

THE SILVER LINING PLAYBOOK OF EBOLA PREPAREDNESS: UTILIZING INCIDENT COMMAND TO MANAGE ANY EVENT

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CAYMAN
CAPTIVE
FORUM
2018

AGENDA

During this session we will discuss:

- IU Health's preparedness efforts during the Ebola crisis
- Lessons learned from the crisis
- Our journey with the incident command system
- What we have learned from our journey

By the end of this session, you will:

- Know what the incident command system is and how it works
- Understand how the incident command system can be used for any event
- Understand the steps necessary to establish a standard incident command system

HOW IT ALL STARTED



THIS CRISIS CHALLENGED HEALTHCARE

In 2014 three centers in the US had biocontainment units prepared to handle serious communicable diseases:

- National Institute for Health, Baltimore
- Emory University Hospital, Atlanta
- University of Nebraska Medical Center, Omaha



Texas Health Presbyterian, Dallas, Texas:

- October 2014 two nurses contract Ebola after caring for Ebola Patient
 - Nurses had not been trained or provided appropriate personal protective equipment

Reality hit Healthcare Systems across the US - without significant training and preparation, this disease put not only the patients, but the healthcare workers and community in serious jeopardy

URGENT AND IMMEDIATE PREPARATION

Indiana University Health realized that significant evaluation, planning and resources were required to prepare our organization to safely recognize and/or receive patients who may have Ebola; the need was immediate and urgent.

Primary concerns were:

- Patient care
- Team member safety
- Brand and reputational risk

Challenges:

- Resources: Facilities, Team members, Supplies
- Time
- Dollars
- Means/Method to manage this changing dynamic situation

Decision:

- Utilize the Incident Command Structure



WHAT IS INCIDENT COMMAND?

Incident command is “position play”, like your favorite football team

- Quarterback calls the plays
- Linemen protect
- Receivers and running back rack up yards

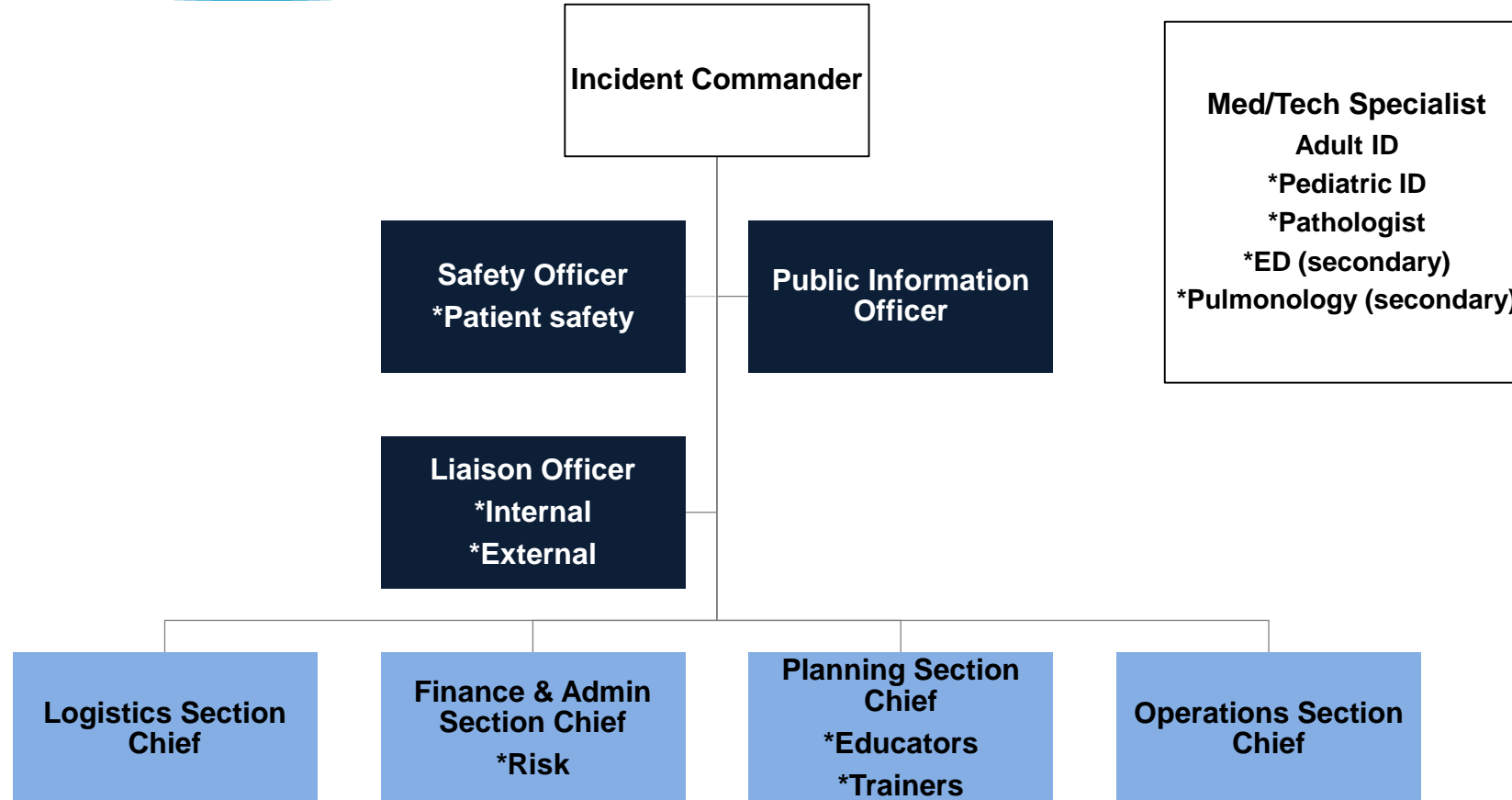
Everyone has an assigned role...



