# Chapter 6

# Planning for Heavy Surge, Part 2

*This chapter focuses on providing healthcare services under worst-case-scenario situations, such as a devastating tornado or a severe influenza pandemic, wherein decisions must be made on what healthcare services to provide and to whom they will be provided. As you work through this chapter, keep this focus in mind: you are planning for the worst emergencies ever experienced in your community.*

## Overview

### Introduction

The previous chapter explained how heavy surge—an increase in patients and healthcare demand that cannot be managed on a daily basis and interrupts day-to-day healthcare services—requires a collaborative approach by your community's healthcare providers and the agencies and organizations that support them. Referred to as *expansion of the provision of care*, this approach requires community healthcare providers to augment the services they provide by enlisting the assistance of other healthcare providers and supporting partners to manage an emergency event in which, for an extended period of time, the number of patients seeking medical care exceeds the capabilities and capacities of your community healthcare system. The previous chapter further explained that your community would need to develop a framework or strategy to address the change from a business-as-usual MOC to one that expands the role of your community's healthcare system and those partners that support it, which is referred to as an alternate care system. [[1]](#footnote-1)

But what happens when this strategy is not sufficient to manage the heavy surge on your community's healthcare system? What happens when this strategy becomes increasingly ineffective in addressing your community's healthcare needs during the event? The answer to these questions is that the healthcare services offered in your community during a severe disaster or emergency will need to be prioritized or altered. For example, healthcare facilities could temporarily delay services (e.g., dialysis or chemotherapy treatments), offer services at different venues in the community healthcare network (redirecting where care is provided in the community), or change the frequency of the services provided (e.g., increasing dialysis center hours of operation in response to a lack of available staff or facilities at the community-level).

For the purposes of this chapter, community healthcare services that are prioritized during a disaster or emergency to meet the demand of heavy surge are referred to as *essential healthcare services*.

Please note that identifying essential healthcare services is a very challenging and potentially sensitive topic. Your role as a planner or a member of the planning team may not be to decide what roles and services a healthcare facility can provide in a disaster or emergency. Rather, as a planner, you can listen, encourage, and provide technical assistance to healthcare provider representatives who are discussing and planning how to deliver care under increasingly more difficult situations.

### Definitions

**Medical Surge[[2]](#footnote-2)** The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community (through numbers or types of patients). It encompasses the ability of healthcare organizations to survive a hazard impact and maintain or rapidly recover operations that were compromised (a concept known as medical system resiliency).

**Medical Surge Capacity[[3]](#footnote-3)** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds the normal operating capacity

**Medical Surge Capability[[4]](#footnote-4)** The ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed.

### HPP/PHEP Capabilities Addressed by This Chapter

The HPP and PHEP capabilities listed below are addressed by this chapter.

**HPP**

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

**PHEP**

*Capability 6: Information Sharing*

*Capability 10: Medical Surge*

### What to Expect After Completing This Chapter

* You will have helped your community's healthcare providers and their supporting partners understand and try to address the limitations to healthcare delivery for a catastrophic event in your community by accomplishing the following tasks:
  + Understand the populations that use the services of the provider and how these populations will be impacted by changes to these services.
  + Plan to prioritize healthcare services offered during a disaster or emergency.
  + Plan to alter the type of care offered during a severe disaster or emergency.
* You will have helped your community's healthcare providers consider the ethical and legal considerations that should be incorporated into their essential healthcare services planning efforts.

### Applicability and Scope

Developing a heavy surge plan is applicable to all communities regardless of demographic or geographic descriptions and limitations. Additionally, your heavy surge plan should incorporate all agencies and organizations represented within your community's healthcare delivery system.

### Assumptions

* Your planning team has worked through the "Planning for Heavy Surge – Part 1" chapter. (If you have not, you may not be able to complete this chapter.)
* Many different emergency scenarios can result in activation of this heavy surge plan.
* The community heavy surge plan will be activated in a collaborative effort between public health, healthcare, and emergency management partners in the community.
* Medical material and medical professionals will be scarce when the community healthcare system is stressed.
* Your community may have limited capability for treatment of affected patients(e.g., severe burn or trauma injuries, chemical or radiation exposures).
* The community has limited availability for additional supplies.
* Some resources may be available through mutual aid agreements.

### Issues and Barriers to Consider

* Drafting a heavy surge plan will not be easy or straightforward. The process requires an extended time commitment. Communities can spend several years developing and revising plans; therefore, do not be discouraged as you begin working through the concepts in this chapter.
* Developing a heavy surge plan requires communication and collaboration with the partners represented on your community coalition. Maintaining this communication and collaboration throughout the heavy surge planning process may be difficult because the process requires an extended commitment of time and effort.
* Some of the planning tasks described in this chapter may require approval from federal (e.g., Centers for Medicare and Medicaid Services [CMS]) and state regulators. You should only approach them for approval when you can tell them exactly what you plan to do.
* You and your planning team may experience "push back" or a lack of buy-in from community decision makers or political leaders.
* Communities vary in size and availability of resources. Your community may have to partner with another community or communities (i.e., share resources) to develop a heavy surge plan.
* The engagement of some partners may require approval of leadership at a national level or higher organization level (e.g., national chain pharmacies).
* Prioritizing essential healthcare services can be a very stressful task for some community healthcare providers because of the ethical and legal challenges associated with these strategies. As a result, some providers in your community may resist this type of community planning effort.
* While prioritizing essential healthcare services is a facility-based process, coordination with other partners may be needed. For example, if Hospital A eliminates a service, but Hospital B continues to offer the service, the public may be confused by the inconsistency in services and will "flock" to Hospital B for the service. On the other hand, if Hospital A and Hospital B coordinate with each other, they can make sure that both hospitals are consistent in the healthcare services they offer, thus eliminating any confusion in the general public and in other healthcare providers.[[5]](#footnote-5)
* Some healthcare facility representatives may think that all healthcare services offered by their facility are essential. During a disaster, however, some healthcare services are not needed to respond to the needs of the community, such as elective surgeries or well-patient visits, and, therefore, are not essential healthcare services.
* When prioritizing essential healthcare services, some people involved in the process may lose focus on the task and begin to prioritize nonhealthcare services, such as public transportation or law enforcement, which are beyond the scope of this chapter.
* Some scenarios identified as likely to impact your community may require a coordinated, regional response. As a result, you may need to make other communities or emergency responders aware of your work on essential healthcare services.

