

# Hospital Incident Command Systems: A Prescription for Success

An EF-3 tornado has just hit a number of small towns in a nearby rural area and an influx of patients has just arrived at the emergency room of a local county hospital. As the night wears on, more patients show up, many of them in critical condition and in need of care and resources. The hospital crew springs into action, calling on additional emergency staff and coordinating supplies and medications for those who need them most.

Earlier that week, a planned outage of the hospital's HVAC unit took place for maintenance and repairs. Although it only affected a few wings of the hospital, the outage required that additional blankets, robes and heating pads be supplied to affected patients in order to accommodate the temporary drop in temperature.

If you work in a hospital, there's a good chance you would have activated the Hospital Incident Command System (HICS) in response to both of these scenarios. HICS is a healthcare-specific version of the same Incident Command System (ICS) used by government agencies when documenting disasters. It allows hospitals to document incidents that are outside the scope of day-to-day operations, not just disasters, using language that they are familiar with while also complying with federal regulations.

In the event of a large-scale disaster such as a tornado or flood, HICS documentation is critical in order for the community to receive FEMA reimbursement for damages. This underscores the important role hospitals play in the community when it comes to disaster response.

The goal of any healthcare organization when responding to an incident, whether planned or unplanned, is to prepare, respond and recover as quickly and seamlessly as possible. Adopting an ICS helps put the framework in place to allow for a flexible management system that can be quickly scaled to an incident of any size.

## **Just What the Doctor Ordered: How Hospitals Benefit From HICS**

During an emergency, many municipal services may be called upon to respond such as law enforcement, fire and rescue, and dispatch. The National Incident Management System (NIMS) was created to help these municipal services adopt a common set of procedures for communicating with each other. "NIMS is the government's response to having everyone work off the same playbook when it comes to incident command, planning, logistics and operations," explains Tracy Buchman, National Director of Healthcare Emergency Management.

HICS is designed to work with other ICSs within the community during an emergency, however it is not required and using HICS alone won't make a hospital NIMS compliant. HICS allows hospitals to focus on prioritizing objectives in an event instead of simply just responding. In any organization there are only a finite number of resources to accomplish a finite number of tasks. HICS is designed to assist hospitals in making the most of limited resources by identifying three specific incident priorities during an event.

**Life Safety** – Prioritizing the safety and health of victims, patients and staff members.

**Incident Stabilization** – Assessing, managing and directing resources in response to the event so as not to exacerbate the incident.

**Property Conservation** – Reducing property losses and securing hospital facilities during an event.

Using HICS not only helps hospitals assign resources to the areas in which they are needed most, but can also help mitigate ethics issues in situations where there are not enough resources to function normally.

## **Time for a Check-Up: HICS Training and Best Practices**

HICS training starts with the FEMA ICS 100, 200, 700 and 800 level courses, and each one is about two hours long. Depending on a provider's position within the HICS organizational chart, they may take anywhere from 2 to 6 or more courses. "Because the HICS organizational structure is often filled with leaders (managers and above) who are pressed for time," explains Tracy, "scheduling the training can be the organization's biggest challenge."

Hospitals can overcome part of this challenge by adopting a set of best practices to keep HICS top of mind with providers in the organizational chart. "Providers can stay current by going through a refresher each time after activating disaster mode, or after accomplishing the two disaster drills for the year," suggests Tracy.

"There is no mandate on how much or how often training needs to be done, but there is an underlying understanding that each time your disaster plan is activated, you need to do an after-action review to figure out what went well and what needs more work. Usually what needs more work is more training for HICS positions or more redundancy," says Tracy, "which then becomes the improvement plan that your organization needs to work on."

Of course, hospitals and providers aren't the only ones working on an improvement plan. Since its inception in the 1980s, HICS has always worked to periodically update its materials. And with changes on the horizon, now may be a good time to perform a yearly check-up and see what challenges your organization has when it comes to using HICS.