

Access the recorded webinar here: [2018-11-14 13.30 Hospital-Based Incident Command System Real Experiences and Practical Applications.mp4](#)

Speaker bios: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-hospital-based-incident-command-systems-webinar-speaker-bios.pdf>

Q and A: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-hospital-based-ics-webinar-ga.pdf>

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- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials



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1-844-5-TRACIE



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Some History About HICS

- Originated in 1970s
- FIRESCOPE was original design basis
- Embraced by California Emergency Medical Services Authority as sponsor
- Revised in 2006 and 2014

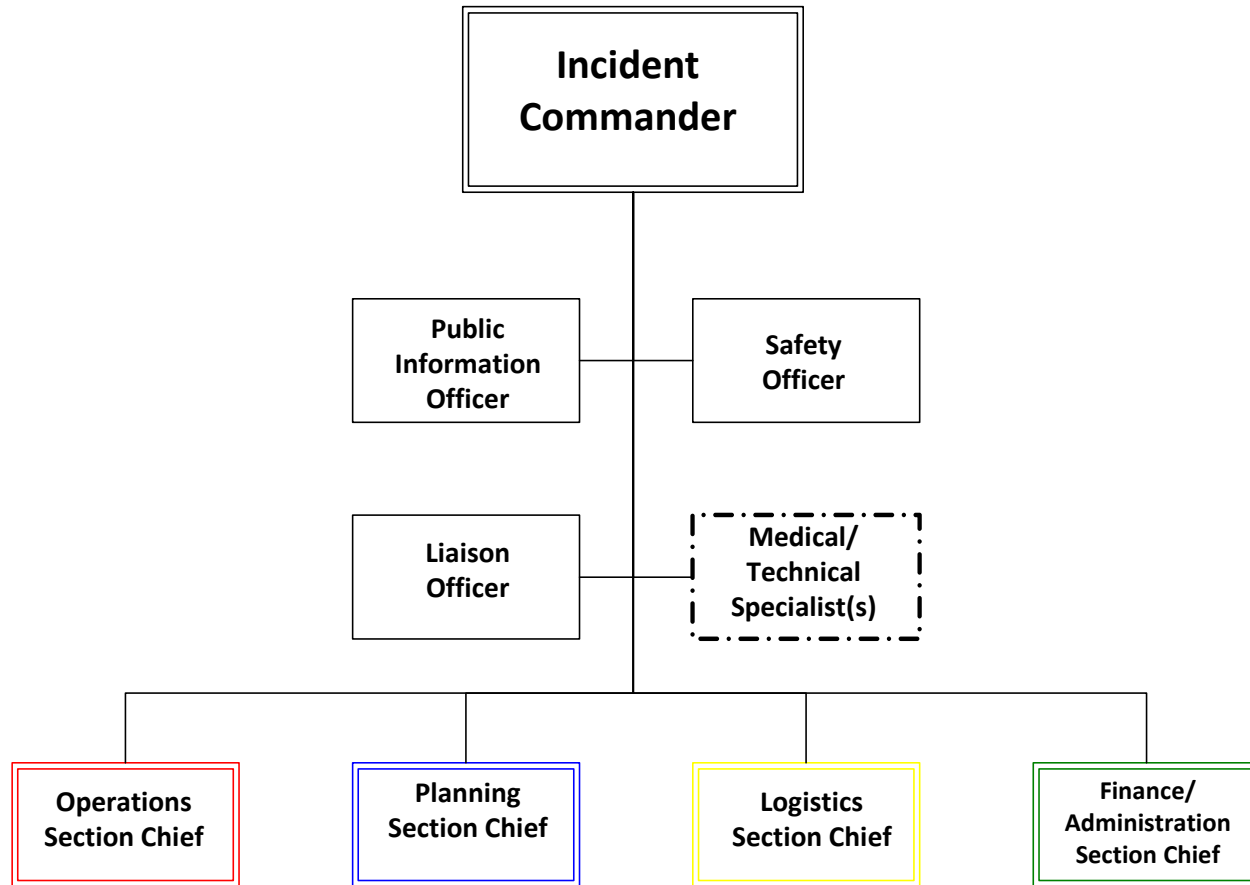
Features of ICS

- Common command structure
- Common terminology/clear text
- Flexible and scalable with a modular organization
- Manageable span of control
- Resource management
- Management by objectives
- Incident Action Planning

Building the Hospital Incident Management Team (HIMT)

- Built according to the incident:
 - Scope and magnitude of the event
 - Actual or projected impact to the hospital
 - Hospital size
 - Available resources (including trained personnel)
 - Special response needs (i.e., HazMat, biological/infectious disease, evacuation, etc.)

BASIC INCIDENT COMMAND STRUCTURE



Modular Organization:
Functional Sections Activated as Needed

Additional ICS Tools

- Job Action Sheets
- Forms
- IAP emphasis
- Incident Planning Guides
- Incident Response Guides
- HICS Guidebook

How Do WE Use HICS?

- Hospitals (HIMT)
 - Each one operates the ICS /HCC
 - Modify structure for situation and resource availability
- Corporate IMT(CCC)
 - Follows basic design except ...
 - Normally NO Operations section

Cyberterrorism

- HICS is most often applied to internal hazards and external threats
- It can be used for IT/IS outage as well !!
- HIMT could include:
 - IC, PIO, and Safety Officer
 - Operations Section
 - Medical Care Branch
 - Business Continuity Branch
 - Infrastructure Branch

Other Sections Too

- Planning Section
 - Documentation Unit Leader
 - Situation Unit Leader
 - Demobilization Unit Leader
- Logistics
 - IT/IS Unit Leader
 - IT/IS Equipment Leader
- Finance Section
 - Procurement Unit Leader
 - Cost Unit Leader

Points Reinforced

- Establish HICS early and grow the system design
- Need to have a comprehensive plan for HIMT to use for guidance
- Conduct situational assessment and continuously monitor
- IAP for operational periods here too!
- Build depth – 24/7 staffing needs do occur
- Communicate Communicate Communicate!
- Staging is important !!

