WAR STORIES:
TALES FROM THE TRENCHES
ENHANCING PROGRAM RESILIENCE IN THE FACE OF CRISIS

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The Veterans
Learning Objectives

1. Participants will identify gaps in their own program emergency preparedness.
2. Participants will develop a framework for attending to resident safety and well-being during a crisis.
3. Participants will understand 3 categories of threats to program well-being and survival in the face of crisis.
4. Participants will create a list of documents to serve as resources for their own emergency preparedness toolkit.
What is a crisis?


• Highly ambiguous situation, causes and effects unknown
• Comes up suddenly, requires quick decisions/interventions
• Low probability, but can pose a major threat to the organization
Effective Crisis Management

- Operations are sustained
- Losses to internal and external stakeholders are minimized
- Learning occurs so that lessons are transferred to future incidents
Preparedness Framework

• **Emergency Response**
  – Address immediate needs
  – Take stock of resources
  – Develop an action plan

• **Crisis Management**
  – Psychological
  – Structural
  – Social-Political
Emergency Response

• Address Immediate Needs
  – Safety
  – Operations (Patient Care)
  – Well-being/physical needs
Emergency Response

• Take Stock of Resources
  – Governmental
  – Institutional
  – Within Program
Emergency Response

- Develop an Action Plan
  - Immediate next 3 steps
  - Cycle will repeat multiple times over immediate response period
Crisis Management: Psychological

- Crisis cannot be separated from the viewpoint of the one who is undergoing it. (Habermas, 1975: 58)
- Information processing is limited
- Emotional responses can cause things to spiral out of control
- Short term and long term impacts
Crisis Management: Social-Political

- Viability/Functioning or Reputation of program come into question
  - Can be a few individuals or wide-spread
  - Breakdown in shared construct of reality

- Consider all stakeholders
  - Residents, faculty, division, hospital, institution, community, ACGME/ABP

- Program Resilience and adaptability is key-usually some change/action is needed to restore faith (organizational or cultural)
Crisis Management: Structural

- What infrastructure led to the current state of crisis?
- What structure will need to be put into place to remain functional, and to mitigate future potential threats?
Case 1:

• Your beloved chief resident, functioning as an attending on the busy hospitalist service, collapses on rounds. She is the mom of a 6 month old; her husband is a surgery resident and her family lives out of state. She is hospitalized for extensive workup and it appears to be serious.
Case 1: Resilience Crisis

• After a short 3 wk hospitalization, your chief tragically passes away from an advanced and aggressive malignancy.
Case 2:

- Two male residents in your program have been arguing recently in the midst of a love triangle, and threats have been made. Neither shows up for work on a Monday morning.

Casablanca, Warner Brothers, 1941
Case 2: Resilience Crisis

• As their disappearance is being investigated, the media in your city gets wind of the case of your missing residents from a Facebook post. They show up in full force at the hospital and at the apartment complex nearby where they and several of your other residents live.
Case 3:

- At 7AM one morning, your hospital is struck by an F4 tornado. You had not yet left home, but you know many of your residents are already at work. There is major damage all over your small midwestern city.

photo credit: national weather service
Case 3: Resilience Crisis

• After a week of recovery efforts, you receive word that the hospital is expected to be non-functional for up to 18 months.
APPD Workshop
War Stories

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Natural Disasters

- Anticipated Disaster (Hurricanes)
  - Code Gray Policy

- Safety of residents
  - Where are your residents? Is anyone accounted for?
  - Is anyone injured? Who needs medical attention?
  - Who has damaged homes?
    - Who needs housing?

- Patient Care
  - Additional residents needed at hospital?
Tool kit

• Communication is key

• Contact list
  – Home address
  – Evacuation address
  – Two emergency contact phone numbers
  – Non-university email

• Phone tree
Tornado Recovery Information

Updated as of Feb. 20, 2017 at 11 a.m.

A tornado hit the New Orleans East area on Tuesday, Feb. 7, 2017

The City has set a 30-day timeline to clear all debris from the impacted area. This is being completed in three curbside passes by City contractors and local, national, non-profit and faith-based organization volunteers.

In addition to clean up efforts, the City, in conjunction with the City Council, has introduced an ordinance to waive building permit fees to ease the burden on impacted individuals as they begin to rebuild their homes and businesses. To get a permit, visit http://www.nola.gov/safety-and-permits/.

