

VHA Emergency Management Capability Assessment Final Report

**Results from** **< Insert VISN > Site Visits**

*Submitted to:*

Department of Veterans Affairs

Veterans Health Administration

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



**< Insert Date >**

**VHA Emergency Management Capability Assessment Final Report** **< Insert VISN >**

\* \* \* \* \*

**TABLE OF CONTENTS**

[1 Executive Summary 1](#_Toc200257132)

[2 Introduction 1](#_Toc200257133)

[3 Methodology 1](#_Toc200257134)

[3.1 Capability Element Description 2](#_Toc200257135)

[3.2 Capability Assessment and Measurement 5](#_Toc200257136)

[3.3 Data Collection Methodology 5](#_Toc200257137)

[4 Overall Program Capabilities 6](#_Toc200257138)

[5 Discussion of Facility Profile 8](#_Toc200257139)

[5.1 Program Level Excellent Practices 8](#_Toc200257140)

[5.2 Incident management excellent Practices 9](#_Toc200257141)

[5.3 resiliency/continuity of operations excellent practices 9](#_Toc200257142)

[5.4 Program Level Opportunities for Capability Enhancement 10](#_Toc200257143)

[6 Program Level Recommendations 11](#_Toc200257144)

[Appendix A 13](#_Toc200257145)

[Acronym List 13](#_Toc200257146)

[Appendix B 15](#_Toc200257147)

[Capability Descriptor List 15](#_Toc200257148)

# Executive Summary

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

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

<Describe areas for any recommendations and enhancements given>

# Introduction

The **<Site Location>**, located in **<Physical Site Location>**, is identified as a <list identifiers and affiliations>.

<Describe site location and purpose of visit>.

# Methodology

Prior to the site visits, the assessment team worked closely with experts in the field of emergency medicine and preparedness to define the assessment elements for the study. These experts represented VHA, other federal agencies including the Department of Homeland Security (DHS), Health and Human Services (HHS), and Defense, academia, and clinical medicine. Through consultation with these experts the assessment team defined the 43 capabilities for this assessment as well as the measurement scheme. The following sections will provide a high level summary of the overall assessment protocol.

## Capability Element Description

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

* **Program Level** capabilities help to ensure the VISN addresses issues relative to planning and preparedness as a crucial building block for VISN capabilities. These program level capabilities were categorized into the following groups:
* Systems-Based Approach to Development, Implementation, Management, and Maintenance of the Emergency Management Program
* Administrative Activities ensure the EMP meets its Mission and Objectives
* Development, Implementation, Management, and Maintenance of an Emergency Management Committee Process to support the Emergency Management Program
* Incorporation of Comprehensive Preparedness Planning in the VISN’s Coordination Activities in Conjunction with the Individual Facility Emergency Management Programs
* Incorporation of Continuity Planning into the Coordination Activities of the VISN’s Office’s Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, Processes, and System
* Development, Implementation, Management, and Maintenance of an Emergency Operations Plan
* Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the VISN’s Emergency Management Program
* Incorporation of a Range of Exercise Types that Test the VISN’s Emergency Management Program
* Demonstration of Systems-Based evaluation of the VISN’s overall Emergency Management Program and its Emergency Operations Plan
* Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the Process becomes one of a Learning Organization
	+ **Incident Management** capabilities help to ensure the VISN can manage all incidents regardless of scope. These capabilities were categorized into the following groups:
* Initial Incident Actions (e.g., first four hours)
* Management of Extended Operations (e.g., after first four hours)
* **Occupant Safety** capabilities help to ensure the VISN and its occupants are protected and out of harm’s way. These capabilities were categorized into the following groups:
* Evacuation vs. Shelter-In-Place
* Perimeter Management of Access/Egress to Facility during an Incident (e.g. Lock Down)
* Processes and Procedures for Managing a Hazardous Substance Incident
* Infection Control
* **Resiliency and Continuity of Operations** **(COOP)** capabilities help to ensure the VISN can continue to provide high quality healthcare, and that all VISN based operations can continue during an emergency. These capabilities were categorized into the following groups:
* Personnel Resiliency
* Mission Critical Systems Resiliency
* Communications
* Healthcare Service System Resiliency
* **Medical Surge** capabilities help to ensure the VISN can meet the increased demand for health care services during an emergency. These capabilities were categorized into the following groups:
* Processes and Procedures for Expansion of Staff for Response and Recovery Operations
* Management of Volunteers Deployment Support (e.g. DEMPS) during Response and Recovery Operations
* Expansion of Evaluation and Treatment Services
* **Support to External Requirements** help to ensure the VISN can integrate with the community and other federal health partners such as HHS, including Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR), DHS, and Department of Defense (DOD).
* Provision of Supplemental Health Services to Support the National Disaster Medical System
* VA/DOD Contingency Hospital System
* Support under the National Response Framework

To describe each capability, the assessment team developed a framework that includes the following components:

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

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

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

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

## Capability Assessment and Measurement

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

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

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

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

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

## Data Collection Methodology

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

**Figure 1. Assessment Methodology**



**Pre-Survey:**

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

**Site Visit:**

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

**Reporting:**

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

# Overall Program Capabilities

Table 2 below provides a summary of the emergency management capabilities of VISN 8. Detailed discussion of some of these capabilities is provided in subsequent sections.

