



MAY 2015



SAN DIEGO HEALTHCARE DISASTER COUNCIL

This Month in the Council

The citizens of San Diego count on us to be prepared in the event of a disaster. We as the San Diego Healthcare Disaster Council and support services proudly accept this challenge

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Each month at the San Diego Healthcare Disaster Council (SDHDC), disaster preparedness professionals come together for in-depth, passionate dialogue about a range of topics. Here's a glimpse at some of the discussion in May:

- ◆ The GERM Commission provides a weekly report with important information.
- ◆ There will be an Operational Area Exercise in 20 May 2015, 0900.
- ◆ Roger Richter will be retiring from CHA in June 2015. Sheree Hummell will be the district planning manager, and she will also be taking on the various duties that are now handled by Roger.
- ◆ Office of Emergency Services presents overview of Energy Resiliency Plan draft.

Trainings and Drills

May 20, 2015 – 0900 am

Operational Area (OA) Exercise

Web EOC trainings available – call Donna Johnson to confirm

November 17-19, 2015

November Statewide Exercise/Drill

HPP 13 End of Year –

Technical Assistance Available –

Gerlinde Topzand



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This Month's Focus

Submitted by Kelly Yacheshyn – Sharp Memorial

Bigger than Ebola: The Evolution of a Highly Infectious Patient (HIP) Team Approach

The recent Ebola crisis had incredible impact on this country when it threatened our communities and challenged healthcare disaster teams with its unforeseen complications. Safety standards, training and equipment needs proved multi-dimensional and ever-changing. The dissolution of this threat did not extinguish the realization that our healthcare systems should continue to work through these complex problems before another hazard presents itself.

Sharp Healthcare recognized this as an opportunity to manage these disasters with some forethought while considering frontline engagement. The Highly Infectious Patient (HIP) Team was formed to manage both corporate and frontline response to any infectious or chemical outbreak from a multi-disciplinary and operational standpoint. From a clinical perspective, the goals include building a team of experts in MICU, SICU and ED to create a competency for advanced PPE skills as well as a skill validation process.

Representatives from infection prevention, materials management and safety also contribute to this initiative. One of the HIP team's focus is on advancing staffs' initial competency through continued training, new equipment evaluation, and drilling of specific processes. This group is also working on defining the requirements for membership, outlining the initial training process, and devising the ongoing training and support of this team over time. Membership requirements include:

- Ability to teach and mentor others
- Looking to build leaderships skills-can learn to control the scene and direct others
- Methodical, analytical, and calm
- Self-motivated to keep current with latest PPE or disease process
- Physically able to manage the PPE and patient care activities
- Desire to develop communication skills

The group continues to discuss vulnerabilities and drill/training exercises regularly. They validate competency based on 3 key dimensions: critical thinking (knowledge,) interpersonal (attitude,) and technical (skills.) The frontline HIP taskforce asserts its goal to keep the number of members small enough to maintain an expert skill level, but large enough to allow coverage in real time on the units. All members share a collective understanding of care of an infectious disease patient-- from presentation to disposition. This keeps training cohesive, and demystifies the "why" behind each critical step in the process.

The evolution of this team serves to ensure that care of infectious patients in our community is done safely, purposefully, and with the utmost consideration of the staff that commit to care for them.