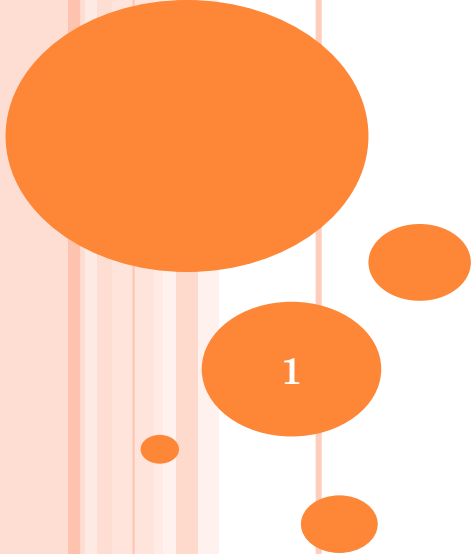




DEVELOPMENT OF A HOSPITAL CRISIS MANAGEMENT TOOL

AT

THE MISSION HOSPITAL

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CRISIS MANAGEMENT

- A **crisis** is defined as the significant threat to operations that can have negative consequences, if not handled properly.
- **Crisis management** is the process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization or its stakeholders, by the application of strategies designed to help an organization deal with a sudden and significant negative event.

Possible threats from crisis:

- Public safety
- Reputation loss
- Financial loss

CATEGORIES OF HOSPITAL CRISIS

Hospital crises basically fall into two broad categories:

1. **External disasters:** Earthquake, flood, fires, Train accident, etc.

2. **Internal crisis:**

Normal but significant operational problem, including:

- Personnel emergencies such as unexpected strikes, work place violence, act of fraud
- Quality incidents such as accident, surgical mishaps, suspicious deaths.
- Financial irregularities or losses
- Information sabotage, such as theft of proprietary information or tampering with records.

Abnormal problems, including criminal acts such as kidnapping or hostage situations.

CRISIS MANAGEMENT PHASES

- **Pre-crisis phase**
- **Crisis response**
- **Post-crisis**

WHY IS CRISIS MANAGEMENT IMPORTANT FOR THE MISSION HOSPITAL?

- Hospitals are central to provide emergency care and hence when a disaster or critical event strikes the society, falls back upon hospitals to provide immediate relief in the form of emergency medical care.
- **Durgapur** is by far the most industrialized city in eastern India. City is surrounded by industries like Damodar Valley Corporation, Durgapur Thermal Power Station, Durgapur steel plant, Alloys steels plant, etc and thus city is also very susceptible to critical events.

- The Mission Hospital, being the first multispecialty hospital in Durgapur region, has been dealing with various critical events related to industrial mishaps, road accidents and climate change.

Ineffective crisis management leads to loss of lives, properties and many a time affects the reputation of the organization. To reduce such losses, it is very important for hospitals to have an effective crisis management plan with proper implementation and regulation.

AIM AND OBJECTIVES

- To assess the status of the hospital for crisis preparedness by applying WHO emergency response checklist.
- To introduce a tool for assessment of risks, planning and readiness for hospital crisis management at The Mission Hospital, Durgapur.

METHODOLOGY

Review of literature for understanding various crisis plans and tools



Finding out the important components of a crisis management plan.



Selection of a standard tool (WHO emergency response) on the basis of important components.



Assessment of hospital status for crisis preparedness using WHO emergency response checklist and observing the problems in the process.



Introducing a tool for assessment of risks, planning and readiness for crisis management

WHO EMERGENCY RESPONSE CHECKLIST

- The World Health Organization has developed the Hospital emergency response checklist to assist hospital administrators and emergency managers in responding effectively to the most likely crisis scenarios.
- This tool is based on hospital emergency management principles and practices and integrates priority actions required for rapid, effective response to a critical event.

The tool is structured according to nine key components:

1. Command and control
2. Communication
3. Safety and security
4. Triage
5. Surge capacity
6. Continuity of essential services
7. Human resources
8. Logistics and supply management
9. Post-disaster recovery.

