Healthcare Emergency Management

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Principles of Emergency Management

Mission: Mitigate, prepare, respond, recover

JCAHO: Six categories of evaluation

- *Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utility Management
- Clinical Activities

Committee Membership

- Pharmacy
- Trauma- P
- Materials
- Laboratory
- Human Resources
- * ED- P
- Respiratory and Home Infusion
- Public Affairs

- Environmental Services
- Nursing
- Internal Comm
- Engineering
- Safety
- Security
- Ambulatory
- Physician Practices

Drills/Exercises/Real Events _____2012 to Date

Drills/Exercises

- Evacuation of:
- -Hospital
- -ED
- -NICU
- -ORs
- -MRI
- Abduction Drills
- -Infant
- -Pediatric Abduction Drill

- * MDU
- Active Shooter
- * Ebola

Actual Events

- -Severe Weather
- -Potential measles cases
- -ED barricade
- -ED drive by

Personal principles

- Take care of yourself
- Take care of others

Stabilize the situation

Hospital Preparedness

- All hazards approach
- Community responsibility
- Handling mass casualty incidents is what we are in business to do
- Regulatory responsibility
 - Joint Commission
 - Department of Public Health
 - Center for Medicare and Medicaid services

Hazard Vulnerability Analysis(HVA)

- Performed at least annually
- Basis for specific planning-top 3-5
- Required by regulatory agencies
- Must be coordinated with local communities

HVA

EVENT Likel W 0 = CORE	OBABILIT Y	SEVERI I	HUMAN TY = (MAGN MITIGATION PROPERTY IMPACT Physical	RELATED E	PREPARED- NESS Preplanning 0 = N/A	INTERNAL RESPONSE Time, effectivness, resouces 0 = N/A 1 = High	EXTERNAL RESPONSE Community/ Mutual Aid staff and supplies	RISK Relative threat*		
EVENT Likel W 0 = CORE	Y elihood this will occur = N/A 1 = Low 2 = loderate 3 = High	HUMAN IMPACT Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	MITIGATION PROPERTY IMPACT Physical losses and damages 0 = N/A 1 = Low 2 = Moderate	BUSINESS IMPACT Interuption of services 0 = N/A	NESS Preplanning 0 = N/A 1 = High 2 =	RESPONSE Time, effectivness, resouces 0 = N/A	RESPONSE Community/ Mutual Aid staff and			
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	2	3			Moderate 3 = Low or none	2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%		
Mass Casualty Incident (trauma)			0	3	1	1	2	37%		
Mass Casualty Incident (medical/infectiou s)	2	3	0	3	2	1	2	41%		
Terrorism, Biological	1	3	0	3	2	2	2	22%		
VIP Situation	2	1	0	1	1	1	1	19%		
Infant Abduction	1	2	0	2	1	1	1	13%		
Hostage Situation	1	2	0	2	1	1	1	13%		
Civil Disturbance	1	2	1	2	1	2	2	19%		
Labor Action	2	1	0	2	1	1	1	22%		
Forensic Admission	3	1	1	1	1	1	1	33%		
Bomb Threat	1	2	1	3	1	1	1	17%		
Surge	3	2	1	3	2	2	2	67%		
Work Place Violence	2	2	1	1	2	2	2	37%		
AVERAGE	1.45	1.82	0.27	2.00	1.09	1.09	1.27	27%		
Threat increases with ercentage.										
6	R	RISK = PR	OBABILITY >	* SEVERITY					_	
3	O	0.27	0.53	0.51						

Partners

- Local emergency management directors (EMD) includes hospitals
- Local first responders (Police, Fire, EMS)
- Local Public Health
- Regional, State and Federal responders
- (DPH, MEMA, VA, FBI, County Sheriff)
- Metropolitan Medical Response System
- Western Region Homeland Security Advisory Council

Continuous Improvement

- Every event has a 'hot wash'
- Every event develops a list of 'What can we do better'
- The results of the improvements become objectives for the next Table Top Exercise (TTX), drill or full scale exercise
- Always move quickly to improve
- Because......

Standing Plans

- Mass Casualty
- Hazardous Materials
- Weather Emergency
- Fire
- Infant Abduction
- Biological Event (Pandemic/ Ebola)

- Bomb threat
- Civil disturbance
- IT Interruption
- Utility Outage
- Radiation Event
- Evacuation
- Active Shooter

Emergency
Department
Barricade Situation

Baystate Medical Center

February 18, 2014

7: 50 PM

Challenges

- Loss of ambulatory entrance
- Discharged patients can't get to their cars
- Incoming ambulatory patients have nowhere to park
- EMS supervisor put us on diversion without telling anyone

Process Improvement

* Because.....

April 6, 2014
Emergency Department
2:30am

Lessons Learned from many <u>Events and Exercises</u>

- Addressing staff concern can = buy in
- Flexibility- it is a virtual world
- Mass Notification
- Build on what you know
- TTX is where the money is made
- Partnerships seal the deal
- The media will get it wrong so your communications have to be good
- Don't lose control of families

Lessons Learned

* Drill

- Drill- Table tops teach more
- Drill off hours, weekends and holidays
- Trust in your training- What you learn can be applied to a host of situations

Questions

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