INCIDENT COMMAND SYSTEM (ICS)

- A standardized emergency management construct
- A combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure
- Designed to aid in the management of resources during incidents
- Used for all kinds of emergencies - small as well as large and varying levels of complexity

MANAGING EBOLA CRISIS: HOSPITAL INCIDENT COMMAND



*Expanded roles established due to the nature of the incident

ROLE OF EBOLA INCIDENT COMMAND TEAM

- Direct & coordinate effort to get our facilities and staff prepared, trained and ready
- Identify and organize operational resources
- Provide guidance to all IU Health partners/ entities (23 local incident command structures)
- Develop standard work
- Liaison with external health, government and emergency response agencies
- Lead system communication to stakeholders



ROLE OF LOCAL INCIDENT COMMAND STRUCTURES

- **Emergencies are LOCAL**
 - Should a patient present at a hospital, that hospital is in control of managing the operations with system support
- **It is imperative that we ensure readiness locally and this is best done through coordinating, communicating and learning together using standard work with a consistent framework**



STANDARD WORK OF THE TEAM DEFINED

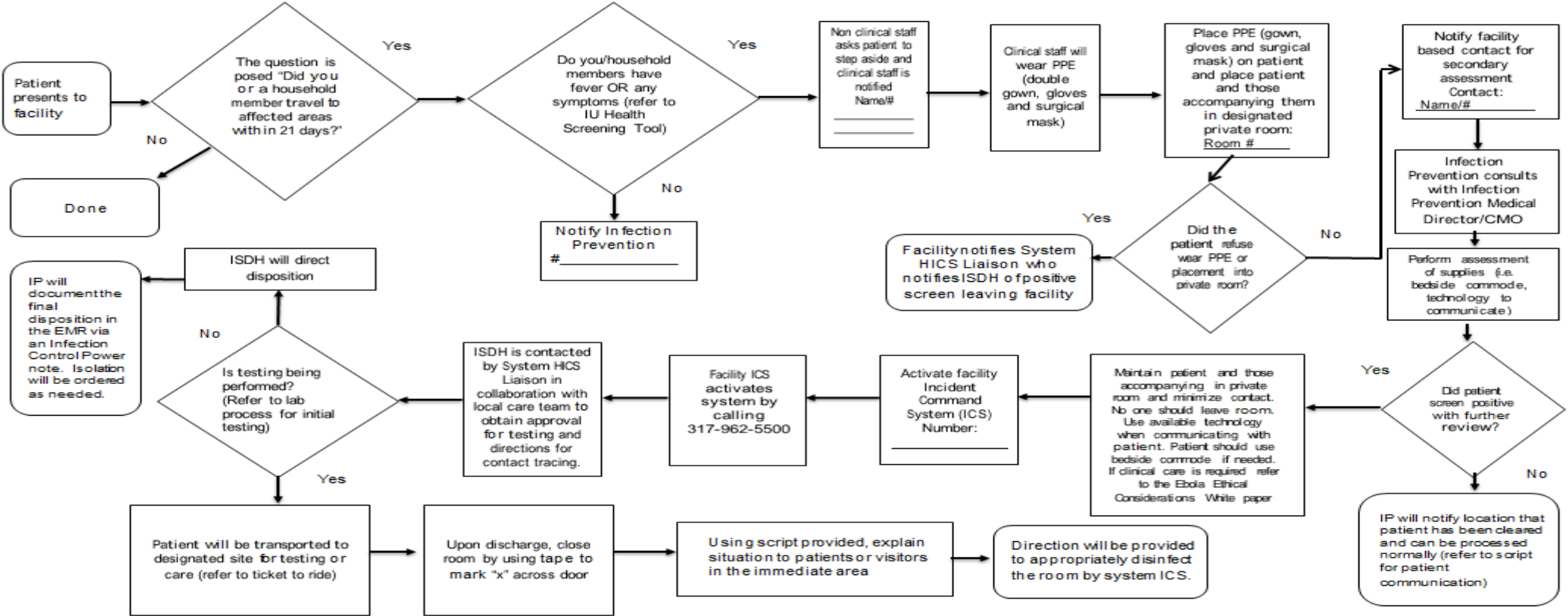
- **Communication daily**
- **Standard work**
 - Communication plans (internal & external)
 - Town hall content & leader talking points
 - PPE guidance & coordination
 - Visitor restriction guidelines
 - HR policy and procedures
 - Approach to care guidelines
 - Insurance coverage and enterprise risk recommendations
 - Learner guidelines
- **Training**
 - All employee module (eLMS)
 - SWAT (specialized training for volunteers)
 - Tracer programs
 - Table top drill program
- **Alternate site contingency plan including facilitation of transfer**
