibrillator. Whether or not the site is near a hospital or medical facility, it is important to have one near the workers, and one that is easily accessible. People should be trained how to use it so it’s not just a wall fixture.

- Several people should have current CPR/First Aid training. Foremen, Superintendents, PM’s, Marketing.

- Every job should have an (EAP) Emergency Action Plan specific to that project. It should include responses to natural disasters such as storms, tornadoes, hurricanes and earthquake, as well as fires, chemical spills, hostile intruders/shooters, bomb threats. If there’s a tower crane, possible crane collapse response and protocol. The plan should outline what people are supposed to do, should any of these scenarios occur. Who do they call, where do they meet, who do they check in with, etc.

- The EAP should also include instructions to dispatch jobsite personnel to various street corners around project to guide emergency vehicles into the jobsite when they arrive.

- The plan should include contact numbers for all key players including non-emergency numbers for Fire, Police, as well as 911 notifications. Contact information for Utility companies should also be included in case power needs to be shut down.

- The plan should also include the name, location, hours of operation and phone numbers for medical care both at a local Occupational med clinic (for lighter injuries) and a 24 hour hospital for more complex or harmful situations.
Maps of the jobsite should be part of the packet identifying the “mustering” locations so it is clear where people are expected to go when faced with an emergency.

There should also be a plan for addressing the media (Liaison or Public Information Officer). If it’s a serious accident, the media will arrive on site and your team must be ready to correspond. This should all be laid out in advance with some sort of script for onsite personnel in case they have to deal with media before management gets to the site. The people who will be responding to the media should be identified in the EAP/IAP along with their contact information.

The plan should be practiced a couple of times a year. Workers come and go. To ensure the plan’s efficiency and success, it needs to be tested regularly. Mock drills will work the kinks out and allow the workers to remember what to do in an emergency scenario.

The plan needs to be reviewed and updated periodically and whenever jobsite conditions change. The plan should be updated to account for any needed changes due to changing conditions on the jobsite.

Additionally, photos and or video should be taken of any major parts of the project/facilities to allow for comparison of the condition after an emergency does occur.

- For example, if a hurricane is coming - video should be taken of the jobsite before hand and then again as soon as people are allowed back, after the event is over. This provides a verifiable comparison for insurance purposes. Same thing for a fire. If photos and or video of the progress has been documented along the way, it is much easier for those companies that have to respond to the aftermath when they have something to compare (Before and After Documentation).

Let’s Talk About the Numbers…
FEMA – The Good, The Bad and The Ugly

- The great bulk of FEMA spending is for natural disasters.
- **FEMA provides ongoing aid to the states for emergency preparedness**, and it operates the National Flood Insurance Program.
- **FEMA employees are generally not first responders. Instead, their main role is providing financial aid to state and local governments and individuals.**
- **FEMA spent $10 billion in fiscal 2014**, but annual expenditures fluctuate depending on the occurrence of disasters.\(^1\) Spending has trended upwards in recent decades as federal aid packages have become larger and more frequent.
- Annual average spending was $0.7 billion in the 1980s, $2.8 billion in the 1990s, $13 billion in the 2000s, and $13 billion so far in the 2010s

\(^1\) *Budget of the U.S. Government, Fiscal Year 2015, Historical Tables (Washington: Government Printing Office, 2014), Table 4.1. Updated to the final 2014 figure.*

“HHS announced it was funding $840 million for two grant programs designed to improve disaster readiness in the nation's public health departments and hospitals, **a $76 million cut from the $916 million the agency allocated in 2013, and a $131 million reduction from 2012.**”
“HHS Hospital Preparedness Program (HPP) saw its grant-award funding drop by 31.2%, from $332 million in 2013 to $228.5 million for 2014.....

Meanwhile, the Public Health Emergency Preparedness cooperative, a program run by the Centers for Disease Control and Prevention that funds state and local public health departments to support their response to public-health threats, received a funding increase, from $584 million in 2013 to $611.7 million for 2014.”

So, the funds are being taken from the local providers, and are being given to national efforts. Do we view this as a positive or negative?
Dr. Nicole Lurie, HHS assistant secretary for preparedness and response said in a news release...

“Community and state preparedness is essential to the health security of all Americans. Events in the last few years have demonstrated how critical it is for health systems across the country to be ready and able to respond quickly and effectively.”

- The Hospital Preparedness Program funding cut marks the next, in a series of reductions for the program over the last several years...

