



Connections Matter When Disaster Hits

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As a net is made up of a series of ties, so everything in this world is connected by a series of ties. If anyone thinks that the mesh of a net is an independent, isolated thing, he is mistaken. It is called a net because it is made up of a series of interconnected meshes, and each mesh has its place and responsibility in relation to other meshes.
— Buddha

Disasters are the great equalizers, they do not discriminate. All who live in a community that experiences a disaster become “those most in need.” It is during these times that Catholic health care and its commitment to the community have the opportunity to differentiate themselves.

Our Lady of the Lake Regional Medical Center in Baton Rouge, La., and other hospitals in the region, face challenges from natural disasters as well as man-made emergencies. In addition to the devastating fallout of hurricanes Katrina and Rita over the past decade, we have contended with prolonged loss of electricity, chemical plant explosions, total closure of the interstate and potential evacuation of the hospital due to an accident involving a tanker truck transporting hazardous chemicals. Our preparedness in these situations has been critical to our ability to respond to the community and continue to take care of patients.

This culture of preparedness does not happen by chance. It takes organizational commitment, continuous training, community collaboration and coordination to be successful in the ever-changing health care environment. Louisiana’s

approach to emergency preparedness is grounded in the belief that our community is stronger when we stand as one and act for the common good. For more than a decade, under the leadership of the Louisiana Hospital Association and the Louisiana Department of Health and Hospitals’ emergency preparedness division, hospitals in the state have worked together.^{1,2} Our regional response efforts to build, maintain and expand networks of health care services have focused on communication and resource coordination during community-wide emergency and disaster events. The primary objective is to sustain health care, to keep our doors open and to be present to all those affected. Our shared mission lives in times of disaster.

As part of this regional network, each hospital defines its capabilities and works with other health care providers in a coordinated response.



BUILDING A CULTURE OF PREPAREDNESS

Ensuring a hospital's preparedness is both an operational necessity and a regulatory expectation. Regulatory agencies including the Joint Commission and Centers for Medicare and Medicaid Services have defined standards to ensure accredited facilities actively prepare for emergencies which affect that facility and their role in a communitywide response.^{1,2} Regulatory standards focus on issues common to disaster events, such as communication and coordination, both within the facility and with community agencies, facility safety and security, staff roles and responsibilities, patient management, patient care resources and support for building systems.

Regulatory agencies expect plans to be living documents that are tested frequently and revised as often as necessary to address changes in the organization's services and capabilities. Planning should focus on defining procedures and securing resources to sustain operations during an event, as well as on how the organization will recover from the disaster.

Funds and resources to support emergency preparedness are available through federal grant programs such as the Hospital Preparedness Program (HPP) to support planning for public health threats and the Cities Readiness Initiative, funded by the Centers for Disease Control, for preparedness in large cities and metropolitan areas.^{3,4} Hospitals participating in these programs not only gain access to programs that will help prepare their facility, but they also may find the programs offer an opportunity to network with key community stakeholders and build support for the community as a whole. In Louisiana, the HPP grant is an integral part of the structure used to create our unique regional coordination plan.

Here is a checklist that can help build a culture of preparedness:

BUILD RELATIONSHIPS

- Identify key stakeholders in your community. Consider hospitals, nursing homes, outpatient service providers for dialysis or diagnostic testing and ambulance services, as well as individual practitioners.

- Meet with local governmental agencies such as the county Office of Emergency Management/Homeland Security and Office of Public Health.

- Participate in planning meetings hosted by the Local Emergency Planning Committee, Department of Health or other community agency.

CREATE PROCESSES THAT SUPPORT EFFECTIVE COMMUNICATION

- Require leaders and staff to learn the Incident Command System so it becomes hardwired into your organization. (See sidebar, page 30.)

- Establish an internal report telephone line for staff so they can hear current operational status information during an extended disaster.

- Create templates for internal alerts and messages for team members, patients and guests.

- Consider electronic tools such as mass notification systems to support timely communication.

UNDERSTAND THE HAZARDS IN YOUR COMMUNITY

- Learn about what kind of industry operates in your area. Ask to work with them to plan for an emergency involving their business.

- Talk with the state law enforcement agency about hazardous materials that may be transported through your community via interstate highway or railways.

- Contact the Local Emergency

Planning Committee about its assessment of hazards for the community.

- Complete a hazard vulnerability analysis for your hospital and share the results with other hospitals and community agencies.

PRACTICE YOUR PLAN AND EVALUATE THE RESULTS

- Seek opportunities to test your emergency operations plan throughout the year. Contact your local airport to ask about participating in FAA (Federal Aviation Administration) drills.

- Invite community partners, including other hospitals, to participate in emergency plan drills whenever possible. If a practice scenario does not involve community coordination, invite a partner to be an exercise evaluator.

- Take time to methodically evaluate each exercise or plan implementation.

- Use the lessons learned to refine detailed action plans

— *Allyn T. Whaley-Martin*

NOTES

1. The Joint Commission's Emergency Management Standards, www.jointcommission.org/new_revised_reqs_emergency_management_oversight/.

2. Centers for Medicare and Medicaid Services, *Condition of Participation: Disaster Preparedness*, Title 42 CFR 485.727.

3. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program, www.phe.gov/Preparedness/planning/hpp.

4. Centers for Disease Control, Cities Readiness Initiative, <http://emergency.cdc.gov/cri/>.



For example, a large, academic medical center such as Our Lady of the Lake is expected to provide acute medical care and a fully functioning emergency department, while a surgical specialty hospital or a long-term acute care hospital provides refuge or space for sheltering the medically needy and patients dependent upon electricity. Each institution brings a different resource and capability to the response table, and all are equally important to supporting the whole community in times of disaster.

