# Pandemic: We Are Ready. Are You?

**National Emergency Management Summit**
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Michelle Boylan RN,MA,MBA

# Who We Are

- SCLHS was founded in 1858 by the Sisters of Charity of Leavenworth.
- SCLHS is made up of nine hospitals and four stand-alone clinics in California, Colorado, Kansas, and Montana, and is based in Lenexa, Kan.
- In 1972 the Sisters incorporated the Sisters of Charity of Leavenworth Health System, formerly known as the Sisters of Charity of Leavenworth Health Services Corporation.
- As part of the healing mission of the Catholic Church, SCLHS and its Affiliates witness to the Gospel of Jesus by striving to provide quality health care in a spirit of justice and charity.

# Where We Serve

# System Snapshot

- Staffed Beds: 2,133
- FTEs: 10,877
- Adjusted Admissions: 145,547
- Inpatient Surgeries: 30,035
- Outpatient Surgeries: 30,506
- Births: 13,290
- Four States, 9 Communities

# Mission

We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.

# Core Values

Response to Need  Stewardship
Wholeness  Excellence  Respect

# Vision

SCLHS will realize its Mission through the unyielding pursuit of clinical excellence, strategic growth,
and health care for all.

# Assumptions of National Strategy

- Emergency response will require substantial interaction of agencies beyond health departments
- Previous influenza vaccination will provide no protection
- Vaccines cannot be made until the new virus strain emerges
- Vaccines will not be available for several months after circulation
- First wave may pass before vaccine becomes available

