Responding As One

Incorporating Clinics into Your Network Command Center Through CMS Regulations

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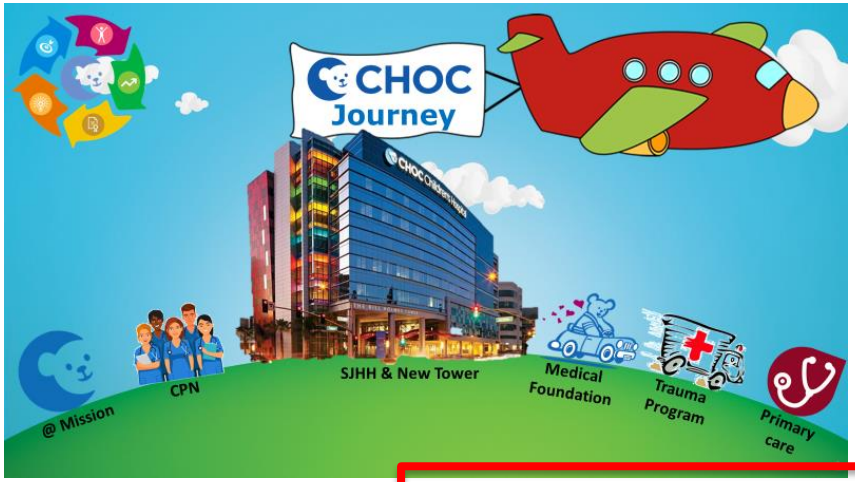
- Agenda
- Background
- Emergency Operations Plans
- Exercise
  - Communicating needs
  - Coordinating planning
  - Additional exercises (TTX with clinically relevant scenario)

Growth of CHOC Children's Hospital



	2013	2014	2015	2016	2017
Total patient days	58,087	56,996	60,610	66,021	61,704
Total inpatient discharges	11,469	11,247	11,682	11,999	12,891
Average length of stay	5.1	5.1	5.2	5.5	4.8
Day Health Unit/Infusion Center visits	7,346	8,085	8,589	8,534	8,456
Inpatient surgeries	3,641	3,451	3,719	4,086	4,117
Outpatient surgeries	5,425	5,118	5,816	7,384	,887
Emergency Room visits	52,338	56,136	75,336	81,257	8 ,791
Admissions via ER	5,581	5,592	6,371	6,976	7,545
Clinic visits - Primary Care and Specialty	349,115	351,469	355,986	384,781	538,702
Transports to CHOC	4,268	4,220	4,382	4,443	4,252
Pediatric capitated lives	122,570	134,796	146,119	153,965	151,818
Medical staff	611	628	633	648	652
CHOC full-time equivalent associates	2,220	2,509	2,254	2,408	2,531
Licensed beds	279	279	279	279	279

Source: Internal Records

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Clinics

Status

- Decentralized
- Independent
- Wide scope of services
- Outpatient

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Regulatory Updates

- Communications
- Coordination
- Exercises
  - Second Full-Scale or TTX (with clinically relevant scenario)

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Regulatory Updates (cont.)

- Alignment with network emergency preparedness program
- Participation in network planning activities

