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Emergency Response Escalation: The In-between

The end of COVID response at Denver Health and Hospital Authority (DHHA) represented a high-water mark for leadership familiarity with Incident Command activation and structure. Maintaining response competency at the top of the organization through continued training and education is a key part of the Emergency Management (EM) program, similar to basic preparedness training provided for all front-line staff who may be first to respond to emergencies. While DHHA has had success improving response practices at the top and bottom of the 'tiered response pyramid', EM identified a gap in the middle, representing escalation for events which require multi-disciplinary response but are not impacting operations to a point where Incident Command activation is needed.

To improve the escalation gap, EM focused on building 'in-between' processes for events that require effective multi-disciplinary input and decision making. In some cases, we were able to augment existing procedures such as adding EM to IT response calls. Other processes necessitated new pathways, such as our Utility Interruption Escalation which supports Engineering in communicating impacts and instructions for staff in impacted areas. The result is that key stakeholders across the health system are brought to the table during responses that might have

previously been handled in a silo. There remains opportunity for improvement through ongoing education and demonstration of effectiveness through use during real events.

Presentation Theme: The theme of the poster is to showcase experience and practice in improving response capabilities of healthcare emergency management through effective coordination and collaboration.

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