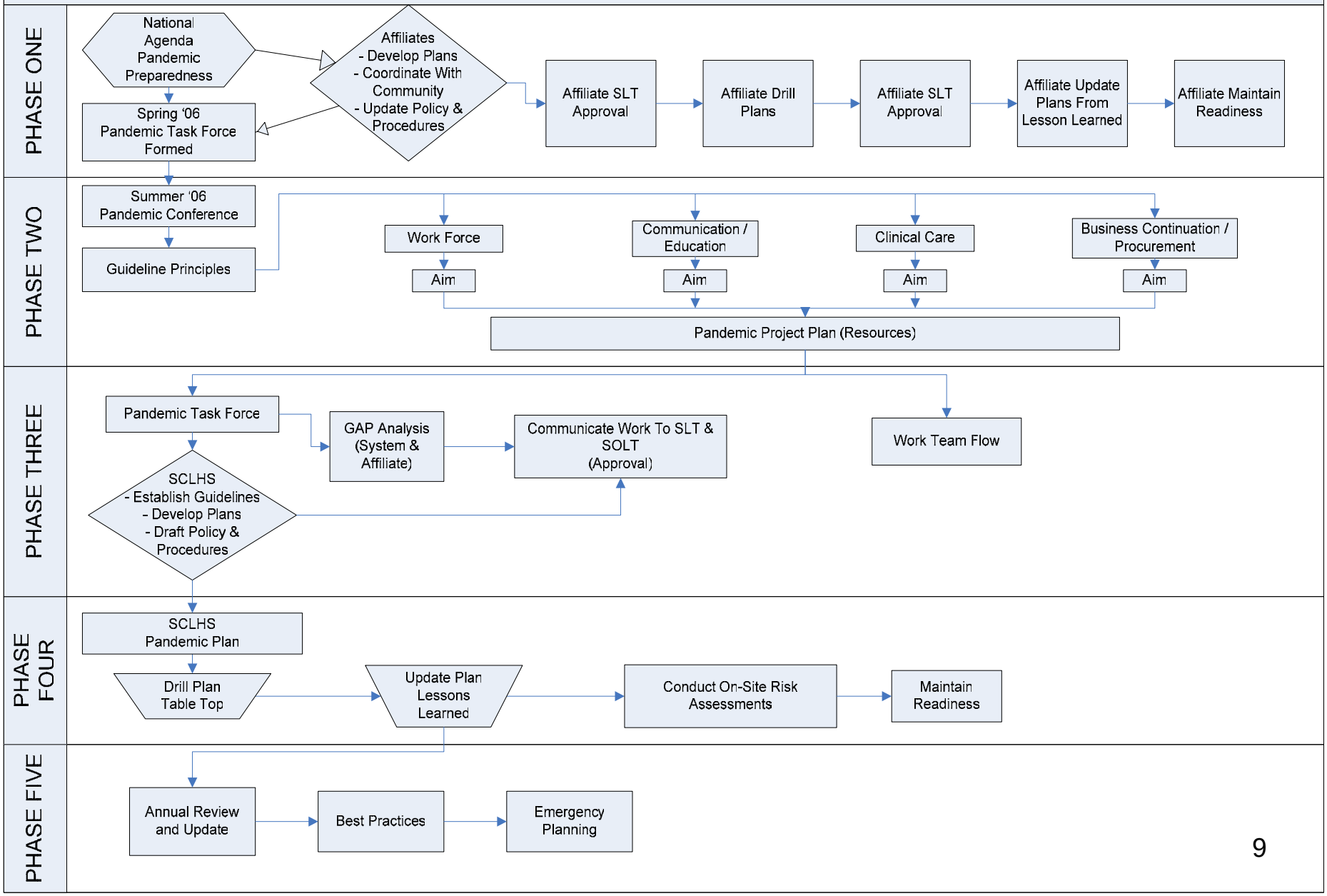
# Assumptions of National Strategy

- Vaccines and antivirals will be in short supply and will need to be allocated on a priority basis
- The Center for Disease Control and Prevention (CDC) will control vaccine supply
- Demand for services will exceed supply, and the response will require non-standard approaches.
- Attack rate will be 25-30% of population. 50% of those will seek outpatient medical care.

# Pandemic Preparedness Plan

- Purpose
  - Establish direction for future state of readiness and response
    - Framework
    - Methodology
    - Recommendations
- Preserve our ministry while responding to the needs of our communities
- Apply ethical decision-making processes in planning, communication and implementation

# SCLHS Pandemic Preparedness Work Flow



# Projected Task Force Work Flow

Pandemic Planning Task Force members are established

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Summer 06 Pandemic conference

Determine guiding principles and aims for Task Force

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Task Force & Affiliates communicate pandemic project

Approve pandemic aims

Establish work schedule/weekly conference calls

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Task Force and Affiliates conduct gap analysis

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# Projected Task Force Work Flow

Work products discussed/created

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Initiate design work

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Simulation/modeling

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Conduct risk assessment

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Work approved and communicated to SLT/SOLT

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# Projected Task Force Work Flow

Work communicated to Affiliate and System office

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Pandemic plan completed

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Affiliate staff and System Office begin pandemic preparations

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Pandemic drills-Process specific/Affiliate specific/ System wide

# Approach to Preparedness Planning

- Five phased approach
- Includes local and system level planning
- Started at both ends initially
- Integrated with community and state plans
- Some need for expert help
- Budget? what budget, just do it

# Phase One Planning

- Engage leadership
- Local Affiliate planning
  - State and federal planning tools
- Some integration with county and state activities
- Assessment of readiness/gaps and needs
- Some local drilling

# Phase Two Planning

- System level planning
- System planning task force/oversight committee
- Three day face to face kick off
- Educate, common understanding, standardize/centralize
- Multidisciplinary work groups
  - Workforce
  - Clinical care
  - Business continuation/procurement
  - Communication and education

# Phase Three Planning

- Consolidate work product from individual work groups, promulgate planning document
- Policy and procedure
- Implementation guidelines
- Procurement and storage of supplies
- Workforce education
  - Influenza vaccine, pneumococcal vaccine
  - Home prep kits and supplies

# Phase Four Plan

- Affiliate readiness reviews
- System *Incident Command Center*
- Table top drill plan
- Modify plan
- Live drills of selected plan elements

# Phase Five Plan

- Annual review
- Update plan based on best practices with approval of the group members
- Create additional task forces when necessary
- Continued emergency planning

# Team Strategies

- 4 teams established during August 2006 Pandemic Influenza Conference
  - Business Continuation/Procurement
    - Security subgroup
  - Work Force
  - Clinical Care
  - Communication/Education
- Multidisciplinary teams
- Bi-weekly or as needed conference calls

# Team Mission

The work of each of these groups
will compose the SCLHS Pandemic Preparedness Plan and ensure the sustainment and continuation
of our ministry.