## Identifying and Prioritizing Essential Healthcare Services

### Overview

As with other chapters in the *Framework*, a step-by-step process for achieving each chapter goal—in this case, identifying and prioritizing essential healthcare services—will be provided in this chapter. However, unlike the other chapters in the *Framework*, you and your planning team will not play an active role in this process. Instead, you will act as neutral counselors who listen to the individuals or teams working through the process and offer support or guidance when appropriate. You and your planning team also will be the "timekeepers" who periodically check on the progress of those working through the process and prod them to move forward when necessary.

### Getting Started

The first thing you and your planning team need to do is to gain an understanding of the task and then meet with your community's healthcare providers to explain the approach your community will take to identify and prioritize essential healthcare services.

#### Understand the Task

On the surface, the task looks easy: identify and prioritize essential healthcare services. But, what are essential healthcare services? To answer this question, you could use an influenza pandemic as an example. During normal conditions, all healthcare services are available to the community. When an influenza pandemic occurs, an increase in patients seeking healthcare services occurs along with a likely decrease in available healthcare staff to provide these services.

As the surge in patients reaches the point of overwhelming the community healthcare system, nonessential healthcare services are gradually eliminated. Eventually, in a severe influenza pandemic, the community healthcare system limits all but those healthcare services essential to meeting the needs of the sickest people in the community. These services are defined as the community's *essential healthcare services*. The graphic on the next page provides a visual description of this discussion.

Several issues need to be understood before undertaking the task of identifying and prioritizing essential healthcare services. First, the task requires a significant time commitment coupled with a prolonged coordination and collaboration effort among your community's healthcare providers. In addition, the process will require buy-in from leadership at the organizational level (e.g., a healthcare corporation that operates multiple hospitals regionally or nationally), which might slow down the process or require the involvement of more people than originally expected. Moreover, the task requires healthcare providers to determine what healthcare services they *will not* provide during an emergency event, which may be a tough decision to make for moral or ethical reasons.

**Note:** Please remember that, as with the other chapters in the *Framework*, your planning efforts are focused on the two or three scenarios identified as most likely to impact your community. Identifying and prioritizing essential healthcare services has to be accomplished with this focus in mind.

#### Meet with Your Community's Healthcare Providers

Probably the most interaction you and your planning team will have with your community's healthcare providers[[6]](#footnote-6) as described in this chapter will be meeting with them to explain the task of identifying and prioritizing essential healthcare services and the issues surrounding it. The thoroughness of this interaction is critical to the success of the task. Your community's healthcare providers need to come away from the meeting with a clear understanding of what they want to accomplish and a commonly-held motivation to accomplish it.

This meeting can be done in small, face-to-face encounters or in large-group sessions. If small meetings are the route you and your planning team choose, then you will want to make sure you meet with healthcare providers that offer similar services (e.g., hospitals) so that these providers have a common understanding of what they are collaboratively trying to achieve. Another important consideration is allowing enough time in these meetings to cover the topic and answer any questions that may arise.

When meeting with your community's healthcare providers, you will need to explain the approach that will be taken to identify and prioritize essential healthcare services. This approach is shown below:

* Identify healthcare services – Prior to undertaking the task of identifying healthcare services, representatives of participating healthcare facilities (e.g., hospital, urgent care clinic, primary care provider office) will assemble a facility-based team of subject matter experts. Once assembled, they will review any work previously done on identifying healthcare services and also identify additional healthcare services, if necessary.
* Identify triggers – Before facility-based teams can prioritize their healthcare services, they need to determine the circumstances that would transition a healthcare facility into limiting the healthcare services it provides to only those that are deemed essential. These circumstances are known as triggers, and they may differ for each scenario identified as most likely to impact the community.
* Prioritize healthcare functions – The healthcare services offered by a facility usually have subservices that are offered within them. For example, a healthcare facility's imaging service may include x-rays, mammograms, and magnetic resonance imaging (MRI). For the purposes of this chapter, these subservices are referred to as *functions* of the service. Although the subject of this chapter appears to be prioritizing essential healthcare services, facility-based teams are actually prioritizing the *essential functions* offered within a healthcare service.
* Present findings to the community coalition – The community coalition needs to be briefed on the work of the facility-based teams and the outcomes that resulted from that work.

### Identify Healthcare Services

This task calls for you to create facility-based teams, review previous work on identifying healthcare services, and identify additional healthcare services offered by the facility.

#### Create Facility-Based Teams

Now that you and your planning team along with your community's healthcare providers understand the approach to identifying and prioritizing essential healthcare services, you will need to work with these providers to create healthcare facility-based teams to work on the task[[7]](#footnote-7).

Use *Worksheet 6.1 – Facility-Based Team Members* on the next page to help you create these teams. Here are a couple of points to keep in mind when developing these teams:

* Your community is planning for two or three different scenarios likely to impact your community. Planning for each scenario may require different subject matter expertise on your teams.
* Consider personality conflicts when putting teams together, especially if you are taking a sector-based approach. These conflicts can make the task of identifying and prioritizing essential healthcare services difficult, if not impossible, to accomplish.

