Resources for Engaging Healthcare Leaders

An important aspect of disaster planning and preparedness is successfully engaging with potential stakeholders. This is often challenging, and NCDMPH research has found that educational resources on this topic are needed by Healthcare Coalitions.1,2

The purpose of this document is to help Healthcare Coalition leaders develop a strategy and message that will gain buy-in for coalition preparedness from healthcare leaders. This document contains summarized, annotated resources categorized into two topical areas: developing an engagement strategy and preparing your message. Types of content include: reports, papers, webinars, books, position and policy statements, and other grey literature.

The listing of these selected resources does not constitute endorsement by the NCDMPH.

Developing an Engagement Strategy

   This website discusses key considerations regarding maintaining engagement with key stakeholders. It includes tips on how to approach key stakeholders in a healthcare environment and in a first responder environment.

   This book (Table of contents, preface, and an excerpt are available for free online) discusses the many aspects of disaster preparedness, response, and recovery as they pertain to healthcare organizations and provides information on how different levels of executive leadership have different roles in preparedness and response. The book covers preparedness regulations, the roles of local and federal governments in disasters, challenges faced by healthcare leaders, strategies for recovery, and information on how to minimize the financial impact of disasters.

3. The Walker Company. Preparing for the Worst, Leading with the Best - The Hospital Board’s Role in Disaster Readiness.
   This report covers the responsibilities of hospital boards regarding disasters, such as ensuring that the hospital meets requirements and preventing fines and litigation. The report discusses topics such as how the board should be involved in planning, basics of planning for hospitals, how to fund preparedness measures, and how to engage with the community.

   This policy statement discusses the position of ACHE regarding executive involvement in hospital disaster preparedness. ACHE “believes healthcare executives should actively participate in disaster planning and preparedness activities, striving to ensure that their emergency operations plan fits within overall community plans and represents a responsible approach to the risks an organization might face.” The statement recommends that executives do such things as
maintain a relevant and current disaster plan, focus the plan on the most likely scenarios, and plan for the Continuity of Operations.

   This opinion from the AMA Code of Medical Ethics discusses the obligation physicians have in disaster preparedness and response. “Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters.” Additionally, physicians should participate in public health policy development, advocate for appropriate research, and receive training on disaster response.

   This article discusses the position of the AWHONN, which “encourages nurses to participate actively in all phases of disaster preparedness and response within their institutions and communities.” They cover the role of nurses in general, and then discuss the role of obstetric and neonatal nurses in particular as caretakers of a vulnerable population. This article comes with lists of activities to undertake before, during, and after a disaster.

7. **American Nurses Association (ANA).** *Who will be there? Ethics, Law, and a Nurse’s Duty to Respond in a Disaster*, 2010.
   This issue brief discusses the legal, ethical, and professional considerations of nurses in disasters, as registered nurses are considered essential responders in such situations. The brief calls attention to gaps in understanding on the circumstances under which a nurse could be called to respond, what the legal protections would be in such a situation, licensure issues, and ethical issues in disaster settings.

   This position statement discusses the rights and responsibilities of nurses who want to be released from their primary work obligations to respond to a disaster. The statement covers these responsibilities from the perspective of the nurse and the employer, aspects of a relevant disaster policy, state and federal law, and ethical considerations.

**Preparing Your Message**

1. **Vorhies F.** *The Economics of Investing in Disaster Risk Reduction*, 2012.
   This paper makes suggestions for improving the economic effectiveness of investment decision-making for disaster risk reduction. It additionally discusses the high and rising costs of disasters, the challenges of estimating potential costs of disasters, and the costs and benefits of disaster risk reduction.

   This report discusses many examples of the benefits of hazard mitigation measures. Specifically relevant to healthcare systems, it goes into detail on the benefits of earthquake risk reduction measures put in place in some California hospitals and discusses FEMA’s Seismic Hazard Mitigation Program for Hospitals.
   This presentation reviews Kaiser Permanente’s structure, their reasons for doing business continuity, and the design of their Business Continuity Management Program. They then go on to discuss how they conduct threat assessments to integrate new threats into their continuity planning and their disaster preparedness projects, which include a program-wide exercise, pandemic influenza planning, HICS, and an internal disaster readiness website.

   This webpage is an example of a large healthcare system that has engaged in disaster planning. It touches on the process the healthcare system went through to hire a company to assist in re-writing their disaster plan, what executives were involved with the planning, how often they met, and the resulting system-specific planning template.

   This article discusses the Hospital Preparedness Program (HPP) and how the program aims to improve day-to-day emergency department care as well as disaster care. It goes on to discuss how immediate bed availability technology helps improve care during surge events without a large cost or equipment burden. The article also discusses the benefits of healthcare coalitions (HCCs) in disaster preparedness.

   “This article reviews what is known about daily emergency department (ED) surge and ED surge capacity and illustrates its potential relevance during a catastrophic event.” The article goes on to discuss the factors that can influence a surge event and surge capacity.

7. **Visiting Nurse Associations of America (VNAA).** *VNAA Summary of Medicare/Medicaid Emergency Preparedness Proposed Rule*.
   This report provides a summary of the Center for Medicare and Medicaid Services proposed rule that would require participating providers to develop and implement emergency preparedness programs. The article then goes on to discuss the implications of this proposed rule for home health agencies and hospices.

8. **Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO).** *CMS Proposed Rule on Emergency Preparedness (Recorded webinar, will start playing immediately upon launch)*. 2014.
   This webinar (Length - 55:27) covers major highlights from the Center for Medicare and Medicaid Services proposed rule, Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers. It additionally discusses how the requirements will affects state and local health departments.

   This factsheet reviews the Center for Medicare and Medicaid Services proposed rule, Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers. It discusses background and the proposed requirements.

10. **Trocchio J, Levi J.** *Community Benefit - Preparing Communities to be Healthy, Resilient*. 2013.
    This article discusses how hospitals can support disaster preparedness and resiliency in their community. It also discusses how to implement preparedness strategies and how to build community partnerships in order to coordinate plans for community preparedness.
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The NCDMPH will be releasing additional educational products on this topic and others in the future. If you have any feedback or suggestions, or would like to participate in the testing and evaluation of this product, please e-mail: Hillary.craddock.ctr@usuhs.edu

References:
