Emergency Preparedness and Primary Care Medical Practices

Session 2 – Assessing Risk: Hazards and Vulnerabilities

Esther Chernak, MD, MPH Center for Public Health Readiness and Communication Drexel University School of Public Health



Acknowledgements and Disclosures

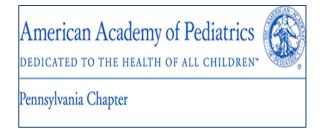
- This presentation was supported by the Cooperative Agreement number U90TP000545-03, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, or the Pennsylvania Department of Health.
- Planners/faculty have no relevant relationships to disclose.



Primary Care Partners













Overview of Series – Systems Approach to Community Medical Practices and Emergency Preparedness

6 Mini Webinars

- Primary care physicians and preparedness
- Hazard and risk assessment
- Emergency planning for practices

- Evaluating the plan
- Communication with patients and partners
- Preparing patients with special health care needs for disasters



What are the standards for emergency preparedness and management planning for community medical practices?

- Joint Commission Standards for Ambulatory Care 2014
- HRSA
 - Policy Information Notice Emergency Management Expectations for Health Centers
 - Form 10: Annual Emergency Preparedness Report
- Center for Medicare and Medicaid (CMS) Emergency Preparedness Regulations for Rural and Federal Health Centers
 - Issued for review in December 2013, under revision



Emergency Plan Template for Practices

EMERGENCY MANAGEMENT PLAN For Primary Care Medical Practices Pennsylvania Department of Health Center for Public Health Readiness & Communication, pennsylvania DEPARTMENT OF HEALTH Public Health

TABLE OF CONTENTS

Introduction	2
SECTION I: RISK ASSESSMENT & PLANNING	3
Emergency Planning Process.	
Hazard Vulnerability Analysis	
Service Impact Assessment	
List of Priority Disasters	
Strategies To Reduce Disaster Impact	12
SECTION II: POLICIES & PROCEDURES	13
All Hazards Incident Command Structure	
Emergency Response Plan	17
Emergency Response Plan Continuity of Operations Plan	17 27
Emergency Response Plan Continuity of Operations Plan Delegations of Authority	
Emergency Response Plan Continuity of Operations Plan	
Emergency Response Plan Continuity of Operations Plan Delegations of Authority	
Emergency Response Plan	





Centers for Medicare & Medicaid Services



Emergency Planning Process (1)

- Identify planning team
 - Leaders participate in the development of the organization's plan
 - Coordinator is designated for planning and for plan activation
- Conduct hazard/vulnerability analysis
- Develop emergency preparedness and management plan that addresses for priority hazards:
 - Mitigation
 - Preparedness
 - Response
 - Recovery



Emergency Planning Process (2)

- Integration of plans into local or regional plans
- Plan addresses continuity of operations
 - Communications
 - Facility loss
 - Information technology system
 - Financial/revenue loss due to an emergency
- Plan addresses surge, mass prophylaxis/immunization
- Training and drills



Risk Assessment – the First Step in Planning

- A hazard-vulnerability analysis (HVA) is an assessment of the threats or hazards that have potential to disrupt practice operations
- Local or state emergency management and public health agencies have HVAs
 - Request them
- Hospitals and health systems have HVAs
- Subjective assessment made by practice planners
 - Annual review



Assessing Hazards and Vulnerabilities

- Assessing <u>probability</u> of an event or incident (qualitative or subjective)
- Assessing the <u>severity of its impact</u> on the practice
 - High, medium or low impact overall practice
 - High, medium, or low impact on specific practice operations or infrastructure
- Assigning overall <u>planning priority</u> for specific hazards based on impact



		Operational Impact / Disruption Scenario					Planning Priority		
Hazard	Likelihood	Surge (increased # of Patient Encounters)	Loss of Database/ Records	Facility Unavailable	Loss of Communica- tion Systems (including computers)	Loss of Vendor Services/ Supply Depletion	Loss of Staff	Loss of Utilities: Electricity/ Water	Vulnerability Summary
	High = Likely Medium = Probable Low = Unlikely	High = Severe Medium = Mild Low = None	High = Complete Medium = Some Low = None	High = Complete Medium = Some Low = None	High = Complete Medium = Some Low = None	High = Complete Medium = Some Low = None	High = Complete Medium = Some Low = None	High = Complete Medium = Some Low = None	Reflects priority given to planning for event based upon judgment / assessment of impacts
External Incidents									
Flood	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Fire	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Winter Storm / Blizzard / Ice Storm	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Tropical Storm / Thunderstorm / Tornado	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Hazmat Incident	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Influenza Pandemic	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Earthquake	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Utility Interruption	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Radiation Dispersal Device / Dirty Bomb	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Nuclear Facility Radiation Release	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Active Shooter	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Cyber Threat	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>
Local Infectious Disease Outbreak	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>	<high low="" med=""></high>