- **Shared contracts, when needed**
 - Hazmat, disinfection, etc
- **Supply chain, IT & lab coordination**



SYSTEM PROCESS FLOW MAP

EBOLA SCREENING PROCESS MAP

Revised 2.2.2015



FACILITY EBOLA READINESS CHECKLIST

IUH 2014 Ebola Tracer Results			
Location	Tracer Date	Pass/Fail	Issues Encountered
Methodist			
Main Admitting	2/4/2015	Pass	
Radiation Therapy	2/4/2015	Pass	
Emergency Department	2/4/2015	Fail	Initial questions not asked. Action taken: RM spoke with manager A. Wilson, plans to include education in huddles, and follow up with triage desk staff
Breast/MRI registration		Pass	
B5/C5 Direct Admit		Pass	
University			
PT 4th Floor AOC	2/4/2015	Pass	
Derm. Clinic 3rd floor AOC	2/4/2015	Pass	Question: Cerner only prompts to ask patient about travel, does not prompt to ask about the patient's family. Should this be changed?
Oral Max. Facial Clinic, 3rd floor AOC	2/4/2015	Pass	IU School of dentistry Clinic, did not have all Ebola resources available. Action: RM provided tools
Staff and Family Clinic 3rd floor AOC	2/4/2015	Pass	
Primary Care Clinic 3rd floor AOC	2/4/2015	Pass	Major Kudos, excellent job!
Coleman clinic 2nd floor AOC	2/4/2015	Pass	Observed three encounters, all passed. Have an Ebola supply cart
SOPA Clinic	2/10/2015	Pass	
Main Radiology	2/10/2015	Pass	
MDC 2nd floor AOC	2/10/2015	Pass	
Pain Clinic 2nd floor AOC	2/10/2015	Pass	
AOC Main Registration	2/10/2015	Pass	
Riley			
Emergency Department	2/2/2015	Pass	Staff had to search for laminated tool at desk. Action: RM informed manager
MRI-SFT	2/2/2015	Fail	Front desk staff passed tracer. Clinical staff was unable to perform the secondary assessment to confirm positive screen. Action: Staff member coached. Clinical staff also required coaching regarding containment procedures