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

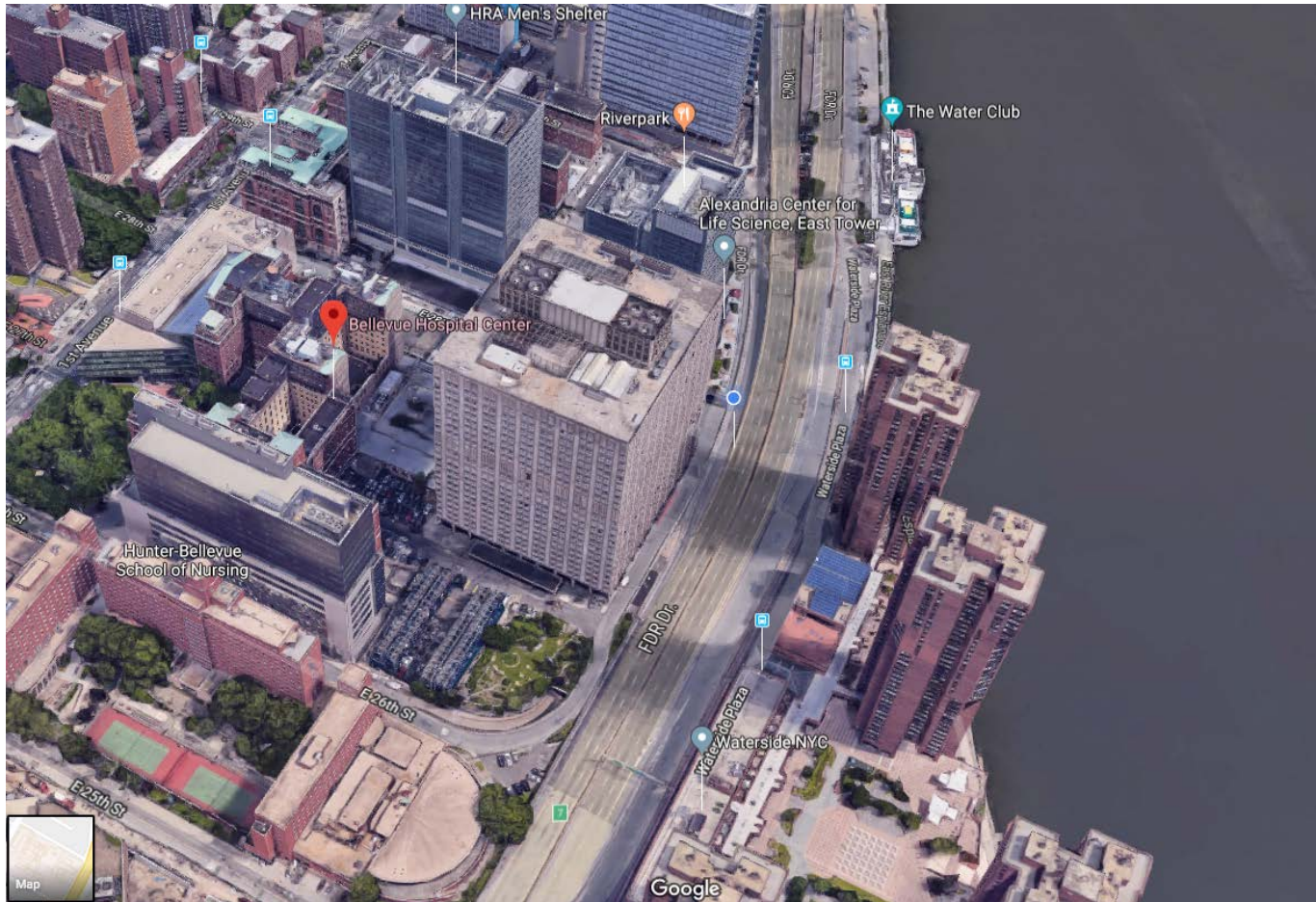
- Background
- Preparation
- Response to Sandy
- Impact Assessment
- Business Continuity
- Service Restoration
- Lessons Learned

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

BACKGROUND

- Flagship of NYC Health + Hospitals
- Oldest Public Hospital in the United States
- NYC Health + Hospitals is the largest public health care system in the United States
- 828 bed Tertiary and Quaternary Care Center
- Level One Trauma Center with 124K ED Visits
- 31K Inpatient Discharges
- 524K Outpatient Primary and Specialty Care Clinic Visits
- 279 Psychiatry beds: Adult, Child, Detox, CPEP
- 3 Forensic units: 68 psychiatry & 34 med-surgical beds
- Safety-Net Hospital for a large diverse population

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy



Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

PREPARATIONS BEGIN Thursday morning, 10/25/12 - 0800

- Implemented our HICS Emergency Management Structure
- Aggressive discharge (not transfers)
- Shelter in place – 96 hour sustainability
- Logistics for Staff, food, sleeping arrangements
- Ordered supplies, food, drugs, water, linen, cots, equipment
- Topped off fuel tanks 50,000 gallons UST, 9 Generators
- Sandbagged critical areas in the basement
- Borrowed water pump from FDNY capable of 3,000 gal/min
- Closed windows, cleared roofs and drains
- Prepared for Shutdown of Mass Transit systems

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy



Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

RESPONSE - Monday evening 10/29/12 - 2200 hours

- Normal Con Edison Power Fails and Generators Start Up
- Basements Begins to Flood damaging Generator, Diesel Fuel Pumps, Elevators, Water Pumps, Medical Gases, Steam Systems, Sterilization, HVAC, Internal and Cellular Phones
- **The Bucket Brigade**



Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

RESPONSE – Wednesday morning, 10/31/12 0600 hours

- Decision Made to Fully Evacuate 723 Patients
- 474 Patients Transferred and 249 Discharged Down Staircases by National Guard and Nursing Staff
- Other NYC Hospitals and SNF had also previously evacuated including NYUMC, Coney Island Hospital, NY Downtown
- Collaborated with NYS DOH, NYC DOH, NYC OEM, H+H Central Office, National Guard, NYPD, FDNY, DOC, & GNYHA
- Medical Rec and next Med dose was sent with every patient
- Clinical staff reached out to “hand-off” the care of every patient including Admitting staff confirmed location of every transferred patient and contacted families

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

RESPONSE – Saturday afternoon, 11/3/12 - 1400 hours

- Restored service to one elevator allowing the last two (2) patients to be evacuated (CV and Bariatric)



Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

IMPACT ASSESSMENT

- All five buildings on campus basements are flooded with 4-18 feet of water damaging base building infrastructure
- A sense of loss –with little time to reflect about our patients, staff, and community
- NYU staff lost both hospitals & research facilities
- Providing counseling services for staff
- Redirecting patients away from Bellevue yet hundreds continue to arrive for care each day
- Staging ambulances outside to transport 24/7
- Begin the Monumental Task of Damage Assessment, Rebuilding & Developing Plans to Re-Open

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

BUSINESS CONTINUITY

- Get Organized FAST !!! - Stayed in HICS Command Structure
- Pump water from basements and assess damages
- Commitment to maintain payroll for 6,000 Staff
- Worked with Labor Unions
- Deployed ALL staff across other H+H facilities in < 5 days
- Credentialing Medical Staff at other H+H facilities
- Shared equipment and supplies
- Environmental Issues
- Engage consultants and contractors
- Communications, Media and Stakeholder Visits

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

SERVICE RESTORATION

- 11/19/12 – Ambulatory Care Building including Primary care, walk in clinic, and Ancillaries re-opened (21 Days)
- 12/10/12 - Freestanding Emergency Services re-opened including Imaging and Full labs (42 Days)
- 12/24/12 –DOH approves 911 Ambulances (56 Days)
- 2/7/13 – Re-Opened the Main Hospital Building, returned to Level I Trauma Center Status (101 Days)
- 2/19/13 – ALL Pre-storm Services restored and All Buildings on campus Re-opened (113 Days)
- 2/19/13 – Issued ALL CLEAR and discontinued HICS Command Structure (113 Days)

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy

LESSONS LEARNED

- Never considered we would use HICS for > 100 days (IC)
- Never considered deploying staff before (Planning Section)
- Never thought patients would keep coming (Ops Section)
- Never planned an evacuation of forensic patients with DOC
- Never planned that NYS DOH would insist on re-survey before re-opening after evacuating (Liaison Officer)
- Never planned how to communicate with our employees that were deployed (Public Information Officer)
- FEMA, FEMA, FEMA (Finance and Infrastructure Branch)
- So many Special Visitors (Liaison Officer)
- Re-building Care TEAMS is very hard work!

