



## Toolkit: Insights for Health Care Facilities From OIG's Historical Work on Emergency Response

August 2020

This toolkit contains key insights and lessons learned from Office of Inspector General (OIG) reports published from 2002 to 2020 about health care facility emergency preparedness and response. These reports address health care facility actions during outbreaks of emerging infectious diseases (such as Ebola and H1N1 pandemic influenza) and natural disasters (such as Hurricane Katrina and Superstorm Sandy), as well as bioterrorism preparedness and response. OIG conducted these audits and evaluations prior to the COVID-19 pandemic. We provide this information to assist communities in responding to the current pandemic and to other emergencies as they arise.

For reports referenced in this document, OIG conducted audits in accordance with the *Generally Accepted Government Auditing Standards* issued by the U.S. Government Accountability Office and conducted evaluations in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency. Citations to the referenced reports containing more information are at the end of this toolkit.

### FACILITY OPERATIONS

#### Facilities that build response capabilities into routine facility operations are better able to sustain preparedness and respond more effectively

- **Leadership focus on sustained preparedness.** It is critical that facility leadership focus on emergency preparedness and response to ensure that facilities sustain preparedness over time, and effectively balance time and resources devoted to emergency management with competing priorities. ([A-04-18-08065](#), [A-09-18-02009](#), [OEI-06-15-00230](#), [OEI-06-09-00270](#), [OEI-01-08-00590](#))
- **Conducting facility self-assessments.** A robust program for facilities to self-assess their preparedness can provide useful insight with immediate effect, and supplement and support HHS oversight such as facility surveys. ([OEI-04-15-00431](#), [OEI-06-14-00110](#), [OEI-06-09-00091](#))
- **Testing facility systems prior to emergencies.** Making time to routinely test for facility, technology and other problems prior to emergencies helps facilities identify concerns in a controlled environment, train staff, and recognize opportunities for improvement. ([OEI-06-15-00230](#), [OEI-01-14-00570](#), [OEI-02-01-00550](#))
- **Managing facility data under emergencies.** Developing multiple means to manage and access facility data, such as offsite secondary data storage, is vital to making patient care and emergency decisions, ensuring proper payment and oversight, protecting patient privacy, and coordinating resources in an emergency. ([OEI-01-14-00570](#))

- **Embedding emergency management into routine practices.** Embedding emergency response practices into routine hospital operations, such as adding emergency department screening questions to electronic health record (EHR) systems, can assist facilities in maintaining preparedness and responding effectively. ([OEI-06-15-00230](#))
- **Communicating with oversight entities.** Establishing effective relationships and lines of communication with HHS and accreditors can help health care facilities provide high quality care, maintain compliance, and share learning during a crisis. ([OEI-04-18-00080](#), [OEI-06-13-00260](#), [OEI-06-09-00270](#), [OEI-01-08-00590](#))

## FACILITY STAFFING

### Adequately training and supporting staff are essential components of facilities' emergency response

- **Training on emergency plans and HHS requirements.** Frontline health care facility staff may benefit from training on emergency plans and related HHS requirements; facilities may also benefit from standardized training developed by HHS to address the HHS requirements. ([A-04-18-08065](#), [A-07-18-03230](#), [A-02-17-01027](#), [OEI-02-08-00210](#))
- **Training all facility departments together.** Conducting training across the facility departments, including both clinical and nonclinical facility staff, creates opportunities for all staff to learn about and understand the needs of each department, and to identify and address potential gaps in roles and responsibilities during an emergency. ([OEI-06-15-00230](#))
- **Training and monitoring new staff.** Emergency or other special circumstances may require that health care facilities employ new and contracted staff to fill needed positions. In doing so, it is important that facilities take steps to fully train and closely supervise these staff to ensure that they provide high quality patient care, follow proper protocols, and understand both routine and emergency practices. ([OEI-06-15-00230](#), [OEI-04-13-00350](#))
- **Supporting staff in responding to facility and patient needs during a crisis.** During emergencies that disrupt the work and home life of facility staff, such as altering local transportation, health care facilities may need to provide staff with additional services to ensure adequate staffing levels, which may require coordination with other local health care providers, businesses, and government entities. ([OEI-06-13-00260](#), [OEI-06-09-00270](#))

## FACILITY COORDINATION WITH COMMUNITY

### Facilities' emergency response should be in coordination with community entities and other providers to maximize resources and knowledge

- **Coordinating with all community partners.** Health care facility coordination within the community is essential to accessing resources as well as protecting patients and the public,

including close coordination with State and local emergency management and other health care providers such as long-term care facilities, clinics, physicians' offices, and laboratories. ([OEI-06-13-00260](#), [OEI-06-09-00270](#), [OEI-06-06-00020](#))

- **Effectively distributing community resources.** Health care facility success in responding to emergencies often relies on effective and ongoing coordination of shared community resources, such as transportation and utilities, and shared obligations, such as messaging to the public and providing emergency medical care. ([OEI-06-13-00260](#), [OEI-06-09-00270](#))
- **Using existing networks to maximize resources and learning.** Health care facilities benefit from seeking out and using all available government and private networks to gain support during emergency responses, such as Health Care Coalitions. ([OEI-04-18-00080](#))
- **Recognizing and addressing policy differences.** Various community entities may have different policies and procedures for emergency response, and effective collaboration can identify and addresses those differences. ([OEI-02-08-00210](#))

