Achieving Readiness for Severe Weather Incidents

Insight from Riverview Hospital & Indiana District 5 Coalition

Thursday, August 8, 2013

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Introduction by Monique Showalter, **AHA Solutions, Inc.**

**Achieving Readiness for Severe Weather Incidents**  
*Insight from Riverview Hospital & Indiana District 5 Coalition*  
Ronald Evan Reitenour, *Microbiology and Disaster Preparedness Coordinator, Riverview Hospital/Indiana District 5 HPPC Chair*

**How Can Emergency Management Technology Enhance Planning & Response Capabilities?**  
Mitch Saruwatari, VP Quality and Compliance, **LiveProcess, Inc.**

**How Can Disaster Recovery Solutions Enhance Planning & Response Capabilities?**  
Lizzy Holmgren, National Healthcare Practice Leader, **Agility Recovery Solutions**

**Question and Answer Session**
As a subsidiary of the **American Hospital Association**, AHA Solutions, Inc. is focused on improving the **operational performance** of our nation’s hospitals. Through a broad variety of services, we provide hospitals with field leadership, **education** and **research**.
About this webinar

This educational event has been developed by AHA Solutions, Inc. together with Agility Recovery, LiveProcess and Riverview Hospital & Indiana District 5 Coalition. We thank these organizations for their willingness to share their expertise.

Disaster Recovery Solutions from Agility Recovery and Emergency Preparedness & Emergency Management Solutions from LiveProcess have earned the exclusive endorsement of The American Hospital Association.
Achieving Readiness for Severe Weather Incidents

Insight from Riverview Hospital & Indiana District 5 Coalition

Ronald Evan Reitenour
Microbiology and Disaster Preparedness Coordinator

Riverview Hospital
Indiana District 5 HPPC
Today’s Learning Objectives

- How Riverview Hospital prepared for severe weather incidents
- Advantages of coordination with other health care facilities, through coalition
- Lessons learned (refinements made!) from two weather-related disasters
- How technology can maximize planning and response activities
Riverview Hospital

- 156 bed, full service hospital - Noblesville, IN (25 miles from downtown Indianapolis)
- Largest of 6 hospitals in Hamilton County
- 47 medical specialties
- ~1,200 employees
- Ranked Top 5% in the nation for Patient Safety
Indiana District 5 HPPC, Inc.

- Established October 2005
- Coalition of 35 health care facilities
- Central Indiana: Boone, Hamilton, Hancock, Shelby, Johnson, Morgan, Hendricks and Marion Counties
- Non-profit status
- Manages and distributes ASPR grant
- Multi-agency coordination during disaster
Benefits of Working with the Coalition

• Coalition is comprised of regional hospitals, health departments, ambulatory surgery centers, civil air patrol, and private entities
• Coalition provides a regional planning structure for the hospitals
• Provides commonality in facility planning; cross communication
• Offers support during actual events
• Funding for training exercises and equipment purchases; special fund for individual facilities’ program support
• Improves situational awareness, maintains information flow
• Facilitates communication and coordination capabilities
• Shared best practices for routine/daily internal communications
• Supports local MRCs
Coalition Suggestions

• Don’t prepare in a silo
• For an effective response, you need partners
• Know your neighbors. It is extremely important and required to know the other agencies in your area, share your plans with them, and include in your training and exercises

• In Hamilton County, we meet and train quarterly with other ESF-8 agencies
• 35 hospitals in the district meet monthly - participate in training and exercises year round
Riverview Hospital: Emergency Preparedness

• Adopted an “All Hazards” approach
• Created an Emergency Operations Plan (EOP) that is based on the Hospital Incident Command System (HICS)
• Performed Hazard Vulnerability Analysis (HVA) to identify and focus on specific hazards
• Developed annexes to the EOP for each priority hazard
• Ongoing activities: educate, train, exercise, review, revise…
Riverview Hospital: Emergency Preparedness

- Adopted HICS in 2005 as command structure for disaster response
- Updated program to HICS IV (new material released August 2006)
- Critical elements: full support from administration, and recruitment/engagement by individual subject matter experts
- Ongoing staff education and training
Riverview’s HVA

- Multiple factors reviewed to calculate the risk of a specific hazard.
  - Probability
  - Severity: human impact, patient care impact, property impact, business impact
  - Mitigation: overall preparedness, training, internal response, external response
Riverview’s HVA

These weather related incidents rank as high risk for Riverview Hospital:

- Floods (located within 500 yards from the White River)
- Tornadoes
- Severe Thunderstorms
- Heavy Snowfalls
- Ice Storms
Riverview’s Emergency Preparedness Tested

Winter Storm, Jan 31 - Feb 2, 2011

- Engulfed the entire state of Indiana, much of country
- First activation of Riverview’s Snow/Winter Emergency annex of the EOP
- Riverview Hospital’s Incident command established -- functioned under this system for three days

SUCCESS!