Bellevue Hospital's Response & Recovery using HICS during Hurricane Sandy



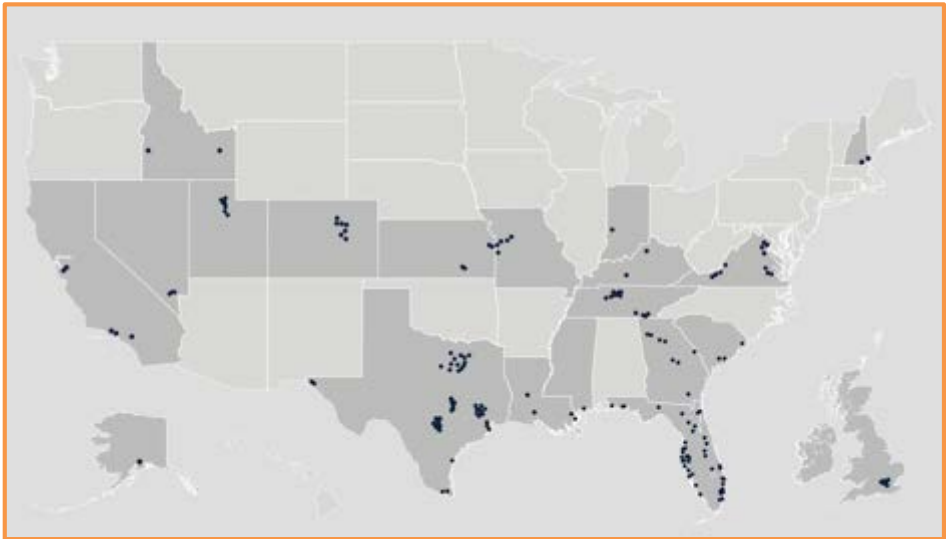


HCA Healthcare

“Above all else we are committed to the care and improvement of human life”

Largest Private
Healthcare System
in World

27+ Million
Patients Annually



Map represents communities directly served by HCA Healthcare.

Enterprise
Emergency
Operations Model

Shared Governance
Model

15 Divisions

- 14 US
- 1 UK

22 US States &
London, UK

330K Employees
and Affiliates

Nearly 200 Acute Care
Hospitals

Over 3000 Out-
Patient Locations



Enterprise Preparedness & Emergency Operations (EPEO):

Mission-driven preparedness for a more resilient healthcare system.

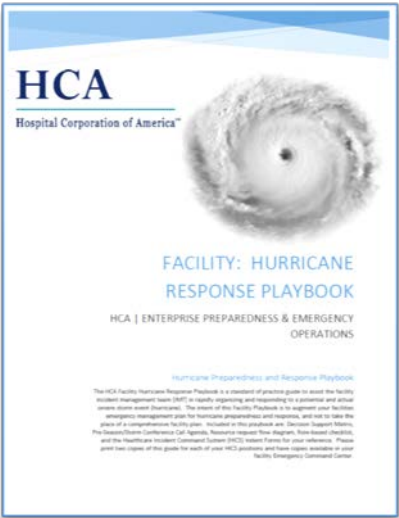
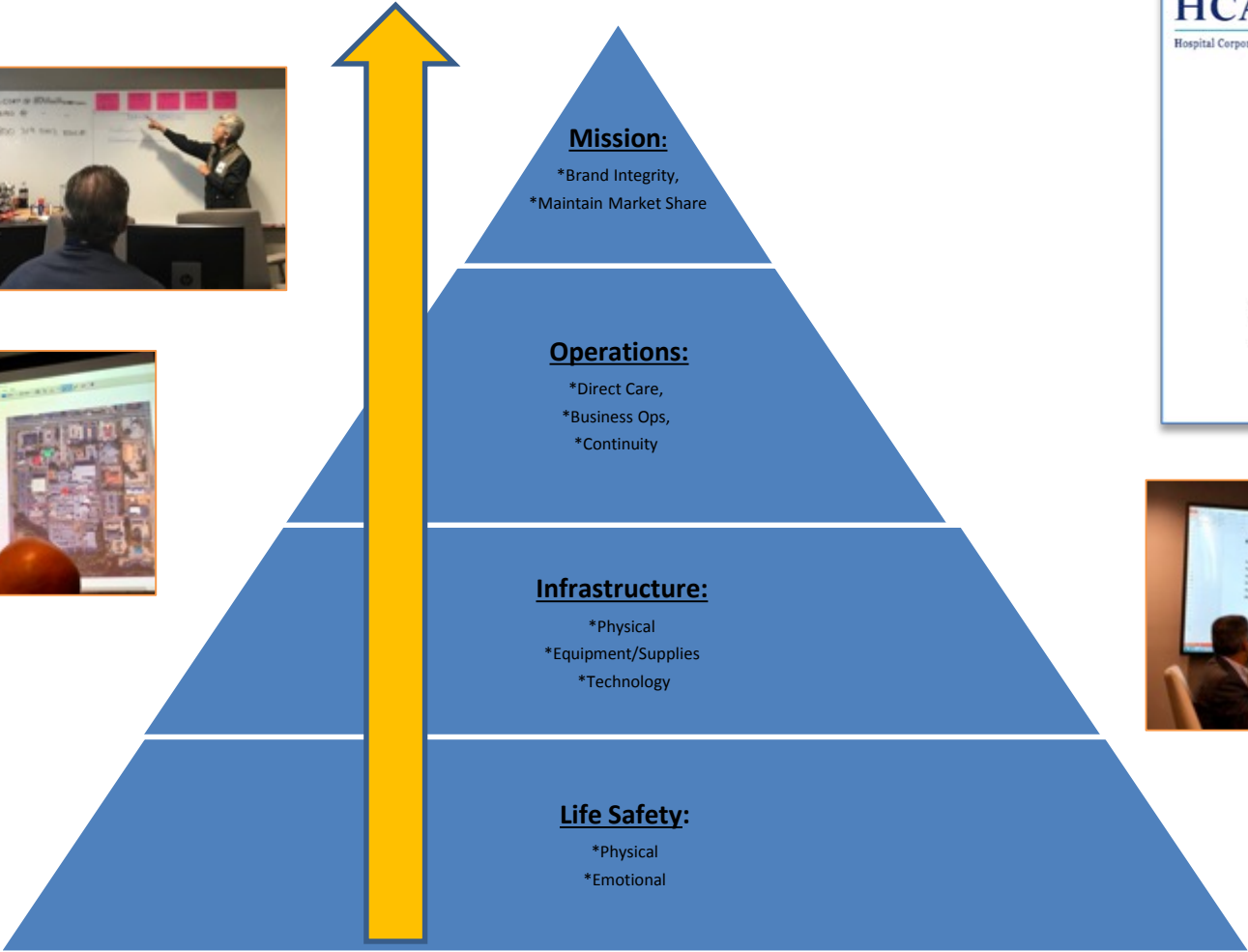
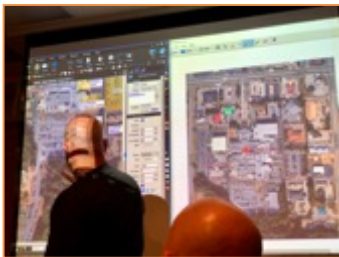
EPEO is focused on our patients, staff and the communities we serve to ensure the integrity and continuity of healthcare operations in the face of anticipated and unanticipated threats.