Emergency Preparedness Initiatives

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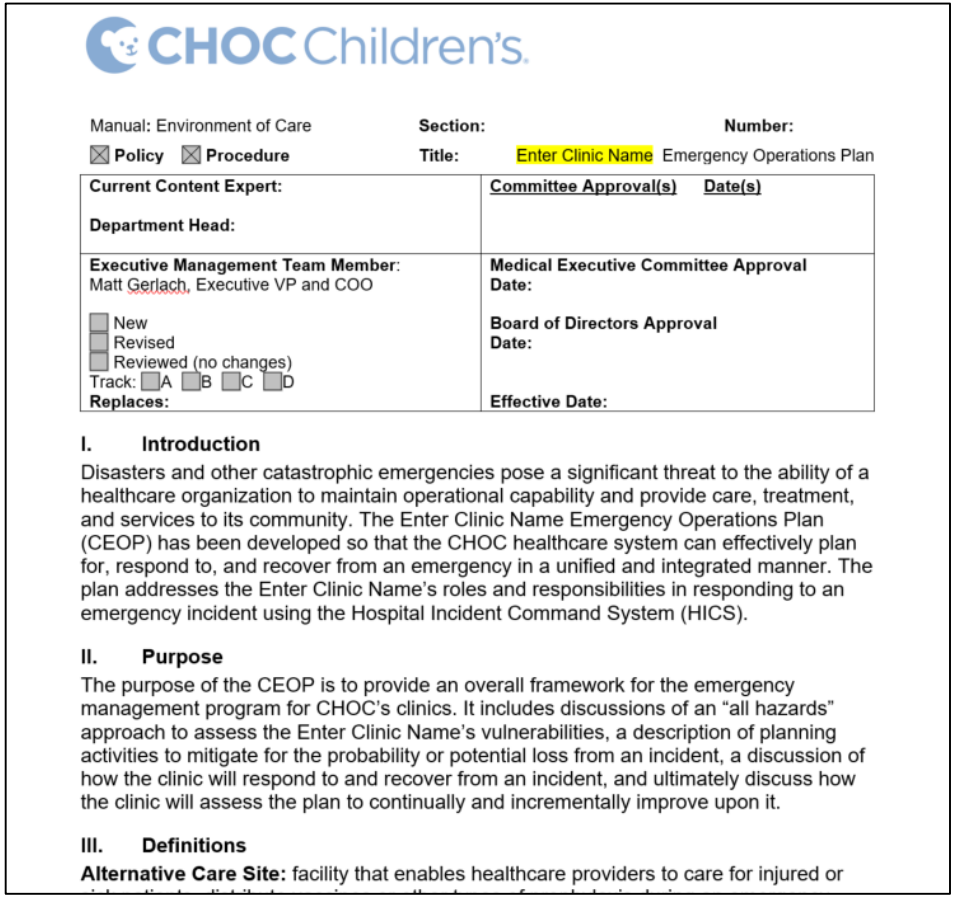
Emergency Operations Plan

Clinic EOPs

- Clinic EOPs
  - Template-based
  - Annex of CHOC EOP
- Ownership
  - Managed by Clinic leadership
  - Aligned with CHOC EOP
  - Second tier bullet style



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Manual: Environment of Care **Section:** **Number:**

☒ **Policy** ☒ **Procedure** **Title:** Enter Clinic Name Emergency Operations Plan

Current Content Expert: **Department Head:**	**Committee Approval(s)** **Date(s)**
Executive Management Team Member: Matt Gerlach, Executive VP and COO ☐ New ☐ Revised ☐ Reviewed (no changes) Track: ☐A ☐B ☐C ☐D **Replaces:**	**Medical Executive Committee Approval Date:** **Board of Directors Approval Date:** **Effective Date:**

I. Introduction

Disasters and other catastrophic emergencies pose a significant threat to the ability of a healthcare organization to maintain operational capability and provide care, treatment, and services to its community. The Enter Clinic Name Emergency Operations Plan (CEOP) has been developed so that the CHOC healthcare system can effectively plan for, respond to, and recover from an emergency in a unified and integrated manner. The plan addresses the Enter Clinic Name's roles and responsibilities in responding to an emergency incident using the Hospital Incident Command System (HICS).

II. Purpose

The purpose of the CEOP is to provide an overall framework for the emergency management program for CHOC's clinics. It includes discussions of an "all hazards" approach to assess the Enter Clinic Name's vulnerabilities, a description of planning activities to mitigate for the probability or potential loss from an incident, a discussion of how the clinic will respond to and recover from an incident, and ultimately discuss how the clinic will assess the plan to continually and incrementally improve upon it.

III. Definitions

Alternative Care Site: facility that enables healthcare providers to care for injured or