**Worksheet 6.1 – Facility-Based Team Members**

**Instructions:** Enter the name of the facility in the space provided below. Next, list the name, title, and contact information for each member of the facility-based team.

**Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Team Member Name** | **Title** | **Contact Information** |
| --- | --- | --- |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in |

**Note:** At this point, most of the remaining work on identifying and prioritizing essential healthcare services will be done by facility-based team members. You and your planning team will take on the role of neutral counselors and timekeepers as explained in the Overview on page 143 Therefore, the discussion in the remaining subsections of this section will be directed to these team members (i.e., the use of the third person "you" refers to these team members).

#### Review Previous Work on Identifying Healthcare Services

Now that you have identified your facility-based team members, you need to look at work youmay have done previously on your own initiative to identifyhealthcare services, independent of your work on this *Framework*. You and your facility-based team members should review this previous work and itemize the healthcare services you identified for your facility[[8]](#footnote-8). You also should look at the healthcare services you identified in other chapters of this *Framework[[9]](#footnote-9)*. This previous work should be reviewed and itemized as well.

Use *Worksheet 6.2 – Healthcare Services Previously Identified* below to list the healthcare services identified in previous work or within the context of the *Framework*. A worksheet should be completed for each facility represented on the facility-based team.

**Worksheet 6.2 – Healthcare Services Previously Identified**

**Instructions:** Enter the name of your facility in the space provided below. Next, list healthcare services that have been previously identified.

**Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Healthcare Service** | **Healthcare Service** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

#### Identify Additional Healthcare Services Offered by the Facility

You may not have listed all of the healthcare services offered by your facility in the above task or you may not have done any work in this area previously. If you did not use *Worksheet 6.2 – Healthcare Services Previously Identified* because you have not done any previous work on identifying healthcare services, use *Worksheet 6.3 – Additional Facility Healthcare Services* on the next page to compile your list of healthcare services.

If you did use *Worksheet 6.2* above, but you think your facility offers more healthcare services than what you listed in the worksheet, list only your facility's additional healthcare services in *Worksheet 6.3* (i.e., healthcare services that are missing from *Worksheet 6.2*)*.* Complete one worksheet for each facility represented on your facility-based team.

A list of common healthcare facility services is provided on the next page to help you identify additional healthcare services offered by your facility.

**List of Common Healthcare Facility Services**

| **Service** | **Service** |
| --- | --- |
| Birthing | Mental health\* |
| Cancer | Orthopedic |
| Cardiovascular | Outpatient care |
| Emergency/trauma | Pediatric |
| Imaging | Pharmacy |
| Inpatient care | Pulmonary |
| Interventional radiology | Surgical |
| Laboratory | Therapy |

\* Make sure to consider mental health as one of your facility's essential healthcare services even if your facility does not offer this service. As you curtail the services your facility offers, your staff may experience mental stress and, thus, need mental health services. You also should consider other services your staff may need during a heavy surge situation, such as housing and family support services.

**Worksheet 6.3 – Additional Facility Healthcare Services**

**Instructions:** Enter the name of your facility in the space provided below. Next, list additional healthcare services that have been identified.

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Healthcare Service** | **Healthcare Service** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

### Identify Triggers

Before you start to prioritize the healthcare services you identified in the above task, you need to determine the circumstances that would transition your healthcare facility into limiting the healthcare services it provides to only those that are deemed essential. This decision can be made individually by each facility's leadership or it can be made by the sector as a whole. Whichever approach is taken, the most important point to understand is that knowing the circumstances that trigger your facility or your sector to limit healthcare services will help you to prioritize healthcare services. Another important point is that the two or three scenarios identified as likely to impact your community should be considered separately when you identify these triggers because each scenario may require a different trigger.

### Prioritize Healthcare Functions

This task will be accomplished in seven steps:

1. Identify healthcare service functions.
2. Prioritize healthcare functions to determine which ones are essential.
3. Evaluate your prioritized healthcare functions.
4. Brief healthcare facility/system leadership on essential healthcare functions.
5. Reconvene facility-based teams to discuss leadership feedback.
6. Determine the whole-community approach to prioritizing healthcare functions.
7. Develop sector-based teams to prioritize healthcare functions.

#### Identify Healthcare Service Functions

The healthcare services offered by a facility usually have subservices that are offered within them. For example, you may have listed imaging as a healthcare service your facility offers. However, within this service, several subservices may be offered, such as x-rays, mammograms, and magnetic resonance imaging (MRI). For the purposes of this chapter, these subservices are referred to as *functions* of the service.

Although the subject of this chapter appears to be prioritizing essential healthcare services, you are actually prioritizing the *essential functions* offered within a healthcare service. In the example above, you may determine that x-rays are a function of imaging that are essential to the response to a disaster, while mammograms are a function that can be delayed for a period of time. Within this context, you can see that imaging cannot be prioritized because the functions within it have differing priorities during a disaster. As a result, you need to prioritize *healthcare functions* of imaging instead of the service itself.

Now that you have identified the healthcare services offered by your facility using *Worksheets 6.2* and *6.3*, you need to compile a list of functions that fall under each of these services. Use *Worksheet 6.4 – Healthcare Functions* *by Service* on the next page to help you complete this task.

**Worksheet 6.4 – Healthcare Functions by Service**

**Instructions:** Enter the name of your facility in the space provided below. Next, in the space provided, list a healthcare service you identified using *Worksheets 6.2 and 6.3*. Below each service, list the functions of that service.