- Objectives & Priorities:
 - **Readiness**
 - Ensure safe, uninterrupted quality patient care within a safe working environment
 - **Response**
 - Prevent damage and protect our patients, staff, facilities and equipment from both natural and man-made events
 - **Recovery**
 - Maintain continuity of healthcare and business operations
 - **Responsible Leadership**
 - Uphold a positive HCA mission across times of normal and emergency operations



Priorities & Action Planning





Enterprise Incident Management Structure



Enterprise Incident Management Leadership

Clinical

CSG

PSG

OSG

NTC

Infrastructure

FacilitiGroup

Design &
Construction

ITS

Cyber Defense

Support Services

Supply Chain

Work Force Solutions

Business Performance

Business Continuity

Security Services

Mass Transportation

Corporate Aviation

Administrative

Communications

Legal Services

Government Relations

Human Resources

Finance & Treasury

Ethics & IPS

Risk & Insurance

Travel Services

Intelligence

Situational Awareness

Weather Services

Public Safety Liaison

State/Coalition Liaison

Federal Liaison

International Liaison



Senior Leadership Section



Enterprise Emergency Operations

- Enterprise VP of Emergency Operations
 - Sr. Director of Emergency Operations
 - Managers of Emergency Operations
- Company President / CEO
- Group Presidents / Sr. VPs



Section Chiefs

Clinical

Infrastructure

Support Services

Administrative

Intelligence



Clinical Section

Clinical Services Group

- Acute Care Hospitals (U.S. & U.K.)
- Specialty Hospitals
- Free Standing Emergency Departments

Physician Services Group

- Physician practices
- Urgent Care Centers
- Laboratory Services

Operations Services Group

- Ambulatory Surgical Services
- Telemedicine Services
- Cancer Centers
- Out-Patient Diagnostics Services

National Transfer Center

- Centralized Patient Movement Center
- 10 Regional U.S. Transfer Centers





Infrastructure Section



Facilities Group

- Corporate Engineering Department
- Division Facilities Management Teams
- Mobile Generators & Electrical Contractors



Design & Construction Services

- Corporate Architecture Department
- Regional Construction Teams
- Regional Remediation Contractors



Information Technology Services

- Network Services
- Regional Data Centers
- Telecommunications
- Problem Management
- Client Support Services

Cyber Defense Center

- U.S. Centralized 24/7 Cyber Defense Monitoring Center
- Centralized Cyber Command Center
- Dedicated Cyber Response Team



Support Services Section



HealthTrust

Supply Chain

- Largest U.S. Group Purchasing Organization
- 14 U.S. & 1 U.K. Supply & Distribution Center
- Centralized Inventory Management Service

HealthTrust

Work Force Solutions

- Nursing & Allied Healthcare Staffing Agency
- Multi-State Licensed
- Rapid Deployment Teams

Parallon

Business Performance Group

- Centralized Accounting Services
- Centralized Payroll Services
- Centralized Account Registration
- Centralized Medical Records

Enterprise Security Services

- Corporate Security Operations Center
- 3 Regional Armed & Un-armed Security Contractors
- Aviation Security Protection Team

Enterprise Business Continuity

- Enterprise Risk Assessment Team
- Enterprise Business Continuity Planners

Air Methods

Mass Transport Services

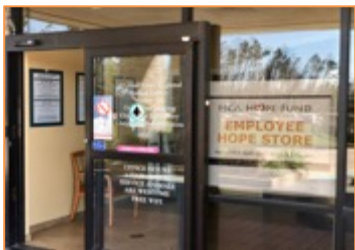
- National Air Medical Contractor
- Rotor-wing (helicopter) & Fixed-wing (plane) Operations
- Patient, Staff, Passenger and Supply Movement
- Heavy Lift Operations

Corporate Aviation Services

- Corporate jet fleet
- IMT/IST Rapid deployment
- Staff movement
- Urgent supply movement



Administrative Section



Communications

- Enterprise Crisis Communication
- Corporate Communication & Brand Management

Legal Services

- Legal Oversight
- Regulatory Review

Government Relations

- Federal, State, Local and International Liaison
- Government Affairs Oversight

Human Resources

- Staff accountability
- Staff & family readiness & recovery
- Hope Fund & EAP

Finance & Treasury

- Accounting and accounts payable
- Cash-on-hand management
- Post event accounting

Ethics & Information Protection

- Ethical compliance and consultation
- Medical ethics management
- Information Protection & Security Management

Risk & Insurance

- Risk Management
- Post event damage & loss assessment
- Post event insurance claims management

Travel Services

- Staff travel management
- Staff travel accountability
- Travel advisories & restrictions



Intelligence Section

Situational Awareness

- CodeReadyEOC.com – Monitoring
- Dataminr.com – Monitoring
- LiveSafe.com - Monitoring

Weather Services

- StormGeo Weather Monitoring
- StormGeo Weather Briefings

Public Safety Liaison

- Federal, State and Local Engagement
- Fusion Center Integration

State & Coalition Liaison

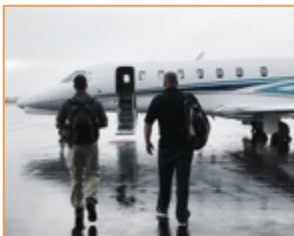
- State ESF-8 Engagement & Coordination
- Regional Healthcare Coalition Engagement & Coordination

Federal Liaison

- HHS / DHS / FAA / FBI / DSAC / USSS / DOD / FDA / DOT / NNSA / WHMU / US Capitol Police Engagement & Coordination

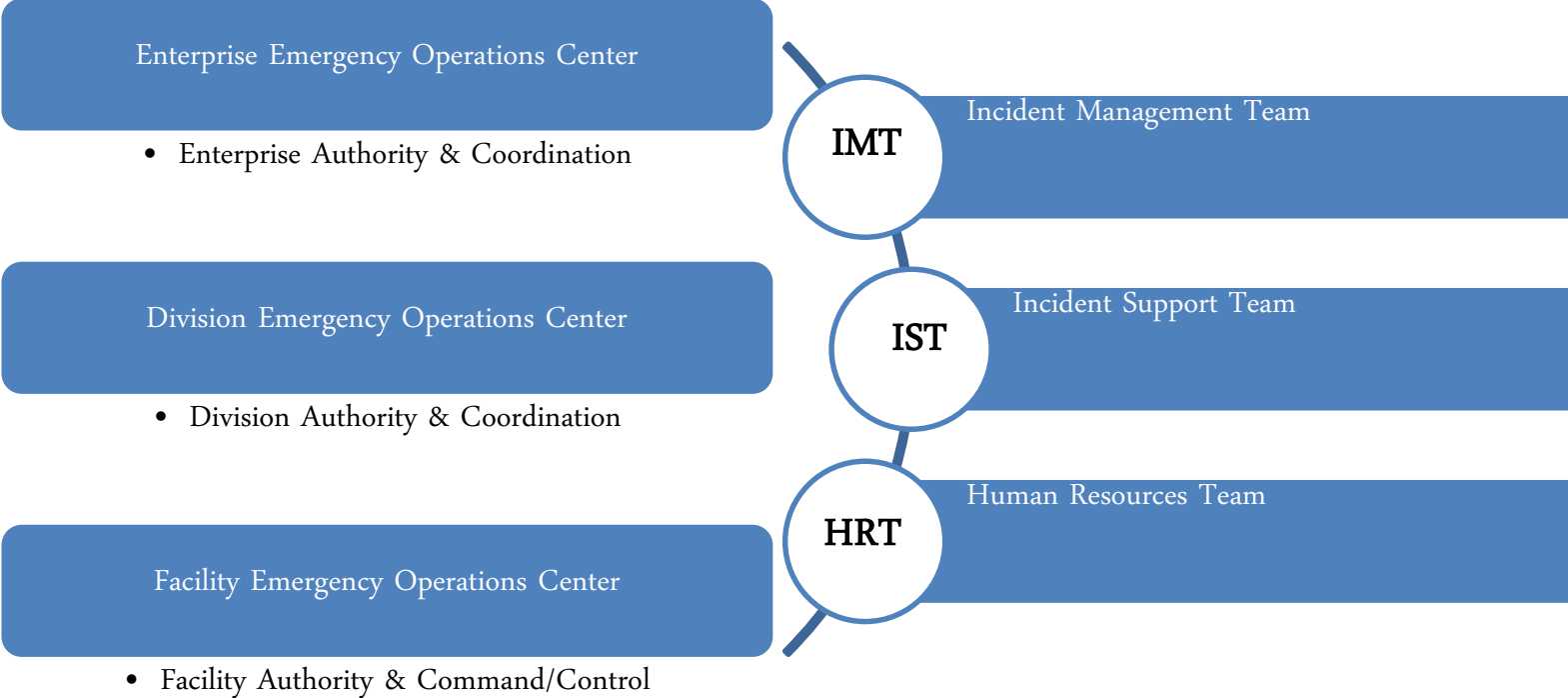
International Liaison

- US State Department / OSAC / International Embassy / Consulate Engagement & Coordination