- Accommodations: staff members remained at the hospital.
- No interruption of essential services
Winter Storm 2011: Adjustments, Refinements

- COMMUNICATION:
  - Internal notification to staff insufficient
  - Led to the adoption of a mass notification and incident management tool

- AGENCY AGREEMENTS:
  - Local veterinarian to provide boarding for employees’ pets - but due to storm, clinic could not be staffed
  - Subsequently added additional pet care facilities to ensure 24 hour staffed boarding available

News Photo from Carolyn Deming/FEMA
Emergency Preparedness Tested

March 2012, Southern Indiana Tornadoes

News Photo from Gene Romano/FEMA

News Photo from Chris Bergin/AP

News Photo from Michael Raphael/FEMA
March 2, 2012 – Southern Indiana Tornadoes

- Multiple tornadoes, including an EF-4 tornado, devastated several small communities in southeastern Indiana
- 49 mile wide path of damage, destroying hundreds of homes, 11 counties, ~2pm
- Local first responders responded immediately (minutes!)
- District 5 Hospital Coordination Center activated (9:08pm) – responding to resource request from the Indiana State Department of Health and the Indiana ESF-8 chair
Indiana District 5 HPCC responds

March 2012 – Southern Indiana Tornadoes

- Effectively allocated resources and supplies from multiple hospitals, as needed
- Communication with Grainger Corporation: ensured distribution of general patient care supplies from Grainger’s Louisville and Evansville distributions centers

News Photo from Leo “Jace” Anderson/FEMA
March 2012 Tornadoes – Use of Technology

- All district hospitals and coalition partners notified using web-based mass notification and incident management tools
- An “event” or live blog was started -- tool to coordinate all district communications and actions

- Enabled a single district officer to communicate with all hospitals, the state department of health, and partnering agencies -- using a single tool!
Coalition Adjustments and Refinements

• District’s 14-foot rapid response trailers stocked with supplies for pandemic response – now being refitted for a mass casualty response

• District 5 communications were good -- but recognized that had the incident been in our area, normal communication tools might not have been available. Enhanced communications: added amateur radio capabilities

• Technology was in place about 1 year -- significantly enhanced our ability to communicate and coordinate with each other. However, process and training improvements were identified, for future response
March 2012 Tornadoes, Coalition Benefits

- Based on coalition joint training and planning, this disaster demonstrated immediate benefit to all hospitals and organizations in the District.

- Riverview Hospital conducted an after action meeting – with members from EOC committee, incident participants and other key leaders, and District stakeholders.

- District 5 conducted an after action meeting using virtual input from hospitals and other coalition members.

- Ongoing activities, including those described earlier, are being addressed and closed with regular hospital and District reports.
How Can Emergency Management Technology Enhance Planning and Response Capabilities?

Mitch Saruwatari
Vice President, Quality & Compliance
LiveProcess
LiveProcess, Inc.

Health care organizations worldwide have selected LiveProcess as their emergency preparedness and management solution. The patented LiveProcess SaaS solution streamlines a hospital’s ability to plan, prepare, respond, assess and document any unplanned event.

• Exclusively endorsed by AHA for Emergency Preparedness & Emergency Management Solutions
• Hundreds of client hospitals throughout US, plus Europe, Asia, Middle East
• LiveProcess customers leverage EM-focused solutions across many departments, for daily value
• LiveProcess solutions are:
  • Simpler to use, at the department level
  • More response oriented, ie code calling
  • Provide exemplary organizing functions
  • Offer real time tracking of team responses, to ensure getting the right people, to the right place at the right time
Current Customers

Hospitals & Health Care Systems

- Children's Medical Center
- Mercy Health
- Indiana University Health
- Eisenhower Medical Center
- United States Navy
- Loma Linda University Medical Center – Murrieta
- Department of Veterans Affairs
- Kaiser Permanente
- Methodist Health System
- Adventist Health System
- Phoenix Children’s Hospital
- HCA Hospitals
- Saint Barnabas Health Care System
- Tenet
- Blanchard Valley Health System
- Corona Regional Medical Center
Broad Capabilities

- More granular contact details to better assemble teams and manage groups
- Simple user interface = less training and more daily use among departmental hospital staff
- Real time feedback for improved situational awareness and decision-making