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Healthcare Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Function** | **Function** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

**Healthcare Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Function** | **Function** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

**Healthcare Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Function** | **Function** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

#### Prioritize Healthcare Functions to Determine Which Ones are Essential

The next step is to prioritize your facility's healthcare functions to determine those that are nonessential and, more importantly, those that are essential. To do this prioritization, you first need to develop a tier-rating system to use as a guide for determining which functions are essential. An example of a tier-rating system is provided on the next page. Please note that this is just an example. You may choose to use different rating criteria or priority descriptions to meet your needs. One thing to remember, though, is that consistency should be a goal when prioritizing essential healthcare functions. For this reason, the authors of this chapter strongly suggest that all facility/sector representatives involved in prioritizing healthcare functions use the same system to rank or rate healthcare functions. Achieving consensus among these representatives on the rating system to use most likely will require one or more group meetings.

**Example of a Tier-Rating System**

| **Tier** | **Ratings** | **Priority** |
| --- | --- | --- |
| 1 | **IMMEDIATE**  These functions have a direct and immediate effect on the organization to preserve life, safety, and protect property. | High |
| 2 | **CRITICAL**  These functions can be delayed until Tier 1 functions are restored, but must be operational within \_\_\_\_\_hours. | High |
| 3 | **NECESSARY**  These functions can be delayed until Tier 1 and 2 functions are established, but must be operational within \_\_\_\_\_ hours/days/weeks. | Medium |
| 4 | **IMPORTANT**  These functions can be delayed until Tiers 1, 2, and 3 are operational, but should be operational within \_\_\_\_\_ hours/days/weeks. | Low |

Once you have developed your tier-rating system, you can begin to prioritize your healthcare functions. A sample matrix[[10]](#footnote-10) is provided on the next page to show you a possible method to do this prioritization. In this example, functions are listed below the service, and then the tier rating for each function is shown with an x (**X**). This example is for an earthquake scenario.

An important point is that you need to prioritize healthcare functions for each scenario identified as likely to impact your community. For example, if the planning team identified an influenza pandemic as one of these scenarios, then you need to consider how the pandemic will affect the citizens of your community. You then need to determine the types of services/functions that will be in high demand. Similarly, if the planning team identified an earthquake as likely to impact your community, then you need to consider how this type of no-notice event will impact your community, and then you need to determine the types of services/functions that will be in high demand, which probably will be much different from those of an influenza pandemic. In other words, the scenario for which you are planning will dictate which healthcare functions are essential, and no two scenarios will result in the same essential functions. However, keep in mind that some of your facility's healthcare functions need to be maintained regardless of the scenario because every-day events, such as live births and heart attacks, will still occur.

**Scenario: Earthquake**

**Service 1 - Imaging**

| **Function** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| --- | --- | --- | --- | --- |
| Function A (Mammogram) | **.** | **.** | **.** | **X** |
| Function B (MRI) | **.** | **.** | **X** | **.** |
| Function C (CT scan) | **.** | **X** | **.** | **.** |
| Function D (X-ray) | **X** | **.** | **.** | **.** |

**Service 2 - Laboratory**

| **Function** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| --- | --- | --- | --- | --- |
| Function A – (Blood work [e.g., CBC, chem panel, type and cross) | **X** | **.** | **.** | **.** |
| Function B – (Cytology) | **.** | **.** | **.** | **X** |
| Function C – (PCR) | **.** | **.** | **.** | **X** |

#### Evaluate Your Prioritized Healthcare Functions

After you finish rating your facility's healthcare functions, you and your facility-based team should evaluate each function and the rating you gave it in terms of the impact to your facility or to the general public if you do not or cannot provide the function. Use the sets of questions in *Worksheet 6.5 – Healthcare Function Evaluation Guide* on the next page to help you evaluate your ratings. If you find that a function rated as low priority will have a high impact if it is delayed or eliminated, then you may need to reconsider the rating you gave that function.

**Worksheet 6.5 – Healthcare Function Evaluation Guide**

**Instructions:** Enter the scenario in the space provided below. Next, enter the sector, facility name, and the healthcare function being evaluated. Write in the answers to the questions below as you discuss them with your facility-based team members.

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sector:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthcare Function:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Considerations**

**Ethical Issues**

| **Question** |
| --- |
| What are the ethical implications of delaying or eliminating this function? |

**Patient Care**

| **Questions** |
| --- |
| How will delaying or eliminating this function impact patient care? |
| How will delaying or eliminating this function impact other healthcare functions of my facility? |

**Public Good/Public Health**

| **Question** |
| --- |
| How will delaying or eliminating this function impact the community's wellbeing or health? |

**Services and Functions of Other Facilities/Sectors**

| **Question** |
| --- |
| How will delaying or eliminating this function impact other facilities or sectors that coordinate with or support my facility? |

**Secondary Considerations**

**Finances**

| **Question** |
| --- |
| What will be the financial impact of delaying or eliminating this function? |

**Liability**

| **Question** |
| --- |
| What exposure in terms of liability does my facility face if this function is delayed or eliminated? |

| **Notes** |
| --- |
| To be filled in |

#### Brief Healthcare Facility/System Leadership on Essential Healthcare Functions

Now that you have determined which healthcare functions are essential to maintain during a given scenario, the next prudent step is to brief the leadership of your healthcare facility/system on your work in order to get their approval. You can meet with them individually or with your entire team. Before you meet with them, though, you will need to determine how you will present your findings. Below are a few agenda items/talking points to help you prepare for the meeting:

* Describe the purpose of the task.
* Describe these processes:
  + Identifying services and functions
  + Prioritizing functions
  + Evaluating function ratings
* Present prioritized facility functions from highest priority to lowest priority and describe why they were given a particular rating.
* Discuss the two whole-community approaches to prioritizing essential healthcare functions (sector-based approach vs. facility-based approach).
* Provide time for questions and discussion.