In our area, the group got its start by simply asking hospitals to communicate more effectively during times of disasters and to work more closely with public health officials to respond to community need. It now has grown to a collaborative statewide network that includes nursing homes, emergency medical services, dialysis and home health providers.

Each entity has committed to communicate, collaborate and coordinate resources toward sustaining the community. The expanding network allows individual providers greater flexibility and provides a depth of support for one another and the community.

Creating a culture of preparedness involves four components: Strong relationships, effective communication, clear understanding of potential hazards and the testing of response plans.

1. Build strong relationships around a single mission: to provide care for those most vulnerable, those most in need.

Developing a collaborative network within a competitive health care community is not easy, so it's important to establish why preparing together for disasters should be an important priority. The ministry of Catholic health care calls us to serve the whole of our communities, paying special attention to those most vulnerable, those most in need. Communitywide disasters highlight community needs and the fact that no one hospital or provider can meet those needs alone. By working together, the community can make itself whole.

2. Invest time and energy into processes that support effective communication.

An "Incident Command System" sets up a management structure that applies to any emergency or disaster and gives community leaders a common language and method of dealing with events

large and small. The Federal Emergency Management Agency (FEMA) offers courses in incident command through the FEMA independent study program that will provide a solid foundation for anyone in health care.³ Once they learn the concepts of incident command, leaders should be required to practice using it in drills.

It also is important to focus on processes and tools to provide accurate, up-to-date information to team members, patients and guests throughout a disaster situation. During early stages of any emergency, rumors abound, and it can be hard to refocus efforts as the situation evolves. Accurate information can quell anxiety over the unknown

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and allow teams to focus on their responsibility to provide care to those affected by the event. Both in planning as well as during a response, be vigilant for instances of miscommunication and resolve them quickly. Small miscommunications can work silently to erode vital trust and support.

3. Understand the potential hazards in the community.

Although it's impossible to anticipate every disaster scenario, understanding the hazards present in the community can provide a foundation for developing an organizational structure for response. Hospitals accredited by the Joint Commission are required to complete a hazard vulnerability analysis annually and to use the information gleaned from the assessment to guide their planning efforts.⁴

The hazard analysis should be a living document, developed through assessment of hazards specific to a facility and community. Consider vulnerabilities linked to industry and transportation, technological interdependencies, as well as natural threats from severe weather or geography. Learning about local industry and its emergency planning efforts can help the hospital not only to gain a more thorough understanding of the risks, but it also creates the opportunity to develop a relationship potentially critical to an emergency

response in the future.

Another resource to consider is the state's National Guard civil support team. The mission of these teams includes advising civilian responders about weapons of mass destruction hazards and how to respond to them. For us, the Louisiana National Guard 62nd Civil Support Team has been a committed partner, supporting hazard identification, training and response support for several years.

4. Practice the plan and evaluate the results.

Plans for responding in an emergency are effective only when the team knows how to use them. Training to ensure awareness of hazards is often the first step to securing an effective response. Will the emergency department staff recognize the signs of a chemical exposure? Are physicians alert to symptoms that may signal an emerging biological threat? Subtle signs may be missed in many emergencies because of a lack of experience or awareness that the hazard exists.

Following training, invest in exercises, whether a tabletop discussion or full-scale drill, to test the plan and response procedures thoroughly in a safe setting. These exercises allow team members to learn their roles, as well as how to interact with each other. Drills give an opportunity to develop organizational memory that makes responding in an actual event more familiar.

It's also important to practice responding with partners outside the organization whenever possible. Not only will it help establish lines of communication before an event occurs, it also helps clarify what resources do or do not exist in the community. Transparency and humility are very important in these exercises, and all players should feel comfortable to speak openly about their capabilities and needs.

Finally, take time to thoroughly evaluate both drills and responses to actual events. Be candid, and use a critical eye to ensure opportunities for improvement are captured. Online tools available through the Homeland Security Exercise and Evaluation Program include detailed guides and forms for planning and evaluation.⁵

In Louisiana, experience with both natural and man-made disasters has taught us that

through collaboration, we gain the strength to face adversity. The relationships established to guide communication have become the foundation of our culture of preparedness, and they are key to our resilience as a health care community. Maintaining them is a top priority to ensure that we can continue our mission of service and care for the vulnerable and those most in need in our community.

Many colleagues have asked, "What is the secret to creating a culture of preparedness?" There is no secret. It takes hard work, leadership, commitment to being prepared and a willingness to be a part of a larger response effort (which may mean giving up control and some decision-making). Most importantly, it requires a belief that strength is drawn from being connected and committed to each other.

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NOTES

1. The Louisiana Hospital Association Emergency Preparedness Program, www.lhaonline.org/display.common.cfm?an=1&subarticlenbr=138.
2. Louisiana Department of Health and Hospitals, Emergency Preparedness Program, www.dhh.louisiana.gov/index.cfm/subhome/17/n/173.
3. Federal Emergency Management Agency Independent Study program, <https://training.fema.gov/IS/crslist.aspx>.
4. The Joint Commission requires the hospital to conduct a hazard vulnerability analysis to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services; the likelihood of those events occurring; and the consequences of those events. The findings of this analysis are documented. www.jointcommission.org/standards_information/standards.aspx.
5. Homeland Security Exercise and Evaluation Program, <https://www.llis.dhs.gov/hseep>.

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