# Team Objectives

- Establish guiding principles and goals for future state readiness that outline SCLHS System-wide responses to a pandemic emergency
- Develop recommendations for the coordination and optimization of SCLHS readiness plans
- Develop appropriate strategies to minimize disruption in our processes

# Team Objectives

- Develop a high level analysis of the potential impact of a pandemic on SCLHS with suggested risk assessment and risk mitigation strategies
- Ensure plans through a collaborative process that clearly defines System and Affiliate roles and responsibilities
- Ensure plan flexibility to account for unknown epidemiology of a pandemic and the needs of different stakeholders

# Team Objectives

- Apply ethical decision-making processes in all the planning, communicating and implementation of our work

- Develop an operational plan that is reviewed annually to ensure incorporation of new developments and best practices

# Clinical Care

- Prevention
  - Vaccination policies
  - Tami-flu distribution
- Patient care
  - Selected services suspended
  - Overflow / surge policies
  - Sequestration, monitoring, throughput
  - Mortuary services
  - ED and triage
- Hygiene policies

# Clinical Care

- Educational tools
  - Disaster kit distribution
    - Staff
    - Family members
    - Community
  - Importance of seasonal influenza vaccination
    - 100% employee vaccinations
    - Community education
- Vaccination Distribution
    - 1st Employees
    - 2nd Employee's Families
    - 3rd Community

# Clinical Care

- Potential staffing resources
  - Students
  - Retired nurses
  - Parish nurses
- Psychological impact (During and Post-Pandemic)
  - Staff
  - Patients
  - Family members
  - Pets
- Alteration in standard of care

# Clinical Care

- Isolation Guidelines
  - Patients
  - Employees
- Triage Guidelines
  - Location
  - Minimums
    - Equipment
    - Supplies
    - Staff
- Mask shortage
  - 1870 mask v. 1860 mask
  - Dust masks

# Business Continuation/Procurement

- Financial key components
  - Inventory/supply
  - FTE budget assumptions
  - Cash availability
  - Payment and collections
- Vendor Relations
- Maintaining funds & lines of credit

# Business Continuation/Procurement

- Model surge capacity (System-wide)
  - Assumptions
    - 25% attack rate
    - 8 week period
  - Estimated 5,269 cases
  - Estimated 1,045 deaths
- Insurance
  - Recoverable after event
  - Worker's compensation
  - Occupational health

# Business Continuation/Procurement

- Travel and commuting
- Medical, disability and life plans
- Security
- Equipment and supplies
- Portfolio review

# Communication

- Communication Plan with phased approach
  - Pre-pandemic outbreak
  - During pandemic
  - Post-pandemic

- Communication planning
  - Internal and external stake holders
  - Tools
  - Media relations materials
  - Bandwidth and redundancy

# Communication

- Standardized communication tools
  - Communication toolkits
  - Informational booklets, brochures, posters
  - F.A.Q.s, newsletters, articles
  - Website
- Educational communication
  - Workforce, medical staff, community
  - New policies and procedures
  - Equipment training
  - Alternative care givers

# Communication

- Messages targeted to key audiences
  - Employees
    - Statement of Commitment to Employees
    - Statement of Employee Obligations and Responsibilities
  - Volunteers, physicians, patients, visitors
  - The public, media

