

BACKGROUND

- The end of COVID response at DHHA represented a high-water mark for leadership familiarity with the Hospital Incident Command System. Maintaining response competency at the top of the organization through continued training and education is a key part of the Emergency Management 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”, Emergency Management identified a gap in the middle, representing incidents which require multi-disciplinary escalation but are not impacting operations to a point where Incident Command activation is needed.

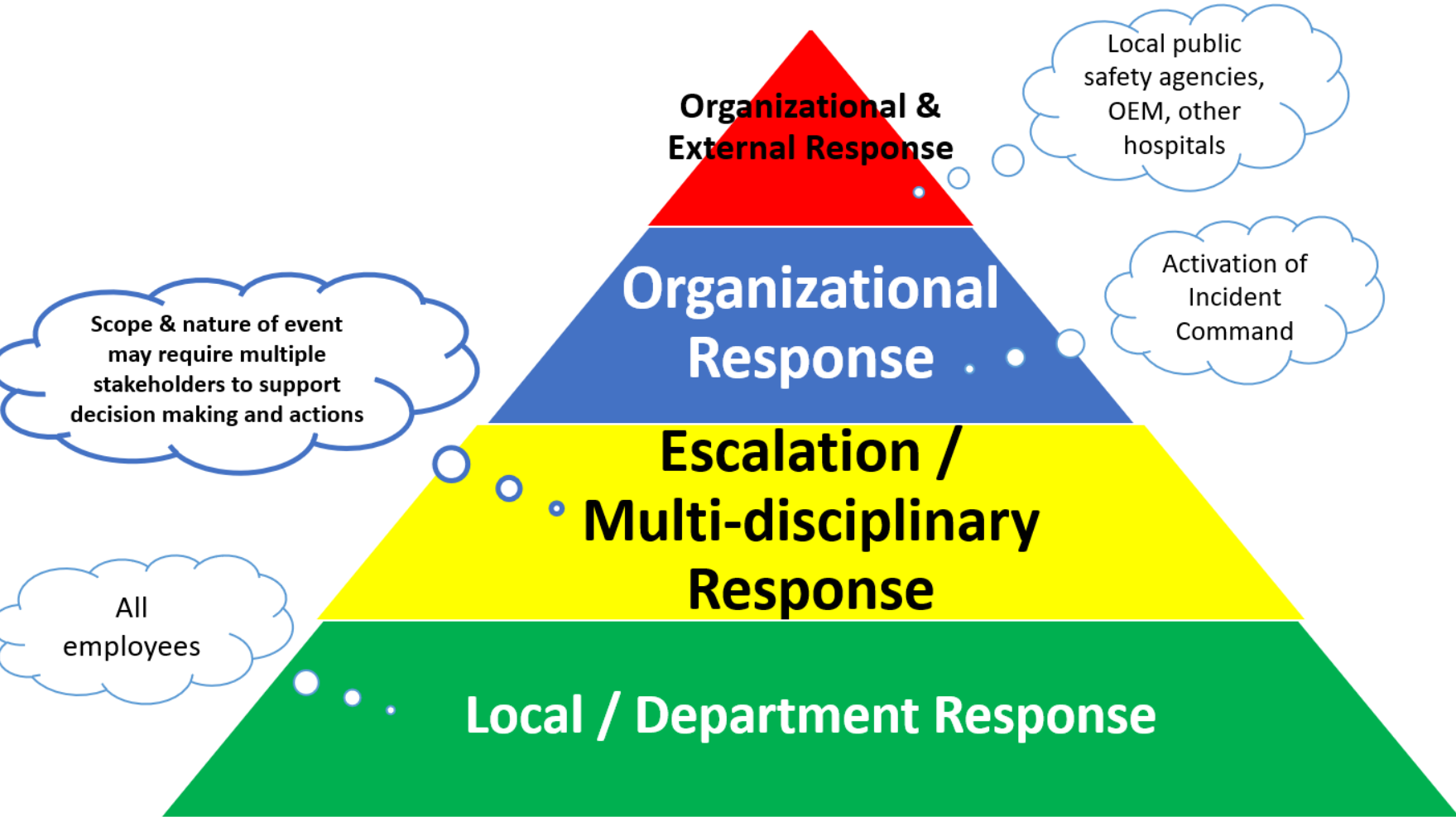


Figure 1: Pyramid of Response

OBJECTIVE

Improve emergency escalation and focus on building “in-between” processes for events that require effective multi-disciplinary input and decision making but do not necessarily warrant full activation of Incident Command.

METHODS

Address the gap in familiarity and confidence in scaling up response and remove hesitation among staff and leaders to proactively address issues.

- Augment existing procedures
- Develop new pathways

RESULTS

Escalation Processes

- Escalations allow us to support and coordinate efforts of clinical, operational, and ancillary stakeholders and serves as the in-between step to provide situational awareness, make decisions, and deploy resources that can alleviate strain before becoming a crisis.
- IT CRT (figure 2)
- Capacity Management Escalation (figure 3)
- Severe weather coordination or “Snow Calls” (figure 4)
- Utility Interruptions / Failures (figures 5-7)



Figure 2: IT CRT

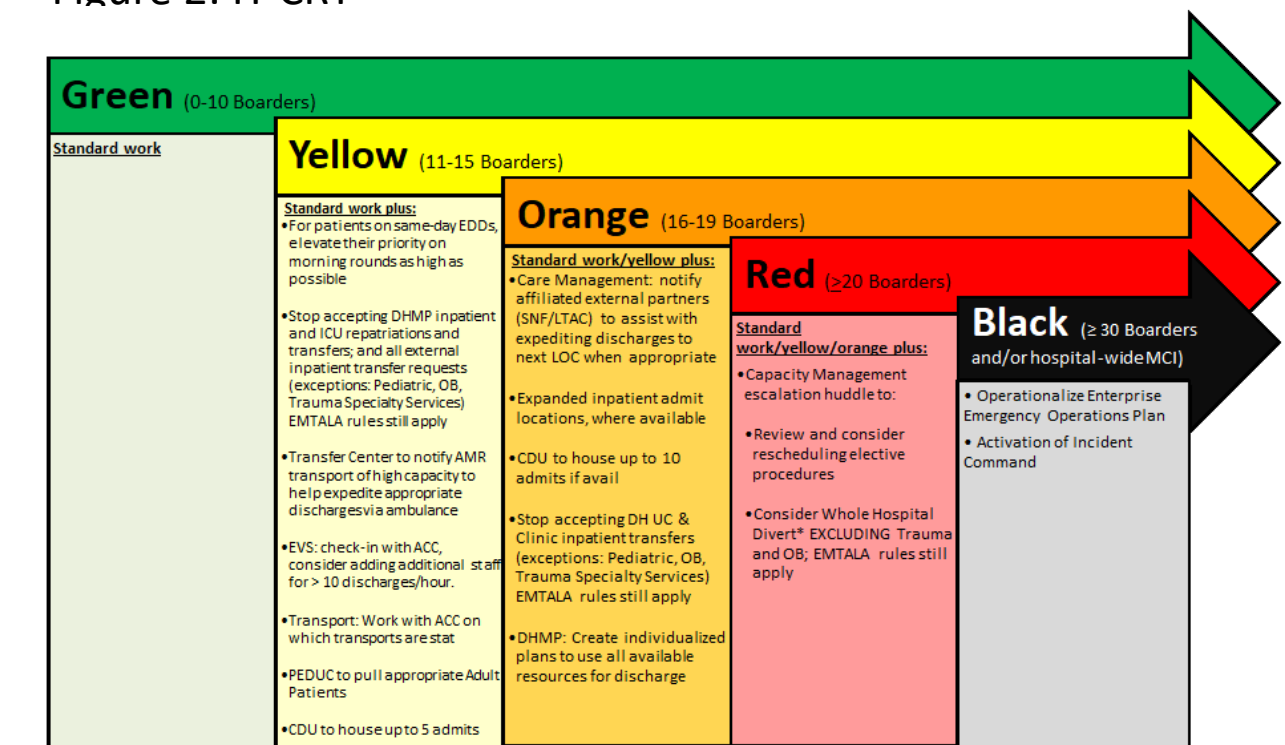


Figure 3: Adult Capacity Management



Figure 4: Pi Day Storm 2024



Figure 5-7: Utility interruptions and failures



Continued Effort and Challenges

- There remains opportunity for improvement to solidify this as standard response process through the ongoing demonstration of effectiveness through use during real-events.
- Education is key to ensuring stakeholders know to notify the Emergency Management On-Call
- Increasing frequency of scheduled and unscheduled utility shutdowns due to aging infrastructure

CONCLUSIONS

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. We’re able to take a proactive rather than reactive approach to responses.