The Road to Recovery: Demobilization and Recovery Planning

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OBJECTIVES

1. Participants will learn the basic principles of hospital demobilization and recovery planning
2. Participants will describe the resources and tools available for demobilization and recovery planning
3. Participants will learn challenges to both demobilization and recovery operations in the acute care setting
WHAT NEXT?

We have weathered the storm:
• Saved the lives of hundreds of medical surge patients
• Restored water, power and gas lines
• Internet and phones are back on-line
• Repatriated patients

How do we get back to normal operations?

DEMOBILIZATION, TRANSFER OF COMMAND AND CLOSEOUT

Planning for demobilization and transition to daily operations can be the difference between chaos and a budget hit, versus efficient return to normal, or new normal

…Yes, we will continue to use the Incident Command System
START THE DEMOBILIZATION PROCESS

- When to demobilize
- Who decides/approves?
- What is the process?
- Who makes the demobilization plan?
- What is included?
- Hotwash/debrief
- After Action Report/Improvement Plan

WHEN TO DEMOBILIZE

The decision to demobilize is based on when incident objectives are met
WHO DECIDES TO DEMOBILIZE?

The Planning Section initiates the demobilization process, which includes the Demobilization Unit developing the demobilization plan.

But, the Incident Commander must approve the demobilization of critical resources identified by the command staff prior to demobilization.

WHAT IS THE PROCESS?

We will follow up on each of these items in subsequent slides:

- Complete the HICS 221 Demobilization Check-Out form
- Pull together the information, writing objectives, strategies and tactics, and needed resources
- Notification of command staff and other sections
Section Demobilization Checks

- Use as positions and resources are demobilized. The position and resources may only be released when the checked boxes are signed off, all equipment is serviced and returned, and all paperwork turned in to the Documentation Unit Leader.
- Respective Section Chiefs must initial their sections showing approval for demobilization.

PURPOSE: The HICS 221 - Demobilization Check-Out ensures that resources utilized during response and recovery has been returned to pre-incident status.

ORIGINATION: The HICS 221 is completed by Hospital Incident Management Team (HIMT) personnel designated by the Incident Commander.
**HICS 221 DEMOBILIZATION CHECK-OUT FORM (cont.)**

**COPIES TO:** Delivered to applicable command staff and Section Chief(s) for review and approval, then forwarded to the Demobilization Unit or Planning Section.

All completed original forms must be given to the Documentation Unit Leader. Personnel may request to retain a copy of the HICS 221.

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**HICS 221 DEMOBILIZATION CHECK-OUT FORM (cont.)**

**NOTES:** Hospital Incident Management Team personnel are not released until the form is complete and signed by their Section Chief.

If additional pages are needed, use a blank HICS 221 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.
HICS 221 DEMOBILIZATION CHECKLIST

HICS 221- DEMOBILIZATION CHECK-OUT

1. Incident Name

2. Operational Period (#)

   DATE: FROM: TO:

   TIME: FROM: TO:

3. Section Demobilization Checks

   Use as positions and resources are demobilized. The position and the resources may only be released when the checked boxes below are signed off, all equipment is serviced and returned, and all paperwork turned in to the Documentation Unit Leader. Respective Section Chiefs must initial their sections showing approval for demobilization.

   COMMAND STAFF

<table>
<thead>
<tr>
<th>INCIDENT COMMANDER</th>
<th>REMARKS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ All units, branches, and sections have been demobilized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ All paperwork has been gathered for review and development of After Action Report.</td>
<td></td>
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</tr>
<tr>
<td>□ Final message to staff, media, and stakeholders has been developed and disseminated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ All clinical operations have returned to normal or pre-incident status.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hospital Command Center and Emergency Operations Plan are deactivated.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEMOBILIZATION CHECKLIST:
Incident Commander

Incident Commander:

- All units, branches and sections have been demobilized
- All paperwork has been gathered for review and development of After Action Report
- Final message to staff, media and stakeholders has been developed and disseminated
- All clinical operations have returned to normal or pre-incident status
- Hospital Command Center and emergency operations plan are deactivated
### DEMOBILIZATION CHECKLIST: Public Information Officer

