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WHITE PAPER

Prioritizing Emergency Response:

8 Practices for Faster Crisis Resolution in Healthcare Environments



Tornadoes, active shooters, technology misfires, infectious disease outbreaks, and countless other scenarios you never would've anticipated are no longer rare occurrences. It only takes a cursory glance at news headlines to realize crises regularly strike healthcare facilities and the patients they serve.



The ability to respond to and resolve crises with minimal loss — to people, property, productivity, and profits — isn't something healthcare facilities can afford to skimp on or put off. Rather, your organization's ability to operate during disasters allows your facility to continue to generate revenue while serving the community during its greatest time of need.

In this resource, you'll find practical guidance for emergency preparedness and response, specific to the healthcare environment. You'll learn essential practices that will prepare you for future possible events, and the mistakes that can derail your efforts, sink your profits or reputation, and put patients at risk.

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Build a foundation that won't crumble

No plan can survive real-world crises without a strong foundation.

In healthcare, comprehensive emergency planning is also a matter of compliance. In 2017, the Centers for Medicare and Medicaid Services updated emergency management requirements for healthcare providers and suppliers including hospitals, outpatient services, long term care facilities, and home health providers.

These requirements mandate that all Medicare and Medicaid providers have comprehensive plans in place to safeguard patients, workers, and communities in the event of natural, man-made, and technological disasters. Though most providers already had emergency plans in place, this rule added requirements to ensure the continuity of care throughout a disaster.

It's tempting to just borrow plans from other organizations, but that's not enough. Your emergency management plan must be tailored to your facility's location, risks, and the local response agencies that may assist you. To be truly prepared, your plan should also be practiced, reassessed, and adjusted regularly.

As you build or update your plans, don't neglect or underestimate the value of collaborating with healthcare facilities around you. Share plans with surrounding facilities so you can offer a unified response to a community in need.

Best practice 1

As you build or update your plans, collaborate with other local healthcare facilities so you can offer a unified response to a community in need.



Ensure adequate training

Data makes everyone's job easier. But often, strategies, tools, and tactics employed in facility operations hinge largely on personal experience, preferences, and hunches.

While there's much value in personal perspective, basing decisions on shifting values and information invariably leaves blind spots and gaping holes where resources slip through. The result? Duplication of efforts, inefficiency, or needless expense.

Pairing activity reports and recommendations with data not only makes your information more precise and error-resistant, but also helps to remove emotion and biases from discussions — particularly those with potential for controversy. Clearly, data also provides evidence that enables better decision making and more accurate predictions, avoiding costly mistakes.

The data and standardization of that data will also be key components in gaining leadership buy-in, which we'll discuss next.

Best practice 2

Collaborate with public safety agencies such as fire, emergency medical services, and law enforcement to clarify their roles and align expectations during training exercises. Also, don't limit your training to one approach. Incorporate various formats to ensure everyone knows what to do.



> The reality is that our collective digital habit has created an expectation for instant updates that are relevant, and actionable to each specific audience.

Establish a communications infrastructure

Given what's at risk during a disaster, your ability to respond effectively requires clear, accurate, and rapid communications with all stakeholders. Modern conveniences including smartphones and social media can be both helpful and harmful during a crisis. The reality is that our collective digital habit has created an expectation for instant updates that are relevant, and actionable to each specific audience.

To make that possible, your organization should create an emergency communications infrastructure at both internal and external levels. You'll also need to layer communications in various formats and channels — ham radios, mass notification systems, digital signage, public announcement systems, and more — to make sure no intended recipient falls through the cracks when distractions, malfunctions, or other obstacles get in the way of them receiving your alerts.

Keep in mind that withholding information can backfire. In today's world, information will leak out one way or another (accurate or not), and it's in everyone's best interest to ensure the public receives accurate information from you, versus speculation from another source like a scared patient or vendor. You and your organization can prove your worth to your community by being open and honest.

Getting the communications piece right is a big job with major ramifications. Your hospital should employ a dedicated public information officer to coordinate messages, create an internal communications plan, and respond to media and community inquiries for a variety of scenarios. Also, consider utilizing a social media specialist to monitor information being posted, and release information pertinent to the community, patients, and staff.

Best practice 3

Create an emergency communications infrastructure at both internal and external levels. Consider employing a dedicated public information officer to coordinate messages, create plans for internal communications, and respond to media and community inquiries for a variety of scenarios.