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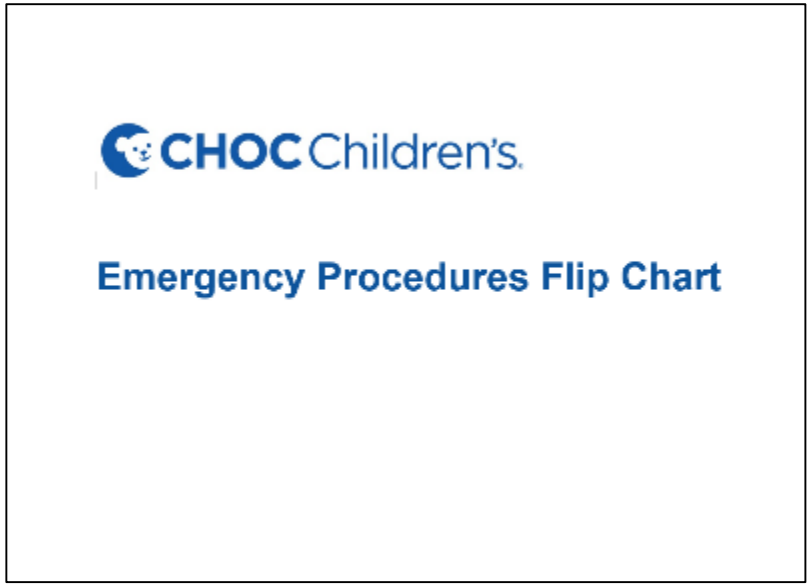
Clinic EOPs (cont.)

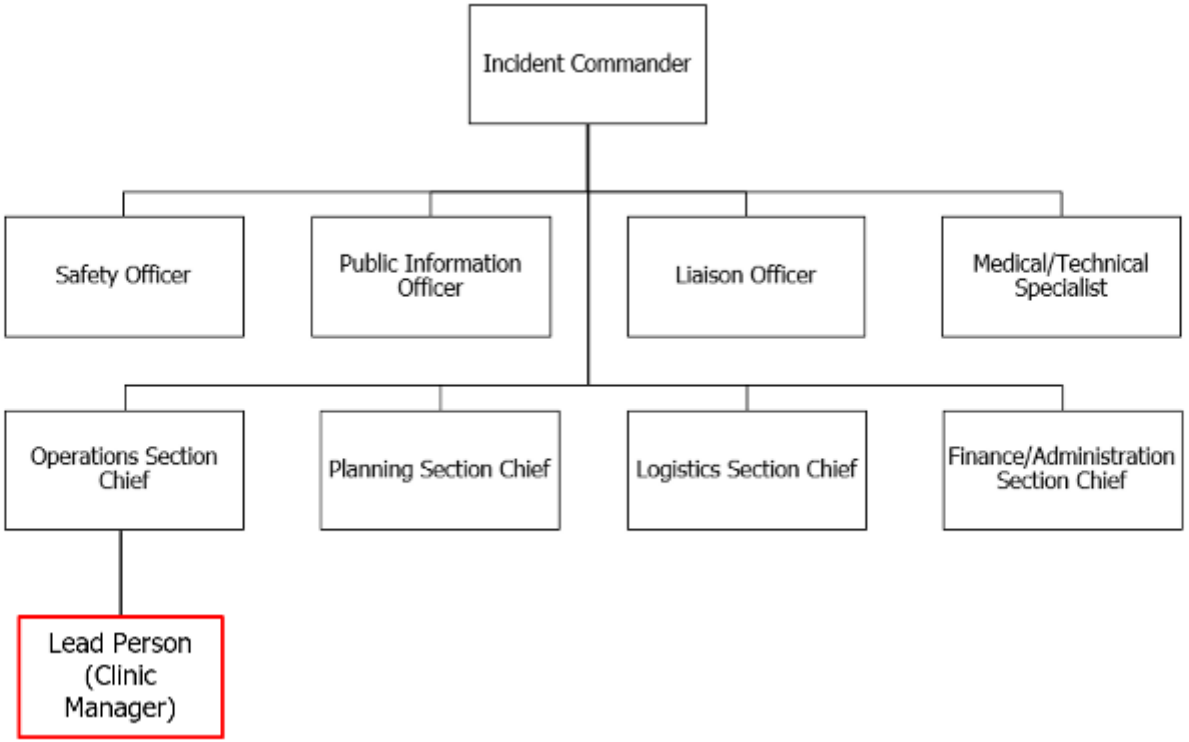
Flipcharts

- Protocol-based
- Hazard specific
- Widely deployed



Exercise

Clinics as Part of HICS



CHOC Clinic Emergency Operations Plan Training and Tabletop Exercise

November 15, 2017

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Exercise Objectives

Formal

Operational Communications

- Test viability of communications resource listing in CHOC Clinic Emergency Operations Plan