You may find that your leadership disagrees with your decision to delay or eliminate certain functions during a disaster and asks you to add them back into your list of essential functions. Until you have leadership approval, you cannot and should not proceed any further with the tasks outlined in this chapter.

You also may find that your leadership strongly favors one whole-community approach to prioritizing essential healthcare functions over the other. Ultimately, the choice belongs to your leadership. His/her choice should be conveyed to the planning team and the community coalition at the appropriate time.

**Note:** The remainder of the work in this chapter will be performed by the planning team.

#### Reconvene Facility-Based Teams to Discuss Leadership Feedback

You and your planning team should reconvene all facility-based teams to discuss leadership feedback. You can meet with each team individually or in groups by sector or in a large group. The objective of meeting with them is to identify common thoughts among facility leaders about prioritizing essential healthcare functions as well as to identify common issues with this prioritization. This discussion will help to inform the next step in this chapter.

#### Determine the Whole-Community Approach to Prioritizing Healthcare Functions

When meeting with the facility-based teams, you will need to determine which whole-community approach to identifying and prioritizing essential healthcare services they will take. If you are meeting with them in large-group meetings, this determination will not be as difficult to make as when meeting in several small-group settings whereby one group may want to take one approach and another may want to take another.

Undoubtedly, you will find through your meetings that a single, whole-community approach is not possible because of variances in the level of care offered by your community's healthcare providers. That should not be a concern. The objective here is to bring all healthcare providers together to determine a whole-community approach to delivering healthcare during a heavy surge event. The approach may be that some healthcare providers are taking a sector-based approach whereas others are taking a facility-based approach. As long as each provider is aware of what other providers are doing with regard to prioritizing essential healthcare functions and as long as the effort to prioritize them has been coordinated, your community's response to a heavy surge event will be unified.

##### The Two Whole-Community Approaches

The two whole-community approaches are the sector-based approach and the facility-based approach. Each is described below.

###### Sector-Based Approach

In the sector-based approach, similar healthcare providers (e.g., hospitals) collaborate and coordinate with each other to prioritize essential healthcare functions. The benefit of this approach is that it allows for consistency in community-wide essential healthcare functions (e.g., it reduces the possibility of one hospital offering a healthcare function that another hospital is not offering). This consistency will reduce public confusion. The disadvantages to this approach are threefold. First, this approach is based on an assumption that all similar healthcare providers, such as hospitals, offer the same level of care, which is not the case. Because healthcare providers can differ greatly in the services they provide, coming to consensus on essential healthcare functions may not be possible. Second, this approach requires representatives and leadership of similar healthcare providers to all agree on essential healthcare functions, and sometimes they may not be able to come to agreement. Third, this approach will require some healthcare providers to share information that is confidential or business sensitive, and they may not be willing to share this information.

###### Facility-Based Approach

In the facility-based approach, each facility (e.g., hospital, urgent care clinic, primary care provider office) or the system in which it resides maintains its own list of prioritized essential healthcare services. The benefit of this approach is that it allows the individual facility to determine how it will respond in an emergency event rather than making that determination through a group effort. The disadvantage of this approach is that, unlike the sector-based approach, this approach can result in community healthcare facilities offering different essential healthcare functions during an emergency event, which could lead to public confusion and potential increased surge in a particular facility that is offering a service that no other community healthcare provider is offering.[[11]](#footnote-11)

#### Develop Sector-Based Teams to Prioritize Healthcare Functions

This step applies only to the healthcare providers who decided to take a sector-based approach to prioritizing essential healthcare functions. (Healthcare providers who opted for the facility-based approach already have prioritized their healthcare functions). The first step is to assemble a sector-based team. Use *Worksheet 6.6* below as a guide for this step.

**Worksheet 6.6 – Sector-Based Team Members**

**Instructions:** Enter the sector name in the space provided below. Next, list the healthcare facilities/providers that make up this sector. Next to each facility/provider, list the name, title, and contact information for each team member.

**Sector:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Facility Name** | **Team Member** | **Title** | **Contact Information** |
| --- | --- | --- | --- |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |
| To be filled in | To be filled in | To be filled in | To be filled in |

The next step is for each sector-based team to meet to review and discuss each individual facility's prioritized healthcare functions. Group discussion should be facilitated by a planning team member and should focus on coming to consensus on a prioritized list of essential functions using the same tier ranking system as used earlier (see the example on the next page).

| **Tier** | **Ratings** | **Priority** |
| --- | --- | --- |
| 1 | **IMMEDIATE**  These functions involve those with the direct and immediate effect on the organization to preserve life, safety, and protect property. | High |
| 2 | **CRITICAL**  These functions can be delayed until Tier 1 functions are restored, but must be operational within \_\_\_\_\_hours. | High |
| 3 | **NECESSARY**  These functions can be delayed until Tier 1 and 2 functions are established, but must be operational within \_\_\_\_\_ hours/days/weeks. | Medium |
| 4 | **IMPORTANT**  These functions can be delayed until Tiers 1, 2, and 3 are operational, but should be operational within \_\_\_\_\_ hours/days/weeks. | Low |

Once consensus has been reached, sector-based team members should evaluate each function using *Worksheet 6.5 – Healthcare Function Evaluation Guide* on page 159. Following that, a list of prioritized functions should be compiled for presentation to the planning team and community coalition. A suggested format is shown below.

