

Planning for Surge

Primary Reference

- *Emergency Management Principles and Practices for Healthcare Systems*, The Institute for Crisis, Disaster and Risk Management (ICDRM) at the George Washington University (GWU) for the Veterans Health Administration, Department of Veterans Affairs (VA), Washington, DC, June, 2006. Available at www.va.gov/emshg

Lesson Objectives

- Describe some concepts and principles that support resource management.
- Identify some types of resources that support surge capacity and capability.
- Explain some management strategies to achieve medical surge.

Concepts and Principles of Resource Management

- Uniform methods of identifying, acquiring, allocating and tracking resources.
- Use of pre-arranged agreements and all relevant sources.
- Credentialing of personnel resources.

Resource Typing

- A classification of resources whether human or otherwise. In ICS, “type” refers to a designated resource’s capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size; power; capacity; or, in the case of incident management teams, experience and qualifications.
- Resource typing also involves categorizing the resource by its kind (e.g., what the resource is, snow plow, strike team, etc.). Therefore, resource typing involves designations of “kind” and “type.”

Mutual Aid

- Mutual aid is an agreement between organizations that they will assist each other in an emergency.
- Resources are provided following a formal request.
- Terms can be in-kind or reimbursement.
- An organization providing personnel retains responsibility for their pay, insurance, etc. even though they are under the operational control of the requestor.

Certification

- Entails authoritatively attesting that individuals meet professional standards for the training, experience, and performance required for key incident management functions.
- In other words, involves measuring an individual's competence through a testing or evaluation process. Personnel are certified by their discipline's relevant certifying authority.
- In ICS, the term certification may also be applied to equipment (verifying its appropriateness and adequacy for the intended use).

Qualifications

- A term indicating that an individual has met all the requirements of training plus the requirements for physical and medical fitness, psychological fitness, strength/agility, **experience** or other necessary requirements/standards for a position. “Qualification” therefore indicates that the individual possesses all the competencies required for the response position. In some job categories, qualification is demonstrated by obtaining a professional license.

Credentialing

- Credentialing involves providing documentation that can authenticate and verify the certification and identity of designated incident command staff and emergency responders.
- This system helps ensure that personnel representing various jurisdictional levels and functional disciplines possess a minimum common level of training, currency, experience, physical and medical fitness, and capability for the incident management or emergency responder position they are tasked to fill.

Privileging

- The process where appropriately credentialed personnel (see credentialing) are accepted into an incident to participate as an assigned resource in the response.
- This process may include both confirmation of a responder's credentials and a determination that an incident need exists that the responder is qualified to address.

Trends in Health Care

- In-patient to ambulatory care
- Shorter stays
- Reduction in staffing
- Supplies ordered daily
- ??

Ramifications for Disasters

- Reduction in capacities useful in large disasters
- More patients at home who are dependent upon utility services
- “Just in time” delivery of supplies
- No “reserve” health care staff for demands disasters can create:
 - Special Needs Shelters
 - Medical Surge

Types of Resources that Support Medical Surge

- Beds
- Isolation Capacity
- Healthcare personnel - ESAR-VHP
- Pharmaceutical caches
- Personal protective equipment
- Decontamination
- Behavioral health
- Trauma and burn care

Managerial Strategies to Achieve Surge

- Maintaining quality and increasing capacity.
 - Re-distribution of authority and responsibility throughout the organization, as needed.
- Managing the degradation of services.
 - Deliberate selection of critical activities at the expense of other services.

“Engineered (Managed) Degradation”

- A strategy for a system under stress is to identify and select priority activities that should be preserved, while allowing less critical services to degrade.
- The guiding principle is the preservation of functions important to achieving organizational goals.

Efforts to Provide Medical Surge

- Many current initiatives involve the development of standby response assets, such as:
 - Adequate numbers and specialty types of hospital beds.
 - Personnel.
 - Pharmaceutical supplies.
 - Equipment and supplies.

Problems with Efforts to Provide Medical Surge

- Problems with these focused approaches include:
 - Cost.
 - Shelf-life.
 - Exclusive use.
 - Difficulty in determining the amount of resources that may be needed.

Of 29 Major Disasters Studied...

- 10-15% of total casualties required admission to a hospital...
- 6% of hospitals suffered supply shortages...
- 2% had personnel shortages...

The Need for a Management System

- The National Incident Management System (NIMS), if applied as envisioned to all agencies and organizations that respond to disasters, will significantly improve medical surge capacity and capability through:
 - Enhanced internal coordination
 - Fewer necessary standby resources
 - Optimal integration of “outside” resources.

Discussion Question:

- *What are some experiences working with the HRSA-funded surge benchmarks?*

Questions?