

What's New in the Patient Safety World

September 2021

Have You Added Pandemic Preparation to Your Hospital Disaster Plan?

In our November 1, 2016 Patient Safety Tip of the Week "[CMS Emergency Preparedness Rule](#)" we discussed hospital emergency plans or disaster plans. But most such plans have dealt with acute emergencies that are of limited duration. How many of you have updated your emergency preparedness plan or disaster plan for dealing with pandemics?

Disaster plans may take into account potential sudden influx of patients and need to rapidly mobilize excess staff for disasters such as a mass casualty accident or a mass hazardous material exposure. But those are limited to short timeframes. The COVID-19 pandemic led to massive influx of patients for long periods of time and resulted in significant workload burdens and staff shortages over the long haul.

Wei and colleagues recently published "Nine Lessons Learned From the COVID-19 Pandemic for Improving Hospital Care and Health Care Delivery" ([Wei 2021](#)). It includes a valuable table containing elements to include in a hospital disaster plan for dealing with increased volume of patients or workforce shortages. Elements in that table are:

- Determination of what areas of the hospital would be most suitable for expanded services
- Cancellation of elective surgeries
- Cancellation of routine outpatient appointments
- Rapid discharge of stable patients
- Transfer of patients to less affected hospitals
- Reassignment of staff with "just in time" training
- Same-day credentialing of outside clinicians

The table and text outline considerations for each of those elements.

Given that the COVID-19 pandemic may not be over yet and there may well be a surge this fall (or a new pandemic in the future), you really need to address all these elements in your emergency preparedness or disaster plans.

Go to the Wei paper for its excellent recommendations, not only on the disaster plan elements, but also on each of their 9 lessons learned from the COVID-19 pandemic:

- Prepare for Unexpected Increases in Demand for Services
- Maintain Line of Sight
- Mind the Air
- Emotionally Support Health Care Workers
- Masks Forever (at Least for Some)
- Use Technology to Connect Families Near and Far
- Maintain Caches of Supplies and Diversify Supply Chains
- Reduce the Burden of Unnecessary Documentation
- Address Persistent Racial and Ethnic Disparities in Health

And, if you are a teaching hospital, you also need to consider how a long pandemic will impact your training programs. A timely “Checklist Framework for Surgical Education Disaster Plans” ([Matthews 2021](#)) provides good recommendations for surgical residency programs but many of the recommendations could apply equally to other residency programs as well.

References:

Wei EK, Long T, Katz MH. Nine Lessons Learned From the COVID-19 Pandemic for Improving Hospital Care and Health Care Delivery. JAMA Intern Med 2021; Published online July 23, 2021

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2782429>

Matthews JB, Blair PG, Ellison EC, et al. Checklist Framework for Surgical Education Disaster Plans. Journal of the American College of Surgeons 2021; Published online: July 12, 2021

[https://www.journalacs.org/article/S1072-7515\(21\)00493-2/fulltext](https://www.journalacs.org/article/S1072-7515(21)00493-2/fulltext)



Healthcare Consulting
www.patientsafetyolutions.com

<http://www.patientsafetysolutions.com/>

[Home](#)

[Tip of the Week Archive](#)

[What's New in the Patient Safety World Archive](#)