



**96 Hour Sustainability
Assessment:
*Do we stay or do we go?***

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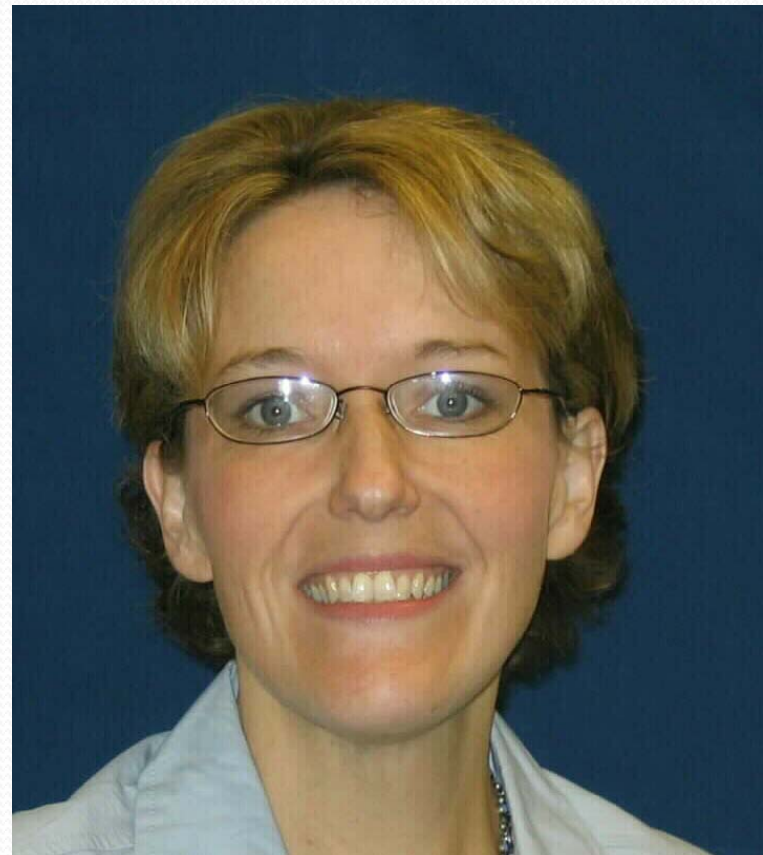
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Background

- Increased focus since Katrina
- Collaboration with community preparedness partners
- Assessment of resiliency
- New Joint Commission Standard in 2008
- Fully scoreable beginning 2009



96 Hour Assessment

- Not a rule but a principal
- Delays in state and federal response could exceed 72 hours
- Does not mandate building of additional storage capacity or stockpiling supplies
- Advance planning to develop a process for making realistic decisions
- Understand how well resources, assets and utility systems could endure





Build on the Assessment

- Identifies the mitigation activities to be undertaken once an emergency begins
- Attempts to lessen the severity and impact that a potential emergency may have on the facility
- Build on the 96-hour assessment from 2008



Role of Hospital Planning Team

- Engage community partners to develop the Hazard Vulnerability Analysis (HVA)
- Communicates its needs and vulnerabilities to community response agencies
- Integrates the hospital incident command structure into community incident command



Planning with the Community

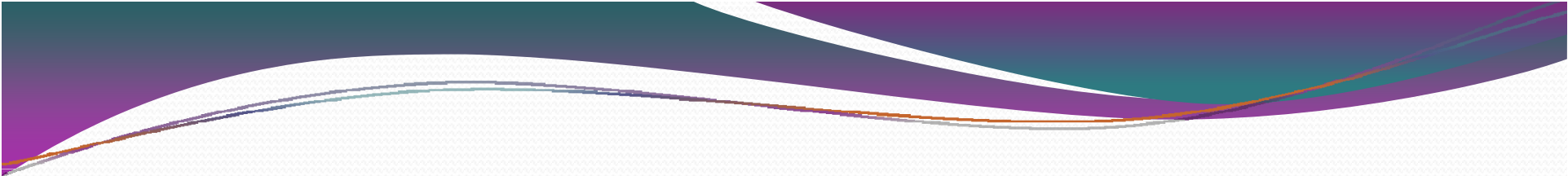
- Understand the priorities of your community
- Review facilities' HVA with community partners
- Use scenarios to develop relationships and memorandums of understanding prior to an event





Strategies for Planning

- What scenarios could happen
 - Events with warning
 - Events without warning
- Determine resources and capabilities needed to continue patient care without the support of outside assistance
- Develop planning grid for resources



Community Impact from Loss of Power or Flooding

- Physician's offices and outpatient cancer centers
- Retail and outpatient pharmacies
- Free-standing dialysis centers
- Home health and special needs patients
- Discharged patients





Dilemma for Hospitals

- Admissions up + discharges down
- Outpatients and chronically ill arrive seeking medical support
- Citizens come seeking non-healthcare related services and shelter
- Escalating pressure applied to limited resources
- Shelter in Place vs. Evacuation



6 Critical Functions

- Communications EM.02.02.01
- Resources EM.02.02.03
- Safety and Security EM.02.02.05
- Staff Responsibilities EM.02.02.07
- Utilities EM.02.02.09
- Clinical Activities EM.02.02.11



Documentation of Resources

- Annual review required
- Ability to assess inventory during an emergency
- Depends on scenario
- Function of Logistics to report status to Incident Command



Strategies for Mitigation

- Stockpiles
- Memorandums of understanding with vendors and other suppliers
- Method of monitoring inventory in an event
- Identification of “triggers” to initiate additional purchases



Strategies for Response

- Conserving resources
- Curtailing services
- Consolidation of patients, staff and supplies
- Supplementing with resources outside the community
- Closing the hospital to new patients
- Staged, limited or total evacuation





Evacuation Planning

- What issues will drive the need to evacuate?
- Who will make the decision to evacuate?
- How will the evacuation proceed?
- What resources will be needed for evacuation?
- How will evacuees be transported?
- Where will they go?
- The list goes on.....



Strategies for Recovery

- Coordinated assessment of the facility for structural and operational damage
- Establish relationships for services with planning MOUs
- Planning function of Incident Command System
- Identify what worked and what didn't



Lessons Learned

- If in the flood plane, relocate electrical panels from lower level
- Impact of compromised water sources
- Prepare for donations
- Security from looting
- Understand insurance coverage and mitigation requirements



PDCA

Plan: HVA, resource inventories,
method of monitoring inventories

Do: Annual exercises, inventory updates

Check: Evaluate readiness vs. need, on-
going gap analysis

Act: Monitor and complete
improvement plans; retest



Other Considerations ...



Questions?

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