Table 2: Summary of < Insert VISN > Capabilities

| **Capability** | **Exemplary** | **Excellent** | **Developed** | **Being Developed** | **Need Attention** |
| --- | --- | --- | --- | --- | --- |
| 1.1 Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program |  |  |  |  |  |
| 1.2 Administrative Activities ensure the Emergency Management Program meets its Mission and Objectives |  |  |  |  |  |
| 1.3 Development, Implementation, Management, and Maintenance of an Emergency Management Committee Process to support the Emergency Management Program |  |  |  |  |  |
| 1.4 Incorporation of Comprehensive Preparedness Planning in the VISN’s Coordination Activities in Conjunction with the Individual Facility Emergency Management Programs |  |  |  |  |  |
| 1.5 Incorporation of Continuity Planning into the Coordination Activities of the VISN’s Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, Processes, and Systems |  |  |  |  |  |
| 1.6 Development, Implementation, Management, and Maintenance of an Emergency Operations Plan |  |  |  |  |  |
| 1.7 Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the VISN’s Emergency Management Program |  |  |  |  |  |
| 1.8 Incorporation of a Range of Exercise Types that Test the VISN’s Emergency Management Program |  |  |  |  |  |
| 1.9 Demonstration of Systems-Based Evaluation of the VISN’s overall Emergency Management Program and its Emergency Operations Plan |  |  |  |  |  |
| 1.10 Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the process becomes one of a Learning Organization |  |  |  |  |  |
| 2.1.1 Processes and Procedures for Incident Recognition, Activation of EOP/EOC, and Initial Notification of Staff |  |  |  |  |  |
| 2.1.2 Mobilization of Critical Staff and Equipment for Incident Response |  |  |  |  |  |
| 2.1.3 Situational Assessment of Response and Coordination Efforts Initial Incident Management and Emergency Operations Center Activation |  |  |  |  |  |
| 2.2.1 Management of Extended Incident Operations |  |  |  |  |  |
| 2.2.2 Public Information Management Services during an Incident |  |  |  |  |  |
| 2.2.3 Management and Acquisition of Resources for Incident Response and Recovery Operations  |  |  |  |  |  |
| 2.2.4 Processes and Procedures for Demobilization of Personnel and Equipment |  |  |  |  |  |
| 2.5 Processes and Procedures for a Return to Readiness of Personnel and Equipment |  |  |  |  |  |
| 3.1.1 Processes and Procedures for Evacuation of Patients’, Staff, and Visitors’ |  |  |  |  |  |
| 3.1.2 Processes and Procedures for Sheltering-in-Place |  |  |  |  |  |
| 3.1.3 Processes and Procedures for Sheltering Family of Critical Staff |  |  |  |  |  |
| 3.2 Perimeter Management of Access/Egress to Facility during an Incident (e.g., Lock Down) |  |  |  |  |  |
| 3.3 Processes and Procedures for Managing a Hazardous Substance Incident |  |  |  |  |  |
| 3.4.1 Biohazard (Infection) Control Surge Services during Emergencies |  |  |  |  |  |
| 3.4.2 Selection and Use of Personal Protective Equipment for Incident Response and Recovery Operations |  |  |  |  |  |
| 3.4.3 Processes and Procedures for Staff and Family Mass Prophylaxis during an Infectious Outbreak (i.e., Influenza) |  |  |  |  |  |
| 4.1.1 Maintaining Authorized Leadership (Leadership Succession) |  |  |  |  |  |
| 4.1.2 Processes and Procedures for Personal Preparedness and Employee Welfare |  |  |  |  |  |
| 4.1.3 Dissemination of Personnel Incident Information to Staff during an Incident |  |  |  |  |  |
| 4.2.1 Maintaining Information Technology (IT) and Computing Systems Resiliency during an Incident |  |  |  |  |  |
| 4.2.2 Maintaining Access to Critical Commodities and Services during Response and Recovery Operations |  |  |  |  |  |
| 4.3.1 Maintenance of Voice and Data Communication through Satellite link |  |  |  |  |  |
| 4.3.2 Interoperable Communications with External Agencies’ |  |  |  |  |  |
| 4.3.3 Interoperable Communications with VISN Facilities’ |  |  |  |  |  |
| 4.4.1 Management of Primary Care for Special Needs Patients, including Home-Based Care during Incidents |  |  |  |  |  |
| 5.1 Processes and Procedures for Expansion of Staff for Response and Recovery Operations |  |  |  |  |  |
| 5.2 Management of Volunteers Deployment Support (e.g., DEMPS) during Response and Recovery Operations |  |  |  |  |  |
| 5.3.1 Development, Implementation, Management, and Maintenance of the VA All-Hazards Emergency Cache |  |  |  |  |  |
| 5.3.2 Designated Capability for Expanded Patient Triage, Evaluation, and Treatment during Surge |  |  |  |  |  |
| 5.3.3 Processes and Procedures for Control and Coordination of Mass Fatality Management |  |  |  |  |  |
| 6.1 Provision of Supplemental Health Services to Support the National Disaster Medical System (NDMS) |  |  |  |  |  |
| 6.2 VA/DOD Contingency Hospital System |  |  |  |  |  |
| 6.3 Support under the National Response Framework |  |  |  |  |  |

