

**Erasmus MC**

University Medical Center Rotterdam



# A risk based approach to Emergency and Disaster medicine in the South West region of the Netherlands

## A HCC-network perspective

Roel Geene

Staff Bureau of Trauma Centre,  
Erasmus University Medical Center,  
Rotterdam / Netherlands

### **Disclosure information:**

I have no financial interests or relationships to disclose



# Project team & contact information

Roel Geene

(contact: [r.geene@erasmusmc.nl](mailto:r.geene@erasmusmc.nl); secretariat: +31.10.7037585)

Staff Bureau of Trauma Centre, Erasmus University Medical Center, Rotterdam / Netherlands

Pieter van der Torn

Itineris Consultancy, Rotterdam / Netherlands

Dennis den Hartog

Staff Bureau of Trauma Centre, Erasmus University Medical Center, Rotterdam / Netherlands

Johan S. de Cock

Safe & Sound, Amsterdam / Netherlands

# Content

- Health Care Coalition
- Designing the risk analyses instrument
- Results and lessons learned

# Health Care Coalition

# Our HCC in numbers

14 Hospitals (1 Trauma Centre)

3 Ambulance services

3 Regional Health Services

± 600 GP's

7 Acute psychiatry organizations

2.131.230 inhabitants

3.371 Km<sup>2</sup>

# Risk program: 2011 - 2020

## Ambition

Excellent acute care in all circumstances

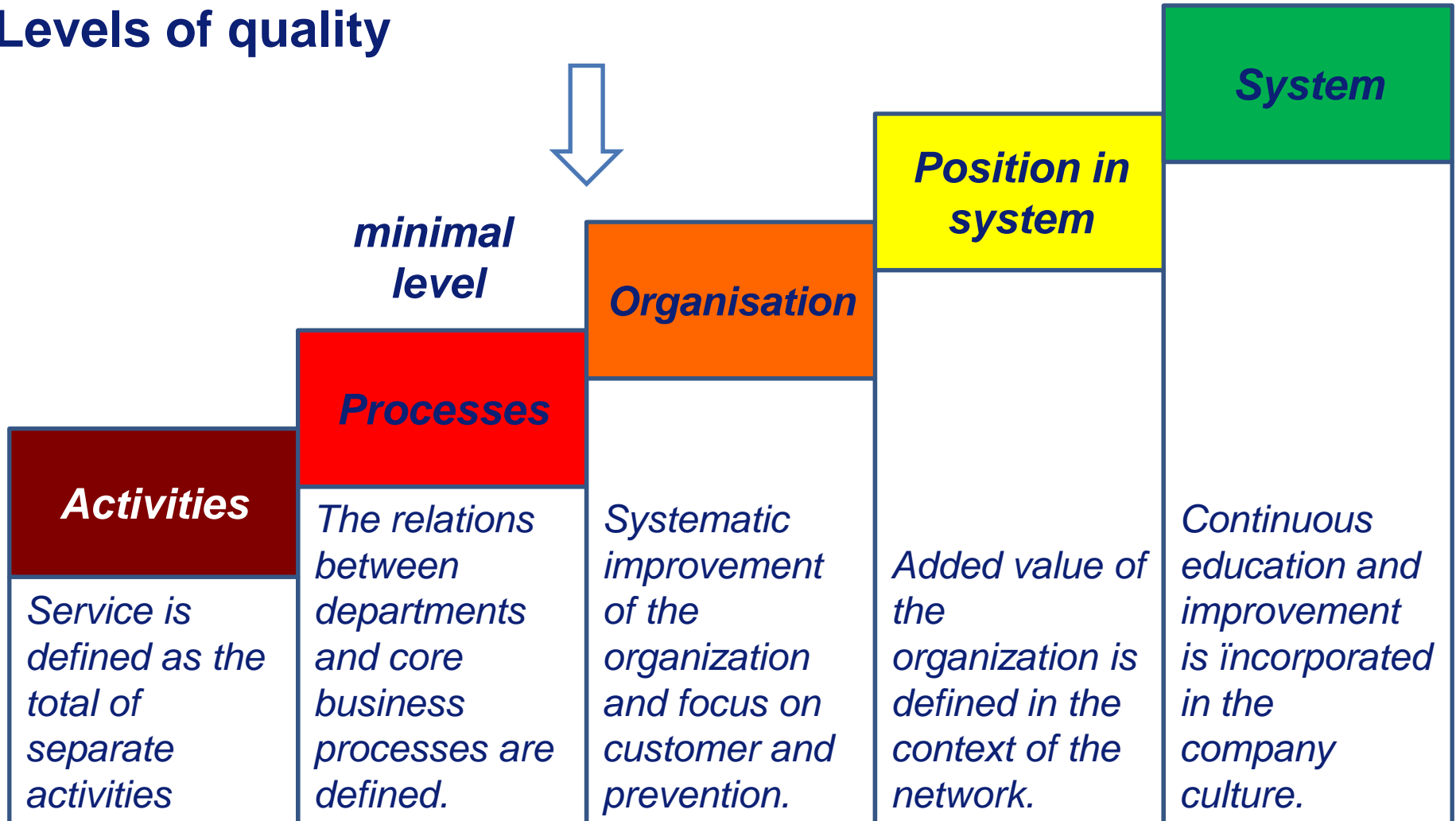
## Objective

Acute care patients a.s.a.p. at the right place with the right care

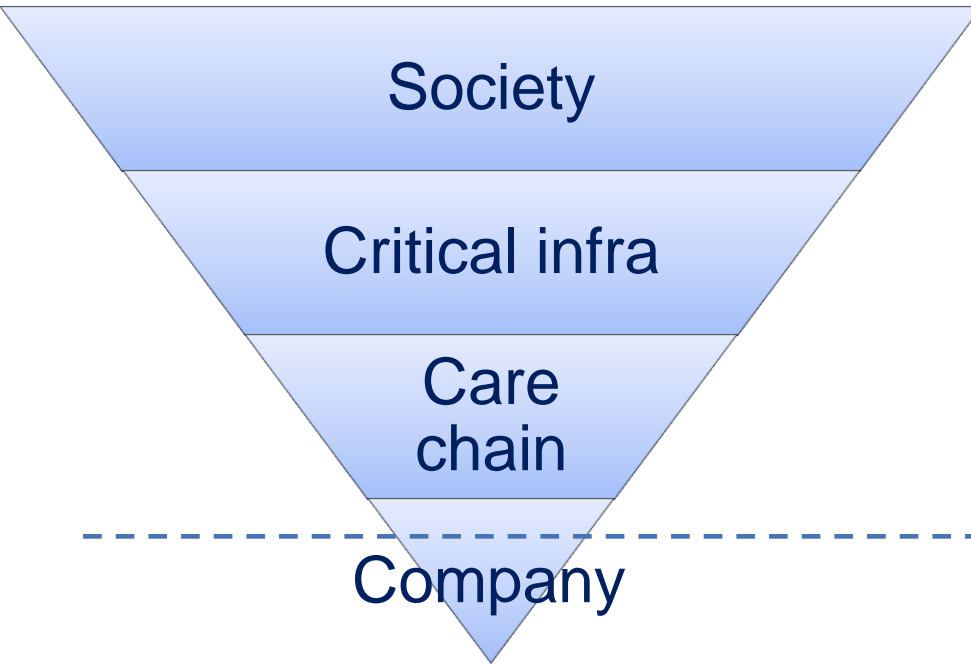
## Risk approach

Risk assessment, communication and management of relevant risks (above company level)