Service Impact Assessment

- Different types of emergencies and disasters have specific impacts on the functions and services provided by the practice
- The results of this assessment should drive business continuity planning
 - Informs prioritization of disasters for planning
 - Informs specific mitigation, preparedness, response and recovery strategies



Assessing Service Disruption Impact

Class	Description	Time Period
Class 1	Services/functions which must be provided immediately or a loss of life, infrastructure or significant loss of revenue will definitely result. Services must be maintained during recovery.	<ex: 0-3="" days=""></ex:>
Class 2	Services/functions which should be provided as soon as possible or a loss of life, infrastructure or significant loss of revenue could result. Services will be restored as soon as capacity allows.	<ex: 4-7="" days=""></ex:>
Class 3	Services/functions that could be delayed during recovery, but are required in order to return to normal operation conditions and alleviate further disruption to normal conditions. Services will only be restored when other priorities have been met	<ex: 7="" days="" over=""></ex:>



Process	Class		Class	
FIUCESS	1	2	3	
Clinical				
Patient Care				
Medical and Clinical Documentation				
Patient Records Management				
<insert function=""></insert>				
<insert function=""></insert>				
Financial Accounting				
Insurance Claims Processing				
Accounts Receivable				
Accounts Payable				
Insurance				
<insert function=""></insert>				
<insert function=""></insert>				
Administration				
Scheduling				
Registration				
Procurement				
Inventory				
Supply Chain Processes				
<insert function=""></insert>				
<insert function=""></insert>				
Human Resources				
Payroll				
Staffing				
<insert function=""></insert>				
<insert function=""></insert>				
Information Technology				
Hardware				
Software				
Back ups				
Communications: online , wireless, POTS, PBX				
<insert function=""></insert>				
<insert function=""></insert>				
Facility Maintenance				
HVAC				
Utilities				
Housekeeping				



LIST OF PRIORITY DISASTERS

Address:		
Telephone:		
Based upon the results of the Haza potentially impact < Name of Medica pose the smallest threat, is as follows: 1. < Highest Priority Disaster> 2. <etc.> 3. <etc.> 4. <etc.> 5. <etc.> 6. <etc.></etc.></etc.></etc.></etc.></etc.>	al Practice>, from those that posws:	
Latest Revision Date:	Updated By:	
Reviewed By:	Title:	Date:
Reviewed By:	Title:	Date:
	Title:	Date:
Reviewed By:	Tido.	



The 4 Phases of Disasters – Practice Planning

- Mitigation
 - Reduces impact of disasters before they occur. Can target threat or practice vulnerability
- Preparedness
 - Pre-event planning
- Response
 - Actions taken during a disaster to reduce its impact
- Recovery
 - Actions that restore or return the practice to normal functioning



STRATEGIES TO REDUCE DISASTER IMPACT

Disruption Scenario	Disaster Examples	Mitigation ⁴	Preparedness ⁵	Response ⁶	Recovery ⁷
Surge (increased # of Patient Encounters)	Infectious disease outbreak or pandemic	Example: Use communications platforms to provide patients with health information off-site			
Loss of Database/ Records	Severe storm, utility disruption	Example: Store data off-site or in "cloud"			
Facility Unavailable or Damaged	Severe storm, utility disruption, Tornado, Radiation release		Example: Have a plan to use an alternate facility.	Example: Move practice to another facility	Example: Have a list of contractors ready to repair damage to the facility; maintain insurance
Loss of Communication Systems (including computers)	Utility disruption, Cyber-event			Example: Use back-up system of paper charts for patient encounters	
Loss of Vendor Services/Supply Depletion	Pharmaceutical shortage				
Loss of Staff	Pandemic, loe Storm	Example: Vaccination of staff	Example: MOU with local or state Medical Reserve Corps		
Loss of Utilities: Electricity/Water	Weather event		Example: generator for practice		



Recommendations

- Use risk assessment planning to identify resources in your health system and in your community
 - Build relationships with health care partners
 - Health care coalitions
 - Build relationships with public safety and public health partners
 - Build relationships with private sector



Next Steps

- Materials on PA Medical Society and Drexel CPHRC websites:
 - http://www.pamedsoc.org/MainMenuCategories/Practice-Management/Management/Emergency-Preparedness
 - http://publichealth.drexel.edu/research/researchcenters/center-for-public-health-readinesscommunication/our-projects/pcp-resources/
- Technical assistance



Continuing Medical Education Credit

- If you have registered for the live webinar, you will receive an email with a link to obtain CME and complete an evaluation.
- If you are viewing the archive of the webinar, please follow the instructions on the webpage where the training information is located to obtain CME.



QUESTIONS?



Contact information

Tom Hipper: tjh87@drexel.edu

Jill Nash: jn536@drexel.edu

Esther Chernak: dec48@drexel.edu

