



Development of Standards and Guidelines for Healthcare Surge during Emergencies

Stakeholder Orientation



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A. Background

Providing healthcare during a large scale public health emergency presents significant challenges for healthcare facilities, licensed healthcare professionals, 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.

The demands of the emergency may prevent compliance with the existing healthcare standards. Just as California has healthcare standards for use with a normal operations, it is essential that California provide guidelines that identify the extent to which existing standards can be flexed or waived for healthcare delivery during emergencies. 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.

In February 2006, CDHS conducted the California Hospital Surge Capacity Survey, a statewide survey to assess healthcare surge capacity among Health Resources and Services Agency (HRSA) participants. The survey indicated that many California hospitals lack planning and resources needed to treat patients during emergencies that require significant or sustained surge and local health departments do not have the 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 flexible arrangements to address capacity (volumes of patients) and capabilities (types of illnesses) that emerge above baseline requirements. 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 local healthcare provider, local health department, and community in California plan and put into operation a surge response to major disasters.



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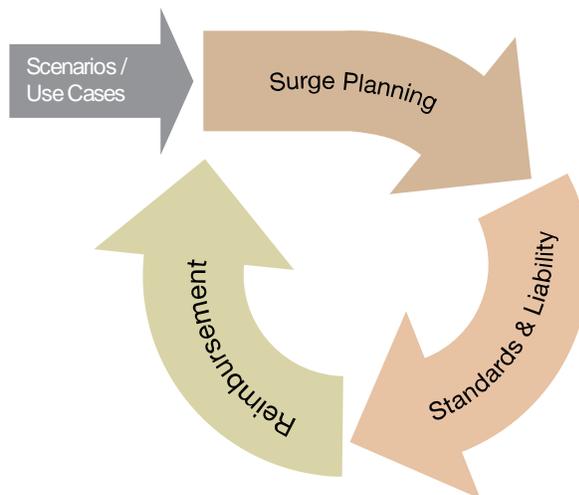
B. Approach

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.

In consultation with subject matter experts, the project team 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 initiatives, 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.





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B. Approach (continued)

The project will begin by soliciting California stakeholders to participate in Collaborative Design Sessions. These intensively facilitated group activities use the collaboration of participants to surface and solve 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 initiatives 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 in 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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C. What this Means for You

The standards and guidelines developed in this project will serve in the planning for delivery of care during an emergency surge environment where normal standards of care are diminished or non-existent. CDHS plans to disseminate the deliverables to local health departments, communities, healthcare facilities, individual licensed healthcare professionals, healthcare insurers and other key stakeholders for their use in planning for surge capacity.

Upon completion of this project, stakeholders will have access to:

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



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D. Your Role as a Stakeholder

The best outcome of this project will only be accomplished with your help. From the outset, we envisioned that participation from a broad group of California healthcare stakeholders would be necessary to satisfactorily address the issues and impediments to planning for the optimal surge response. As a stakeholder, you have the opportunity to shape the issues and help to set the priority for their resolution.

Stakeholder organizations should identify personnel with the relevant experience to participate on this groundbreaking work, match relevant skills with initiatives. For example, on the Surge Planning initiative, participants who have responsibilities to moving patients and directly providing care would be appropriate. Likewise, risk managers, quality officers, and lawyers would be appropriate for the Standard and Liabilities initiative, and finally, reimbursement experts from payors and provider industries for Reimbursement.

The first Collaborative Design Session, focused on the operational aspects of surge planning – beds, facilities, labor, supplies, and equipment – will be a three-day session held from February 27 to March 1, 2007 in San Jose. The second Collaborative Design Session, focused on standards, guidelines and liability, will be a two-day session held on March 5 and 6, 2007 in Los Angeles. The third Collaborative Design Session, focused on reimbursement, will be a two-day session held on March 8 and 9, 2007 in Los Angeles.

A block of rooms has been set aside, at the rate indicated below, for each Collaborative Design Session, beginning the night before each session convenes. When making reservations please request the rate for the State of California Collaborative Design Session. Specific locations for the sessions are:

Surge Planning – February 27 – March 1, 2007

Holiday Inn San Jose
1740 North First St.
San Jose, CA 95112
(408) 793-3300
Room Rate: \$115.00



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D. Your Role as a Stakeholder (Continued)

Standards, Guidelines, and Liability – March 5 – 6, 2007

Westin Bonaventure
404 South Figueroa St.
Los Angeles, CA 90071
(213) 624-1000
Room Rate: \$110.00

Reimbursement – March 8 – 9, 2007

Westin Bonaventure
404 South Figueroa St.
Los Angeles, CA 90071
(213) 624-1000
Room Rate: \$110.00

We anticipate approximately 100 participants for each Collaborative Design Session. If the response for Collaborative Design Session participation is greater, we will implement a process of selection to determine the final attendees to the sessions. All interested stakeholders will be able to participate in the workgroups formed to resolve those issues and gaps identified in the Collaborative Design Sessions.



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E. Getting Involved

Our goal is to create as many forums as possible for stakeholder participation. Thus, based on your availability and interest, you can participate in Collaborative Design Sessions, workgroups, or simply stay connected and informed via the following three channels:

- **Internet:** Stakeholder Web Portal, a website, will serve as the main communication vehicle and will allow you to (i) Obtain up-to-date project information and meeting schedules; (ii) Submit questions, ideas, and materials; (iii) Obtain copies of work documents; and (iv) Sign up for activities and email distribution lists. The portal can be accessed through the following URL: <http://www.dhs.ca.gov/epo/surge>
- **Email:** Stakeholders with questions, comments and concerns can send emails to **hcsurge@us.pwc.com**
- **Phone:** Stakeholders can call (213) 217-3900 to speak with a member of the project team. Stakeholders will be able to leave messages (accompanied with their name and phone number). A project team member will get back to the stakeholder as soon as possible.

We actively encourage you to get involved immediately. You can indicate your interest in participating in one or more of the Collaborative Design Session, resolving issues in workgroups, or being informed of progress throughout the project, by registering on our website or by calling PwC at (213) 217-3900. All registration will occur through the process outlined above.

On February 5, February 8, and February 13, 2007 we will be holding one-hour teleconference sessions at 11 am to provide an overview of the project. The teleconference dial-in number for February 5 is (888) 801-1508, the access code is 861511. The dial-in number for February 8 is (888) 801-1513, the access code is 861512. The dial-in number for February 13 is (866) 254-5935, the access code is 862798.