

Crisis Management

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Crisis faced by EDs can be short-term, as in the event of a major accident or weather-related emergency, or long-term, as in a pandemic. In all cases, the

role of operations management simultaneously becomes more critically important and less rigorously defined. This paradox is created by the need for policies and guidelines to be evaluated, adjusted, created, discarded, and re-instated in response to new information as it becomes available in a rapidly changing environment.

To successfully navigate these crises, priority must be given to large-scale preparation for a lengthy disaster response, not micromanaging daily affairs. This requires a degree of flexibility and discipline in making high-level decisions in a setting of uncertainty with incomplete or absent information. The operations team must be able to identify and manage uncertainties, and be comfortable in their inability to predict the future. Decision-making and communication cannot be delayed in search of perfection in the imperfect environment of a disaster.

In light of these uncertainties, there are guidelines on creating an effective disaster response plan. Per the World Health Organization's hospital emergency response checklist, the critical actions that should be prioritized to support an effective and safe disaster response include:

- 1) continuity of essential services;
- 2) well-coordinated implementation of hospital operations at every level;
- 3) clear and accurate internal and external communication;
- 4) swift adaptation to increased demands;
- 5) the effective use of scarce resources; and
- 6) a safe environment for health-care workers.

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Overseeing the implementation and monitoring of these actions should be an incident command system. A coordinated and streamlined hospital incident command system is essential for effective response and management of emergency operations. If not already established, an ad hoc command group should promptly be formed with the inclusion of representatives from hospital administration, operations management, communication, medical personal from key specialties, human resources, nursing administration, infection control, respiratory therapy, security, pharmacy, engineering, and cleaning and waste management. A similar command structure should be set up within the ED, with divisions to manage

safety, logistics, finance, and wellness.

Clear, accurate, and timely communication is important to ensure safe and informed decision making and effective cooperation between

these key policy makers. Protocol updates and revisions should be concise, and distributed in a manner that is easily and quickly accessible by all stakeholders, such as recurring huddles and emails, webinars, or a centralized repository of information. Situational updates to staff should be made available as the crisis evolves, and should include an evaluation of the current status of disaster response, guidelines on clinical practices, availability and limitations on supplies or resources, and successes and



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challenges encountered to date or expected in the near future. During times of emergency, timely and relevant, but perhaps incomplete updates

are more useful than waiting for fully finalized plans. Employees should be encouraged to be flexible and understanding as the operational staff adjusts protocols and operations as often as needed in response to the evolving crisis. Additionally, relevant information should be relayed to the local media, both to provide reassurance to the community as well as to ensure that the public has up-to-date guidelines on when to seek emergency treatment.

Transparent communication is particularly crucial in establishing trust in the leadership, especially in times of pandemic when fears of personal safety and wellbeing are heightened. Protecting staff and creating a safe working environment is paramount. Personal protective equipment (PPE) in line with national policy and health authority guidelines should be made available and easily accessible to staff, prioritizing those most at risk if it is limited. Efforts should be made to centralize and conserve



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PPE, and educate on and supervise appropriate use of PPE. Contrary to the traditional team approach in the ED, the number of team members participating in assessments and resuscitations may need to be limited during a crisis, to conserve PPE and reduce exposure. A clear sick-leave policy for staff with confirmed or suspected cases should be established early, including guidelines for return to work. Testing and vaccination of staff should also be implemented as applicable and appropriate.

Control of the vector in the hospital and ED is key to reducing morbidity and mortality of patients and staff alike, including limiting ports of entry, controlling and limiting visitor access, screening all patients for symptoms, and isolating symptomatic patients as soon as possible.

Calculating the maximum surge capacity of a healthcare system is a crucial step in establishing safe and rapid adaptation to increased demands. While sudden-onset disasters mandate an immediate, large-scale need of resources for a finite amount of time, a pandemic can often be expected to have a much more protracted course. Surge capacity should be identified by evaluation of available physical space and beds, healthcare workers and support staff, medications, and other critical care resources and supplies. Non-essential procedures and patient encounters should be canceled or delayed, with redistribution of clinical space, supplies, and staff to fulfill the demands of the disaster response. In the ED, existing treatment spaces or non-patient care areas may need to be modified or repurposed, and non-ED staff may be utilized in non-traditional roles. Plans

for allocation of scarce resources, including access to testing, admission, and life support, should be created in advance, formally sanctioned by the hospital administration and ethics committee, and continually reevaluated as the situation develops.

Special attention should also be paid to wellness, with easily accessible and relevant resources provided to all staff. Efforts should be made to recognize how different staff members may cope with a crisis, and to identify those most at risk of burnout. Operational leaders must take care to not overlook themselves or neglect the emotional and physical toll crisis management can take on the individual and on the team.

Successfully navigating crises is highly dependent on the pre-existing state of the organization and the social capital operational leaders possess. Without a reservoir of trust, well-developed leadership skills, and knowledge of each team member's strengths and weaknesses, operational leaders will lack the foundation needed to survive a crisis and ready preparedness for the next.

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