How Kaiser Permanente Prepares for Emergencies

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Kaiser Permanente At-a-Glance

- Nation’s Largest not-for-profit Integrated Healthcare Delivery System
- $34B Revenue
- Would be ~ 60 on Fortune 500
- Labor Management Partnership with 33 Participating Unions
- 9 States and the District of Columbia
- 8.6 Million Members
- 37 Medical Centers
- 26 New or Expanded Hospitals Planned
Kaiser Permanente At-a-Glance (continued)

- > 431 Medical Offices
- > 13,000 Physicians
- > 156,000 Employees
- > 450,000 Surgeries
- > 85,000 Deliveries
- > 109 Million Prescriptions
- > 34.6 Million Doctor Office Visits
Internal Collaboration

Healthcare Continuity Management

Business Continuity Management
- Foundation Development
- Implementation
- Systematic Planning
- Risk Assessment

Threat Assessment Management
- EOC Management
- Threat Policy Development
- Integration
- Measured Response

Share Best Practices
Organizational Changes

Internal Collaboration + External Collaboration
= Community Readiness

“Facilitate and broaden communications between government agencies and health plan providers, policy professionals, CEO’s, and communication professionals”
-D.A. Henderson, MD, MPH
Why Do Business Continuity?

- Right thing to do for our members, communities and staff
- Ensures compliance with our ever increasing regulatory requirements
- Adverse Audit findings
- Enhances our ability to avoid:
  - Member service interruption
  - Financial losses
  - Regulatory fines
  - Damage to equipment
- Increasing demand from our commercial customers for comprehensive Business Continuity Plans

National BCM Policy

Policy Title: National Business Continuity Management
Policy Number: HCM 001
Effective Date: November 1, 2006

3.0 Policy Statement
The purpose of this policy is to specify the minimum business continuity actions to be taken when it becomes necessary to defer the planned operation of critical functions and to mitigate the impact that a service interruption may have on customers and members.

2.0 Purpose
Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and their subsidiaries (collectively, "KPH") administer an integrated program to identify and prioritize critical operations and the facility threats to these functions. The program in HIPAA and NAGC compliant and incorporates emergency management and response, business continuity and disaster recovery planning at all facilities, including medical centers, national data centers, pharmacy operations and ancillary services.

3.0 Scope/Coverage
This policy applies to all members of the KPH workforce in Kaiser Foundation Health Plans, Kaiser Foundation Hospitals, the Permanente Medical Groups of the Permanente Federation, and their subsidiaries.

4.0 Definitions
BCM - Acronym for "Business Continuity Management."
BIA - Acronym for "Business Impact Analysis."
HIPAA - Acronym for "Health Insurance Portability and Accountability Act."
NIMS - Acronym for "National Incident Management System."

5.0 Provisions
5.1 Key regions, service areas, and all other locations are responsible for identifying critical business functions by performing a BIA and then developing and routinely validating a written BCP for these functions. The BCP should address the actions necessary to sufficiently recover each critical function, work area, and technical infrastructure / platform.
5.2 All Kaiser Permanente locations shall adhere to the standard entitled "Kaiser Permanente Business Continuity Planning Methodology" developed by the National BCM Department, and approved by the Kaiser Permanente BCM Governance Council. The standard addresses concepts, methodology, and guidance and includes tools designed to facilitate the development and implementation of a BCP.
BCM Program Design

- **Steps 1 – 6: BCM Project**
  - 1-time project
  - Initiate BCM at all sites
  - Enhance crisis management
  - Develop BC plans by Dept.
  - Conduct initial BC plan tests

- **Step 7: BCM Program**
  - On-going Departmental process
  - Annually repeat Steps 1 – 6
  - Link to Change Control
  - Evolve BCM competency
  - Improve state-of-preparedness
BCM Program Design

Walnut Creek
Adult Medicine
Department Recovery Plan

Department
Recovery Time Objective
< 3 Days

Quick Guide to Recover Critical Operations

1. Event occurs and EOC activates Emergency Response Plan, if necessary
2. EOC assesses the situation and determine if recovery is necessary?
3. Department authorized by EOC to invoke Recovery Plan, if appropriate
4. EOC and Department review Recovery Strategies
5. Department implements Recovery Plan
Integrating New Threats into Business Continuity

Threat Assessment Update
Workgroups

- Comprised of key stakeholders from all disciplines from throughout the organization
- Membership includes local, regional and executive levels
- Commitment ranges from “as needed” to full engagement, depending on the event
- Typical involvement is 1-4 hours/quarter
Oversight

Executive Oversight Group

- Clinical Workgroup
- Community Linkages Workgroup
- Legal Workgroup
- Public Policy Workgroup