- AHA reports that HPP funding, which supports the building of community healthcare coalitions to collaborate on emergency planning during a disaster...... has declined by more than 50% since 2003 when it was funded at around $515 million.
In an AHA paper released last April, the association requested that the Obama administration increase its proposed FY 2015 budget appropriation for HPP from $255 million to $374.7 million. “The cuts symbolize erosion in financial support for disaster preparedness at a time when the need for these services is growing.”

Federal Insurance and Mitigation (FIMA)

- Mitigating disaster damage and insuring against potential flood damage are essential ingredients of ensuring that communities are resilient, sustainable, and healthy.
- By encouraging and supporting disaster mitigation efforts, FEMA leads the Nation in reducing the impact of disasters and helping to break the damage-rebuild-damage cycle in America’s most vulnerable communities.
- FIMA serves the lead role in strengthening communities’ resilience to disasters through risk analysis, risk reduction, and risk insurance.
- Hazard mitigation and floodplain management programs save money.
- Research has shown that every dollar invested in mitigation saves the Nation an average of $4.00.
- In FY 2011, FEMA helped thousands of communities and tens of thousands of individuals avoid the economic loss and human suffering associated with disaster damage through risk identification and analysis; sound floodplain management strategies; support for stronger building codes; grants to strengthen the built environment; affordable flood insurance; and responsible environmental planning and historic preservation.
FEMA’s Average Funding

- $6 Billion
- $6 Billion
- $6 Billion

- Disaster Relief: 7%
- Grants State/Local: 61%
- NFIP: 12%
- Other/Administrative: 20%

20% - 2.6 Billion, Shared

- *Western Drought – 2014:
  - Historic draught conditions affected the majority of California for the entire year, making it the worst drought on record for the state. Neighboring states and parts of Texas, Kansas and Oklahoma have all been affected.

- COST: $4 Billion

*National Climatic Data Center – National Oceanic and Atmospheric Administration. Billion-Dollar Weather and Climate Disasters
• *Rockies/Midwest Eastern Sever Weather. 5/18/2014 - 5/23/2014:
  - Severe storms across the Rockies, Midwest and Eastern states (CO, MT, IA, IL, IN, OH, SC, VA, PA, DE, NY) with the most costly damage in Colorado, Illinois and Pennsylvania.

  • COST: $4 Billion

  *National Climatic Data Center – National Oceanic and Atmospheric Administration. Billion-Dollar Weather and Climate Disasters

• *Rockies/Central Plains Sever Weather Storm. 6/3/2014-6/5/2014:
  - Severe storms across the Rockies and Central Plains states (NE, KS, WY, IA,AR). Wind gusts exceeded 90mph and baseball to softball sized hail caused severe damage to structures and vehicles in central and eastern Nebraska.

  • COST: $2 Billion

  *National Climatic Data Center – National Oceanic and Atmospheric Administration. Billion-Dollar Weather and Climate Disasters
20% - 2.6 Billion, Shared

- *Midwest/Plains/Northeast Tornadoes. 5/27/2013-5/31/2013:
  - Outbreak of tornadoes and severe weather over the Midwest, Plains and Northeast (OK, TX, KS, MO, IL, IN, NY) with 92 confirmed tornadoes including the deadly tornado that struck El Reno, OK. There was also significant damage resulting from hail and straight-line wind.

  • COST: $2 Billion
  • 10 fatalities

*National Climatic Data Center – National Oceanic and Atmospheric Administration. Billion-Dollar Weather and Climate Disasters

Will You Have The Money?

Who Has Internal Relief Funds Available?
Connect with your executives, primarily CEO, COO and CFO. Determine the capabilities your facility has or could have if focusing on ensuring a percentage of revenues are dedicated to internal relief funds for internal and community needs.

Where Can You Save Funds, Utilizing and Allocating Dollars for Future Emergency Use?
## Where Are The Wasted Dollars in Recovery?

- **Bad Communication** – Bad Leadership. If the Incident Commander or Leader of recovery is an ineffective communicator or manager, there will be mistakes and ultimately wasted funds, and there is always a potential of more casualties internal and external, with a lack of or bad communication.

- **Excess Supplies** – It’s ideal to be stocked with certain supplies to enable the recovery process to move smoothly, but often efforts are in excess. Assess the hospitals capacity of the staff and patients size on site regularly. Adequately prepare for an internal response and recovery process. Incidents incorporating the public need are harder to estimate, but based on your neighboring hospitals and population/distance, you are more likely to appropriately estimate the public safety need – to a point.