RESULTS

Key component 1: Command and control (Responsible person: Incident Commander)	
Recommended actions	Status
Assign a hospital command centre, i.e. a specific location prepared to coordinate hospital-wide emergency response activities and equipped with effective means of communication.	Non compliance
Consult core internal and external documents related to hospital emergency management to ensure application of the basic principles and accepted strategies related to planning and implementing a hospital incident action plan.	Compliance
Implement or develop job action sheets that briefly list the essential qualifications, duties and resources required for hospital managers and staff for crisis response activities.	Partial compliance
Ensure that all crisis members have been adequately trained on the structure and functions of the crisis management plan.	Partial compliance

Key component 2: Communication (Responsible person: Incident commander and self observation)	
Recommended action	Status
Appoint a public information spokesperson to coordinate hospital communication with the public, the media and health authorities.	NC
Designate a space for press conferences (outside the immediate proximity of the emergency department, triage/waiting areas and the command centre).	C
Ensure that all communications to the public, media, staff (in general) and health authorities are approved by the head of crisis management committee.	C
Establish streamlined mechanisms of information exchange between hospital administration, department/unit heads and facility staff.	C
Brief hospital staff on their roles and responsibilities within the incident action plan.	PC
Ensure the availability of reliable and sustainable primary and back-up communication systems (e.g. satellite phones, mobile devices, landlines, Internet connections, pagers, two-way radios, unlisted numbers) as well as access to an updated contact list.	C

Key component 3: Safety and security (Responsible person: security officer)	
Recommended actions	Status
Appoint a hospital security team responsible for all hospital safety and security activities.	C
Prioritize security needs. Identify areas where increased vulnerability is anticipated (e.g. entry/exits, food/water access points, pharmaceutical stockpiles).	PC
Ensure the early control of facility access point, triage site and other areas of patient flow, traffic and parking.	PC
Establish a reliable mode of identifying authorized hospital personnel, patients and visitors.	PC
Develop a mechanism for escorting emergency medical personnel to patient care areas.	C
Ensure that security measures required for safe and efficient hospital evacuation are clearly defined.	PC
Identify information insecurity risks. Implement procedures to ensure the secure collection, storage and reporting of confidential information.	C

Key component 4: Triage (Responsible person: Head of EMS)	
Recommended actions	Status
Designate an experienced triage officer to oversee all triage operations (e.g. a trauma or emergency physician or a well-trained emergency nurse in a supervisory position).	C
Ensure that the triage area is in close proximity to essential personnel, medical supplies and key care services (e.g. the emergency department, operative suites, the intensive care unit).	C
Ensure that entrance and exit routes to/from the triage area are clearly identified.	C
Identify a contingency site for receipt and triage of mass-casualties.	C
Establish a mass-casualty triage protocol based on severity of illness/injury, survivability and hospital capacity.	C
Establish a clear method of patient triage identification; ensure adequate supply of triage tags	C

Key component 5: Surge capacity
Responsible person: Facility manager

Recommended actions	Status
Calculate maximal capacity required for patient admission and care based not only on total number of beds required but also on availability of human and essential resources and the adaptability of facility space for critical care.	PC
Estimate the increase in demand for hospital services, using available planning assumptions and tools	PC
Identify methods of expanding hospital inpatient capacity (taking physical space, staff, supplies and processes into consideration).	NC
Designate care areas for patient overflow (e.g. auditorium, lobby).	C
Verify the availability of vehicles and resources required for patient transportation.	C
Designate an area for use as a temporary morgue. Ensure the adequate supply of body bags.	C

Key component 6: Continuity of essential services
Responsible person: Assistant Medical Superintendent

Recommended actions	status
List all hospital services, ranking them in order of priority.	NC
Identify and maintain the essential hospital services, i.e. those that need to be available at all times in any circumstances.	C
Identify the resources needed to ensure the continuity of essential hospital services, in particular those for the critically ill and other vulnerable groups (e.g. paediatric, elderly and disabled patients)	C
Ensure the availability of appropriate back-up arrangements for essential life lines, including water, power and oxygen	C
Anticipate the impact of the most likely disaster events on hospital supplies of food and water. Take action to ensure the availability of adequate supplies.	NC
Ensure contingency mechanisms for the collection and disposal of human, hazardous and other hospital waste	C