<table>
<thead>
<tr>
<th>Code/Notification Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Alert</td>
<td>Notification of incoming trauma</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Medical emergency</td>
</tr>
<tr>
<td>BASMC STEMI</td>
<td>Patient with ST elevation indicated on their EKG or rhythm strip</td>
</tr>
<tr>
<td>Rapid Response</td>
<td>Rapid response called to a patient with symptoms that are not the same as they had been and may result in a code blue or stroke alert</td>
</tr>
<tr>
<td>House-wide Code Check</td>
<td>Test of code alarms</td>
</tr>
<tr>
<td>Sepsis Alert</td>
<td>The patient is a in sepsis</td>
</tr>
<tr>
<td>Stroke Alert</td>
<td>The patient may be experiencing a stroke</td>
</tr>
<tr>
<td>Command Recall</td>
<td>Command recall for all IMT members</td>
</tr>
<tr>
<td>Surveyor Onsite</td>
<td>Surveyors or regulators have arrived onsite</td>
</tr>
<tr>
<td>Bed Alert Yellow</td>
<td>Need adult inpatient beds. Physicians please assess patients for discharge ASAP. Nurses please discharge all patients with orders ASAP.</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant or pediatric abduction</td>
</tr>
<tr>
<td>Equipment Downtime</td>
<td>Critical medical equipment infrastructure down</td>
</tr>
<tr>
<td>Fall – Notification Only</td>
<td>Inpatient has fallen and requires follow up from team on same day. Assistance needed to with patient or guest.</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Aggressive patient or visitor. Assistance needed.</td>
</tr>
<tr>
<td>NEDOCS</td>
<td>National Emergency Department Overcrowding Scale exceeded. Activate surge plan.</td>
</tr>
<tr>
<td>Code Trauma MV</td>
<td>Vehicle-related trauma victim</td>
</tr>
<tr>
<td>Weather Alert – After Hours</td>
<td>Tornado Warning. Announced after hours and on weekends.</td>
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</tbody>
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Real-World Use…

**Need:** Flexible and focused hospital code calling

**Solution:** LiveProcess codes module

<table>
<thead>
<tr>
<th>Code</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental services:</strong></td>
<td>Notify housekeeping staff when a patient is discharged</td>
</tr>
<tr>
<td></td>
<td>Rooms are cleaned faster, improving ED patient flow and throughput</td>
</tr>
<tr>
<td><strong>ICU-only code blue calls:</strong></td>
<td>Make directly to a pager/cell phone</td>
</tr>
<tr>
<td></td>
<td>Call the code discreetly so as to not upset family members waiting in the ICU</td>
</tr>
<tr>
<td><strong>Code STEMI:</strong></td>
<td>Make directly to a pager/cell phone</td>
</tr>
<tr>
<td></td>
<td>Door-to-balloon times for STEMI patients averages 62 minutes, while Munroe averages just 48 minutes</td>
</tr>
</tbody>
</table>

**Capabilities**

- Notify key players including clinical staff
- Communicate updates and action items to employees via the Event Log
- Able to deliver uninterrupted care throughout the storm
1,000s of successful exercises, 100s of effective activations, real-world use
How Can Disaster Recovery Solutions Enhance Planning and Response Capabilities?

Lizzy Holmgren
National Healthcare Practice Leader
Agility Recovery Solutions
Agility Recovery

• Started by General Electric 24 years ago
• Had an internal need to recover their own business units without having to rely on local infrastructure
• Exclusively endorsed by AHA for Disaster Recovery Solutions

Providing 4 Key Elements of Disaster Recovery

• Alternative Space: Everything needed for your employees to work
• Power Generation: generators, fuel and electrician
• Communications: Telephone and Internet Connectivity
• Computer Systems: Servers, computers, phones, printers, fax machines, etc.

Lizzy Holmgren
National Healthcare Practice Leader
Agility Recovery Solutions
Lizzy.Holmgren@agilityrecovery.com
Information is placed into a password protected site called myAgility. myAgility becomes the foundation of your recovery plan.
When you become a member…

A continuity planner will contact you and gather the information we need to recover your organization

- How many critical employees need to be up and running?
- What are the power requirements of your existing space?
- What kinds of computers, servers and operating systems do you use?
- How do you want your phone calls handled at the time of a disaster?
When you have a disaster…

Agility’s operations team works with you to determine your needs.

You only pay for Agility’s out-of-pocket expenses:

- If you need a generator, we'll deliver it and bill you our exact costs.
- If you need technology, we take assets from our stock and ship it to you. You pay for the shipping.
When you have a disaster Agility will be there to rescue you.
24 years. Thousands of Recoveries. 100% Success Rate
We Invite Your Questions!

To submit a question, please type your question on the left-hand side of your presentation screen.

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