**Sector: Hospitals Scenario: Earthquake**

**Service 1 - Imaging**

| **Function** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| --- | --- | --- | --- | --- |
| Function A (Mammogram) | **.** | **.** | **.** | **X** |
| Function B (MRI) | **.** | **.** | **X** | **.** |
| Function C (CT scan) | **.** | **X** | **.** | **.** |
| Function D (X-ray) | **X** | **.** | **.** | **.** |

**Service 2 - Laboratory**

| **Function** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| --- | --- | --- | --- | --- |
| Function A – (Blood work [e.g., CBC, chem panel, type and cross) | **X** | **.** | **.** | **.** |
| Function B – (Cytology) | **.** | **.** | **.** | **X** |
| Function C – (PCR) | **.** | **.** | **.** | **X** |

### Present Findings to the Community Coalition

The next step is to present your work to the community coalition to get their feedback. This step will involve compiling each healthcare facility's essential healthcare functions and then presenting the whole-community approach to prioritizing essential functions and your findings to the community coalition. After meeting with the coalition, you will then share the coalition's feedback with senior leadership of each healthcare facility involved in the process of defining and prioritizing essential healthcare functions.

#### Compile Essential Healthcare Functions

You and your planning team will need to first compile the essential healthcare functions for each healthcare facility in each sector or for the sector as a whole, depending on the whole-community approach selected. You need to compile these functions for each scenario identified as likely to impact your community.

#### Present the Whole-Community Approach to Your Community Coalition

When meeting with the community coalition, the first task is to explain the process for identifying and prioritizing essential healthcare services/functions as prescribed in this chapter. This explanation should end with presentation of the whole-community approach to prioritizing essential functions that was determined by all involved healthcare providers.

#### Present Findings to the Community Coalition

The next step is for you and your planning team to present your findings to your community coalition to get their feedback. In preparation for this meeting, review the questions below, and be prepared to share the answers with the coalition.

* Which healthcare facility or sector has an essential function that is not provided elsewhere?
* What services or functions are not provided at all or accounted for but needed?
* What services or functions appear to be most important for each facility or sector?
* Were facility or sector representatives rating their services/functions similarly? Who were the outliers and why?
* Do opportunities exist to redirect patients to other sites for care?

As you brief the coalition, document your discussions with them in terms of their observations or recommendations on essential healthcare functions for a sector or particular facility. Use *Worksheet 6.7 – Community Coalition Recommendations on Essential Healthcare Functions* below to document these discussions. This worksheet will be helpful to facility or sector representatives as they develop facility-based or sector-based plans for essential healthcare functions.

**Worksheet 6.7 – Community Coalition Recommendations on Essential  
Healthcare Functions**

**Instructions:** Enter the sector or facility name in the space provided below. Next, enter the scenario to which these essential healthcare functions apply. As these healthcare functions are being discussed with the community coalition, use this worksheet to capture their observations and recommendations or to take notes for future reference.

**Sector/Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **This row is intentionally blank** | **This row is intentionally blank** |
| --- | --- |
| **Observation:** | To be filled in |
| **Recommendation:** | To be filled in |
| **Notes:** | To be filled in |

#### Share Feedback from the Community Coalition with Senior Leadership

Facility representatives need to share the feedback received from the community coalition with their senior leadership. (*Worksheet 6.7 – Community Coalition Recommendations on Essential Healthcare Functions* can be used for this briefing.) Senior leadership may decide to revise their facility's essential healthcare functions based on this feedback, or they may decide to reject the coalition's recommendations, which is within their rights to do.

### Plan and Exercise

The last step in this chapter is to document the work by each healthcare facility in a formal, written plan and then develop a schedule for training and exercising applicable personnel on the contents of the plan.

#### Develop Facility-Based or Sector-Based Plans for Essential Healthcare Functions

A finishing task for this chapter in the *Framework* is for each facility-based team to develop a facility-based plan for essential healthcare functions. Likewise, each sector-based team should develop a sector-based plan. An example of a facility-based plan is the work done by Spectrum Health, a not-for-profit health system based in West Michigan. An overview of their work is provided in Appendix H. Links to their entire body of work are provided in the resources section of this chapter.

#### Exercise and Evaluate These Plans

After these facility-based plans are complete, the people who are prescribed responsibilities in the plan need to be trained on their roles and responsibilities. When this training is complete, the plan should be exercised and evaluated to determine gaps in planning and areas for improvement. Discussion-based exercises, such as a tabletop exercise, are a suitable format for exercising these plans. The response to an actual event also provides an opportunity for evaluation and improvement.

## Self-Evaluation Checklist

**Chapter 6 – Planning for Heavy Surge, Part 2, Self-Evaluation Checklist**

**Instructions:** Use this checklist to make sure you have completed all the tasks for planning for essential healthcare services/functions.

**Getting Started**

| **Task** | **Complete?** |
| --- | --- |
| Planning team members have met to discuss the task of identifying and prioritizing essential healthcare services/functions, and understand how the task will be accomplished and their role in accomplishing it. | 🞏 |
| Planning team members have met with community healthcare providers to explain the approach to identifying and prioritizing essential healthcare services/functions and to get their buy-in. | 🞏 |

**Identify Healthcare Services**

| **Task** | **Complete?** |
| --- | --- |
| Facility-based teams have been created. (*Worksheet 6.1*) | 🞏 |
| Team members have reviewed previous work on identifying healthcare services. (*Worksheet 6.2*) | 🞏 |
| Team members have identified additional healthcare services offered by their facility. (*Worksheet 6.3*) | 🞏 |

**Identify Triggers**

| **Task** | **Complete?** |
| --- | --- |
| Facility-based teams have identified the triggers for transitioning their facilities into providing only essential healthcare services. | 🞏 |

**Prioritize Healthcare Functions**

| **Task** | **Complete?** |
| --- | --- |
| Facility-based team members have identified healthcare service functions for their facilities. (*Worksheet 6.4*) | 🞏 |
| Team members have prioritized healthcare functions to determine which ones are essential. | 🞏 |
| Team members have evaluated their prioritized healthcare functions. (*Worksheet 6.5*) | 🞏 |
| Team members have briefed healthcare facility/system leadership on essential healthcare functions. | 🞏 |
| Facility-based teams have reconvened to discuss leadership feedback and modify prioritized essential functions, as needed. | 🞏 |