<table>
<thead>
<tr>
<th>PUBLIC INFORMATION OFFICER</th>
<th>REMARKS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Final media briefing is developed, approved, and disseminated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Final staff and patient briefings are developed, approved, and disseminated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social media is updated with current status.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Public Information Officer:
- Final media briefing is developed, approved and disseminated
- Final staff and patient briefings are developed, approved and disseminated
- Social media is updated with current status

### DEMOBILIZATION CHECKLIST: Liaison Officer

<table>
<thead>
<tr>
<th>LIAISON OFFICER</th>
<th>REMARKS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All stakeholders and external partners are notified of Hospital Command Center deactivation/return to normal operations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Liaison Officer:
- All stakeholders and external partners are notified of Hospital Command Center deactivation/return to normal operations
- Ensure regulatory agencies are notified
DEMOBILIZATION CHECKLIST: Safety Officer

<table>
<thead>
<tr>
<th>SAFETY OFFICER</th>
<th>REMARKS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Final safety review of facility completed and documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ All potential hazards have been addressed and resolved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ All sites/hazards have been safely mitigated/repaired and are ready to be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Appropriate regulatory agencies are notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ All safety-specific paperwork is completed and submitted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safety Officer:
- Final safety review of facility completed and documented
- All potential hazards addressed and resolved
- All sites/hazards have been safely mitigated/repaired and are ready to be used
- Appropriate regulatory agencies are notified
- All safety-specific paperwork completed and submitted

WHO MAKES THE PLAN?

This is a team effort:
- The Planning Chief is responsible, as in other incident action plans, for bringing the parts together
- The Incident Commander is responsible for approving it
- The Chiefs are responsible for getting it out to the branches and units
- The Liaison Officer is responsible for getting the message to our partners
RESPONSIBILITIES: Incident Commander

- Transfer the Incident Commander role back to daily hospital management
- Conduct a transition meeting to brief hospital CEO and management on the current situation
- Address any health, medical or safety concerns
- Address political sensitivities

RESPONSIBILITIES: Incident Commander (cont.)

- Assess the demobilization plan for gradual demobilization of the Hospital Command Center (HCC) and emergency operations according to the progression of the incident and hospital status
- Demobilize positions in the HCC and return personnel to their usual jobs, as appropriate, in coordination with the Planning Section Demobilization Unit
RESPONSIBILITIES: Incident Commander (cont.)

- Brief staff, administration and Board of Directors
- Approve notification of demobilization to hospital staff when the incident is no longer active or can be managed using normal operations
- Participate in community and governmental meetings, and other post-incident discussion and after-action activities

RESPONSIBILITIES: Incident Commander (cont.)

- Ensure post-incident media briefings and hospital status updates are scheduled and conducted
- Ensure implementation of stress management services for staff
- Ensure that staff debriefings are scheduled to identify issues
RESPONSIBILITIES:
Planning Section Chief

• Pull the pieces together
  • What are the objectives?
  • Strategies and tactics
  • Resources needed
  • Assignments
• Finalize the plan
• Get approval from the Incident Commander
• Get the plan out to the correct recipients

RESPONSIBILITIES:
Demobilization Unit Leader

• Submit demobilization plan to Planning Section Chief for approval
• Upon approval, distribute to all command staff and Section Chiefs
• Assist with communications to hospital staff to support Incident Commander’s decision to demobilize
• Ensure documents are preserved and coordinated with Documentation Unit Leader
RESPONSIBILITIES:
Demobilization Unit Leader (cont.)

- Revise the demobilization plan as needed
- Continue to assess the incident; recommend to Section Chiefs and Incident Commander the deactivation of positions as the incident decreases
- As objectives are met and needs decrease, return unit personnel to their usual jobs and combine or deactivate positions in a phased manner

RESPONSIBILITIES:
Demobilization Unit Leader (cont.)