Informal

Familiarization with new EM Requirements

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CLINIC DISASTER STATUS REPORT

To: Incident Commander or Planning Section Chief if position opened

From: Clinic name: _____ Phone Number: _____ Date: _____ Time: _____

Charge Nurse / Supervisor: _____ Manager: _____ Mgr Onsite? ☐ YES ☐ NO

CURRENT OPERATIONAL STATUS (Check box that reflects your current status)

RED	☐	Not able to function, need immediate assistance, may need to close department. Estimated time necessary to close/evacuate your department: _____
YELLOW	☐	Able to function; will need some assistance but can remain open
GREEN	☐	Able to function with little or no difficulty

CENSUS

Current # of patients in clinic: _____

Patient Movement Matrix

Method of patient movement (in event of transfer, discharge, or evacuation)

Transport Option	CAR	BLS	ALS	Specialized

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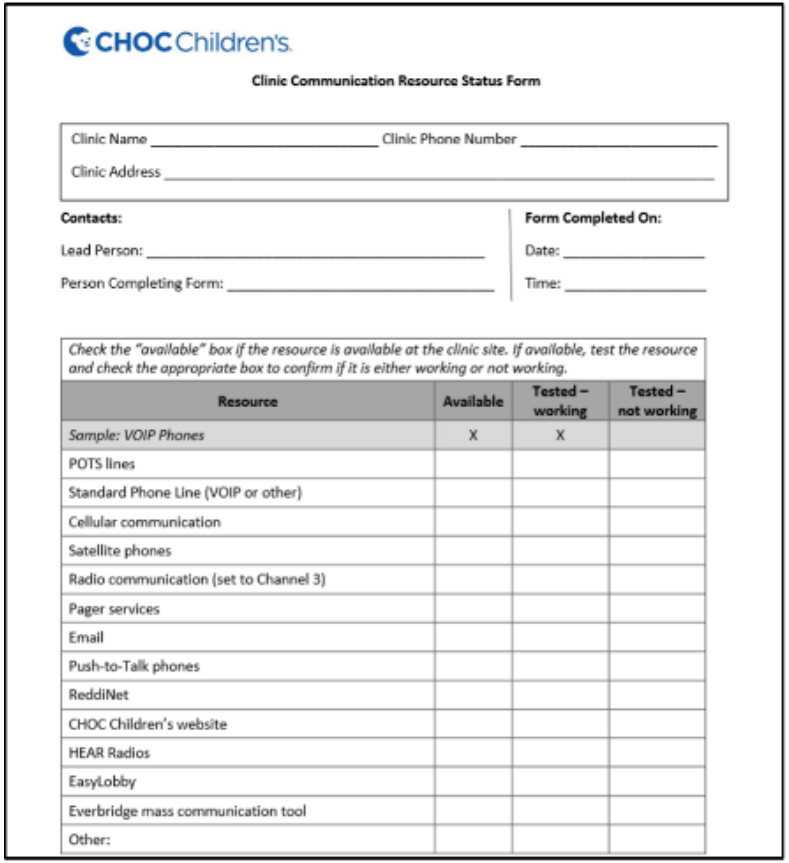
Action

- Contact your clinic and ask them to complete the Clinic Communication Resource Status Form
- Submit completed forms to HCC email: chochcc@choc.org



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Clinic Communication Resource Status Form

Clinic Name _____ Clinic Phone Number _____

Clinic Address _____

Contacts:

Lead Person: _____

Person Completing Form: _____

Form Completed On:

Date: _____

Time: _____

Check the "available" box if the resource is available at the clinic site. If available, test the resource and check the appropriate box to confirm if it is either working or not working.

Resource	Available	Tested – working	Tested – not working
Sample: VOIP Phones	X	X	
POTS lines			
Standard Phone Line (VOIP or other)			
Cellular communication			
Satellite phones			
Radio communication (set to Channel 3)			
Pager services			
Email			
Push-to-Talk phones			
ReddiNet			
CHOC Children's website			
HEAR Radios			
EasyLobby			
Everbridge mass communication tool			
Other:			

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Exercise Goals

Meet Standards

- Exercise requirement
- Network alignment

Drive Community

- Centralize Clinics in emergency response

HICS

- Train on placement and interaction within HICS

Questions?

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