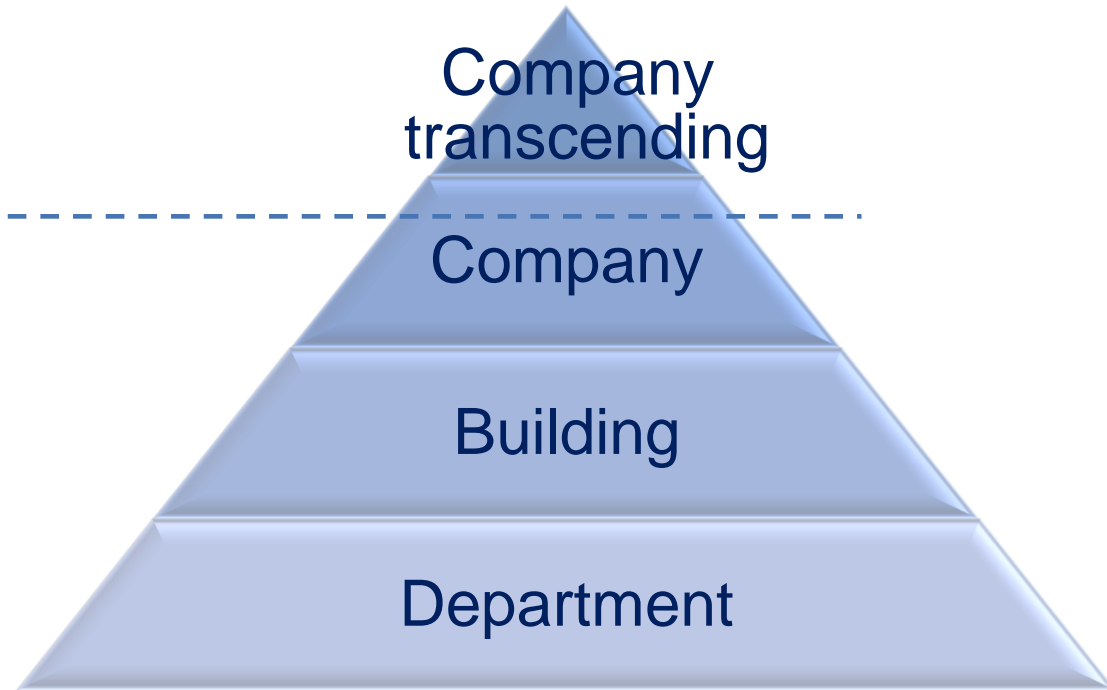
# Levels of quality



Societal perspective  
**(local) Government**



**HCC  
perspective**



BCM perspective  
**Healthcare organisation**



# DESIGNING THE INSTRUMENT

# Initial conditions for network analysis by HCC

## Hazard identification

integration of public and private perspective  
scenario description

(Part art, part science)

## Uniform terminology, methods and assessments

all parties, all partners, all hazards

(Assessment is expert based)

