

2016



LBJ CHIEF OF STAFF EMERGENCY PROCEDURES

LBJ Chief of Staff Emergency Procedure

Updated April 2016

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Colleagues,

While we all may hope to never experience an emergency situation, we know it is inevitable, especially during hurricane season. The procedures detailed below are to ensure we do our due diligence and that we keep our patients, our guests, and ourselves safe during emergency situations. I want to take an opportunity and address two key areas concerning emergency situations. Those areas are timely decisions and safety.

Decisions related to closures and delayed starts are made from the Harris Health System. This is stated to highlight the importance of open lines of communication with our partners at Harris Health specifically during emergency situations. We will put forth our best effort to ensure that decisions are made timely when possible. Many emergency situations emerge quickly with little or no planning time. Our intent is to allow you the most time possible in order for you to make an informed decision.

As it relates to safety, each individual is responsible for awareness of your surroundings. While the conditions around LBJ Hospital or the clinics may be passable, the conditions around your neighborhoods or the roads leading to LBJ and the clinics may render them impassable. Use your best judgment when attempting to travel to relieve your colleagues during these emergency situations.

Emergency situations can be stressful as we manage our responsibilities. I know each and every one of you will continue to do amazing things no matter the situation.

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Chief of Staff, LBJ Hospital
Associate Dean for Harris Health County Programs

I. Overview

- a. Summary. The intent of this plan is to provide the operating, reporting and communication procedures that will be utilized by the UTHealth faculty and staff located at Lyndon B. Johnson Hospital and associated clinics during an emergency event located in Houston or the surrounding area. Such events include but are not limited to hurricanes, severe thunderstorms, and flooding.
- b. General Responsibilities.
 - i. Medical Staff's primary responsibilities include providing appropriate coverage and caring for patients.
 - ii. The administrative staff's primary responsibility is providing timely and informative updates.
 - iii. Each individual has a responsibility to remain safe and aware of their own surroundings. Individuals should evaluate their own neighborhoods and make decisions based upon their best judgment.

II. Phases

- a. Summary. Emergency events will be managed through a four phase process. The event will begin with a trigger that will prompt Ride Out conditions. After Ride Out conditions are lifted, recovery phase will begin. At the conclusion of recovery phase, operations will return to standard.
- b. Phase I – Trigger.
 - i. The following conditions will trigger the activation of the procedures:
 1. An issuance of the proper code from the Harris Health System. See Appendix A: Emergency Codes.
 2. Communication from Harris Health Emergency Management.
 3. Issuance of a weather warning from the National Weather Service.
 4. Discretion of a chief of service communicated through the LBJ Chief of Staff.
 - ii. In case of the issuance of a weather watch, each service gives notice to Ride Out teams to be prepared to enter emergency conditions.
- c. Phase II – Ride Out.
 - i. Definition. The phase of the emergency event in which traveling to or from LBJ Hospital is impracticable or dangerous.
 - ii. Ride Out conditions end when the emergency event has concluded and the code has been lifted from LBJ Hospital.
 - iii. The following is a list of services required to Ride Out.
 1. Emergency Medicine/Trauma
 2. Internal Medicine/Hospitalists/ICU
 3. Family Medicine
 4. Pediatrics
 5. Anesthesia
 6. Surgery
 7. OB/GYN
 8. Radiology
 9. Pathology

- iv. All other services not listed above do not require Ride Out procedures but are expected to provide normal coverage during the Recovery phase.
- d. Phase III – Recovery.
 - i. Definition. The phase of the emergency event in which the main emergency has dissipated but travel conditions may remain hazardous or encumbered.
 - ii. Recovery teams will make their best effort to relieve the Ride Out teams located at LBJ Hospital.
- e. Phase IV – Debrief
 - i. After the emergency event has concluded and operations return to standard procedures, the LBJ Chief of Staff will conduct an internal debrief to ensure the procedures and communication techniques employed are sufficient to meet the needs of the team.
 - ii. Additional debriefs will be held at the direction of Harris Health to discuss the support and communications within the LBJ Hospital and Harris Health system.