- Helps identify critical gaps and understanding of facility readiness
- Updates due weekly
- All reds must have countermeasures
- Manage by exception

CRITERION FOR SITE ASSESSMENT

- Meets determined need
- Risk (business interruption, clinical & financial)
- Operational Feasibility
- Strategic Risk
- Staffing & Training
- Sustainability
- License
- Location
- Costs
- Community & Stakeholder Perception (vs the “reality” of the disease process)



LESSONS LEARNED

- We are preparing for all types of incidents, this has been a critically important learning exercise
- A formal communication structure (using IC) has been essential to our work
- Our formal structure helped to reduce the perceived external “chaos” and changing messages (i.e. PPE)
- We are establishing better coordination and communication channels with local, state and federal agencies
 - We encountered many opportunities for improvement
 - Funding, logistics, efficiencies, etc



LESSONS LEARNED

- We continue to evolve and learn, this is an iterative process
- Our planning was critical and proved invaluable when put to the test
- Depth of System IC structure for extended events
- Respect for “need to know” circumstances is critical to appreciate among all parties



PLATFORM FOR CHANGE, I.E. SILVER LINING

The Ebola crisis highlighted the fact IU Health did not have a well-coordinated system approach to incident command; therefore, we used the Ebola crisis to ready IU Health and created a platform for change



THE PATH FORWARD: From Event Specific to All Hazards



REASON FOR ACTION: NATIONAL LANDSCAPE 2017



June
Active Shooter –
Bronx-Lebanon
Hospital



August
Houston
Harvey
Floods



Oct
Las Vegas
Mass
Casualty



December
California
Mudslides



June – Nov
“Florida Hurricane Season most
active and destructive of all time”



Sept
Puerto Rico
Hurricane
Maria
Apocalyptic



Oct – Dec
California
Wildfires



REASON FOR ACTION HITS HOME: EVENTS IMPACTING IU HEALTH

- Indiana State Fair stage collapse, August 2011
- Airborn irritant at Riley Hospital for Children, September 2012
- Richmond Hill neighborhood explosion, November 2012
- Active threat (suspected shooter) on IUPUI Campus, March 2013

<https://www.bing.com/videos/search?q=state+fairgrounds+stage+collapse&view=detail&mid=2038F8686CD317B7B38B2038F8686CD317B7B38B&rvsmid=E76213D75E938CC2120CE76213D75E938CC2120C&FORM=VDOVAP>