# Discussion of Facility Profile

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

## Program Level Exemplary Practices

**<Site Location>** exhibited very strong capabilities in several areas. Examples are discussed below.

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

## Operational Level Exemplary Practices

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

# Program Level Recommendations and Enhancements

The VHA Assessment Team has composed a listing of recommendations based on the site visit and capability assessments. VISN 8 should utilize the VHA EMP Guidebook as the principle resource to developing and enhancing their EMP along with recommendations discussed below:

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

# Operational Level Recommendations and Enhancements

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

# Appendix A

## Acronym List

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

# Appendix B

## Capability Descriptor List

Program Level Capabilities

* Systems-Based Approach to Development, Implementation, Management, and Maintenance of the Emergency Management Program
* Administrative Activities ensure the EMP meets its Mission and Objectives
* Development, Implementation, Management, and Maintenance of an Emergency Management Committee Process to support the Emergency Management Program
* Incorporation of Comprehensive Preparedness Planning in the VISN’s Coordination Activities in Conjunction with the Individual Facility Emergency Management Programs
* Incorporation of Continuity Planning into the Coordination Activities of the VISN Office’s Emergency Management Program to ensure Organizational Continuity and Resiliency of Mission Critical Functions, Processes, and Systems
* Development, Implementation, Management, and Maintenance of an Emergency Operations Plan
* Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the VISN’s Emergency Management Program
* Incorporation of a Range of Exercise Types that Test the VISN’s Emergency Management Program
* Demonstration of Systems-Based Evaluation of the VISN’s overall Emergency Management Program and its Emergency Operations Plan
* Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the Process becomes one of a Learning Organization

Incident Management Capabilities

Initial Incident Actions (e.g., first four hours)

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

Management of Extended Operations (e.g., after first four hours)

* Management of Extended Operations
* Public Information Management Services during an Incident
* Management and Acquisition of Resources for Incident Response and Recovery Operations
* Processes and Procedures for Demobilization of Personnel and Equipment
* Processes and Procedures for a Return to Readiness Personnel and Equipment

Occupant Safety Capabilities

Evacuation vs. Shelter-in-Place

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

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

 Processes and Procedures for Managing a Hazardous Substance Incident

 Infection Control

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

Resiliency/Continuity of Operations Capabilities

Personnel Resiliency

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

Mission Critical Systems Resiliency

* + - * + Maintaining Information Technology (IT) and Computing Systems Resiliency during an Incident
				+ Maintaining Access to Critical Commodities and Services during Response and Recovery Operations

Communications

* + - * + Maintenance of Voice and Data Communication through Satellite link
				+ Interoperable Communications with External Agencies’
				+ Interoperable Communications with VISN Facilities’

 Healthcare Systems Resiliency

* Management of Primary Care for Special Needs Patients, including Home-Based Care during Incidents

Medical Surge

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

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

Expansion of Evaluation and Treatment Services

* Development, Implementation, Management, and Maintenance of the VA All-Hazards Emergency Cache
* Designated Capability for Expanded Patient Triage, Evaluation and Treatment during Surge
* Processes and Procedures for Control and Coordination of Mass Fatality Management

Support to External Requirements Capabilities

Provision of Supplemental Health Services to Support the National Disaster Medical System

VA/DOD Contingency Hospital System

Support Under the NRF