# HAZARD IDENTIFICATION

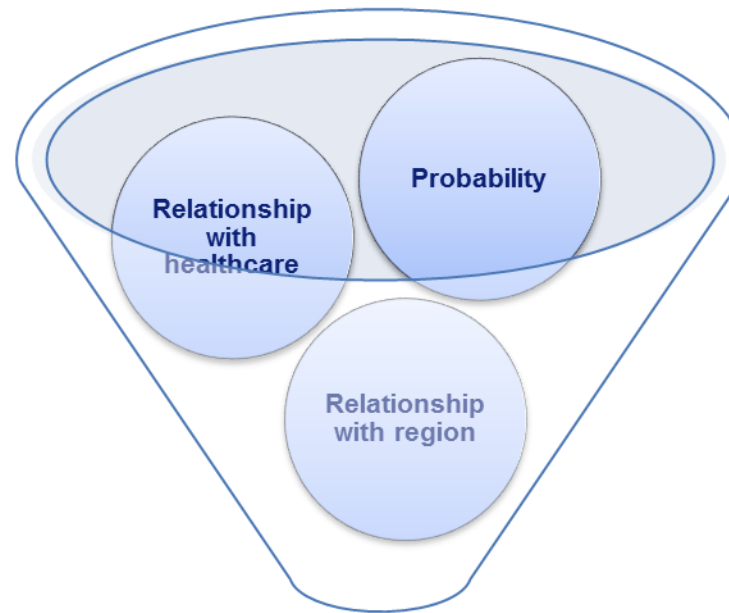
# Inventory



# Selection

Safety risks

> 200



Risks for Continuity of care

± 80



Risk characteristics



**20 Characteristic scenarios**

# UNIFORM TERMS & METHODS

# Assessment method

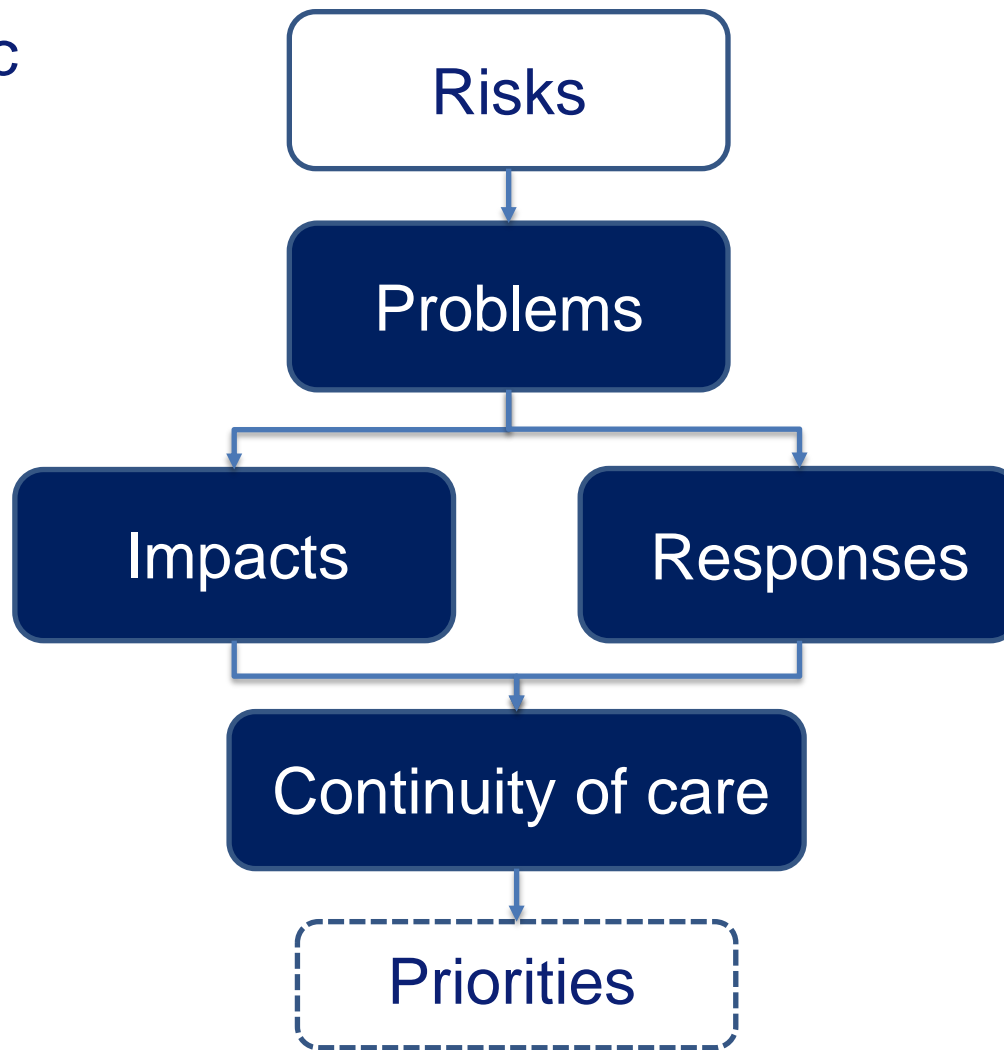
## ASC-method®

20 Characteristic scenarios

4 A's: *NEW*

5 S's:  
4S: *Literature*  
1S: *NEW*

3 C's: *Literature*



## PROBLEMS: 4 Company transcending A's

Problem	Example
Annoyance	• neighbors and neighborhood, e.g. toxic cloud
Accession	• self referrals, e.g. incident walking distance
Assistance	Colleagues, alternate care, e.g. surge
All	• Common problems, e.g. critical infra



# Crisis Standards of Care

A Systems Framework for  
Catastrophic Disaster Response

Introduction and CSC Framework

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# Crisis Standards of Care

A Toolkit for Indicators and Triggers

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# IMPACTS: 5S's

Impactgroup	
Staff	Availability of normal (en perhaps extra) Staff
Stuff	Usability of necessary materials
Space/ Structures	Availability of needed spaces
System	Continuity regular processes and structures Continuity of daily life (external) Continuity Government structures and processes
Stakes	Healthy financial position