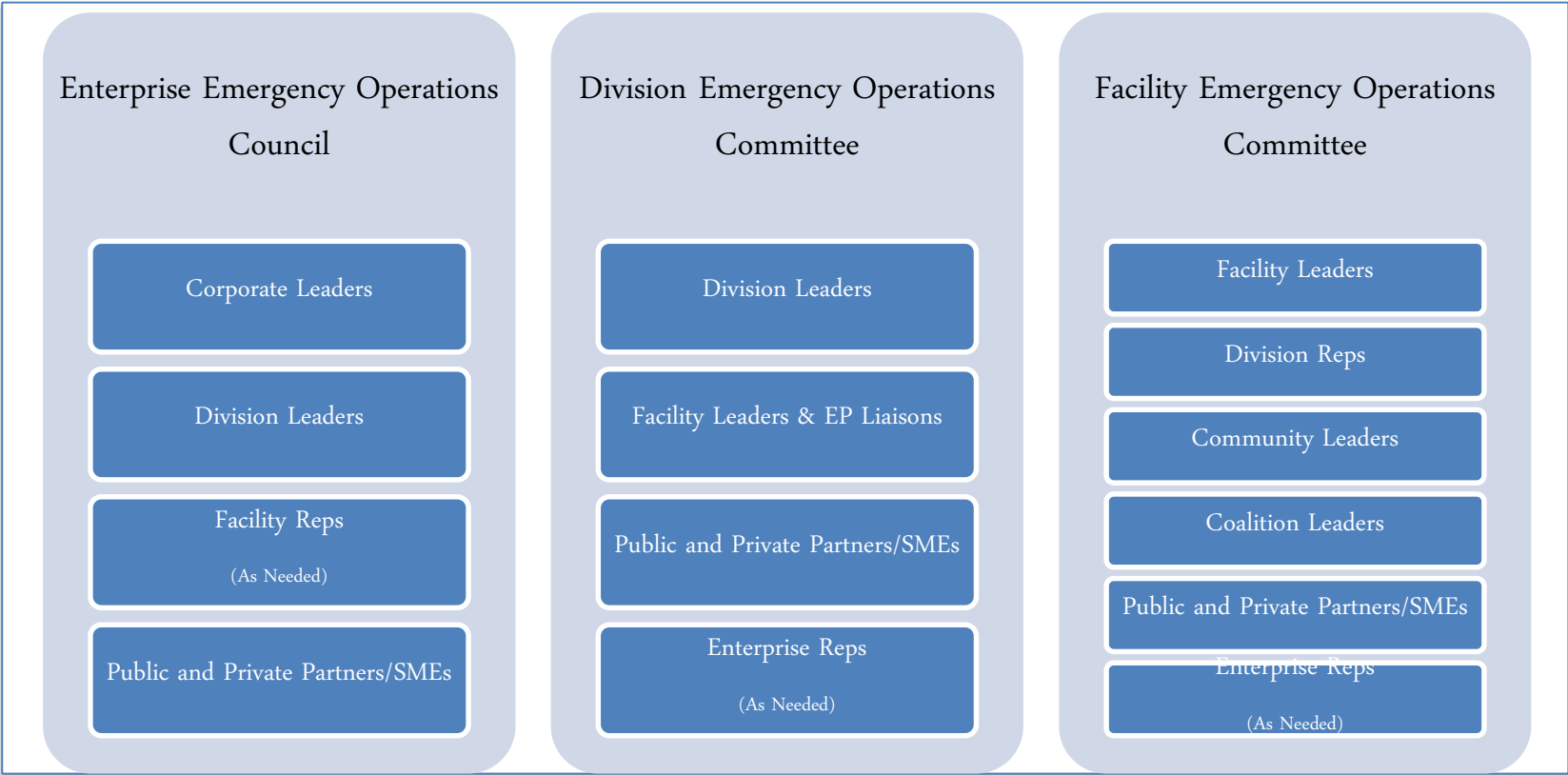


Emergency Operations Coordination





Emergency Operations Coordination





HCA Healthcare Enterprise Emergency Operations

Mission-driven preparedness for a more resilient healthcare system.

Questions / Comments



Thank you!

HICS in a Large Healthcare Organization

Mitch Saruwatari
Director, Emergency Management



Kaiser Permanente By The Numbers



210,794 employees

improving the health of people + communities

39 Hospitals

673 Medical Offices



57,141 nurses

are at the center of our care



22,080 physicians

deliver high-quality care to Kaiser Permanente members

\$72.7 Billion Operating Revenue

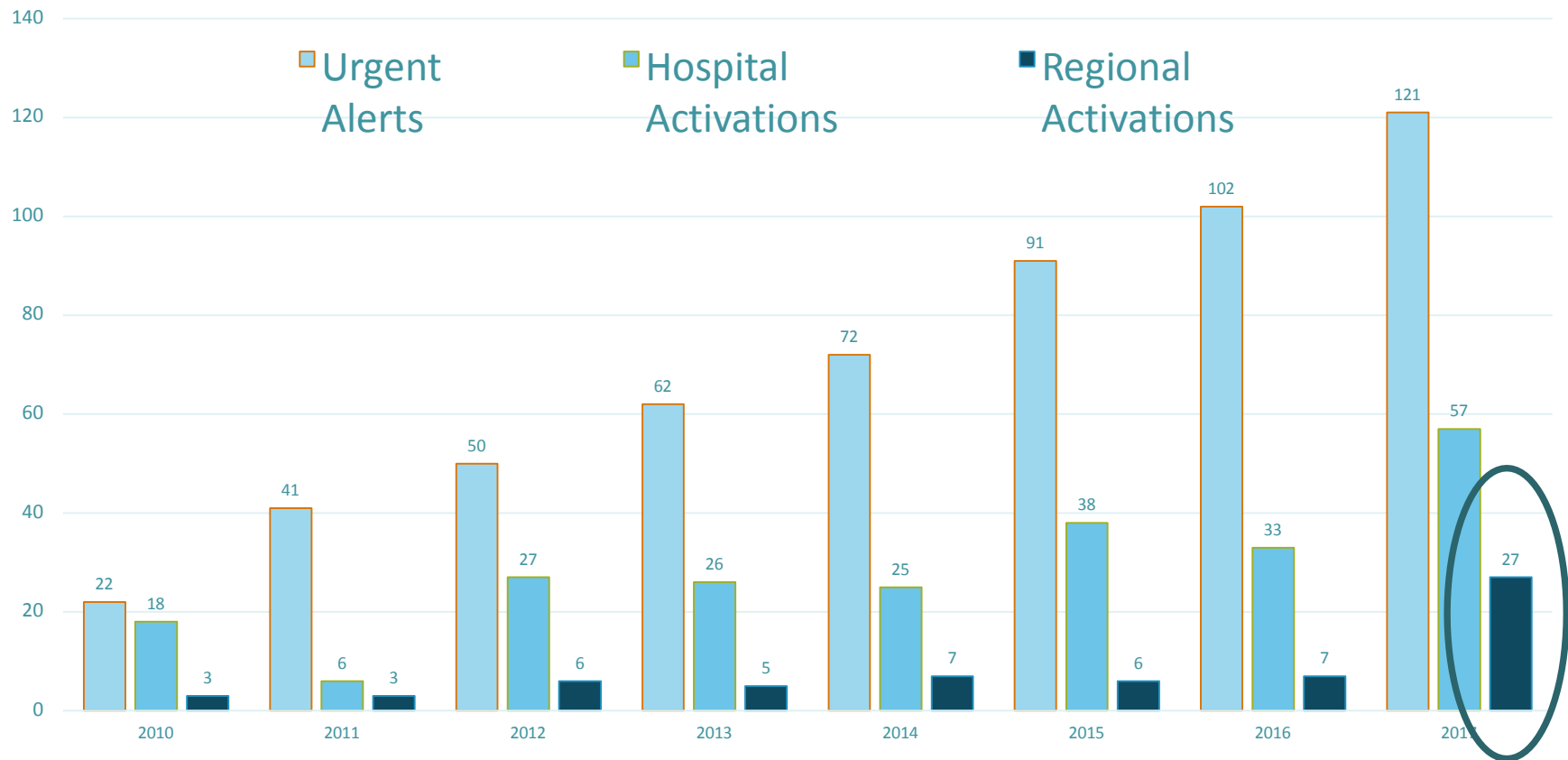
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Ranking for heart health in every place we provide care