- **Untrained Staff** – are your staff members educated on emergency response? From nurses to safety managers, all should know how to respond in an emergency and who plays what role, at every given moment.

## Where Are The Wasted Dollars – Throughout the Year?

- **Inefficient Processes:**
  - Duplicate work: Rework due to mistakes/communication hiccups, Reporting, Double Delegation
  - Paper vs. Technology: EMR/EHR, Schedules, Discharge Paperwork
  - Non-Utilized Talent: Fear of over-working those you manage, not understanding team's knowledge base. “Medical staff members perform duties below their credentials.” (Becker Hospital Review)
  - Reporting: Print and E-Version, Is the information being reviewed to implement better processes
  - Outdated Technology & Real Rate of Usage. Some devices are used half as much as you think. Encourage your operations lead to study the usage and be rid of the excess.

- **Excess:**
  - Excess and unnecessary man hours and power
  - Medical Technology, Medication, Supply Stocking; Office Supplies (Caterpillar, 250k Savings on Staplers), Medical Supplies – Ensuring proper stock without excess
  - Utility usage and water (Outdated technology)
Where Are The Wasted Dollars

Should medical facilities and hospitals be ASSETS for the health system?

The Push from IP to OP Model

- Reduce the cost of care while maintaining quality
- Lower cost environments; post acute, ambulatory and outpatient
- Major system strategy for sustainability and growth
- Clinical path and efficiency – Beginning to End, the life of a patient
- Lean Management
- Volume to Value movement/ACO
- Self Pay: IP vs. OP, hope vs. cash
- Cash Services vs. Insurance/Deductible
- Design and grow with lean and flexibility in mind
- KPI (Key Performance Indicators)
Energy Efficient Savings Solutions

Retro-Commissioning & Commissioning on Current and Future Infrastructure:
Ensuring the facilities deliver, if not exceed, the performance and energy savings promised by their design.

- Median cost to deliver commissioning was $0.30/sq. ft. on existing buildings and $1.16/sq. ft. for new construction. (or 0.4% of overall construction cost)
- 10,000 energy-related problems found for those in the study produced by Lawrence Berkeley National Laboratory – 643 buildings, throughout 26 states
- 16% median whole-building energy savings in existing buildings, 13% in new construction. Payback time of 1.1 years and 4.2 years
- Energy savings projected to be $30Billion+ by 2030
Positive Patient Outcomes = Earnings

Stronger Earnings = Internal Funding for EM

Love Thy Neighbor
• 10-15 Major Hospitals and Urgent Care Hospitals within a 30 mile radius
• Another 30 facilities with beds and physicians on staff

Have a Community Emergency Plan

- Decide, Delegate & Prepare
- Connect & Review
- Implement
Self-Help: Bettering the Environment for Those Around You, By Bettering Yourself

- Punctuality: Everyone’s time costs money, including yours – Don’t waste it
- Does Your Teaching Actually Get Absorbed? *(Learn how others are receptive to better your goals as a team)*
- Stress Can Be Avoided – And Everyone Benefits
- Respect For Others
- Be Pleasant: For Your Patients, Your Staff and Yourself
- How Can You Do Your Job Better? in turn, managing more efficiently

Input, Output & Process Management

- Internal & External Satisfaction
- Growth
- Productivity Increase/Cost Reduction
- Process Review & Employee Engagement
- Do Better, Be Better
Team is Everything; Hire/Fire Accordingly

CULTURE & ORGANIZATION GOALS

Leadership

Progression

Team

Input

Engagement

The Future of Healthcare & SEMS: Planning Ahead

Flexibility and Adaption
- Continuous Education for Staff; Public Health, Political EP Changes, Building Code
- EHR/EMR Changes and Preparedness, Back Up System
- Excessive Patient Growth (Florida Population & )
- Construction Readiness, Emergency Vendors & Response Teams on Call/Supplies
- Energy Efficient Solutions. Pre & Post Emergencies and Ongoing
- Innovative & Progressive, Out-of-The Box Thinking
- Commissioning

Funding and Asset Allocation
- Development vs. Ownership of Facilities
- Fundraising for specific needs vs. broad (Emergency Preparedness)
“Far and away the best prize that life has to offer is the chance to work hard at work worth doing.”

–Theodore Roosevelt