**Determine the Whole-Community Approach to Prioritizing Healthcare Functions**

| **Task** | **Complete?** |
| --- | --- |
| Healthcare providers have met with the planning team to determine the whole-community approach to prioritizing healthcare functions. | 🞏 |
| Sector-based teams have been developed to prioritize sector-based healthcare functions. (*Worksheet 6.6*) | 🞏 |

**Present Findings to the Community Coalition**

| **Task** | **Complete?** |
| --- | --- |
| Planning team members have compiled a list of healthcare facility essential functions. | 🞏 |
| Planning team members have presented the whole-community approach to the community coalition. | 🞏 |
| Planning team members have presented their findings on essential healthcare functions to the community coalition for feedback. | 🞏 |
| Facility-based team members have shared coalition feedback with their senior leadership. (*Worksheet 6.7*) | 🞏 |

**Plan and Exercise**

| **Task** | **Complete?** |
| --- | --- |
| Facility-based team members have developed plans for essential healthcare functions for their respective facility. | 🞏 |
| Facility-based team members have developed a strategy for exercising and evaluating their essential healthcare functions plan in the future. | 🞏 |

## Conclusion

Identifying and prioritizing essential healthcare services/functions was an arduous task, but a task that brought your community one step closer to preparing for worst-case scenarios in which healthcare services are in high demand and the resources to provide these services are scarce. The final step in the *Framework* is to prepare your community for even worst-case scenarios in which decisions must be made on who gets healthcare services and who does not. This topic—crisis standards of care—is covered in the next chapter.

## References and Resources

**A Regional Planning Guide for Maintaining Essential Health Services in a Scarce Resource Environment, Recommendations from Georgia Hospital Region F Essential Health Services Project**

<https://www.gha911.org/circuits/library/docs/PlanningGuide082510.doc>

This guide was developed through existing partnerships among the Georgia Division of Public Health, Georgia Hospital Association, and Regional Coordinating Hospitals. The project included a replicable model for effective coordination of essential healthcare delivery that functions despite stresses and the influx of large numbers of influenza patients during a pandemic. This guide also addresses services in a crisis care environment, a risk communication toolkit, and legal Issues and waivers during a declaration of a state of emergency for pandemic influenza.

**CDC Pandemic Influenza Collaborative Planning for Delivery of Essential Health Care Services: Portland Oregon Metro Area and SW Washington, Project Evaluation Report**

<http://web.multco.us/sites/default/files/health/documents/pandemic_influenza_2010.pdf>

This report describes the work performed under a grant from CDC to develop, exercise, and evaluate a coordinated approach to healthcare delivery in the face of a Severity Index Category 5 influenza pandemic. Specifically, the approach to coordination developed for this project was modeled after the well-established MAC Group.

**Critical Resource Shortages Planning Guide**

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/H1N1/CriticalResourceShortagesPlanning.htm>

This guide was developed by the Virginia Department of Health and was designed as a tool that provides a systematic approach to addressing the complex issues surrounding modification of care and, in some cases, even allocation of resources, during large-scale disasters and emergencies that result in critical resource shortage events. The approach described in the Planning Guide is flexible enough to be used by any health and medical delivery organization (HMDO) or group of HMDOs.

**Education in a Pediatric Emergency Mass Critical Care Setting**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

An emergency mass critical care event puts significant strains on all healthcare resources, including equipment, supplies, and manpower; it leads to extraordinary stresses on healthcare providers, many of whom will be expected to deliver care outside of their usual scope of practice. Education and educational resources will be critically important for training providers and diminishing the stress, anxiety, and chaos of delivering pediatric emergency mass critical care. This article by the Task Force for Mass Critical Care suggests educational tools, as well as potential resources, that need to be developed to cope with a pediatric emergency mass critical care event.

**How to Deliver Essential Health Care Services During an Influenza Pandemic**

Spectrum Health (Grand Rapids, Michigan) received a grant from CDC through the State of Michigan in October 2008 to develop a template on how to deliver essential healthcare services during an influenza pandemic. The individual links below provide information on the work performed under this grant.

* **Our Project** – <http://www.spectrumhealth.org/documents/CaringfortheCommunity/OurProject.pdf>
* **Essential Services**– <http://www.spectrumhealth.org/documents/CaringfortheCommunity/EssentialServices.pdf>
* **Assumptions** – <http://www.spectrumhealth.org/documents/CaringfortheCommunity/Assumptions.pdf>
* **Cross Border Concerns**– <http://www.spectrumhealth.org/documents/CaringfortheCommunity/CrossBorderConcerns.pdf>
* **Ethical Framework** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/EthicalFramework.pdf>
* **Infrastructure Support** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/InfrastructureSupport.pdf>
* **Legal Considerations** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/LegalConsiderations.pdf>
* **Multi-disciplinary Planning** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/MultiDisciplinary.pdf>
* **Outpatient Care** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/OutpatientCare.pdf>
* **Pre-ED Sheet** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/PreEDSheet.pdf>
* **Pre-ED Triage** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/PreEDTriage.pdf>
* **Staffing** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/Staffing.pdf>
* **State and Local Public Health Department Integration** *–* <http://www.spectrumhealth.org/documents/CaringfortheCommunity/StateLocalHealthDeptIntegration.pdf>

**Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies**

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Pages/default.aspx>

Referred to as the *Medical Surge Capacity and Capability Handbook,* this handbook describes a systematic approach for managing the medical and public health response to an emergency or disaster.