# Workforce

- Pandemic Preparedness Workforce Goals
  - Overarching Goals to Guide Planning and Execution
- Employee Statements
  - Statement of Commitment to Employees
  - Statement of Employee Obligations and Responsibilities
- Workforce Modeling and Gap Analysis
- Model Pandemic HR Policies

# Workforce

- Employee Survey
  - Employee Experience and Qualifications
  - Conditions Impacting Employee Availability
- Model of expenses
- Benefit planning
  - Estimated $2-3 million in PTO/ESL cost
  - $280,000 to $9 million in health insurance cost

# Model Pandemic HR Policies

- Worked with Mercer – a third party consulting firm
  - Review Workforce Policy Needs
  - Develop Potential Alternatives
  - Identified Considerations in Selecting the Right Alternative
- Subgroup Reviewed Mercer's Research and Drafted Policies.
- Solicited Feedback on Policies.
- Each Affiliate Operationalizes Policies.

# Benefits Assessment and Planning

- Benefit Vendor Preparedness and Planning
- Benefit Plan Design Changes to Better Cope with a Pandemic
  - Prescription Drug Benefits
  - PTO Accrual Caps
  - ESL Donation
- Expense Modeling and Accrual Analyses
  - Extended Sick Leave, Paid Time Off, STD Plans
  - Life Insurance, AD&D, LTD Plans
  - Medical Plans

# Bottom Line Estimates*

- 44 individuals involved from SCLHS alone
- Approximately 175 hours spent
  - 3 day conference
  - Bi-weekly hour-long group meetings
  - Planning
- Overall cost – approximately $200,000

**Estimates up thru February 2, 2007*

# Will our essential people come to work?

## Health Care Workers Response in a Biological Event

- Survey of American health care workers
  - Ability to respond: varied from 49 to 83%
  - Barriers include transportation problems, child care, eldercare, and pet care
  - Willingness to respond: varied from 48 to 86%
  - Barriers include fear and concern for family and self and personal health problems
  - Total coming to work: worst case = 24%
- Israeli study for unconventional (WMD) missile attack
  - 42% willing to come to work
  - 86% if personal safety measures provided

**Journal of Urban Health**

**July 2005**

# Will our essential people come to work?

- Plan for at least 30% absenteeism
  - The "severe" pandemic model
  - Sick employees
  - Caring for sick family members
  - Self-quarantining
  - Anxiety and depression
  - Transportation barriers
- 50% absenteeism at peaks possible

# Workforce Group Deliverables

- **SCLHS Statement of Commitment to Employees**
  - Commitment to maintain a safe and secure environment. "Vaccinate against fear". Followed by reinforcing messages from leaders.
- **Employee Obligations and Responsibilities Statement**
  - Outline obligations and responsibilities expected of employees to complete training, prevent the spread of infection, and support the pandemic plan

# Workforce Group Deliverables

- **Model HR Policies**
  - Model policies (new or modified) to address employee issues and organizational needs
- **Workforce Planning**
  - Employee survey to identify skill and competencies and a process to project needs and gaps
- **Employee Education**
  - Training program to educate employees on pandemic science, personal planning checklist, prevention of infection and spread of infection, use of personal protective equipment

# Policy Development Underway

- Leave of absence/ESL/PTO/absenteeism policies
- Telecommuting/remote workstations
- Flextime policy
- Travel/commuting policy
- Compensation and pay practices
- Coverage and staffing
- Temporary reassignments

# Policy Development Underway

- Contingent workforce
- Crisis support
- Medical, disability and life insurance plan review
- Prevention/social distancing/quarantine policy
- Hygiene policies
- Vaccination and prophylaxis policies

# Ethical Considerations

- Government powers, community good, and individual liberties balanced in ways that cultivate trust
- Clarify and communicate ethical grounds for providers' primary duty to patients
- Clearly delineate institution's duties in providing safety and support for staff
- Clarify and communicate ethical grounds for possible restrictions, rationing and prioritizing
- Provide a clear protocol for rationing and allocating treatment

# Conclusion

Any Questions?