Prepare essential assets and alternatives

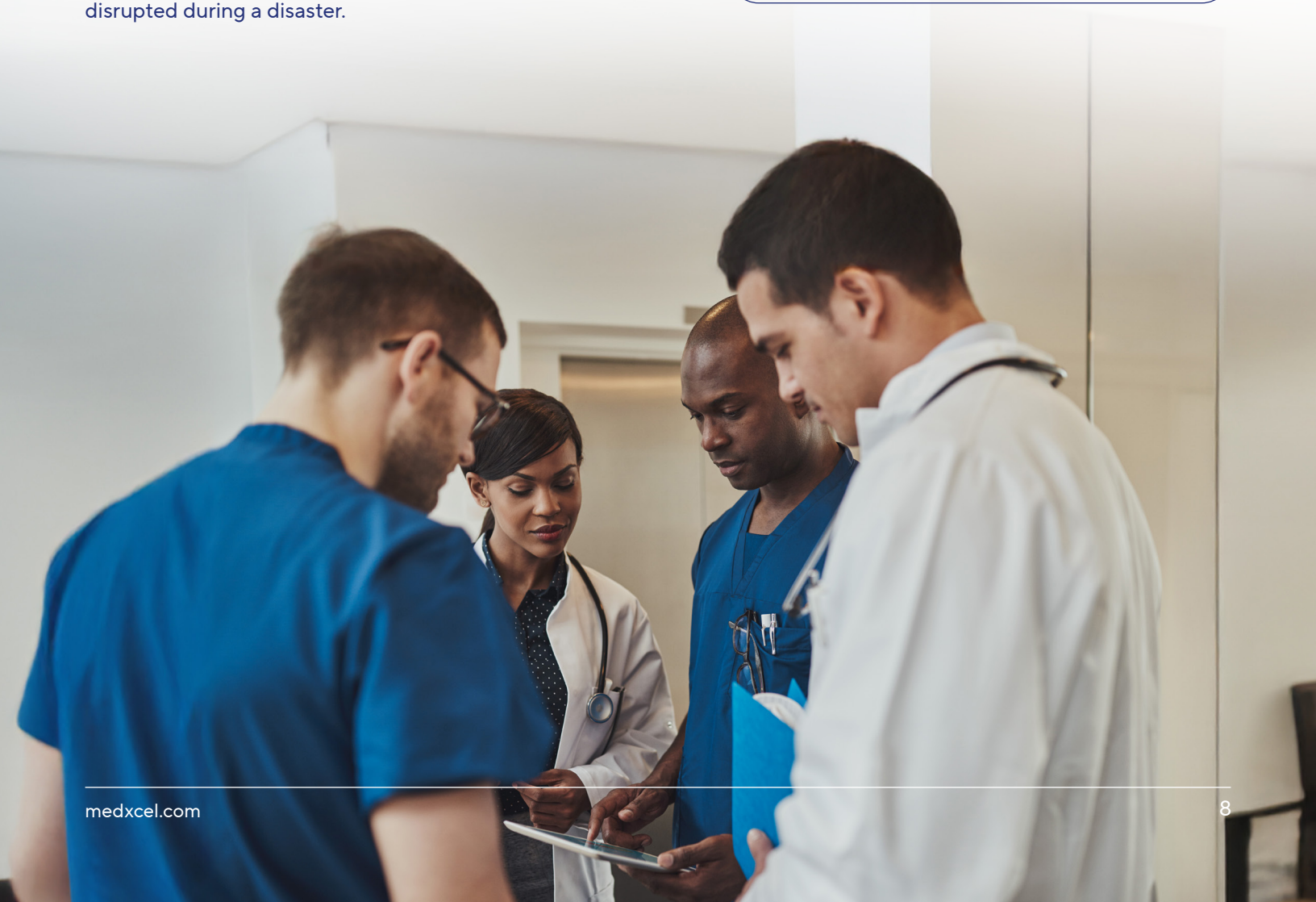
During Hurricane Ian in 2022, hospitals were unable to access their disaster equipment due to flooding.

If you store your disaster equipment in the basement of the hospital, what happens when it floods? And if a disaster knocks your medical records and building automation systems off-line, how will you manage your patients and environment?

