

TRUSTEE ADVISORY

The Board's Role in Disaster Readiness

Hospitals play a critical role in any emergency, and are often viewed as a safe, resilient location for victims to flock to regardless of the nature of the emergency. After September 11, 2001, the potential and extent of a terrorist attack became real to hospitals across the nation. This added to the number of threats hospitals were already preparing for, such as hurricanes, earthquakes, floods, fires and hazardous material spills.

More recently, hospitals have faced the challenge of natural disasters, including four severe Florida hurricanes in 2004, four earthquakes and one tsunami warning in California, all occurring in June 2005, and the recent devastation of Hurricanes Katrina, Rita and Wilma. Hospitals have been instrumental in caring for victims of these disasters; however, were they as prepared as possible?

After Hurricane Katrina's flood waters receded, the total number of fatalities exceed 1,200, and some of those deaths occurred in hospitals hit hardest by the hurricane. The impact of these recent events may lead to the discussion of critical questions such as:²

- To what extent must hospitals prepare for the more unlikely natural disasters?
- How much should organizations expect to rely on government responders?
- When should a hospital risk lives to move patients in case of a disaster, rather than try to ride out a storm that could pass with little lasting damage?

Preparing for an Emergency

When developing a disaster readiness plan, hospitals should identify key threats, develop plans to address each threat, and perform practice drills. Throughout the process, board members and hospital leaders must emphasize the importance of preparing for potential emergencies, dedicating time and resources to the process to demonstrate its importance. Failure to

plan appropriately can have significant negative impacts on the health and welfare of the region, as well as the hospital's future business success. In fact, some statistics indicate that approximately 40 percent of businesses affected by disasters close within several years due to lack of planning.¹

Identify Key Threats. Every hospital should begin its disaster preparedness plan by conducting a "hazard vulnerability analysis" to determine what types of emergencies are most likely to occur. For example, while hospitals in the gulf coast face significant risk of hurricanes,

organizations in California are likely more concerned about earthquakes, and hospitals near a major rail transportation line may be preparing for a potential hazardous material incident.¹

Plan. Once all potential hazards have been determined, organizations must develop

plans to address each emergency. The planning process should include as many disciplines as possible, representing all the key players within the hospital family. The multi-disciplinary approach helps hospitals to develop a comprehensive plan, seeking ideas from front-line caregivers as well as behind the scenes employees including housekeeping, medical records, information technology and central sterile supply.¹

Practice. Developing an emergency plan will not prepare hospitals for any disaster or

terrorist attack unless it is practiced. Simulating a disaster not only helps the key players to understand their role in the emergency plan and give them confidence, but it also helps identify flaws in the plan, which can be amended before a real disaster strikes. Performing at least two practice drills a year is also a requirement by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The importance of practice was apparent to Charlotte Regional Medical Center in Punta Gorda, Florida when Hurricane Charley hit in 2004. The medical center lost power, water and communication within 20

minutes of being hit by the storm, and infrastructure around the facility was severely damaged. Despite the hurricane's impact, employees were well prepared thanks to a three-day drill it had held prior to the hurricane season. According to the senior nursing supervisor at Charlotte Regional, "the drill elevated awareness...it's great to have a plan on paper, but until you test it out, you don't know if it's going to

work. There has been no learning experience greater than the one we had after Charley to know how to manage patients."³

JCAHO Recommendations

In September 2005 the Joint Commission issued a step-by-step guide for small, rural and suburban communities to prepare for and successfully respond to local and regional emergencies, called "*Standing Together: an Emergency Planning Guide for America's Communities.*" The guide provides 13 essential steps that local government and public health leaders should use when establishing an emergency plan, including:

1. Define the community;
2. Identify and establish an emergency management preparedness and response team;
3. Determine the risks and hazards the community faces;

"The devastation of Hurricane Katrina is an all-too-recent and stark reminder of the need to anticipate and plan for mass casualty disasters...Communities need to grasp the reality that they may well be largely on their own for several days following a major disaster."
 -Dennis S. O'Leary, M.D.,
 President, JCAHO⁴

"No clear case law exists for a hospital that failed to plan for such a severe storm [Hurricane Katrina]."
 -Edward Richards, Louisiana
 State University Law
 Professor²

4. Set goals for preparedness and response planning;
5. Determine current capacities and capabilities;
6. Develop an integrated plan;
7. Ensure thorough communication planning;
8. Ensure thorough mental health planning;
9. Ensure planning related to vulnerable populations;
10. Identify, cultivate and sustain funding sources;
11. Train, exercise and drill collaboratively;
12. Critique and improve the integrated community plan; and
13. Sustain collaboration, communication and coordination.

The guide was developed as a result of a two-year project including a 43-member panel of experts, as well as analysis of *The 9/11 Commission Report* from the National Commission on Terrorist Attacks Upon the United States and reports from the U.S. Department of Homeland Security. In addition to the 13 recommendations, the document includes a variety of real-world examples describing what specific organizations have done to prepare for or respond to an emergency.

Trustees' Role in Emergency Management Planning

Although trustees may not be directly involved in responding to a local disaster or be required to assist the hospital during emergencies, their participation before, during and after a disaster strikes is critical. Advice from "Bioterrorism: The Silent Killer" in *Trustee* magazine says that to prepare for a disaster, trustees should:⁵

- Become well-informed about the hospital's disaster preparedness plan;
- Use political influence to encourage state governments to financially support efforts that connect hospitals with public health departments, fire departments and other disaster personnel for a coordinated response;

Hospital and Community Readiness Check		
	YES	NO
Has our organization or another community leader convened the local health care infrastructure for disaster preparedness discussions?	<input type="checkbox"/>	<input type="checkbox"/>
Are our physicians and other caregivers trained to recognize symptoms of exposure to the most common biological or chemical agents, and to be attentive to unusual patterns of illness?	<input type="checkbox"/>	<input type="checkbox"/>
Has our hospital reviewed and updated its procedures for sharing information with local or state health departments about unusual cases?	<input type="checkbox"/>	<input type="checkbox"/>
Has the organization determined the scope and resources for the emergency management plan and implementing the plan?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have plans in place to rapidly expand clinical and non-clinical staff in the event of a disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff members been oriented in their roles and responsibilities within the command structure?	<input type="checkbox"/>	<input type="checkbox"/>
Have we determined how critical supplies will be obtained and allocated?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have a plan to recognize and reward the heroes, and those who supported the organization during the crisis?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have an organizational-wide commitment to communicate effectively and openly during times of crisis?	<input type="checkbox"/>	<input type="checkbox"/>
Does the organization have a separate crisis communications plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
In the aftermath of a disaster, is the organization prepared to review the documentation and debrief key personnel in order to prepare a comprehensive report describing the crisis and evaluating the process undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
Has the organization determined which key audiences need ongoing, follow-up communication about the crisis and its aftermath and the organization's recovery?	<input type="checkbox"/>	<input type="checkbox"/>

Source: Adapted from *Readiness for Potential Attack Using Chemical or Biological Agents*, American Hospital Association.

- Make sure someone in the organization is keeping a regular tally of where supplies such as blood and beds are in the community;
- Regularly collaborate about biological and chemical terrorism preparedness
- with competing hospital boards for the good of the community; and
- Establish relationships with outside support systems, such as county and state public health authorities.

Sources and More Information

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