

How Lessons Learned Can Help Us Prepare for Earthquake Risks

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Introduction

- Missouri Hospital Association Director of Hospital Preparedness Programs
 - Liaison to the Southeast Region of the Nonurban Missouri Healthcare Coalition
 - Liaison between HCC and hospitals to DHSS and state response structures





Guess the Disaster?

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- Exercise real time and procedures of dEbolar(2018) Exercise) other PPE.
- Just in time delivery systems failed.
- Long hours without relief results in very poor decision-making. Manage staff and provide staff support, including ment op in Tornado (2011)
- Security of the building is critical. You have to protect your resources.
- The change in the Incident Command System organizational structure during the event led to confusion and response inefficiencies.
- CDC capacity to support more than one catastrophic event at a time needs to be evaluated.
 Hurricane Katrina (2005)
- Responder resilience was a concern.
- Address the role of the Strategic National Stockpile.





Lessons <u>OBSERVED</u>

The only mistake in life is the lesson not learned.

- Albert Einstein



Lessons Observed vs. Lessons Learned

• <u>Lessons We Don't Learn: A Study of the Lessons of Disasters, Why We Repeat Them,</u> and How We Can Learn Them – Homeland Security Affairs, July 2006

"...emergency response organizations use processes for identifying and disseminating lessons in hopes that they and others will be able to learn from past experience and improve future responses. **But the term "lessons learned" may be a misnomer**. **Anecdotal evidence suggests mistakes are repeated incident after incident. It appears that while identifying lessons is relatively straightforward, true learning is much harder** <u>– lessons tend to be isolated and perishable, rather than generalized</u> <u>and institutionalized</u>..."



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Can a Pandemic Really Teach Us About an Earthquake?

Yes! Both are catastrophic events that alter everyday life.

COVID -19

 Magnitude of impact – hard to truly understand

- Whole of government and community response
- Impacts all aspects of lives
- Length of response

NMSZ Earthquake

www.MHAnet.com



Areas of Focus

- Multidisciplinary Approach
- Incident Command
- Workforce
- Resources
- Data
- Disparities



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Multidisciplinary Approach

Lesson

- Health is an all of society issue
- All aspects of life affected by catastrophic events
- New and increased collaboration were required to meet demands of response

- Integrate aspects of ESF-8 into your exercises – know your ESF-8 partners
- Maintain these structures and partnerships!
- Attend local and regional planning meetings

Incident Command

Lesson

- Traditional incident command structures were stressed due to the long-term, wide-scale nature of COVID-19
- Virtual command was possible

- Think through differences in IC for your agency for short-term and long-term events
- Maintain infrastructure to facilitate virtual command
- EXERCISE this!



Workforce

Lesson

- Staff are impacted by the emergency and may not be able to work (got sick)
- Workforce resiliency was impacted impacts on mental health impact including burnout and secondary traumatic stress on health care workers and responders

- Educate staff on personal and family preparedness encourage them to have a plan to contact family if a disaster occurs
- Implement programs to promote staff wellbeing now, promote EAPs, invest in trainings such as PFA. MHFA, trauma informed care
- Include addressing staff wellbeing and mental health in plans (ex. Debriefings, peer groups, crisis counseling programs) – immediate and ongoing

Workforce Continued

Lesson

- Processes for rapid credentialing of volunteers are needed
- Healthcare facilities had to care for higher acuity patients than normal

- Plan for volunteer management (people want to help) and a process to <u>quickly</u> credential volunteers or staff from other facilities
- Develop relationships for telehealth during disasters
- Develop just-in-time training to frontline staff on management of complex patients



Resources

Lesson

- Need for resources exceeded what was available – just-in-time ordering systems did not work
- Increased demand for health care services – had to expand quickly
- Donation management

- Plan for contingency and crisis situations with supplies AND staff
- Identify organization, local, regional caches
- Develop organizational policy and process for determining who will receive care if resources are limited
- Think through hospital evacuations with all community partners
- Plan to use of volunteers and alternate care sites (for what patients? who will staff?)
- Plan with all health care partners in community (could a clinic take green patients?)
- Plan to manage donations coming in and plan for donations left over after



Data

Lesson

• It is a challenge to collect accurate, real-time data to inform tactical, operational and strategic actions

What Can We Do Now to Prepare?

 Have conversations about what data is needed in a disaster, how to collect it including platform and how to use the data





Disparities

Lesson

 Disproportionate burden of COVID-19 and health outcomes on segments of population highlighted social and health inequities

- Partner with organizations in community serving underserved populations
- Use an equity lens when reviewing plans
 - Update plans to incorporate the needs of atrisk populations and associated response actions – including crisis standards of care plans
 - > Review social vulnerability indices
 - Involve community organizations and members



Other Disasters and Lessons Learned





Resources

Incident Command

- ASPR TRACIE: <u>The Effect of COVID-19 on the Healthcare</u> <u>Incident Command System</u> (references to other articles)
- <u>Fusion Cell Field Manual</u>

Workforce

- <u>Ready.gov</u> for personal and family preparedness planning
- Department of Mental Health <u>Well-Being Playbook</u>
- CDC Emergency Responders: Tips for taking care of yourself
- ASPR TRACIE: <u>Topic Collection: Responder Safety and</u> <u>Health</u>

Resources

- Disasters Available Supplies in Hospitals (DASH) Tool
- MO Hospital Surge Staffing Strategies
- <u>Nebraska Health Care Crisis Protocol</u>
- ASPR TRACIE: <u>Alternate Care Sites</u>
- ASPR TRACIE: <u>Supply Donation Management</u>

<u>Data</u>

- EMResource/eICS Information
- APSP TRACIE: <u>Information Sharing</u>

Disparities

- NACCHO: <u>Developing Emergency Plans with a Health</u> <u>Equity Focus</u>
- CDC/ATSDR: <u>Social Vulnerability Index</u>
- FEMA: <u>Building Cultures of Preparedness</u>



Future Training

- Earthquake Mitigation for Health Care Facilities (FEMA P-767)
 - > Offered free through the National Earthquake Technical Assistance Program (NETAP)
 - > Will be offered in May or June
 - Sign up at HCC table to receive more information





Southeast Region of the Nonurban Missouri Healthcare Coalition





HCC Liaisons

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