Ensure your plan addresses those scenarios and covers technology fail-safes and protocol. You'll want to identify the hardware, software, space, and other resources required to keep each area of your facility operational. Once you understand those needs, you can develop alternate solutions if access to equipment, supplies, or other tools is disrupted during a disaster.

Best practice 4

Ensure your plan covers technology fail-safes and protocol. Identify and understand the assets required to continue operations so you can develop alternate solutions if access to equipment, supplies, or other tools is disrupted by a disaster.



Don’t wait for the cavalry

If any aspect of your emergency plan hinges on external saviors — federal, state, or community resources — you may be in for a very unpleasant (and costly) surprise.

We once observed a hospital conducting an evacuation exercise. Their plan involved calling the local ambulance service, which had 25 ambulances, and which the hospital estimated would complete their evacuation in about five hours. What they didn’t realize was that the primary function of the ambulance service was to respond to the community. What’s more, another hospital down the street was counting on those same 25 ambulances for their evacuation plan.

When relying on government or community resources, many hospital leaders forget they’re going to be standing in line. It’s like going to a big box store when the power goes out, hoping they don’t sell out of generators before you get there.

Build your program so that your organization isn’t in danger of going without vital resources, or hoarding valuable resources needed by the community during a crisis. One hospital we worked with, for instance, had a plan in place to bring in ambulances and other resources including generators from out of state during a disaster. When disaster struck, they were able to lend extra generators to the local water department to get the water system back up and running, and proved to be an invaluable asset to the community.

Best practice 5

Build your program so that your organization isn’t in danger of going without vital resources, or hoarding valuable resources needed by the community during a crisis.

Secure top-leadership involvement

At times, disaster preparedness is viewed as a secondary pursuit, less impactful than the demands of day-to-day patient care. And yet, the ability to keep your facility open, and able to treat patients during a disaster fills a critical need in your community. It also allows you to continue to generate revenue and provide services to your community. Leaders at your facility must understand that and devote adequate resources to disaster preparations.

Simply put, an effective emergency management team is a critical insurance policy that keeps your organization from spiraling out of control. Those professionals enable your hospital to continue functioning, generating revenue, and avoiding losses you might not be able to recover from otherwise.

From a more personal perspective — namely, the personal cost to your leaders — no executive wants to get a call from a board member asking, "What's going on?" during a disaster. Not knowing your emergency management program, team, and what they're doing won't help you (or your career) during a crisis.

Having your leaders read the emergency management and environment of care committee minutes is a good start. Those minutes are the next best thing to having everyone within the physical environment sitting around a table, discussing what they've done in the past month or quarter, and provides a great method for getting a sense of patient safety, performance metrics, and emergency preparation in the organization.

Best practice 6

Ensure leaders at your facility understand their role, devote adequate resources to disaster preparations, and stay informed during a crisis. Providing leaders with safety committee meeting minutes is a good start to keeping them informed.

Work your plan

Once plans are in place, it's imperative to ensure they are followed. It may sound like a no-brainer, but without regular training and exercises, leadership teams are tempted to "freelance" their response, causing unexpected complications that can be difficult to correct or reverse. This does not mean plans shouldn't be flexible, but the process should be standardized.

Your plan must not only be followed, but it should also be maintained, reassessed, tested, and trained often. This is especially important during seasons when weather-related disasters peak, typically spring and summer months.

We can't stress this enough: "Winging it" instead of following a well-developed and rehearsed emergency management plan will hurt your organization and the people under your care.

Best practice 7

Once established, follow your emergency plan, maintain it, test, train and reassess regularly. "Winging it" isn't an option!



Utilize experts for faster response

Have you tried to get a committee (or worse, multiple committees) to make a decision lately? It takes a while. Navigating an emergency response through various committees can cause costly delays.

Instead, assemble a team of experts, prepare guidance and communications, and use the team as the source of truth, leading the organization through the response. Team members can also act as liaisons to disseminate information and capture feedback from their peers.

Ideally, this team of experts should have experience responding to real-life crises — not just theoretical training. Like trying to learn karate by reading a book, no amount of training can make up for a lack of firsthand experience in solving crises without overspending, increasing risks to patients, or creating bigger obstacles.

If you don't have that experience internally, seek it out now, before you have a crisis on your hands.

Best practice 8

Your emergency response team should be the source of truth, leading the organization through the response.



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