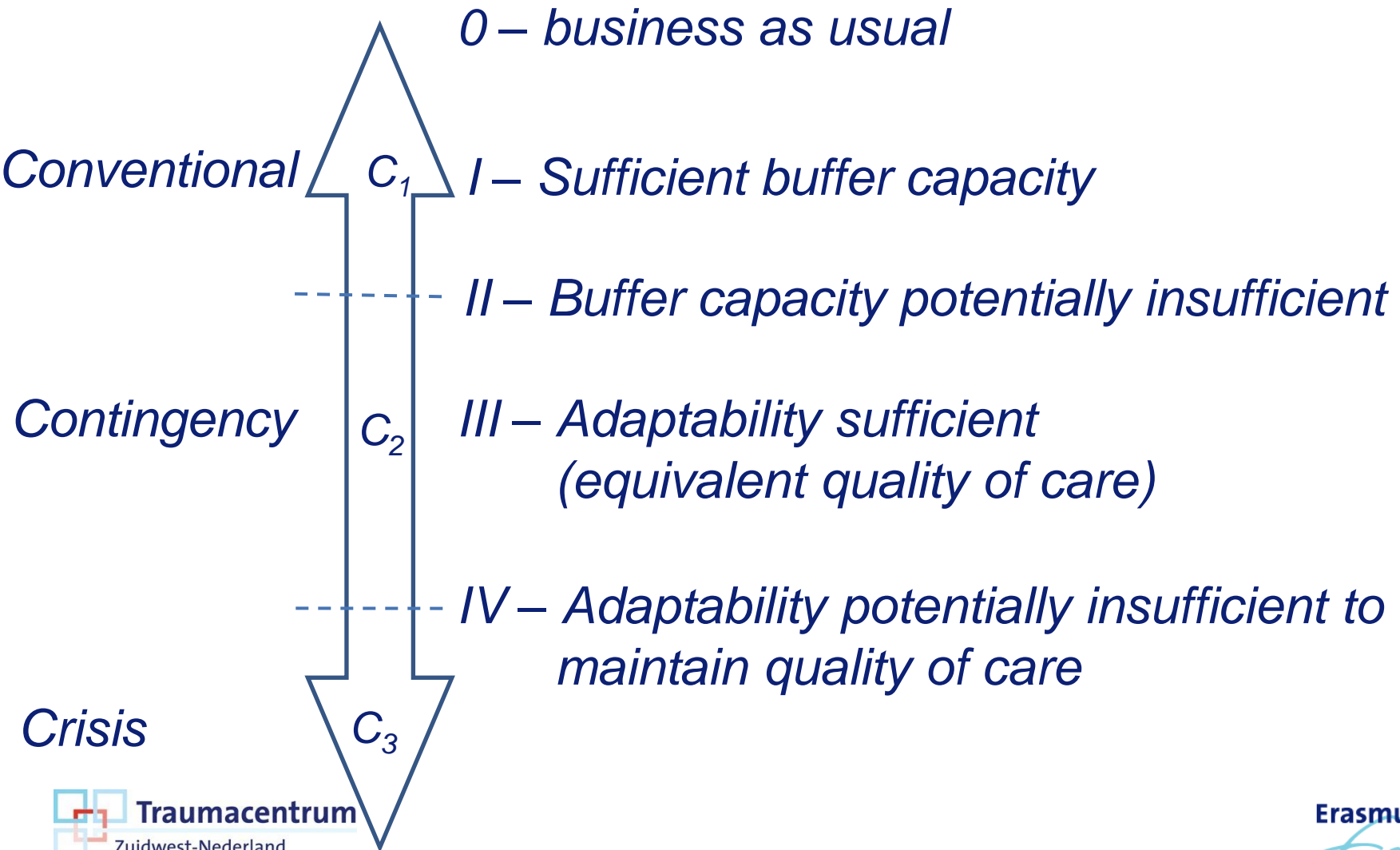
# IMPACTS: 5S's

Impactgroup	
Staff	
Stuff	
Space/ Structures	
System	}
Stakes	}

Continuity of Care

Business continuity

## Impact classes:



# RESULTS AND LESSONS LEARNED

# Results

## Early 2017

Commitment of general HCC-board

Positive response from participants

Assessment tool online (+ help desk)

## Mid 2017

Risk assessment by 36 individual organisations

Proposal for priorities by expert group

## Late 2017

Choice of priorities for near future by HCC-board

## Lessons learned

- Administrative (and organization) commitment upfront
- Operational support: stepwise introduction
- Long term investment

Lastly

# Be brave!

## Transparency can be scary

(but is necessary for risk and crisis management at HCC-level)