Leadership Roundtable on the Hot Healthcare Emergency Management Issues for Providers 2009

Emergency Management Summit

Washington DC

4-5 March 2009

Center for Emergency Preparedness and Disaster Response
YALE NEW HAVEN HEALTH

Joint Commission Standards - 2009

- Since 2001 the Joint Commission has visited and debriefed a significant number of health care organizations that were impacted by a variety of events.
  - This includes floods, utility outages, terrorist attacks, and hurricanes.

- The Joint Commission realized that hospitals can no longer plan for a single event.
  - They need to be prepared to demonstrate sufficient flexibility to respond effectively to combinations of escalating events.

- Based on these findings, the 2009Joint Commission Environment of Care - Emergency Management standards continue to reflect the need to take an "all-hazards" approach to emergency preparedness.
  - The rationale behind this approach is that is fosters both a flexible and effective response to a variety of events.

- The 2009 standards also allow for a "scalable" approach to manage events that can involve variability in type, intensity, and duration for a individual hospital, numerous organizations or the community as a whole.
  - The standards continue to emphasize the importance of pre-planning and evaluation through drills, exercises and other methods of testing.
  - In 2008 the JC emphasized the need to develop plans for events where the hospital should not anticipate community support.

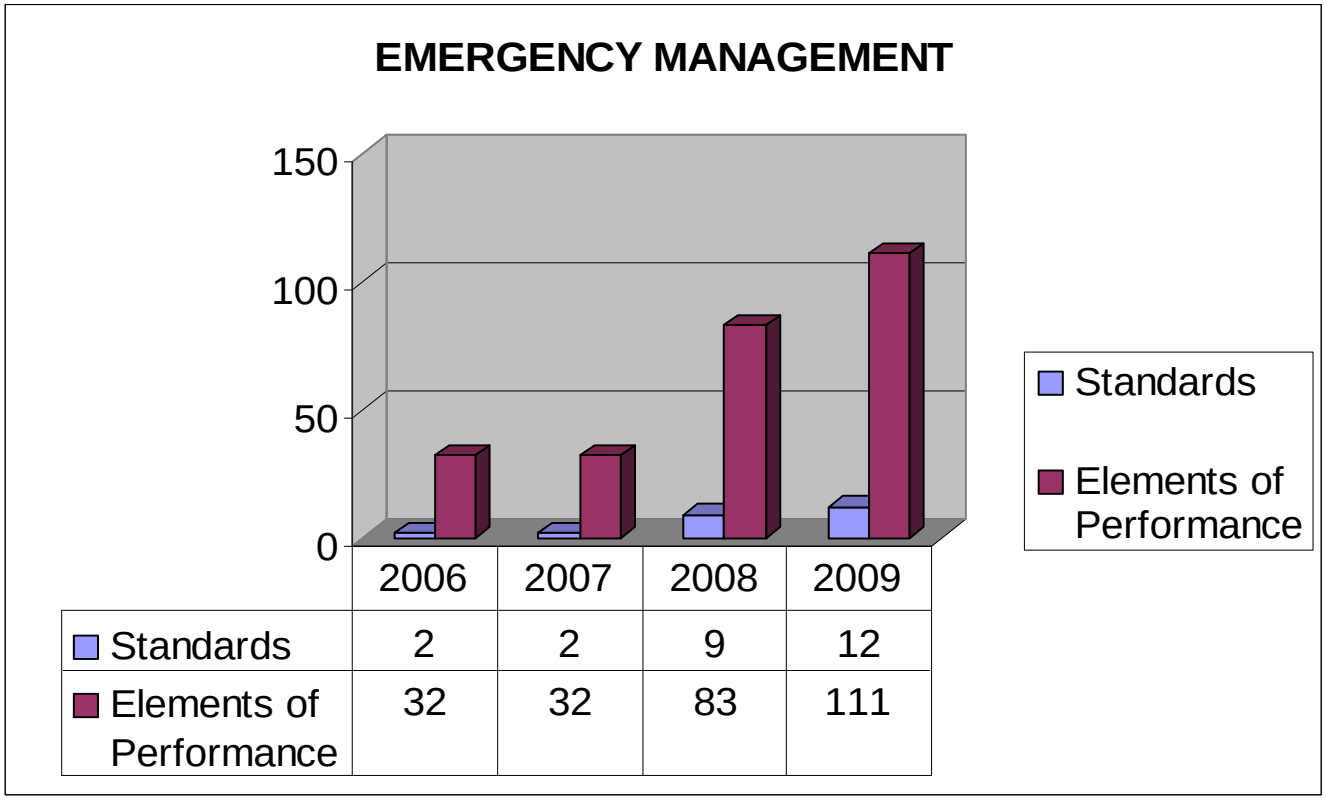
Joint Commission Standards - 2009

- It is important that organizations have an understanding of their capabilities in meeting the six critical functions during varying conditions when their facility's infrastructure, the community's infrastructure, or both are compromised.