On Saturday, Feb. 11, President Trump declared a major disaster declaration for the State of Louisiana. This means impacted individuals in Orleans Parish are now eligible for assistance from the federal government and allows for the release of federal funds to help recover from the severe storms and EF-3 tornado in New Orleans East.

Recovery Resources Community Meeting - Feb. 21, 2017

Tweets by @nolaready

Tonight, we’re having a community mtg. to provide more tornado recovery info & resources. Reps. will be present to help residents @HOFFamily
Winter Weather Safety

Be prepared for cold weather and winter storms with safety tips for your home and car.

A Nor'easter in March

Winter isn't over yet. A look at the term nor'easter and what you should do to be safe.
Crisis: Resilience Twist
Crisis

• Continuation of resident training
  – Where will your residents transfer?

• Considerations
  – Affiliated institutions located nearby
  – Residents returning to their “home”
Resources

• Designated Institutional Officer

• ACGME
  – Institutional Requirements (IV.M)
    • The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or interruption in patient care. (Core)
    • This policy should include information about assistance for continuation of salary, benefits, and resident/fellow assignments. (Core)
Subject: 21.00 ACGME Policy and Procedures to Address Extraordinary Circumstances

- The ACGME may invoke the Extraordinary Circumstances policy in response to circumstances that significantly alter the ability of a sponsor and its programs to support resident education.

- The ACGME is committed to assisting in reconstituting or restructuring residents’ educational experiences as quickly as possible.

- Examples of extraordinary circumstances include abrupt hospital closures, natural disasters, or a catastrophic loss of funding.
Section: 21.10 ACGME Declaration of Extraordinary Circumstances

• If the Chief Executive Officer of the ACGME, in consultation with the Chair of the ACGME Board, determines that a sponsoring institution’s ability to support resident education has been significantly altered, he or she shall invoke the Extraordinary Circumstances policy.

• A notice will be posted on the ACGME website with information relating to ACGME’s response to extraordinary circumstances.
When the ACGME deems that a sponsoring institution’s ability to support resident education has been significantly altered, the sponsoring institution must:

- a. revise its educational program to comply with the applicable Common, specialty specific Program and Institutional Requirements within 30 days of the invocation of the policy; and,

- b. arrange temporary transfers to other programs or institutions until such time as the program(s) can provide an adequate educational experience for each of its residents and/or fellows; or,

- c. assist the residents and/or fellows in permanent transfers to other ACGME-accredited programs in which they can continue their education.
Timeline

• Programs must expeditiously make the decision to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows.

• Within 10 days of the invocation of the Extraordinary Circumstances policy, the designated institutional official, or designee(s), of each affected sponsoring institution must contact the ACGME to receive the timelines the ACGME has established for its programs.

• If within the 10 days of the invocation of the Extraordinary Circumstances policy the ACGME has not received communication from the designated institutional official(s), the ACGME will attempt to establish contact with the sponsoring institution(s) to communicate its expectations.
Section: 21.30 Communication with the ACGME

• On its website, the ACGME will provide phone numbers and e-mail addresses for communication with the ACGME from affected institutions and programs.

• Designated Institutional Officials should call or e-mail the Institutional Review Committee Executive Director with information and/or requests for information.

• Program directors should call or e-mail the appropriate Review Committee Executive Director with information and/or requests for information.

• Residents should call or e-mail the appropriate Review Committee Executive Director or the Office of Resident Services (residentservices@acgme.org; or 312.755.5000) with information and/or requests for information.
Section: 21.50 Changes in Participating Sites and Resident Complement

- The ACGME will expedite the review and approval of submissions by programs relating to:
  - a. the addition or deletion of a participating site(s);
  - b. change(s) in the format of the educational program(s); and,
  - c. change(s) in the approved resident complement.
Section: 21.70 Site Visits

• Upon invocation of the Extraordinary Circumstances policy, the ACGME may determine that one or more site visits is required.

• Prior to the visit(s), the designated institutional official(s) will receive notification of the information that will be required.

• This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes.

• Site visits that were scheduled prior to the extraordinary circumstances may be postponed.
Other Resources

- APPD
- AAP
- ABP
Psychological Support

- Campus Assistance Program
  - Social workers

- Social events

- Resuming routine
  - Taking care of patients
  - Conferences: Morning report and Noon conference
Conclusions: Be Prepared
References

- ACGME Policy and Procedures
  https://www.acgme.org/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf