

VHA Emergency Management Capability Assessment Final Report

**Results from**  **Site Visit**

*Submitted to:*

Department of Veterans Affairs

Veterans Health Administration

Office of Public Health and Environmental Hazards, Emergency Management Strategic Health Care Group



**9 February 2009**

**VHA Emergency Management Capability Assessment Final Report**

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# Executive Summary

A site assessment was conducted by the Comprehensive Emergency Management Program (CEMP) Assessment Team from <Date of Assessments>. The Assessment Team included <List of Assessment Team>. The team appreciated the cooperation and enthusiasm of the staff and their willingness to assist in a very successful visit.

<Describe how the VAMC met standards/requirements and facility status>

<Describe areas for capability enhancement and any recommendations given>

# Introduction

The, located in, is identified as a <list identifiers and affiliations>.

<Describe site location and purpose of visit>.

# Methodology

Prior to the site visits, the Assessment Team worked closely with experts in the field of emergency medicine and preparedness to define the assessment elements for the study. These experts represented VHA, other federal agencies including the Department of Homeland Security (DHS), Health and Human Services (HHS), and Defense, academia, and clinical medicine. Through consultation with these experts the Assessment Team defined the 69 capabilities for assessment as well as the measurement scheme. The following sections will provide a high level summary of the overall assessment protocol.

## Capability Element Description

To determine the elements for assessment during the site visits and pre-survey, the VHA capabilities were categorized into six groups. These included capabilities relevant to:

* **Program Level** capabilities help to ensure the facility addresses issues relative to planning and preparedness as a crucial building block for facility capabilities. These program level capabilities were categorized into the following groups:
* Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program
* Administrative Activities ensure the Emergency Management Program meets its Mission and Objectives
* Development, Implementation, Management, and Maintenance of an Emergency Management Committee process to Support the Emergency Management Program
* Development, Implementation, and Maintenance of a Hazard Vulnerability Analysis process as the Foundation for Conducting the Emergency Management Program
* Incorporation of Comprehensive Mitigation Planning into the Facility’s Emergency Management Program
* Incorporation of Comprehensive Preparedness Planning into the Facility’s Emergency Management Program
* Incorporation of Continuity Planning into the Activities of the Facility’s Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, Processes, and Systems
* Development, Implementation, Management, and Maintenance of an Emergency Operations Plan
* Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Facility’s Emergency Management Program
* Incorporation of a Range of Exercise Types that Test the Facility’s Emergency Management Program
* Demonstration of Systems-Based Evaluation of the Facility’s Overall Emergency Management Program and its Emergency Operations Plan
* Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the process becomes one of a Learning Organization
  + **Incident Management** capabilities help to ensure the facility can manage all incidents regardless of scope. These capabilities were categorized into the following groups:
* Initial Incident Actions
* Public Information Management Services during an Incident
* Management and Acquisition of Resources for Incident Response and Recovery Operations
* Processes and Procedures for Demobilization of Personnel and Equipment
* Processes and Procedures for a Return to Readiness of Staff and Equipment
* **Occupant Safety** capabilities help to ensure the facility and its occupants are protected and out of harm’s way. These capabilities were categorized into the following groups:
* Evacuation vs. Shelter-In-Place
* Perimeter Management of Access/Egress to Facility during an Incident (e.g. Lock Down)
* Processes and Procedures for Managing a Hazardous Substance Incident
* Infection Control
* Fire Protection and Rescue Services for Response to Incidents
* **Resiliency and Continuity of Operations** **(COOP)** capabilities help to ensure the facility can continue to provide high quality healthcare, and that all facility based operations can continue during an emergency. These capabilities were categorized into the following groups:
* Personnel Resiliency
* Mission Critical Systems Resiliency
* Communications
* Healthcare Service System Resiliency
* Development, Implementation, Management, and Maintenance of a Research Program EOP
* Maintaining Patient Mental Health and Welfare
* **Medical Surge** capabilities help to ensure the facility can meet the increased demand for health care services during an emergency. These capabilities were categorized into the following groups:
* Processes and Procedures for Expansion of Staff for Response and Recovery Operations
* Management of External Volunteers and Donations during Emergencies
* Management of Volunteers Deployment Support (e.g. DEMPS) during Response and Recovery Operations

Expansion of Evaluation and Treatment Services

* **Support to External Requirements** help to ensure the facility can integrate with the community and other federal health partners such as HHS, including Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR), DHS, and Department of Defense (DOD). This capability included the ability to conduct patient reception activities under the VA/DOD Contingency Hospital System and National Disaster Medical System (NDMS). These capabilities were categorized into the following groups:
* Support of Patient Care Requirements
* Liaison

To describe each capability, the Assessment Team developed a framework that includes the following components:

* **Policies or Guidance** that govern, guide, or direct that activity
* **Resources** (including supplies, facilities, and equipment) assigned to maintain or enable that capability
* **Personnel** designated to manage or staff that area
* **Processes** in place to allow for consistency across departments and organizations
* **Education/Training** provided to staff regarding that capability
* **Exercise** activities used to promote evaluation of that capability
* **Evaluation** of the exercise results
* **Organizational Learning** and process improvement that takes place as a result of the exercise and resulting evaluation

An example of this descriptive framework is presented in Table 1 below.

**Table 1. Descriptive Framework for Mobilization Capability**

|  |  |
| --- | --- |
| Capability Element | Assessment components |
| Policy | The organization has established effective mechanisms to rapidly mobilize essential personnel, facilities, equipment and supplies to support emergency response. |
| Resources |  |
| Supplies | * Supplies needed for mobilization |
| Facilities/Equipment | * Storage facilities for equipment and supplies. |
| Personnel | * The organization has identified qualified and trained personnel to manage mobilization of key response areas. |
| Process | * Supplies, equipment and temporary facilities to be mobilized should be pre-positioned or staged for response and recovery to allow rapid mobilization. * The Emergency Operations Center (EOC) facility is pre-identified and equipped with emergency power, back-up communications, FAX machines, printers, laptops, and other essential equipment (e.g., satellite phone) and services sufficient to operate throughout the duration of the emergency. * There are written procedures including job descriptions for key EOC personnel * The EOC should have battery powered lighting in case generators don’t energize * Laptops should be operational within a few minutes of EOC activation * There are written procedures for identifying alternative sites for the EOC * VAMC has a callback roster for the Incident Management Team (IMT) and each department of the facility. * Staff callback rosters are maintained for each Operating Unit. * Staff will establish phone bank messaging capability and coordinate message alerts with local media. * VAMC has job action sheets for the Agency Executive and the IMT |
| Education/training | * Members of the IMT and other key areas need to be trained with respect to their role in mobilizing the actions upon incident notification. |
| Exercise | * Callback rosters are tested at least quarterly * There is an exercise component that practices bringing some key staff back to the facility during regular exercises. |

## Capability Assessment and Measurement

After the team defined the critical capabilities and used the descriptive framework to define the capability, the Assessment Team developed a measurement scheme. This scheme includes a five level scale to include the following indicators:

* **Exemplary:** The facility often performs at a higher level than industry standards call for. This would be considered a “best in class” or “best practice”
* **Excellent:** The facility often goes above and beyond the required standards
* **Developed:** When present, the facility meets industry standards relative to that capability
* **Being developed:** The capability is in its infancy, and initial attempts to build the capability are underway
* **Needs attention:** There is no evidence the capability exists.

Table 2 depicts the measurement factors for the above highlighted mobilization capability.

**Table 2. Measurement Factors for Mobilization Capability**

|  |  |  |
| --- | --- | --- |
| 4 | Exemplary | All of the above assessment components are present including establishing Incident Management teams consistent with the facility’s SOPs for high risk hazards. Mobilization plan is practiced semiannually. |
| 3 | Excellent | Resources and training are in place and mobilization is practiced at least annually. |
| 2 | Developed | Resources and training are in place including a written mobilization plan. |
| 1 | Being Developed | Some capability elements exist, however mobilization plan is not written or practiced at least annually. |
| 0 | Needs Attention | Absence of mobilization plan. |

## Data Collection Methodology

To capture data relevant to each of these capabilities, the Assessment Team undertook a number of activities, as shown in Figure 1. Each of these will be discussed in subsequent sections.

**Figure 1. Assessment Methodology**



**Pre-Survey:**

During the initial assessment phase, the Assessment Team evaluated the results of a pre-survey administered to the facility one week before the visit. During the normal site visit cycle, the facility would have a much longer time period in which to complete this survey. Key parts of this self-reported survey were validated against the findings of the site visit. During a normal site visit, the Assessment Team will inform the agenda by analysis of the pre-survey.

**Site Visit:**

During the site visit the Assessment Team conducted an opening briefing, interviewed several key members of the emergency management team, conducted a tour of the medical center units critical to the EMP, participated in facilitated discussions, conducted a document review, and had a closing conference with the medical center management. Based upon these activities, the Assessment Team was able to observe and evaluate a number of competencies needed for an effective EMP.

**Reporting:**

In addition to this final report, lessons learned and best practices identified in this site visit will be generalized and shared with other VAMCs, Veterans Integrated Service Networks (VISNs) and VHA Central Office (CO). We will also summarize the findings and issues identified for national attention and will share them with VHA CO senior management to identify tools, resources, communications, policy, and programs that leadership should consider for national deployment.

# Overall Program Capabilities

Table 2 below provides a summary of the emergency management capabilities of the . Any capabilities that were not documented by the Assessment Team are evident by a blank space in the capability element box. Detailed discussion of some of these capabilities is provided in subsequent sections.

**Table 2: Summary** **of**  **Capabilities**

# Discussion of Facility Profile

Based on the above table, there were several capabilities that were identified as areas in which there were potential best practices as well as opportunities for continued enhancement. These are discussed in subsequent sections.

## Program Level Exemplary Practices

exhibited very strong capabilities in several areas. Examples are discussed below.

<Create Sub-headings here to describe each of the program level practices in which excellence was observed>

## Operational Level Exemplary Practices

<Create Sub-Headings here to describe each of the operational level practices in which excellence was observed>

# Program Level Recommendations and Enhancements

The Assessment Team has composed a listing of recommendations based on the site visit and capability assessments. VAMCS should utilize the VHA EMP Guidebook as the principle resource to developing and enhancing their EMP along with recommendations discussed below:

<Create Sub-Headings here to describe each of the program level recommendations>

# Operational Level Recommendations and Enhancements

<Create Sub-Headings here to describe each of the program level recommendations>

# The Joint Commission and NIMS Scorecards

## The Joint Commission Scorecard

**Attachment C** was developed to identify where facilities might need to strengthen their programs in advance of their next Joint Commission review. It provides an overall summary of the medical center’s consistency with The Joint Commission Emergency Management Standard 4 as part of the overall Environment of Care. The primary focus of this analysis is on the standards that are new in 2008. In addition to the 2008 standards, the scorecard will also provide an assessment of relevant existing standards that directly correlate to specific capabilities, as outlined in the assessor's guide. This attachment was developed through the pre-survey and analysis of data obtained throughout the site visit.  Because the standards changed significantly in January 2008, this profile in Attachment C may help prioritize where to concentrate efforts to ensure compliance in the shortest time possible.

## The National Incident Management Scorecard

**Attachment D** provides an overall summary of the medical center’s consistency with the NIMS standards. This attachment was developed through the pre-survey and site visit observations. Attachment D was developed to identify where facilities might need to strengthen their programs in support of NIMS standards.

# Appendix A

## Acronym List

| **Acronym** | **Definition** |
| --- | --- |
| AD | Associate Director |
| APR | Air Purifying Respirator |
| ASPR | Assistant Secretary for Preparedness and Response |
| CBOC | Community-Based Outpatient Clinic |
| CBRNE | Chemical, Biological, Radiological, Nuclear, and Explosive |
| CDC | Centers for Disease Control and Prevention |
| CEM | Certified Emergency Manager |
| CEMP | Comprehensive Emergency Management Program |
| CIO | Chief Information Officer |
| CO | Central Office |
| COOP | Continuity of Operations |
| DEMPS | Disaster Emergency Medical Personnel System |
| DHS | Department of Homeland Security |
| DOD | Department of Defense |
| ECG | Electrocardiogram |
| EMC | Emergency Management Committee |
| EMP | Emergency Management Program |
| EMSHG | Emergency Management Strategic Healthcare Group |
| EMT | Emergency Medical Technician |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| EPC | Emergency Planning Coordinator |
| FCC | Federal Coordinating Center |
| FEMA | Federal Emergency Management Agency |
| HAZWOPER | Hazardous Waste Operations and Emergency Response |
| HBPC | Home-based Primary Care |
| HHS | Health and Human Services |
| HVA | Hazard Vulnerability Analysis |
| ICS | Incident Command System |
| IMT | Incident Management Team |
| IT | Information Technology |
| TJC | The Joint Commission |
| MOU | Memorandum of Understanding |
| NDMS | National Disaster Medical System |
| NFPA | National Fire Protection Association |
| NIMS | National Incident Management System |
| OSHA | Occupational Safety and Health Administration |
| PAO | Public Affairs Officer |
| PAPR | Powered Air Purifying Respirator |
| PPE | Personal Protective Equipment |
| PRC | Primary Receiving Center |
| SOP | Standard Operating Procedure |
| VA | Veterans Affairs |
| VAMC | Veterans Affairs Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |

# Appendix B

## Capability Descriptor List

Program Level Capabilities

* Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program
* Administrative Activities ensure the Emergency Management Program meets its Mission and Objectives
* Development, Implementation, Management, and Maintenance of an Emergency Management Committee process to Support the Emergency Management Program
* Development, Implementation, and Maintenance of a Hazard Vulnerability Analysis process as the Foundation for Conducting the Emergency Management Program
* Incorporation of Comprehensive Mitigation Planning into the Facility’s Emergency Management Program
* Incorporation of Comprehensive Preparedness Planning in the Facility’s Emergency Management Program
* Incorporation of Continuity Planning into the Activities of the Facility’s Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, processes, and Systems
* Development, Implementation, Management, and Maintenance of an Emergency Operations Plan
* Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Facility’s Emergency Management Program
* Incorporation of a Range of Exercise Types that Test the Facility’s Emergency Management Program
* Demonstration of Systems-Based Evaluation of the Facility’s Overall Emergency Management Program and its Emergency Operations Plan
* Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the process becomes one of a Learning Organization

Incident Management Capabilities

Initial Incident Actions

* Processes and Procedures for Incident Recognition, Activation of EOP/EOC and Initial Notification
* Mobilization of Critical Staff and Equipment for Incident Response
* Situational Assessment of Response and Coordination Efforts for Initial Incident Management and Emergency Operations Center Activation

Management of Extended Incident Operations

Public Information Management Services during an Incident

Management and Acquisition of Resources for Incident Response and Recovery Operations

Processes and Procedures for Demobilization of Personnel and Equipment

Processes and Procedures for a Return to Readiness of Staff and Equipment

Occupant Safety Capabilities

Evacuation vs. Shelter-in-Place

* + - * Processes and Procedures for Evacuation of Patients’, Staff, and Visitors’
      * Processes and Procedures for Sheltering-in-Place
      * Processes and Procedures for Sheltering Family of Critical Staff

Perimeter Management of Access/Egress to Facility during an Incident (e.g. Lock Down)

Processes and Procedures for Managing a Hazardous Substance Incident

Infection Control

* + - * Biohazard (Infection) Control Surge Services during Emergencies
      * Selection and Use of Personal Protective Equipment for Incident Response and Recovery Operations
      * Processes and Procedures for Staff and Family Mass Prophylaxis during an Infectious Outbreak (i.e., Influenza)

Fire Protection and Rescue Services for Response to Incidents

Resiliency/Continuity of Operations Capabilities

Personnel Resiliency

* + - * Transporting Critical Staff to the Facility during an Emergency
      * Maintaining Authorized Leadership (Leadership Succession)
      * Processes and Procedures for Personal Preparedness and Employee Welfare
      * Dissemination of Personnel Incident Information to Staff during an Incident

Mission Critical Systems Resiliency

* + - * + Development, Implementation, Management, and Maintenance of an Electrical Power System
        + Management and Maintenance of Fixed and Portable Electrical Generator Resiliency
        + Maintaining Fuel, Fuel Storage, and Fuel Pumps for Generators, Heating, and Vehicles Resiliency
        + Development, Implementation, Management, and Maintenance of an Emergency Water Conservation Plan
        + Maintaining Emergency Potable Water System Resiliency
        + Maintaining Sewage and Waste Resiliency
        + Maintaining Medical Gases and Vacuum Resiliency
        + Maintaining Heating Ventilation and Air Conditioning (HVAC) Resiliency
        + Maintaining Information Technology (IT) and Computing Systems Resiliency
        + Maintaining Access to Critical Commodities and Services during Response and Recovery Operations
        + Internal and external (to the VA) Alternate Care Sites
        + Cash to Purchase Supplies/Services/Payroll During an Emergency

Communications

* + - * + Maintenance of Voice and Data Communication through Satellite link
        + Maintaining Satellite Telephone Resiliency
        + Interoperable Communications with External Agencies’
        + Interoperable Communications with VAMC Facilities’

Healthcare Service System Resiliency

Development, Implementation, Management, and Maintenance of Community Based Outpatient Clinics (CBOCs) EOP

Management of Care for Home-Based Primary Care Patients during Incidents

Specialty Outpatient Services (e.g. Dialysis, Persons with Spinal Cord Injury Dependent [SCI/D] on Community/Outside Assistance in their Home, Oxygen Therapy Patients, and Dementia or Other Cognitive Impairment)

Provision of Ambulatory Clinical Services during Incidents

Development, Implementation, Management, and Maintenance of a Research Program EOP

Maintaining Patient Mental Health and Welfare

Medical Surge Capabilities

Processes and Procedures for Expansion of Staff for Response and Recovery Operations

Management of External Volunteers and Donations during Emergencies

Management of Volunteers Deployment Support (e.g. DEMPS) during Response and Recovery Operations

Expansion of Evaluation and Treatment Services

Development, Implementation, Management, and Maintenance of the VA All-Hazard Emergency Cache

Designated Capability for Expanded Patient Triage, Evaluation and Treatment during Surge

Designation and Operation of Isolation Rooms

Integration of Patient Reception, Surge and Decontamination Teams

Maintaining Laboratory, Blood Bank, and Diagnostic Imaging Surge Capability

Processes and Procedures for Control and Coordination of Mass Fatality Management

Support to External Requirements Capabilities

Support of Patient Care Requirements

Provision of Supplemental Health Services to Support the NDMS

VA/DOD Contingency Hospital System

Liaison

* + - * Response/Interface with State and Community Emergency Management Authorities and State/Local Public Health
      * Response interface with Community Healthcare Organizations
      * Support under the NRF

# Appendix C

## The Joint Commission Scorecard

<Cut and paste completed Joint Commission Scorecard here>

# Appendix D

## The National Incident Management Scorecard

<Cut and paste completed National Incident Management Scorecard here>