



Performance-Improvement Plan VIHA Health Emergency Management

Model Core Program Planning

As part of BC's commitment to public health care renewal and improvement, the Ministry of Health has produced the **Core Public Health Functions Framework**. The framework defines a key set of public health services (core functions) that BC's health authorities will provide to strengthen the link between public health, primary care, and chronic disease management in a comprehensive, province-wide health care system. It provides a tool for health authorities to strengthen their public health infrastructure by reviewing their existing programming with 21 core programs defined in the framework. This performance-improvement process will result in increased consistency, capacity and quality of public health services across the province.

Under the Core Public Health Functions Framework, BC's health authorities and the Ministry of Health have developed the **Model Core Program Paper: Health Emergency Management**. The Vancouver Island Health Authority (VIHA) will use this evidence-based paper to determine opportunities to improve health emergency management in VIHA's service area. Achieving success in health emergency management will depend on health authorities, all levels of government, and community partners working together and sharing accountability.

Introduction to Health Emergency Management (HEM)

An emergency is a harmful event that has wide-scale impact on a community. While some emergencies are directly health related (pandemic influenza, SARS, West Nile virus), most emergencies and disasters have health consequences (hazardous-substance releases, earthquakes, multiple-casualty incidents, severe-weather events, technological disruptions). Under the core functions framework, emergency management means preventing, mitigating, preparing for, responding to, and recovering from any kind of emergency.

In fulfilling its mandate to provide an integrated, Island-wide emergency-management plan, VIHA developed an HEM program framework that encompasses acute-care hospital and long-term-care residential sites, community programs, and public and environmental health and safety.

VIHA's HEM team is currently implementing its strategic plan, with a focus on 10 key areas:

- Pandemic influenza
- Chemical, biological, radiological, and nuclear (CBRN) decontamination
- Severe-weather response plans
- Boil-water advisory plans
- Emergency-planning education and training
- Relocation/evacuation
- Regional technical communication
- Regional coordination
- Business-continuity planning
- Mental-health emergency planning

VIHA is coordinating its efforts with all levels of government and all relevant sectors of the community. Health care is only one aspect of the services required to respond effectively to emergencies. Consistent, integrated systems are needed to successfully mobilize all available resources. Coordination and communication among these groups are essential in planning and providing effective emergency response.

Emergency Management Performance-Improvement Planning

The performance-improvement planning process uses best-practice evidence from the model core program papers to identify opportunities for improving core public health program activities.

Using the Model Core Program Paper: Health Emergency Management as a standard, the HEM team completed a gap analysis to identify current shortfalls in VIHA's emergency-management services. This information, along with baseline benchmarks and best-practices data, was used to develop a performance-improvement plan for HEM.

Baseline Assessment

The emergency-management team assessed current HEM activities against best practices, as defined in the model core program paper, to determine if current VIHA practices fall below, meet or exceed expectations. Baseline assessments were completed for four areas of health emergency management:

- Surveillance of health risks and vulnerabilities
- Analysis of hazard, risk and vulnerability
- Mitigation of potential emergencies
- Preparedness for health emergencies

Main Opportunities for Improvement

The baseline assessment and gap analysis identified five opportunities for improvement:

- Increase the level of surveillance initiatives for vulnerable populations.
- Further develop partnerships with internal and external stakeholders.
- Determine key indicators for priority areas of emergency mitigation.
- Increase the level of HEM education and training for VIHA staff.
- Communicate emergency-management policies and procedures.

Key Strategies

Surveillance Initiatives for Vulnerable Populations

- Monitor and gather information on all hazards and risks; identify vulnerable population groups.
- Launch a formal risk-assessment process to determine risk levels of all potential hazards.
- Work with local governments and community groups to develop a “community of vulnerability inventory” to identify locations of at-risk groups and individuals.

Develop Partnerships with Internal and External Stakeholders

- VIHA will participate on all local government emergency-planning committees and partner with local stakeholders to provide community workshops. This will promote consistency across the region and enable communities to customize their local emergency-response plans.
- Clarify the role of primary care workers and other community-based practitioners during a health emergency.

Determine Key Indicators for Emergency Mitigation

- Consistent data will be collected and be accessible to VIHA staff.

Emergency-Management Education and Training for VIHA Staff

- Designate ongoing HEM training as core training for VIHA staff.
- Include evaluation as a component of all HEM activities, business continuity plans, and training programs.
- Provide counselling and support during the recovery period following a disaster.

Communication of Emergency Management Policies and Procedures

- Inform staff, partners, and the public about the HEM Plan by posting it on the Internet and VIHA intranet.

Action Plan

Year 1 (2007/2008): Activities to be completed by March 2008

- Review VIHA's existing HEM hazard, risk and vulnerability analysis in preparation to develop a five-year strategic plan.
- Link emergency risk-management processes with existing VIHA risk-management processes.
- Identify and establish linkages with appropriate external agencies, communities, regional districts and municipalities.
- Develop a training program and a method of tracking staff qualifications and training.

Year 2 (2008/2009): Activities to be completed by March 2009

- Complete VIHA's five-year HEM strategic plan.
- Establish a central incident-report repository.
- Develop and implement a standardized VIHA "After Action Lessons Learned" process.

Year 3 (2009/2010): Activities to be completed by March 2010

- Develop hazard-specific emergency-response planning as part of the overall VIHA HEM approach.
- Work with local governments and community groups to develop a "community of vulnerability inventory" to identify locations of at-risk groups and individuals.
- Develop and implement standard response procedures to assist vulnerable populations across VIHA.
- Clarify the role of primary care workers and other community-based practitioners during a health emergency.
- Develop a community-by-community HEM planning process.

- Develop a comprehensive pandemic influenza business-continuity plan.
- Stage implementation of the pandemic influenza preparedness plan, including required training and orientation.

Action Plan

Year 1 (2007/2008)	Update March 31, 2008
<ul style="list-style-type: none"> • Review VIHA's existing HEM hazard, risk and vulnerability analysis in preparation to develop a five-year strategic plan. 	<ul style="list-style-type: none"> • Review of Ministry of Health's HEM Hazard, Risk and Vulnerability Analysis for VIHA Completed (February 2008). • Preparation now underway for alignment to VIHA EM Five Year strategic plan (in year two of PIP).
<ul style="list-style-type: none"> • Link emergency risk-management processes with existing VIHA risk-management processes. 	<ul style="list-style-type: none"> • Development of a linked VIHA Emergency Management and an Enterprise Risk Management methodology in place. • Implementation now ongoing across all VIHA department and program disaster plans. • Process established February 2008. Achieved before target date of March 31/2008.
<ul style="list-style-type: none"> • Identify and establish linkages with appropriate external agencies, communities, regional districts and municipalities. 	<ul style="list-style-type: none"> • Documented listings of Local, Regional, Provincial and Federal HEM linkages established. These linkages include: external agencies, communities, regional districts and municipalities, First Nations, Provincial and Federal Departments. • HEM linkages established February 2008. Achieved before target date of March 31/2008.
<ul style="list-style-type: none"> • Develop a training program and a method of tracking staff qualifications and training. 	<ul style="list-style-type: none"> • Health Emergency Management training program for VIHA in progress. • Linking with internal training departments and external Ministry of Health initiatives (HEMTAC and JIBC) to implement across HA. • Presently tracking of staff qualifications through a number of existing internal mechanisms.

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