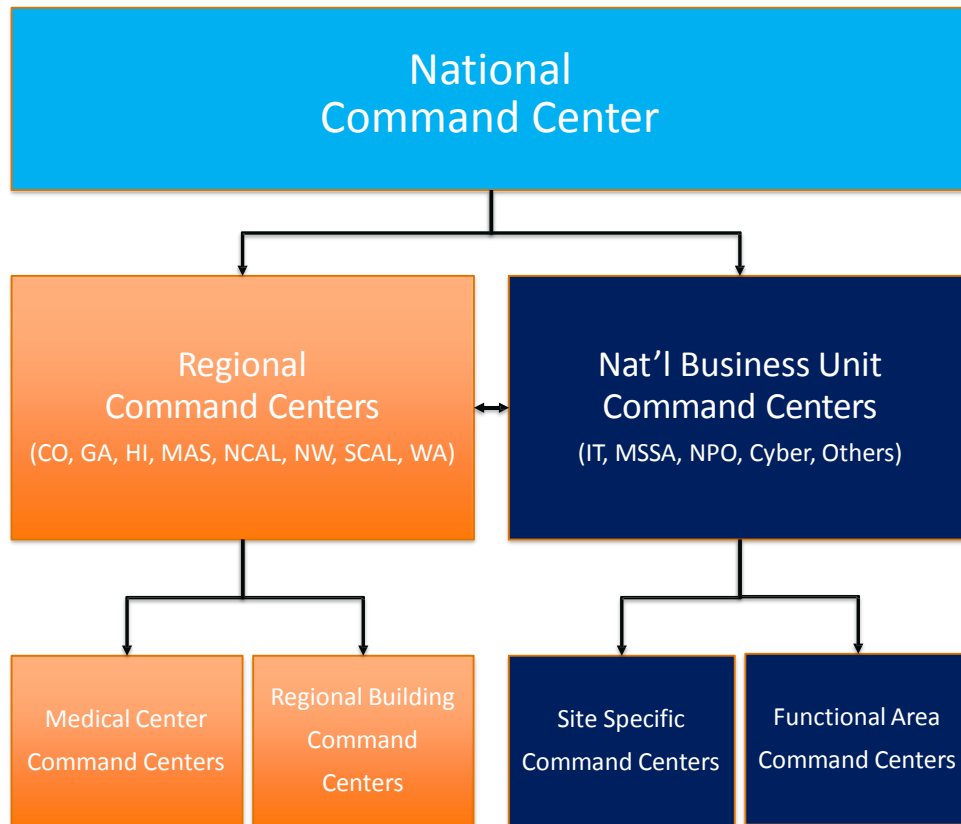
11.8M people

get care + coverage from Kaiser Permanente

Trending Alerts and Activations



Response Coordination and Governance



1.0 Policy Statement

Notice of local disaster events which require the activation of the local command center must be reported as soon as possible to National Healthcare Continuity Management (HCM). Subsequent updates can include additional relevant and clarifying information.

2.0 Purpose

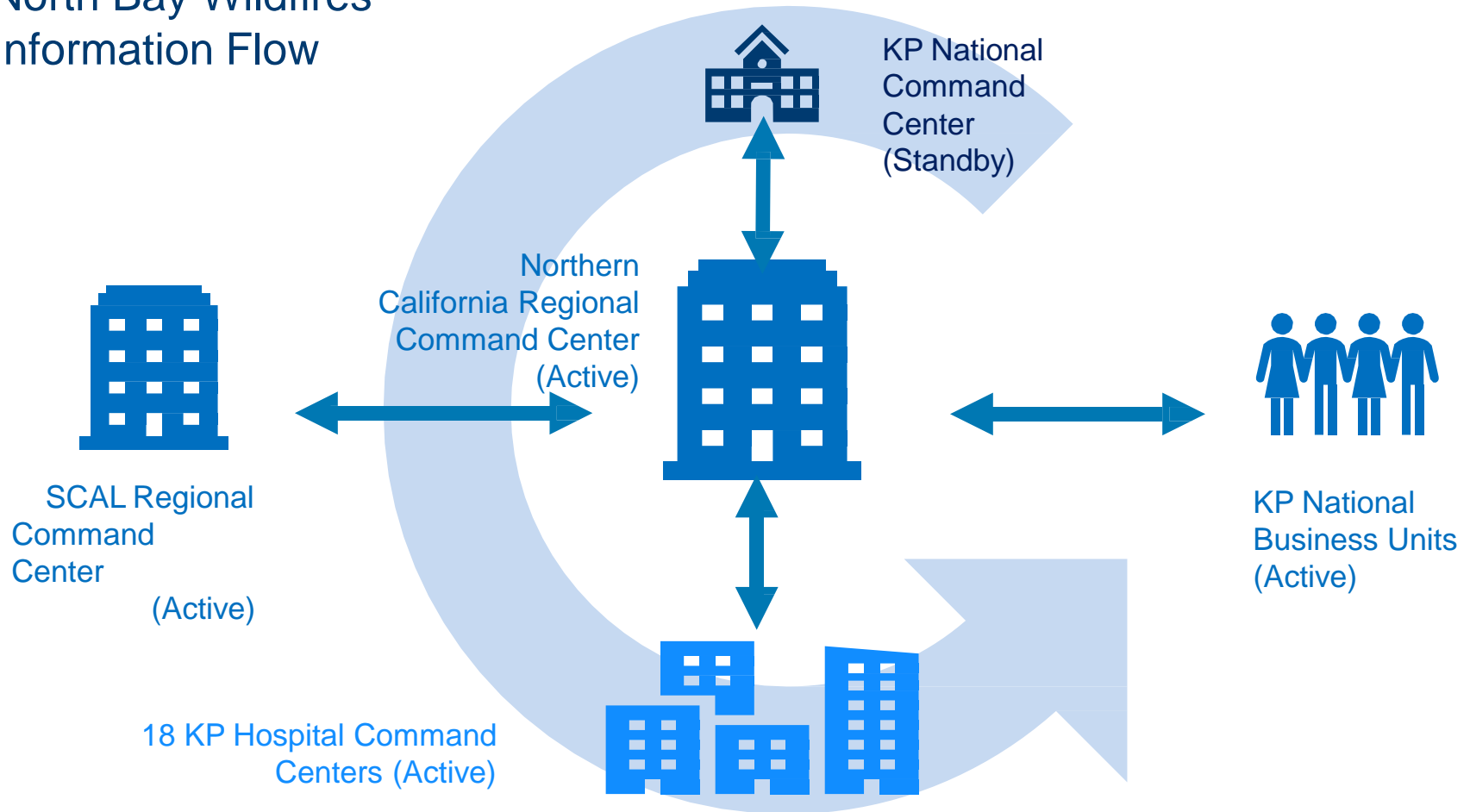
Internal communication of disasters and emergency command center activations to HCM are necessary for two key purposes. First, it provides senior leadership with an initial status report of any disaster situations. Second, and if necessary, allows for the coordination of resources and support to the impacted Kaiser Permanente location.