III. Action Plan (with advanced notice)

- a. Some instances of emergencies are predictable or, at least, advanced notice can be obtained. Instances include severe weather scenarios such as hurricanes or thunderstorms.
- b. Advanced notice situations can be predicted and therefore an activation trigger may not be met before services determine it appropriate to activate Ride Out teams.
- c. Specific Responsibilities.
 - i. The LBJ Chief of Staff will contact the Administrative Director who will contact the administrative support staff to provide updates.
 - ii. An Incident Command Medical Officer will be appointed and will be the primary lead for operations during the emergency situation.
 - 1. The Incident Command Medical Officer will be the primary point of contact for all services and will represent LBJ Chief of Staff and UTHealth Physicians at all meetings related to the emergency.
 - 2. The Incident Command Medical Officer has the discretion to shift physicians from low need areas to high need areas.
 - 3. The Incident Command Medical Officer will coordinate with Harris Health and LBJ Hospital to ensure that eating and sleeping arrangements have been made.
 - iii. Chiefs of service will ensure their services are prepared to “RIDE OUT” the ensuing emergency and report status to Incident Command Medical Officer.
 - iv. All services will be prepared to activate “RIDE OUT” and “RECOVERY” plan.
 - v. The Administrative Director will ensure that a Teleconference is established for UTHealth physicians which will be utilized at the discretion of the LBJ Chief of Staff.

- vi. The Communications Specialist will prepare Emergency Communications correspondence as required and distribute accordingly. Information provided will include:
 - 1. Updates to facility closures.
 - 2. Teleconference times and information.
 - 3. Other information as designated by the LBJ Chief of Staff or Administrative Director.
- vii. Each individual has the responsibility to remain cautious and aware of their own surroundings.

IV. Action Plan (without advanced notice)

- a. Some emergency situations are unpredictable or become emergencies so quickly that there is little to no time to reach a proper trigger before travel conditions become hazardous.
- b. In Without Advanced Notice emergency situations the current service team will remain in place and become the de facto Ride Out team.
- c. Responsibilities.
 - i. The LBJ Chief of Staff will contact the Administrative Director and determine who will become the Incident Command Medical Officer.
 - ii. The Incident Command Medical Officer will contact all service departments to determine staffing requirements and move support as required.
 - iii. The Chiefs of service will make contact with each of their services and ensure that the Incident Command Medical Officer and LBJ Chief of Staff are kept informed of critical information.
 - iv. All services will be required to Ride Out until emergency conditions are concluded and/or relief is available.
 - v. The Administrative Director will ensure that a Teleconference is established for UTHealth physicians which will be utilized at the discretion of the LBJ Chief of Staff.
 - vi. The Communications Specialist will prepare Emergency Communications correspondence as required and distribute accordingly. Information provided will include:
 - 1. Updates to facility closures
 - 2. Teleconference times and information
 - 3. Other information as designated by the LBJ Chief of Staff or Administrative Director.
 - vii. Each individual has the responsibility to remain cautious and aware of their own surroundings.

V. Clinic Procedures

- a. ACS leadership will determine if and when clinics remain open or closed.
- b. The Vice President of Operations for ACS will communicate the determination to the Directors who in turn communicate to the Nurse Managers and Service Chiefs.

- c. The team at the clinics are part of the recovery team and do not require Ride Out teams.

VI. Contact Information

- a. UTHealth Employees and students in Texas Medical Center
 - i. 1.866.237.0107
 - ii. www.uthealthemergency.org
- b. UTHealth Employees and Students in Harris Health Facilities
 - i. 1.888.305.2979
- c. Each individual
 - i. Radio Stations: KILT-AM 610, KILT-FM 100.3, KPRC-AM 950, or KTRH-AM 740
 - ii. Television Stations: KHOU 11, KHCW 39, KPRC 2, KRIV 26, KTRK 13, KXLN 45 and KTMD 47.
 - iii. Major Houston roadway conditions:
<https://traffic.houstontranstar.org/layers/>
- d. Teleconference Information (Chiefs and Medical Directors)
 - i. Dial - 713.486.6338
 - ii. Call ID – 694997620#
 - iii. Passcode – 1101#

Appendix A: Emergency Codes

