

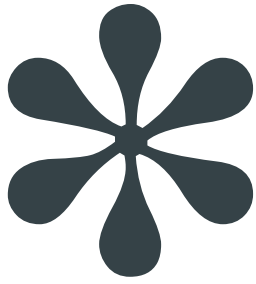
disaster preparedness

PROCESS OVER CHAOS



Disasters range from hurricanes, tornadoes and fires, to floods, earthquakes, and mass casualty events, such as acts of terrorism. We've all experienced these incidents from the safe distance of our screens. For healthcare professionals, and other first responders, that safe distance doesn't exist—they are on the front lines of the most challenging situations imaginable—and how they perform can at the very least make a demanding situation more manageable, and at the very most save lives.





It's during these events...

...that the procedures these healthcare professionals practice day in and day out, are suddenly scaled—moving beyond process and evolving into the organizational backbone of a health system. And when those processes include an established patient flow strategy, scaling those processes to account for a large influx of patients (or mass exodus) or a different use of space becomes easier—bringing rapid, lifesaving care to patients, families and communities in a systematic manner.

While every disaster—and every health system—is certainly unique, there are some common themes that emerge for planning, and managing through such pressures. Learning along the way and making educated improvements for the next disaster is a critical step as well.

Here are some common themes that can make any disaster more manageable:

- Plans and planning committees should always be in place—including representatives from every department. Determining capabilities, potential problem areas and other concerns should be a part of this process. And planning for equipment and supply needs should also be addressed.
- Whenever possible, important tasks, procedures, supplies, equipment, etc. should be in a checklist format, and each department should have a checklist for specific tasks.
- Hospitals often become a place of safe harbor, typically with a huge influx of people (and pets)—some whom may not even be patients. Be prepared for extra bodies and added chaos. Plan accordingly for how to manage additional volume.
- It's critical that consistent processes—as well as back-up processes—are in place to assure that there are minimal interruptions in care and communication.
- Diligence about the order of patient placement tasks is important. Use any spare moments of downtime to reconcile patient information that may have been collected on paper with what is coming in through the ADT system.
- Standardize disaster beds in different groups [i.e. group A is in room 202, group B is in room 205] and build these zones in TeleTracking ahead of time. Also, mark such patients

with a disaster attribute upon entry to track their location—placement of those patients can be based on injury or ailment.

- Effective reporting and analytics are essential, since hospitals need to work seamlessly with government organizations and regional incident command teams as part of an overall community disaster response.
- Practicing disaster drills is an important step in order to be ready for the real thing. For health systems that are Joint Commission accredited, two practice drills per year are required and most other licensure organizations require at least one.
- Once a health system goes through a significant disaster, the natural next step is to have a debrief on lessons learned for future improvements. Every event is different, and plans are constantly evolving. Incorporating and sharing lessons learned in a timely manner—both within the system and with others—is important.

While there are common themes, the inherent, chaotic nature of a disaster means that there are also significant challenges that have to be managed through, which include:

- Obtaining patient information so that the receiving hospital can track the origin and status of patients being transferred and admitted. Often, patients move more than once. First to an area of refuge, then to a care setting, and perhaps again to a regional placement in cases of widespread disaster impact, such as a hurricane or flood. Combined, this means that identifying their point of origin can be difficult—as well as knowing their medical history so appropriate care can be administered—when there are multiple stops along the evacuation route.
- Working with other health systems to determine how many patients can be handled safely. The task of distributing patients across receiving facilities requires constant communication and coordination. And that's why it makes sense to establish mutual aid agreements with other health care facilities and integrate those agreements within the hospital disaster plans. There should also be agreements for personnel, supplies, equipment, transportation and any other necessary items.

- Using attributes and indicators (within TeleTracking) to track patients as they move to / from facilities.
- Based on conditions, entire command centers have had to pack up and relocate. That's why identifying a back-up location and/or virtual operation for the command center is essential prior to an event.
- Effective tracking of special needs patients—those who require additional equipment, meds, and/or family members to accompany them. Evacuation plans should be coordinated in advance with the patient's support network. For those patients who cannot rely on their own means of evacuation, local emergency preparedness agencies must be used for transportation.
- When a facility has beds but not staff. This should be considered as part of pre-disaster planning. Out of state responders and/or reallocation of staff are possibilities to address this issue.

For health systems with Command Centers, real-time communication and visibility is essential to ensuring the continued smooth placement of patients:

- An Emergency Department dashboard should be visible to all.
- TeleTracking dashboards in the ED and on nursing units have proven beneficial to those managing the placement and whereabouts of patients.
- Once it is determined that disaster protocols should be activated—and especially if there is the potential for a power outage or regulatory requests—hard copies of the information below should be printed. This makes it possible to effectively manage incoming patients and reconcile information coming in through the ADT system:
 - * Bedboard of all units showing available beds
 - * Pending and Confirmed patient discharge list to determine if there are patients whose discharge(s) can be expedited
 - * Projected Census (by enterprise, facility, service line and unit)
 - * Blocked Bed Report (including blocked reasons) as there may be an opportunity to un-block those rooms
 - * Patient log of pending transfers coming from other facilities
- Having a clinician from the Transfer Center as an active, key member of the Command Center Response Team to provide real-time updates regarding patient flow activities during a disaster event is vital.

Disasters present one of the biggest challenges to health systems and healthcare professionals. And being ready relies on a combination of detailed pre-planning, regular drills, strong processes that can be scaled and well-trained, committed staff members. These situations also provide learning opportunities, driven by a desire to troubleshoot and improve things the next time. And that's where collaboration between TeleTracking experts and other customers comes into play.

TELL US HOW YOU'VE HANDLED THESE TYPES OF SITUATIONS AT YOUR HEALTH SYSTEM— PLEASE SHARE YOUR STORY BY EMAILING US AT INFO@TELETRACKING.COM. LEARNING FROM AND HELPING EACH OTHER ON THE JOURNEY TO OPTIMAL PATIENT FLOW—BOTH DURING DISASTERS, AS WELL AS DURING NORMAL TIMES—BENEFITS PATIENTS, STAFF AND COMMUNITIES.