3.0 Scope/Coverage

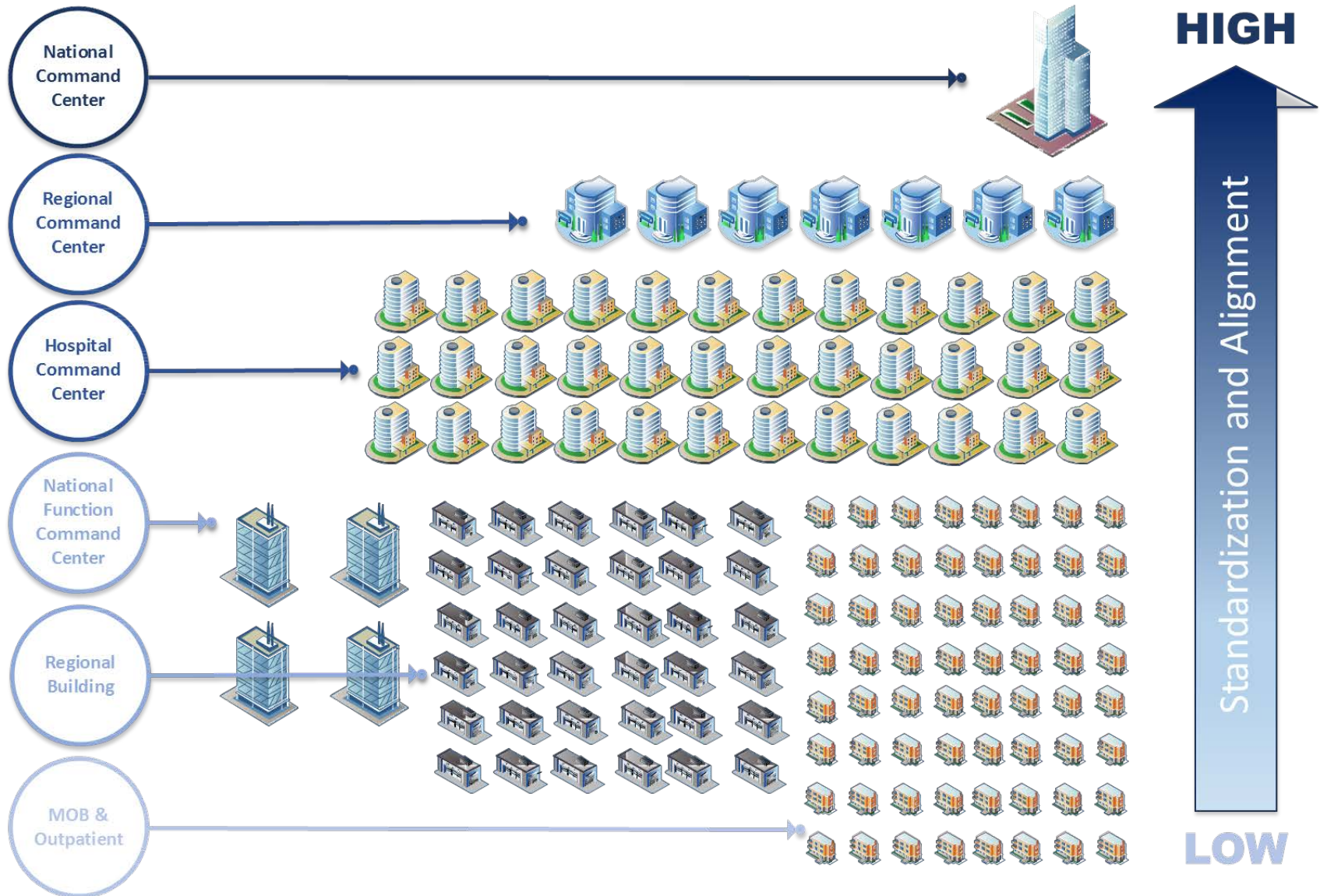
This policy applies to all employees and physicians who are employed by the following entities (collectively referred to as "Kaiser Permanente:")

- 3.1 Kaiser Foundation Hospitals (KFH);
- 3.2 Kaiser Foundation Health Plan, Inc. (HP);
- 3.3 KFH/HP subsidiaries;