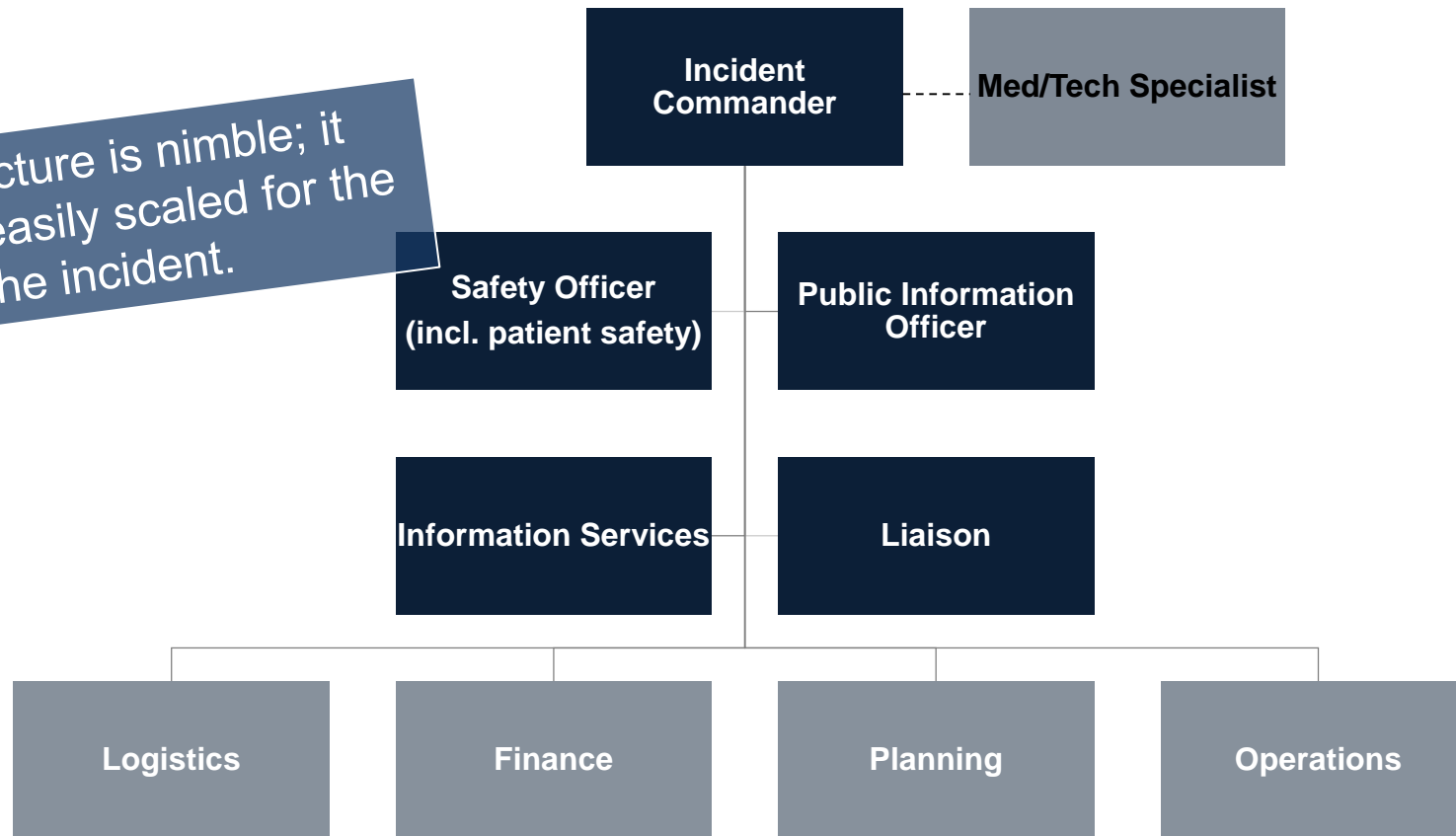
VIDEO BY WRTV

SHOW CAPTION



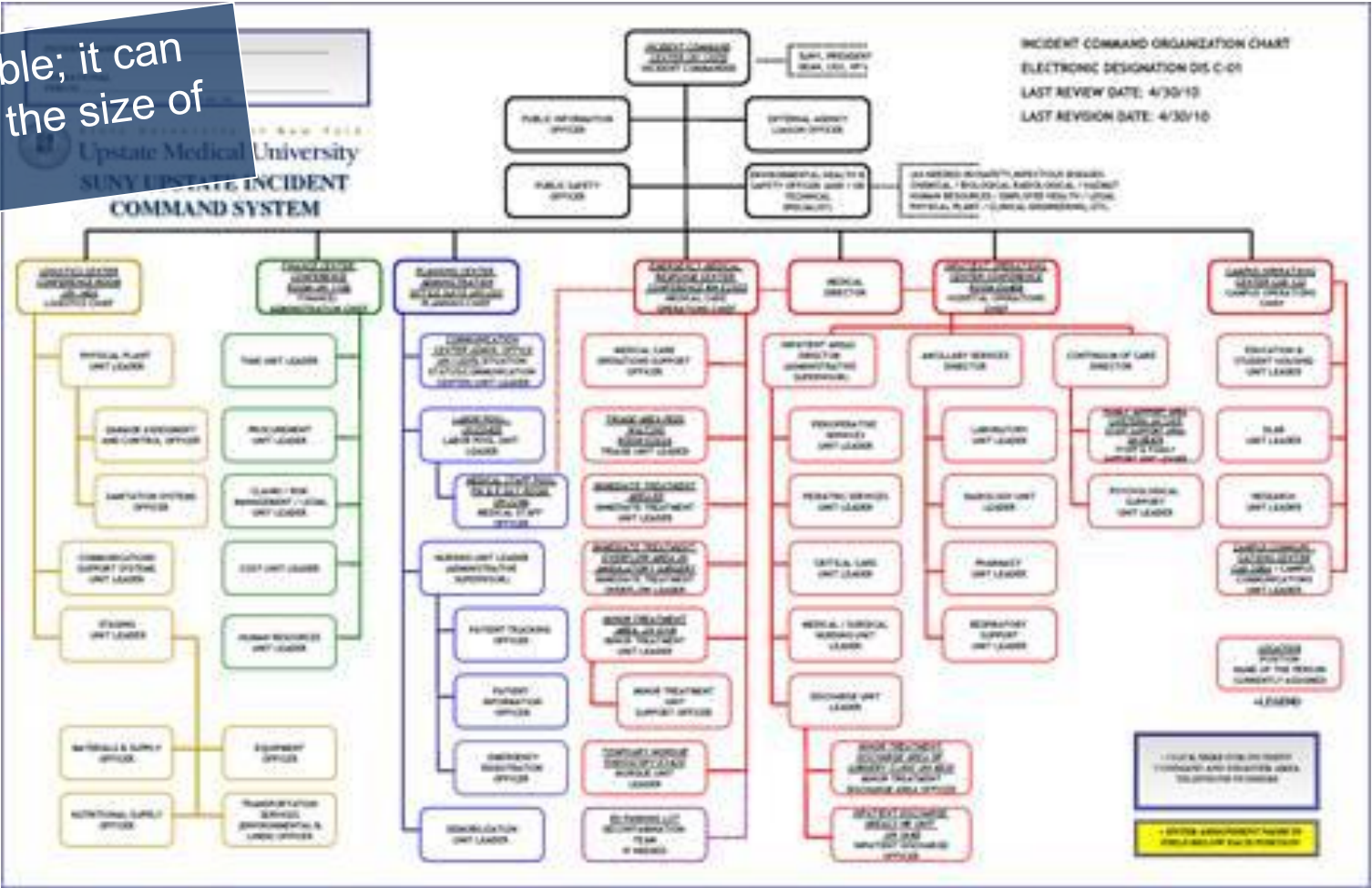
BASIC HOSPITAL INCIDENT COMMAND STRUCTURE

The structure is nimble; it can be easily scaled for the size of the incident.



HOSPITAL INCIDENT COMMAND STRUCTURE - COMPLEX

The structure is nimble; it can be easily scaled for the size of the incident.



ROLES OF SYSTEM INCIDENT COMMAND

- Direct & coordinate effort to get our facilities and staff prepared, trained and ready in a standardized manner
- Identify, organize and prepare operational resources
- Provide guidance to all IU Health partners/ entities
- Develop standard work for all hazards
- Liaison with external health, government and emergency response agencies
- Lead system communication to stakeholders



SYSTEM INCIDENT COMMAND TEAM RESPONSIBILITIES

- Provide response direction
- Coordinate effective communication
- Coordinate resources
- Establish incident priorities
- Develop mutually agreed-upon incident objectives and approve response strategies
- Assign objectives to the response structure
- Ensure integration of response organizations into the Incident Command Structure/Unified Command
- Establish protocols
- Ensure safety of patients, staff and public health
- Inform the media



SYSTEM “POLICIES”

- Standard FEMA training expectations (includes ICS100, 200, 700 & 800 for all ICs & Command Staff) (know “how”)
- Common decision support tool (know “when” to activate)
- Standard IC Activation algorithm (know “who” to activate)
- Adherence to standard job action sheets



WHEN TO ACTIVATE

IU HEALTH INCIDENT COMMAND DECISION SUPPORT TOOL

Use to determine the need for System Incident Command escalation.