- Communication & Education Workgroup
- Facilities Workgroup
- People Workgroup
- Supply Chain Workgroup
Ongoing Risk Mitigation

Healthcare Risks

- Smallpox
- Anthrax
- Pandemic Influenza
- West Nile Virus
- Team Deployment

Work Group Activity

- Clinical
- Facilities
- Community Linkages
- Legal
- People/HR
- Communication & Education
- Supply Chain
- Public Policy

Risk Mitigation Tools

- Smallpox Vaccination Policy and Tools
- Bioterrorism Response Plan
- Anthrax Policy and Tools
- SARS Resource Toolbox
- Manager’s Toolbox
- Pandemic Influenza
Focused Responses

- September 11 and Anthrax attacks 2001
- National Smallpox Vaccination Program
- Sudden Acute Respiratory Syndrome (SARS)
- West Nile Virus
- Northeast Power Outage
- West Nile Virus
- Pandemic Influenza Guidelines
- Federal, State, Local Grant Processes
- Southeast Asia Tsunami
- Katrina/Rita
Focused Response
Southern California Shelter Operations

- On site operations included medical and support staff

- **The Dream Center**
  - Supported by KP Los Angeles Medical Center
  - Treated 47 evacuees during 4 days of operation at the shelter site

- **The Salvation Army**
  - Supported by KP Bellflower Medical Center
  - Saw 28 patients over three weeks of on-site operations

- **Local Assistance Centers**
  - Supported by KP Riverside Medical Center

- Continue to see patients at the medical center and medical office buildings
Kaiser Permanente Projects

- Kaiser Programwide Emergency Management Exercise
- Pandemic Influenza Planning
- HICS IV Project
- Internal Disaster Readiness website
Progressive trainings and exercises are an integral component of KP’s disaster planning and emergency management program.

– Programwide exercise is conducted annually in conjunction with State of CA Medical/Health exercise in November

– Exercise includes coordination of response efforts of Kaiser Permanente facilities with KP Regional Emergency Operations Centers (REOC) and government agencies
Pandemic Influenza Planning
“Running Start” Approach

Key Steps Taken for Pandemic Influenza Preparedness:

1. Developed public awareness education regarding respiratory and hand hygiene
2. Developed employee and provider education materials
3. Created educational tools & strategy for primary care & emergency services
4. Restricted neuraminidase inhibitors (oseltamivir, zanamivir) more commonly known as Tamiflu and Relenza
5. Emphasized Infection Control practices and staffing
6. Identified staffing issues during epidemic/pandemic
7. Implementing critical product supply strategy
Hospital Incident Command System (HICS IV)

- **Project Team**
  - National Working Group (NWG)
    - 20-Hospital subject matter experts
  - *Ex-Officio* Members
    - AHA, JCAHO, DHS, DHHS, ASHE, NIC, EMI, HRSA
  - Secondary Review Group (SRG)
    - More than 70 subject matter experts from the healthcare community
- **Executive Group**
  - California EMS Authority and Contract Support Group
- **Contract Support Group**
  - ER One Institute at the Washington Hospital Center
  - Kaiser Permanente Healthcare Continuity Management

Released in 2006
HICS IV - Key Highlights

- All hazards approach
- Systems approach to managing an incident not an emergency management program
- Emphasizes preparedness efforts with community partners
- Scalable model ranging from large urban hospital to small rural healthcare facility
- NIMS compliance for hospitals
HICS IV- Key Highlights

- Incident Management team chart
  - Revised for consistency with NIMS
  - Addition of Task Forces and Strike Teams
- Update of the original Job Action Sheets
- Incident Action Planning Guide
- Revised forms consistent with NIMS/Standard ICS
- NIMS compliance for hospitals
HICS Foundation

- Joint venture between Kaiser Permanente and ER One Institute at the Washington Hospital Center

- The Foundation will:
  - Have an Advisory Board of National Work Group and Ex Officio members
  - Preserve the integrity of HEICS/HICS materials
  - Have an unique webpage: www.hicsfoundation.org
  - Post best practices
  - Provide training
  - Evolve the discipline of emergency management specifically for the healthcare industry
Internal Resources

Disaster Readiness Website
- Helping Employees Cope with War and Terrorism
- Managers Meeting Goals and Agenda - Word PDF
- Do's and Don’ts of Crisis Communication
- Art of Basic Facilitation
- Emergency Preparedness: Advice From Your Peers
- Department Managers' Emergency Preparedness and Response Checklist
- Emergency Phone List Template
- National Human Resources Policies - Disaster Related
“With the help of private companies, such as Kaiser Permanente, over 3,400 volunteers were processed and over 1,000 volunteers were deployed.”
Contact Information

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