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@erasusmc.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 Km²
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

Service is defined as the total of separate activities.

The relations between departments and core business processes are defined.

Systematic improvement of the organization and focus on customer and prevention.

Added value of the organization is defined in the context of the network.

Continuous education and improvement is incorporated in the company culture.

excellence
Societal perspective  
(local) Government

Company

Society

Critical infra

Care chain

BCM perspective  
Healthcare organisation

HCC perspective

Company transcending

Building

Department
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
Safety risks

Risks for Continuity of care

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

Risks

Problems

Impacts

Responses

Continuity of care

Priorities

ASC®-method

20 Characteristic scenarios

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### PROBLEMS: 4 Company transcending A’s

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<thead>
<tr>
<th>Problem</th>
<th>Example</th>
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<tbody>
<tr>
<td>Annoyance</td>
<td>• neighbors and neighborhood, e.g. toxic cloud</td>
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<tr>
<td>Accession</td>
<td>• self referrals, e.g. incident walking distance</td>
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<tr>
<td>Assistance</td>
<td>Colleagues, alternate care, e.g. surge</td>
</tr>
<tr>
<td>All</td>
<td>• Common problems, e.g. critical infra</td>
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## IMPACTS: 5S’s

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<tr>
<th>Impactgroup</th>
<th>Details</th>
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<tr>
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<td>Stuff</td>
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<td>Space/ Structures</td>
<td>Availability of needed spaces</td>
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<td>Continuity regular processes and structures</td>
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<td>Continuity of daily life (external)</td>
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**System**
- Continuity of regular processes and structures
- Continuity of daily life (external)
- Continuity of Government structures and processes

**Stakes**
- Healthy financial position

**Staff**
- Usability of necessary materials

**Stuff**
- Availability of normal (even perhaps extra) Staff

**Space/ Structures**
- Availability of needed spaces

**Continuity of Care**
- Business continuity
Impact classes:

0 – business as usual

I – Sufficient buffer capacity

II – Buffer capacity potentially insufficient

III – Adaptability sufficient (equivalent quality of care)

IV – Adaptability potentially insufficient to maintain quality of care
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)