



## *Development of Standards and Guidelines for Healthcare Surge during Emergencies*

### **Project Overview**

#### **Introduction**

Providing healthcare during a large scale public health emergency presents significant challenges for healthcare facilities, licensed healthcare professionals, local health departments and communities. During emergency events, healthcare systems must convert quickly from their existing patient capacity to “surge capacity” - a significant increase beyond usual capacity - to rapidly respond to the needs of affected individuals. Local health departments and communities must be prepared to address gaps when the capacity of healthcare systems is exceeded.

The demands of the emergency may prevent compliance with the existing healthcare standards. While California has healthcare standards for use within normal conditions, for comprehensive and effective emergency planning to occur at the hospital or community level, it is essential that California provide guidance on the standards that are likely to be in effect during sustained emergency operations. In order to assist healthcare providers to successfully plan for a healthcare surge, and as part of Governor Schwarzenegger’s 2006 Surge Initiative, the California Department of Health Services (CDHS) has launched a project to address the issues of surge capacity during an emergency.

#### **Background**

In February 2006, CDHS conducted the California Hospital Surge Capacity Survey, a statewide survey to assess healthcare surge capacity among healthcare providers that participate in the Health Resources and Services Agency (HRSA) Hospital Bioterrorism Preparedness Program. The survey indicated that many California hospitals and communities lack planning and resources needed to treat patients during emergencies that require significant or sustained surge and local health departments and communities do not have the needed capacity to augment healthcare resources. Recognizing the importance and urgency of the problem, the State Budget Act for fiscal year 2006-2007 authorized CDHS to develop standards and guidelines to address the issues of surge capacity during an emergency.

Surge planning for the healthcare system is a substantial and complex challenge. In a time of significant disaster, a successful plan must predict and provide the flexible arrangements to address capacity (volumes of patients) and capabilities (types of illnesses) that emerge above baseline requirements.



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The issues that need to be addressed are diverse and include:

- Standards of practice during an emergency
- Liability of hospitals and licensed healthcare professionals
- Reimbursement of care provided during an emergency
- Operating alternate care sites
- Surge capacity operating plans at individual hospitals

The deliverables for this project are intended to help every healthcare provider, local health department, and community in California plan and put into operation a surge response to major disasters. They comprise:

- A Standards and Guidelines Manual that will serve as a reference manual on existing statutory and regulatory requirements and will identify what can be flexed or waived under specific surge demands related to different emergencies.
- Operational Tools that include forms, checklists and templates to facilitate and guide the adoption and implementation of standards and guidelines outlined in the Manual.
- A Training Curriculum outlining the intended audience, means of delivery, and frequency of training that will enable adherence to the policies and overall readiness of the healthcare delivery system.

Active participation of a broad group of California healthcare stakeholders is necessary to help produce these deliverables.

### **Project Approach**

CDHS has contracted with PricewaterhouseCoopers LLP (PwC), an international consulting firm with a large US-based healthcare practice, to undertake this initiative in an aggressive six month period. PwC helped to create the post-Katrina blueprint for the recovery of the Louisiana healthcare system with resources that included physicians, nurses, healthcare planners, operating executives, standards and reimbursement experts, and experienced support staff.

The project approach is to assess the healthcare system's ability to surge, using realistic examples of patients making their way through the delivery system during a significant disaster. This 'use case' methodology is a common way to evaluate experiences in complex and fragmented environments.



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In consultation with subject matter experts, PwC will develop five patient profiles that will be used in three disaster scenarios that account for the vast majority of delivery challenges likely to be encountered in a surge environment during significant disasters. These 15 use cases will be used to identify planning gaps. In Collaborative Design Sessions, stakeholders will identify the challenges, barriers, and gaps in care faced by each of the patients in each disaster scenario. To effectively resolve these gaps, issues will be consolidated into three initiative areas, each addressed in a separate Collaborative Design Session:

1. Surge planning (facilities including alternate care sites, equipment and supplies, and labor);
2. Standards and Liability; and
3. Reimbursement.

Resolutions of gaps and issues identified in the Collaborative Design Sessions will take place in workgroups that will be formed and convene after completion of the sessions.

The project will begin by soliciting California stakeholders to participate in the Collaborative Design Sessions. These intensively facilitated group activities use the collaboration of participants to identify problems. For this project, stakeholders, based on their skill sets, will be asked to contribute their time to one of the three initiative areas. The Collaborative Design Sessions will address in sequence the three initiative areas of Surge Planning, Standards and Liability, and Reimbursement. Each Collaborative Design Session will be two to three days in duration and is expected to include stakeholder participants with the relevant skills and experiences. The participants' task will be to analyze the 15 use cases for the purpose of identifying issues that could present impediments to the optimal surge environment. The issues that are identified in the first Collaborative Design Session (Surge Planning) will be included in the second Collaborative Design Session (Standards & Liability), and the combination of these issues will be included in the third Collaborative Design Session (Reimbursement). The overall goal of the three sessions will be to identify, assess, and prioritize as many issues as possible.

At the conclusion of the Collaborative Design Sessions, smaller workgroups will be formed to resolve issues identified in the Sessions. These workgroups will include the relevant stakeholders that participated in the original Collaborative Design Sessions, and additional stakeholders that are identified after the Collaborative Design Sessions. Over the subsequent few months, the workgroups will engage in issue resolution through interactive communication with their colleagues. As issues are resolved, they will be reviewed by other workgroups to ensure relevance and completeness. The output from the workgroups will form the basis for the deliverables of this project.



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#### **Summary**

Surge planning for the healthcare delivery system is a complex and daunting task. CDHS recognizes its importance for the people of California. The key to the success of the endeavor will be the active collaboration of a broad array of California stakeholders in identifying and addressing the issues involved in planning surge for California.