Key component 7: Human resources

Responsible person: HR Manager

Recommended actions	Status
Update the hospital staff contact list.	C
Estimate and continuously monitor staff absenteeism.	C
Establish a clear staff sick-leave policy, including contingencies for ill or injured family members or dependents of staff.	PC
Identify the minimum needs in terms of health-care workers and other hospital staff to ensure the operational sufficiency of a given hospital department	C
Establish a contingency plan for the provision of food, water and living space for hospital personnel.	PC
Prioritize staffing requirements and distribute personnel accordingly.	C
Ensure adequate shift rotation and self-care for clinical staff to support morale and reduce medical error.	PC

Key component 8: Logistics and supply chain
Responsible person: Logistics chief

Recommended actions	Status
Develop and maintain an updated inventory of all equipment, supplies and pharmaceuticals; establish a shortage-alert mechanism.	PC
Estimate the consumption of essential supplies and pharmaceuticals, (e.g. amount used per week) using the most likely disaster scenarios	NC
Consult with authorities to ensure the continuous provision of essential medications and supplies	C
Establish contingency agreements with vendors to ensure the procurement and prompt delivery of equipment, supplies and other resources in times of shortage.	PC
Identify physical space within the hospital for the storage and stockpiling of additional supplies, taking ease of access, security, temperature, ventilation, light exposure, and humidity level into consideration. Ensure an uninterrupted cold chain for essential items requiring refrigeration.	C
Ensure that a mechanism exists for the prompt maintenance and repair of equipment required for essential services.	C

Key component 9: Post-crisis recovery
(Responsible person: Demobilization unit leader)

Recommended actions	Status
Determine essential criteria and processes for incident demobilization and system recovery	PC
In case of damage to a hospital building, ensure that a comprehensive structural integrity and safety assessment is performed	C
Organize a team of hospital staff to carry out a post-action hospital inventory assessment and team members should include staff familiar with the equipment. Include equipment vendors to assess the status of sophisticated equipment that requires repair or replacement.	PC
Provide a post-action report to hospital administration, emergency managers and appropriate stakeholders that includes an incident summary, a response assessment, and an expenses report.	C
Organize professionally conducted debriefing for staff after the occurrence of the emergency incident to assist with coping and recovery, provide access to mental health resources and improve work performance.	NC
Show appropriate recognition of the services provided by staff, volunteers, external personnel and donors during disaster response and recovery.	NC

STATUS AT A GLANCE

Key Components	Compliance rate
Command and control	25%
Communication	67%
Safety and security	42 %
Triage	100%
Surge capacity	50%
Continuity of essential services	67%
Human resources	57%
Logistics and supply chain	50%
Post-disaster recovery	33%

OBSERVATIONS DURING ASSESSMENT OF HOSPITAL CRISIS PREPAREDNESS STATUS

- There is a lack of clear and unambiguous plan of action which can be followed for crisis preparation.
- Communication gap between the planner and other hospital staffs which leads to ineffective implementation of plan.
- Staffs are not well aware about their roles and responsibilities during the crisis.
- The Incident Command team has not been updated according to the current staffing of the organization. Some members of the team have left the organization but their duties and responsibilities were not handed over to any existing staff.
- Mock drills and hands-on-practices are not done regularly and thus onsite performances of the staffs were found to be deviated from the standard.
- The current crisis preparedness plan does not have defined parameters for various departments and sections of the hospital which is important for crisis management.
- Risk identification, assessment and prioritization is also not included in the crisis preparedness plan. A defined process and tool for risk assessment is required.

TOOL PREPARED FOR THE MISSION HOSPITAL

Steps taken to prepare the tool:

- Identification of key components that should be included in the tools of risk assessment, planning and readiness for crisis management.
- Risk assessment tool: This includes hazard risk analysis tool for naturally occurring events, technological or infrastructure related events and human related events.
- Planning and readiness tool has been made considering the important elements of the emergency care services and surged capacity.
- Planning and readiness tool is divided into 11 sections which includes questions related to:
 - Determining bed capacity
 - Fundamental requirements of a crisis plan.
 - Human resources
 - Activation process of a crisis plan

- Security
- Internal and external traffic flow during disasters
- Handling media
- Equipment, supplies and pharmaceuticals
- Diagnostic capabilities
- Post-crisis recovery

CRISIS PREPAREDNESS TOOL FOR HOSPITAL

[Tool crisis.docx](#)

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Thank you!