**Pediatric Emergency Mass Critical Care: The Role of Community Preparedness in Conserving Critical Care Resources**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

Public health emergencies require resources at state, regional, federal, and often international levels; however, community preparedness is the crucial first step in managing these events and mitigating their consequences, particularly for children. Community preparedness can be optimized through system-wide planning that includes integrating multiple points of contact, such as the community, prehospital care, health facilities, and regional level of care assets.

Citizen readiness, call centers, alternate care facilities, emergency medical services, and health emergency operations centers linked to community incident command systems should be considered as important options for delivery of population-based care. Early collaboration between pediatric clinicians and public health authorities is essential to ensure that pediatric needs are addressed in community preparedness for mass critical care events.

**Surge Capacity Principles: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

This article by the American College of Chest Physicians Task Force for Mass Critical Care provides consensus suggestions for expanding critical care surge capacity and extension of critical care service capabilities in disasters or pandemics. It focuses on the principles and frameworks for expansion of intensive care services in hospitals in the developed world. A companion article addresses surge logistics, those elements that provide the capability to deliver mass critical care in disaster events. The suggestions in this article are important for all who are involved in large-scale disasters or pandemics with injured or critically ill multiple patients, including front-line clinicians, hospital administrators, and public health or government officials.

**Surge Capacity Logistics: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Successful management of a pandemic or disaster requires implementation of preexisting plans to minimize loss of life and maintain control. Managing the expected surges in intensive care capacity requires strategic planning from a systems perspective and includes focused intensive care abilities and requirements as well as all individuals and organizations involved in hospital and regional planning. The suggestions in this article by the American College of Chest Physicians Task Force for Mass Critical Care are important for all involved in a large-scale disaster or pandemic, including front-line clinicians, hospital administrators, and public health or government officials. Specifically, this article focuses on surge logistics—those elements that provide the capability to deliver mass critical care.

**Treatment and Triage Recommendations for Pediatric Emergency Mass Critical Care**

<http://journals.lww.com/pccmjournal/toc/2011/11001>

This paper by the Task Force for Mass Critical Care outlines recommendations regarding treatment during pediatric emergency mass critical care, issues related to the allocation of scarce resources, and current challenges in the development of pediatric triage guidelines.

**Triage: Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement**

<http://journal.publications.chestnet.org/issue.aspx?journalid=99&issueid=930941>

Pandemics and disasters can result in large numbers of critically ill or injured patients who may overwhelm available resources despite implementing surge-response strategies. If this occurs, critical care triage, which includes both prioritizing patients for care and rationing scarce resources, will be required. The suggestions in this chapter by the American College of Chest Physicians Task Force for Mass Critical Care are important for all who are involved in large-scale pandemics or disasters with multiple critically ill or injured patients, including front-line clinicians, hospital administrators, and public health or government officials.

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1. Depending on the scenario and the impact on the community's healthcare system, IOM's terms, *contingency capacity* and *crisis capacity*, could apply to heavy surge as used in this chapter of the *Framework*. In *contingency capacity*, the spaces, staff, and supplies used are not consistent with daily practices, but maintain or have minimal impact on usual patient care practices. In *crisis capacity*, adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the setting of a catastrophic disaster. (See <http://www.ncbi.nlm.nih.gov/books/NBK32751/>) [↑](#footnote-ref-1)
2. From *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies*, U.S. Department of Health and Human Services, September 2007. [↑](#footnote-ref-2)
3. Ibid [↑](#footnote-ref-3)
4. Ibid [↑](#footnote-ref-4)
5. Offering different services is not always a "bad" thing to do. If carefully thought out, Hospitals A and B can offer different services that complement one another. For example, Hospital A may have a better capability for managing patients needing imaging services whereas Hospital B may have a better capability for managing patients needing isolation. Through a coordinated effort, these hospitals can focus on these services and, as a result, operate more efficiently from a space and staffing standpoint (i.e., not tying up two separate spaces and two separate staffs to provide the same service). An important point to keep in mind, however, is that the community needs to be made aware that these two hospitals will be offering different services. [↑](#footnote-ref-5)
6. Reminder: In the context of the *Framework*, "healthcare provider" refers to any agency, department, or organization in your community that provides healthcare services, such as hospitals, primary care providers, and urgent care centers. [↑](#footnote-ref-6)
7. The facility-based teams created here also will undertake a task in the next chapter on crisis standards of care. As a suggestion, you may want to review the part of that chapter that discusses appropriate representation on facility-based teams. That guidance on representation could apply to this chapter as well. [↑](#footnote-ref-7)
8. The goal of this subsection is to review all healthcare services identified in previous work. Do not concern yourself with determining if these services are essential. That determination will come later in this chapter. [↑](#footnote-ref-8)
9. *Worksheet 3.4* – *Partner Assessment* and *Worksheet 4.3* – *Moderate Surge Planning Survey* [↑](#footnote-ref-9)
10. A matrix template for rating your facility's healthcare functions is provided in Appendix G. [↑](#footnote-ref-10)
11. Some healthcare facilities offer different services based on the nature and focus of their business activities. For example, a pediatric hospital is focused on providing services to the pediatric community. The healthcare services offered by this hospital will differ from the services offered by a nonpediatric hospital. In this instance, the public would not be confused by the two hospitals offering different services during a disaster.

    As mentioned previously, offering different services is not always a "bad" thing to do. If carefully thought out, Hospitals A and B can offer different services that complement one another. For example, Hospital A may have a better capability for managing patients needing imaging services whereas Hospital B may have a better capability for managing patients needing isolation. Through a coordinated effort these hospitals can focus on these services; however, the community needs to be made aware that these are the services these two hospitals will offer. [↑](#footnote-ref-11)