SAFETY		
Injuries or deaths have occurred due to an incident in an IU Health hospital or facility	YES ___	NO ___
There are immediate safety and/or security risks to staff, patients, and visitors at an IU Health hospital or facility	YES ___	NO ___
Evacuation and/or increased security for patients, visitors, and staff is required (Vertical, Horizontal, Facility Evacuation, Access Restriction, Facility Lockdown)	YES ___	NO ___
INCIDENT FACTORS		
A community incident has occurred that likely involves a large number of injuries and/or fatalities	YES ___	NO ___
Mass casualty or public health emergency surge is imminent or occurring	YES ___	NO ___
Hospital facility has been damaged	YES ___	NO ___
Critical building mechanical systems are out of service (HVAC, Plumbing, Elevators, Vacuum Tube, Access Control)	YES ___	NO ___
Public utility systems are out of service (Electric, Gas, Steam, Water, Chill Water, etc.)	YES ___	NO ___
Critical information technology & communications systems are out of service (Telephone, Network Systems, Radio, Cerner, Lawson, Fire Alarm)	YES ___	NO ___
Incident response requires more personnel, equipment, and/or material than is currently available	YES ___	NO ___
Incident impacts medical treatment and/or business operations	YES ___	NO ___
Incident response activity will likely extend beyond the current work shift	YES ___	NO ___
Incident will have high planning, operational management, and logistical support requirements	YES ___	NO ___
Will have high public information, media, legal, and/or government affairs requirements	YES ___	NO ___

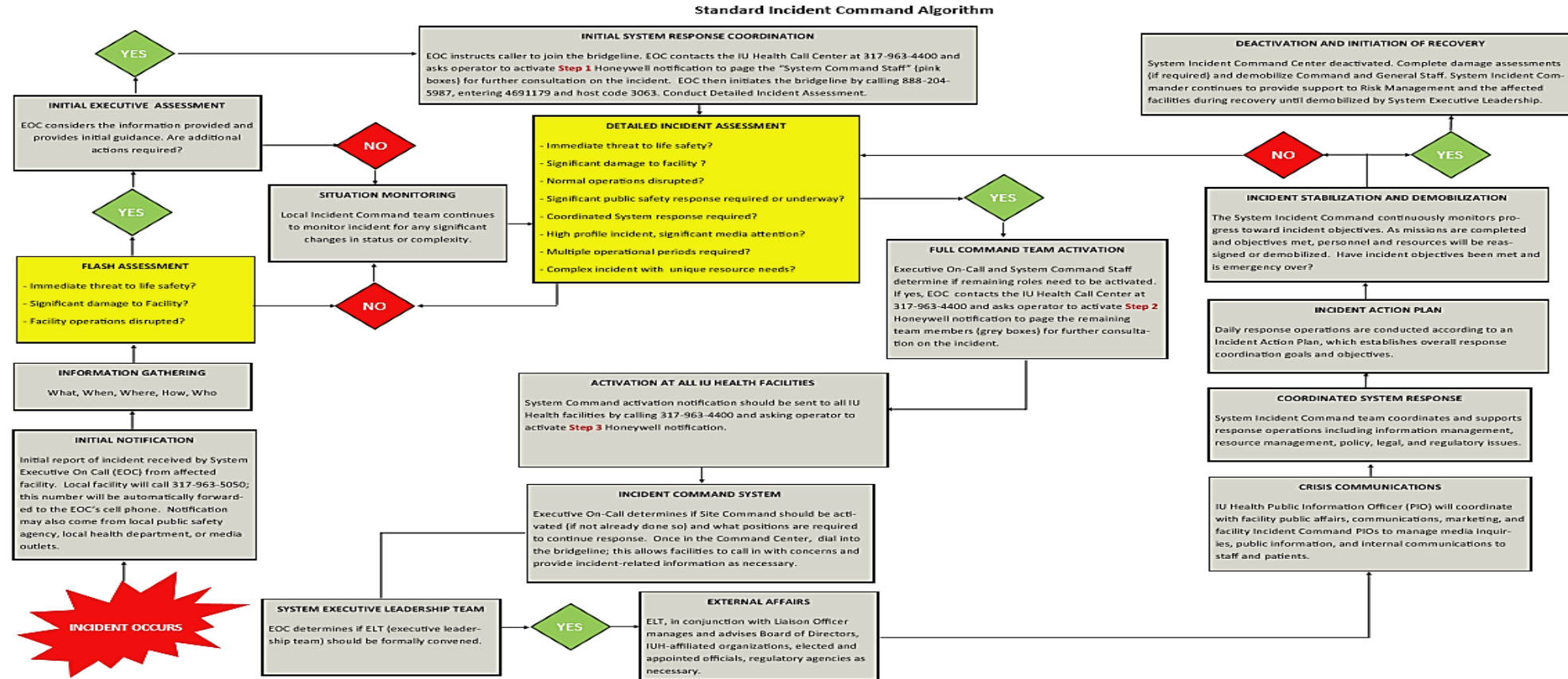
IF THE NUMBER OF "YES" ANSWERS IS 3 OR MORE, SYSTEM INCIDENT COMMAND ACTIVATION AND EXECUTIVE LEADERSHIP NOTIFICATION IS RECOMMENDED