- Each of these six critical areas supports an "all hazards" approach that is not new but reorganized.

- The six critical functions are:
  - Communicating during emergency conditions.
  - Managing resources and assets during emergency conditions.
  - Managing safety and security during emergency conditions.
  - Defining and managing staff roles and responsibilities during emergency conditions.
  - Managing utilities during emergency conditions.
  - Managing clinical activities during emergency conditions.

Evolution of Emergency Management by The Joint Commission



	2006	2007	2008	2009
Standards	2	2	9	12
Elements of Performance	32	32	83	111

The number of Elements of Performance have increased 34% from 2008 to 2009

American Hospital Association

Docket ID FEMA-2008-0017, Voluntary Private Sector Accreditation and Certification Preparedness Program; Notice and request for recommendations; (Vol. 73, No. 248), December 24, 2008.

•AHA supports goal of widely encouraging private sector preparedness.

•Certification would provide some assurance of private sector readiness to hospitals working in conjunction with these partners.

•AHA is hopeful that seeking certification will continue to be completely voluntary and that no private sector entity will be required by the DHS to seek or obtain a certification.

•Hospitals are regulated and accredited under existing comprehensive standards that address leadership, sustainability of services, continuity of operations and maintenance of facility operations under adverse conditions.

•Examples of these standards and regulations include:

- The Joint Commission Emergency Management Standards;
- American Osteopathic Association (AoA) – Healthcare Facility Accreditation Program;
- CMS Hospital and Critical Access Hospital Conditions of Participation;
- Det Norske Veritas Healthcare Inc.'s (DNV) National Integrated Accreditation for Healthcare Organizations;
- National Fire Protection Association (NFPA) – 99.

•AHA recommends that FEMA adopt these standards rather than create new standards for hospitals to avoid potential confusion within the health care field.

•Ensure that policies and procedures are in place that will simplify the ability of certifiers to carry out their statutory obligation and avoid unnecessarily duplicative certification requirements.

National Incident Management System (NIMS)

NA: 07-08 Incident Management Systems Integration 202-646-3850; May 14, 2008

•The Incident Management Systems Integration (IMSI) Division, formerly the NIMS Integration Center, in collaboration with the Department of Health and Human Services (HHS) received many comments and suggestions regarding the 17 objectives.

•A healthcare working group—composed of Federal, State, local, and private sector identified 14 activities for FY 2008 and clarified language to ensure the 14 objectives are most applicable to healthcare organizations.

•Healthcare organizations are strongly encouraged to coordinate with local public health agencies to work through these implementation activities.

The 14 *NIMS Implementation Objectives for Healthcare Organizations* are as follows:

Adoption	**Preparedness Planning**	**Preparedness Training and Exercises**
Adoption of NIMS	Revise and Update Plans	IS 700 NIMS, ICS 100 and 200
Federal Preparedness Awards	Mutual-Aid Agreements	IS 800B NRF (National Response Framework)
		Training and Exercises

Communication and Information Management	**Command and Management**
Interoperability incorporated into Acquisition Programs	Incident Command System (ICS)
Standard and Consistent Terminology	Include Incident Action Planning and Common Communication Plans
Collect and Distribute Information	Adopt Public Information principles
	Public Information can be gathered, verified, coordinated and disseminated

The Heritage Foundation - Health Care and Homeland Security: Crossroads of Emergency Response; January 18, 2008

- **Current State of First Receivers**
  - First receivers today are ill-prepared to treat a sudden surge in disaster victims

- **Emergency Department Crisis**
  - EDs currently have vacancies in 13 percent of their staff positions
  - The Institute of Medicine's *Future of Emergency Care* report series of 2006 cites the following statistics:
    - Demand for emergency care has risen sharply--visits grew by 26 percent between 1993 and 2003.
    - Over the same period the number of emergency departments (ED) declined by 425 nationwide.
    - Forty percent of hospitals report ED overcrowding on a daily basis.
    - As a result, ambulances are diverted half a million times per year from overcrowded EDs to other hos-pitals, thus delaying prompt care.
    - Sharp declines in the number of hospital beds has resulted in frequent patient "boarding“ patients may be held in ED halls or exam rooms for 48 hours or more until an inpatient bed becomes available.
    - Critical specialists are not often available when necessary.
    - EDs have little to no surge capacity to handle mass casualty events.