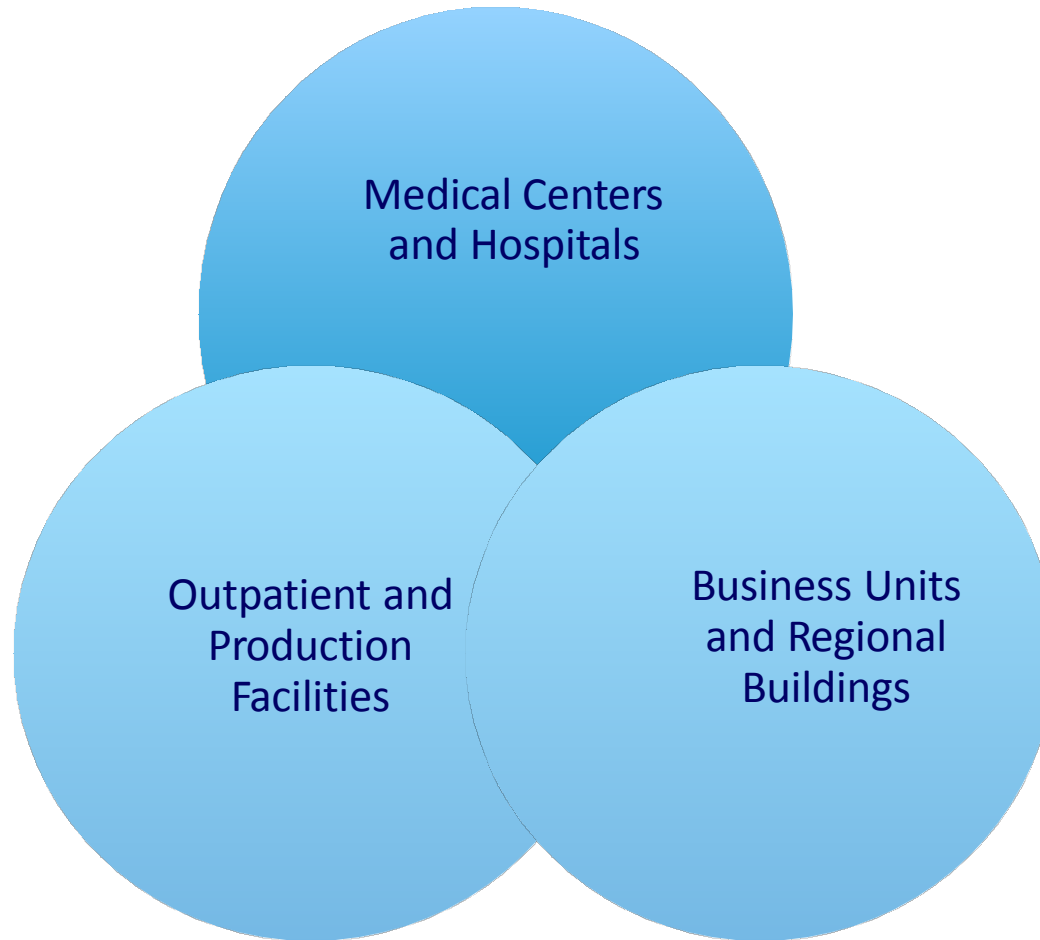
North Bay Wildfires Information Flow



Current State of National Emergency Management



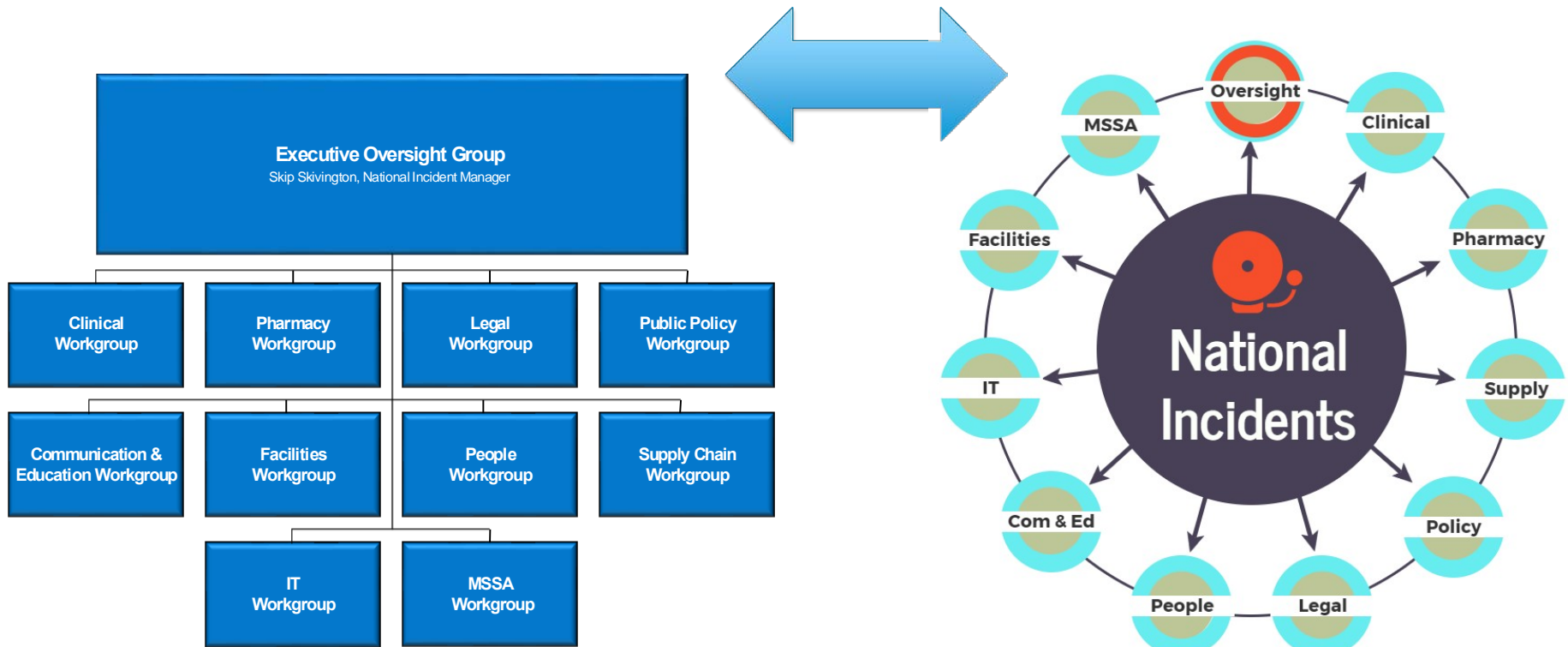
Incident Command Standardization



Hospital Incident Command Versus Incident Management

Hospital Incident Command	Incident Management
Command and General Staff	Command Staff
Job Action Sheets	Checklists
Section Vests	No Vests
IAP Quick Start	IAP Models Business Plan
HICS Forms	Strategies and Tactics
Strategies and Tactics	Bidirectional Information Cascade
Bidirectional Information Cascade	Emergency Operations Plan
Emergency Operations Plan	General Risk Assessment
HVA	Mostly Tabletop Exercises
Functional and Full-Scale Exercise	After-Action Summary
After-Action Report	Leadership Coordination
Leadership Committee	Business Continuity Plan Coordination
Business Continuity Plan Coordination	

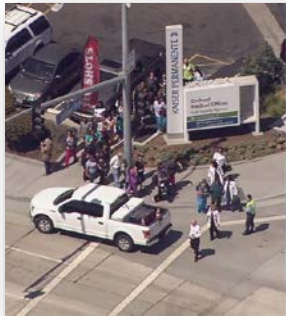
Oversight and Mitigation



Information



Management



Situation Reporting



SITREP #5 – September 14, 2018, 11:00 AM PDT

Incident Name: Hurricane Florence
Region(s) Impacted: KPMAS & KPGA

New information in red text

SITUATION SUMMARY

Weather Update:

- Florence is moving toward the west at 6 mph as a category 1 hurricane
- The forecast shows the storm continuing westward movement into the Appalachian mountain range through the weekend and turn Northeast late Sunday early Monday
- With this current forecast track, expected impacts to the Georgia and Mid-Atlantic regions remain LOW. Mid-Atlantic may encounter winds in the 15-20 mph rain and rainfall on Sunday/Monday
- Washington D.C., Virginia & Maryland have all declared a state of emergency ahead of hurricane Florence

KP IMPACTS & ACTIVATIONS

- KPMAS
 - The virtual command center is no longer activated and daily AOC situation calls have stopped
 - Local EP contact will continue to monitor the weather and reactivate the virtual command center if the forecast worsens for the region
 - No business or patient care disruptions
 - Resources have been prepositioned to hub facilities as a precaution should the forecast change over the weekend
 - Facilities staff have tested backup generators across the region
 - Communications and Preparations that have occurred in the region:
 - Remind staff to use the Employee Status Line (877-) and kp.org for updates on facility closures or changes in operations
 - Phone tree testing reminders
 - Hurricane season preparation message placed on staff and member facing websites
 - Communication from departmental leadership to staff included:
 - Reviewing Downtime Procedures to be prepared for potential power outages
 - Monitoring for flooding or other impacts
 - Being prepared if locations are opened for extended operations
 - Keeping phones and electronic devices charged
- KPGA
 - No command center activation
 - No business or patient care disruptions
 - Local EP contact is aware of the hurricane and monitoring

NEEDED RESOURCES OR SERVICES

- None

OUTLOOK

- KPMAS
 - Expected impact to the southern portion of the KPMAS region has continued to be decreased from earlier forecasts
 - The KPMAS region will most likely receive rain and may experience winds in the 10-15 mph range late Monday into Tuesday morning
- KPGA
 - Expected impact to the region where KP facilities are located has continued to be decreased from earlier forecasts
 - The KPGA region may experience light rain in and around the Atlanta area Saturday and Sunday with wind gusts in the 10-15 mph range

NEXT SITUATION REPORT

- No additional reports will be provided unless the forecast for the KP Georgia and Mid-Atlantic regions worsen

INCIDENT POINT OF CONTACT

- MAS Regional POC is
 - Mobile: 301-
- GA Regional POC is
 - Mobile: 470-

HCM Contact(s)	Department	Location	Contact
Craig Baker	HCM	San Diego	(916)

Question & Answer



Contact Us



asprtracie.hhs.gov



1-844-5-TRACIE



askasprtracie@hhs.gov