NOTE: Please use your best judgement and don't hesitate to activate - this document is for guidance purposes only.

The "Trigger Document"

Used as a guide to determine for what events the local incident command team should escalate to system incident command

HOW AND WHO TO ACTIVATE



SYSTEM DEPLOYMENT OF INCIDENT COMMAND STRUCTURE

- Potential Ebola Patients, Oct 2014
- National Terrorist Threat Notification, Dec 2016
- WannaCry Virus, May 2017
- Possible Deployment of Team Members for Flood Assistance, Nov 2017
- Decontamination for Hazardous Substance at IU Health North, Dec 2017
- Network Outage in IU Health East Central Region, Jan 2018
- Flu Epidemic, Feb 2018
- School Shooting, May 2018



OUR IU HEALTH DISASTER PREPAREDNESS JOURNEY



2014

- Formed an incident command structure to manage Ebola crisis

2015

- Tested structure with suspected Ebola patients
- Used the structure with other system initiatives

2016

Implemented a system-wide mass communication system

2017

- Established system “policies” for standard work among IU Health entities
- Demonstrated ability to activate system response (successful monthly drills)
- Implementation of a system incident command/ Executive on Call (EOC) structure
- 100% of IC & Command Staff trained

2018

- Developed system emergency operations plan and supporting standard operating procedures
- Standardized how support service resources are engaged
- Conducted full scale system incident command drill

2019 GOALS

- More advanced training and drills



MAINTAINING AND SUSTAINING IC

Maintaining and sustaining Incident Command is not for the faint of heart

Expect to dedicate significant time and resources to:

1. Maintaining all staff positions ideally three deep at both System and Local level
 - Keep in mind retirements, promotions, departures, vacations, leave
2. Scheduling and executing frequent drills
 - Internal, external, and demonstrations to leaders and stakeholders
3. Continually engage senior leadership and board of directors. Demonstrate the value of the process
4. Constantly communicate and train emerging leaders and team members about the availability of the Incident Command process to manage any type of complex event
5. Keeping skills up to date for non-traditional types of training such as donning and doffing PPE



KEY LEARNINGS FROM OUR JOURNEY

- Fully commit to development and implementation
- Drill until you fail
- Build a deep team
- Standard work is paramount
- Trust the process, tools and resources
- Start with FEMA resources and tailor as appropriate
- Over communicate, then communicate more
- Develop a vehicle for 2-way communication and information sharing
- Develop a mechanism for effective finance administration



HELPFUL RESOURCES

- FEMA Online Courses can be found at this link ->
<https://training.fema.gov/is/crslist.aspx>
- Incident Command Job Action Sheets can be found at this link ->
[http://hicscenter.org/SitePages/Job%20Action%20Sheets%20\(JASs\).aspx](http://hicscenter.org/SitePages/Job%20Action%20Sheets%20(JASs).aspx)
- Incident Command Forms can be found at this link ->
<https://training.fema.gov/icsresource/icsforms.aspx>

THANK YOU

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