The Heritage Foundation - Health Care and Homeland Security: Crossroads of Emergency Response; January 18, 2008

- **Hospital Crisis**
  - Throughout our nation, communities view their hospitals as a "safety net service."
  - Approximately 1/3 of hospitals today are operating in the red
  - ACEP reports that over 75% of hospitals do not have the surge capacity to respond effectively to an epidemic illness or an act of terrorism.
  - Hospitals also lack negative-pressure units for isolating victims of airborne diseases, and personal protective equipment for their staff.
  - According to the American Hospital Association (AHA) the following societal and policy changes have placed additional stress on hospitals:
    - An increase in use of "just in time" supply practices, while helpful in reducing day-to-day inventory costs, have left hospitals unable to cope with a surge from a disaster.
    - A change in the practice pattern of physicians, separating them into community-based office practice and specialty-based hospital practice, has reduced the number of general practitioners in the EDs and hospitals.
    - 47 million people are uninsured, according to the latest Census Bureau data, and a far greater number have no regular source of medical care, creating higher demand for hospital emergency care.
    - An aging population experiencing increasing levels of chronic illness requires more hospitalization.
    - In the last decade, over 700 hospitals have closed nationwide.
    - 90 percent of Level One tertiary care hospitals are operating at 90 percent bed capacity

The Heritage Foundation - Health Care and Homeland Security: Crossroads of Emergency Response; January 18, 2008

- **Medical Practitioner Crisis**
  - Health care sector is facing a severe shortage of nurses
  - The state of California has a 15 percent to 20 percent nursing vacancy rate at hospitals today, and there are estimates that it will reach 46 percent by 2020.
  - Nursing schools cannot attract faculty to fill the numerous open teaching positions.
  - 2005 Council on Graduate Medical Education report states that there will be a shortage of at least 90,000 full-time physicians in the U.S. by the year 2020.
  - Medical schools are expected to expand enrollment by a maximum of 7 per-cent, leaving a shortage of 1,700 new physicians annually.
  - Training in emergency preparedness and disaster medicine falls to a lower priority than meeting current patient needs.
  - There is no medical specialty that addresses disaster medicine.

- **Emergency Management Services (EMS)**
  - More than 6,000 911 call centers are in operation, supporting 15,000 Emergency Management Service systems with 800,000 responders handling 16 million transport requests per year.
  - EMS systems may be run by fire departments, hospitals, city or county governments, volunteer agencies or private companies.
  - These are currently under state and local jurisdiction, as are the standards for the training and certification of EMS personnel.
  - The local EMS community seeks one voice and consistent funding
  - EMS systems received only 4 percent of the $3.38 billion distributed by DHS for emergency preparation in 2002 and 2003

TFAH- Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism - December 09, 2008

- Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) sixth annual report finds that progress made to better protect the country from disease outbreaks, natural disasters, and bioterrorism is now at risk, due to budget cuts and the economic crisis.
- The report also identifies major gaps in many critical areas of preparedness, including surge capacity, rapid disease detection, and food safety
- Some of the key findings are:
- **Budget Cuts:**
  - Federal funding for state and local preparedness has been cut more than 25 percent from fiscal year (FY) 2005, and states are no longer receiving any supplemental funding for pandemic flu preparedness, despite increased responsibilities.
  - In addition to the federal decreases, 11 states and D.C. cut their public health budgets in the past year.
  - In the coming year 33 states are facing shortfalls in their 2009 budgets and 16 states are already projecting shortfalls to their 2010 budgets.
- **Rapid Disease Detection:**
  - 6 states do not have a disease surveillance system compatible with the CDC National Electronic Disease Surveillance System.
  - 24 states and D.C. lack the capacity to deliver and receive lab specimens, such as suspected bioterror agents or new disease outbreak samples, on a 24/7 basis.

TFAH- Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism - December 09, 2008

- **Surge Capacity:**
  - Many states do not have mechanisms in place to support and protect the community assistance that is often required during a major emergency.
  - 26 states do not have laws that reduce or limit liability for businesses and non-profit organizations that help during a public health emergency.
  - 8 states do not have laws that limit or reduce liability exposure for health care workers who volunteer during a public health emergency.
  - 17states do not have State Medical Reserve Corps Coordinators.

- **Vaccine and Medication Supplies and Distribution:**
  - 16 states have purchased less than half of their share of federally-subsidized antivirals to use during a pandemic flu outbreak.
  - Every state now has an adequate plan for distributing emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile, according to the CDC.

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