- Ensure the return, retrieval and restocking of equipment and supplies
- Notify the Planning Section Chief when demobilization and restoration are complete
- Coordinate reimbursement issues with Finance section
- Debrief unit personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed
RESPONSIBILITIES:
Documentation Unit Leader

• If IT systems were offline, ensure that appropriate information is transferred into electronic systems
• Notify the Planning Section Chief when demobilization and restoration are complete
• Coordinate reimbursement issues with the Finance/Administration section

COMMAND STAFF
NOTIFICATION

After receiving approval from the Incident Commander, the Demobilization Unit will notify the logistics and finance sections of the upcoming demobilization

*Remember that demobilization is based on operations section objectives being met, so they are, more than likely, the first to know
RESPONSIBILITIES: Logistics Section Chief

- Facility cleaning and restoration
- Medical equipment certification
- Inventory supplies, equipment, food and water, and return to normal levels
- Check pharmaceuticals

RESPONSIBILITIES: Finance Section Chief

- Compile final response, recovery costs and lost revenues summary and submit to Incident Commander for approval
- Contact insurance carriers and initiate claims
- Process claims, time records and incident injury/stress claims
- Contact local government point-of-contact to inquire about FEMA reimbursement
RESPONSIBILITIES: Safety Officer

- Oversee safe return to normal operations
- Address any health, medical and safety concerns

RESPONSIBILITIES: Liaison Officer

- Include any important pieces in the plan
- Get the word out to partners
- Communicate with government point-of-contact
- Coordinate release of patient information with external agencies through the public information officer
RESPONSIBILITIES:
Public Information Officer

- Coordinate release of final media briefings and reports
- Coordinate release of patient information with external agencies through the Liaison Officer
- If facility was closed and now reopened, notify staff, other facilities, media and patient families
- Perception management

WHAT’S IN THE PLAN?

Just like the first incident action plan, there can be many parts to the demobilization incident action plan. Some parts include:

- HICS 204 Assignment List(s)
- HICS 215A Safety Analysis
- HICS 221 Demobilization Checklist

The Documentation Unit Leader will also be asking for many parts, such as HICS 252 Personnel Timesheets
How do I return items?

• Supplies and equipment
  - From facility cache or other departments
  - Response partners, neighboring facilities
  - County and state cache
• Pharmaceuticals
• Personnel
• Volunteers
• Other sister/neighborhood facilities

How do I get my stuff back?

• Equipment used in transport for evacuation (IV poles/pumps, gurneys, backboards, etc.)
• Ventilators
• Staff
• Patients
DOCUMENT PRESERVATION

Make sure you have all records:

• Send out reminders, then follow-up reminders
• Check for electronic, handwritten, emails, all electronic, fax, etc.
• Situation status reports, communication logs, all incident command system and hospital forms
• Consider transferring paper copies to electronic

TRANSITION TO BASELINE OPERATIONS

Sometimes it is simple … and sometimes it is not
RESCHEDULING PATIENTS

MAKING SURE STAFF IS OK

- Not just front-line personnel – a disaster can affect everyone
- Who is in your plan to make sure staff is okay (make sure they aren’t affected too)?
- Start with the basic needs being met and move up from there
- Don’t force, but have availability to all
LETTING THE PUBLIC KNOW YOU ARE BACK IN BUSINESS

- Social media
- Interviews
- Open house

DEMOBILIZATION AFTER EVACUATION

- Criteria and responsibilities for preparing facilities for reopening, and assuring resources and ability to provide appropriate patient care
- Certification by local authorities (e.g., public health, fire, government agencies)
- Legislated/regulatory considerations
- Corporate influence considerations
- Funding
DEMOBILIZATION AFTER EVACUATION (cont.)

Once the facility is ready:
• Patient repatriation
• Psychological considerations

HOTWASH/DEBRIEF

• What happened?
• The good, the bad and the ugly
• Do not only ask the “usual suspects”
AFTER ACTION REPORT/IMPROVEMENT PLAN

- Put it in writing
- After you make changes, test the plan again

DEMOBILIZATION REVIEW

- When to demobilize?
- Who decides/approves?
- What is the process?
- Who makes the demobilization plan?
- What is included in the plan?
- Hotwash/debrief
- After Action Reporting/improvement plan
Questions?

Thank you

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