

**An Operational System  
Description for Health Care  
Systems**

## 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](http://www.va.gov/emshg)

# Lesson Objectives

- Explain the terms resiliency, surge capacity and surge capability.
- Describe the difference between emergency management programs and incident management.
- Identify the various tiers within the health and medical system in the U.S.

# Two Types of Events

- Mass Casualty
- Mass Effect
- Occur as a result of the impacts generated from these basic hazard agents:
  - Wind
  - Water
  - Ground-shaking
  - Fire
  - Disease
  - Explosion

# Mass Casualty Incident

- A casualty-creating hazard impact in which the available organizational and medical resources, or their management systems, are severely challenged or become insufficient to adequately meet the medical needs of the affected population.
- Examples?

# Mass Effect Incident

- A hazard impact that primarily affects the ability of the organization to continue its usual operations (in contrast to a mass casualty incident). For healthcare systems, the usual medical care capability and capacity can be compromised.
- Examples?

# Resiliency

- Refers to the ability of an individual human or an organization to quickly recover from change or misfortune. It is commonly thought of as “buoyancy” or the ability to “bounce back.”
- This is the focus of continuity planning or COOP - an internal effort within an organization to ensure that the capability exists to continue essential business and service functions.

# Medical Surge

- Describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure in an affected community.

# Medical Surge Capacity and Capability

- Surge Capacity – The ability to evaluate and care for a markedly increased volume of patients.
- Surge Capability – The ability manage patients requiring unusual or very specialized medical evaluation and care.

# **Emergency Management vs. the Incident Command System**

- An organization's comprehensive EM program involves activities across four phases: mitigation, preparedness, response and recovery.
- The ICS is used to manage the response and recovery timeframes.
- An ICS organization operates alongside to the day-to-day agency organizational structure.

# **Emergency Management System**

- Inter-governmental (Federal, State and local), inter-agency and inter-disciplinary with the Emergency Management Agency (EMA) serving to coordinate overall mitigation, preparedness, response and recovery efforts.
- Public health and medical services are a functional area within the overall emergency management system.

# Six Tiers

- Individual Healthcare Asset
- Healthcare Coalition
- Local Jurisdiction
- State Response and Coordination of Intrastate Jurisdictions
- Interstate Regional Management and Coordination
- Federal Support to State and Local Jurisdictions

# Individual Healthcare Asset

- Tier 1 are point-of-service facilities - Individually-operating health care systems, private physicians offices, and outpatient clinics.
- Priorities are resiliency, then support to the community (medical surge capacity and capability).
- JCAHO standards, NIMS compliance, OSHA and EPA requirements are main focus.

# Healthcare Coalition

- The purpose of Tier 2 - Coalition focused on mutual-aid between individual healthcare assets.
- Focus is on cooperative planning, information sharing and information processing.
- Supporting local public safety/public health requirements, intra-state mutual-aid commitments, and national standards (HRSA BT, MMRS, NDMS programs) are a main focus.

# Local Jurisdiction

- For Tier 3, the county emergency management agency is the organizing point, with local public health agency serving as coordinator.
- Represents the medical and health functional annex of the Local Emergency Operations Plan (EOP).
- NIMS requirements are a focus.

# **State Response and Coordination of Intrastate Jurisdictions**

- For Tier 4, the State emergency management agency is the organizing point, with State public health agency serving as coordinator.
- The existence of an intra-state mutual aid network is critical.
- State acts to coordinate mutual-aid between local jurisdictions (Tier 3s).

# **Interstate Regional Management and Coordination**

- For Tier 5, the State emergency management agency is the organizing point, with State public health agency serving as coordinator.
- Active participation in the Emergency Management Assistance Compact (EMAC) is critical.
- State acts to coordinate mutual-aid for local jurisdictions (Tier 3s) with other States.

# Federal Support to States and Local Jurisdictions

- For Tier 6, the Federal Emergency Management Agency (FEMA) is the organizing point, with HHS serving as coordinator.
- FEMA acts to coordinate support from Federal agencies for States and local jurisdictions (Tier 3s).

## **Discussion Question:**

- *What are some experiences individual health care facilities have had in supporting community, State and Federal requests for assistance?*

**Questions ?**