## FACILITY EMERGENCY PLANNING

### Effective facility emergency plans are practical, actionable, comprehensive, and designed to be specific to the facility and community

- **Accounting for all hazards.** Developing plans that account for all hazards (emerging infectious diseases, natural disasters) improves health care facility strength to perform under unpredictable and changing circumstances. ([OEI-06-15-00230](#), [OEI-02-01-00550](#))
- **Building in resource redundancies.** Emergency plans that build in redundancies for accessing needed resources such as supplies, equipment, and staffing, are crucial to ensuring that plans remain practical and actionable as circumstances change. ([OEI-06-15-00230](#))
- **Conducting community-wide drills.** Conducting routine community-wide emergency drills and exercises using a variety of potential scenarios ensures that health care facility staff and other key players better understand their roles and coordination points under different circumstances. ([OEI-06-15-00230](#), [OEI-06-09-00270](#))
- **Accessing electronic health records.** Given increasing health care facility reliance on EHR for providing care and ensuring proper payment and reporting, it is essential that facility emergency plans account for EHR needs such as sharing records across facilities and ensuring access at expanded and temporary facilities. ([OEI-01-14-00570](#))
- **Planning with local government.** Vetting facility emergency plans with State and local government entities ensures that plans account for community factors and accurately outline community policies and responsibilities. ([OEI-06-09-00270](#), [OEI-06-06-00020](#))
- **Revising plans both during and after emergencies.** As emergencies progress, changing circumstances may require that health care facilities adjust or redesign emergency plans to continue operations, particularly when community resources become strained or facilities must provide care

for a greater number of patients than planned. Revising plans may also be necessary following an emergency, as the facility assesses the usefulness and adequacy of the plan in preparation for future emergencies. ([OEI-06-13-00260](#), [OEI-06-06-00020](#))

- **Planning for post-emergency recovery efforts.** Health care facilities benefit from emergency plans that account for all phases of a disaster, including post-emergency recovery efforts such as restocking supplies, restoring routine operations, and conducting post-mortem reviews. ([OEI-04-14-00410](#), [OEI-06-13-00260](#))

# Referenced Reports

## Report Title and Date of Publication

## Report Number

1. *Selected Health Care Coalitions Increased Involvement in Whole Community Preparedness But Face Developmental Challenges Following New Requirements in 2017*, April 2020. [OEI-04-18-00080](#)
2. *Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness*, March 2020. [A-04-18-08065](#)
3. *Missouri Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness*, March 2020. [A-07-18-03230](#)
4. *California Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness*, November 2019. [A-09-18-02009](#)
5. *New York Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness*, August 2019. [A-02-17-01027](#)
6. *Entities Generally Met Federal Select Agent Program Internal Inspection Requirements, But CDC Could Do More To Improve Effectiveness*, June 2018. [OEI-04-15-00431](#)
7. *Hospitals Reported Improved Preparedness for Emerging Infectious Diseases After the Ebola Outbreak*, October 2018. [OEI-06-15-00230](#)
8. *Adverse Events in Rehabilitation Hospitals: National Incidence Among Medicare Beneficiaries*, July 2016. [OEI-06-14-00110](#)
9. *Hospitals Largely Reported Addressing Requirements for HER Contingency Plans*, July 2016. [OEI-01-14-00570](#)
10. *The Response to Superstorm Sandy Highlights the Importance of Recovery Planning for Child Care Nationwide*, December 2015. [OEI-04-14-00410](#)
11. *Medical Reserve Corps Volunteers in New York and New Jersey During Superstorm Sandy*, May 2015. [OEI-04-13-00350](#)
12. *Hospital Emergency Preparedness and Response During Superstorm Sandy*, September 2014. [OEI-06-13-00260](#)
13. *Gaps Continue to Exist in Nursing Home Emergency Preparedness and Response During Disasters: 2007–2010*, April 2012. [OEI-06-09-00270](#)

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| 14. <i>Hospital Incident Reporting Systems Do Not Capture Most Patient Harm</i> ,<br>January 2012.        | <u><a href="#">OEI-06-09-00091</a></u> |
| 15. <i>Adverse Events in Hospitals: Medicare's Responses to Alleged Serious Events</i> ,<br>October 2011. | <u><a href="#">OEI-01-08-00590</a></u> |
| 16. <i>State and Local Pandemic Influenza Preparedness: Medical Surge</i> , September<br>2009.            | <u><a href="#">OEI-02-08-00210</a></u> |
| 17. <i>Nursing Home Emergency Preparedness and Response During Recent Hurricanes</i> ,<br>August 2006.    | <u><a href="#">OEI-06-06-00020</a></u> |
| 18. <i>State and Local Bioterrorism Preparedness</i> , December 2002.                                     | <u><a href="#">OEI-02-01-00550</a></u> |

## For More Information

To obtain additional information concerning this information brief, contact the Office of Public Affairs at [Public.Affairs@oig.hhs.gov](mailto:Public.Affairs@oig.hhs.gov). OIG reports and other information can be found on the OIG website at [oig.hhs.gov](http://oig.hhs.gov).

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