

Chapter 12

Aligning Community Hospitals with Local Public Health Departments: Collaborative Emergency Management

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ABSTRACT

This chapter reviews the current organizational relationships between public health departments, local community hospitals, and medical centers as they relate to emergency preparedness and management. To examine their collaborative role, an analysis of legislative statutes, Joint Commission compliance mandates, professional accreditation standards, NIMS task force recommendations, and eligibility criteria for federal grants was completed. The information gleaned from this process was then synthesized to offer suggestions for developing positive collaboration outcomes. Reports from the three example stakeholder organizations suggest that positive changes in the level of community relationships have occurred. Continued maturation of emergency preparedness advisory boards, task forces, and coalitions also appear to have strengthened collaboration between the public and private agencies. To further encourage a systems model of collaboration, two strategies based on coalition capacity building are recommended. Leveraging gains made in community relationships over the past few years will continue to strengthen and improve emergency preparedness and management collaborations.

INTRODUCTION

The dramatic terrorist events of 2001 precipitated one of the largest government mobilization and response efforts in modern history. A primary national initiative involved the creation of a new

security infrastructure and the Department of Homeland Security to manage it (DHS, 2008). This unprecedented emergency preparedness (EP) program impacted almost every federal, state and local agency. Nearly ten years later, the national planning, implementation and management activi-

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ties continue to evolve as recent natural disasters have tested the newly designed plans and system protocols (TFAH, 2010). The daily reporting of the National Threat level, currently based on color coding, serves as a continuous reminder to both public and private entities that emergency management activities remain a necessity (Homeland Security Advisory System, 2011).

From an organizational perspective, the primary EP management impact has been the increased regulatory burden (DHS, 2011). Agencies, regardless of size, have faced a continuous flurry of mandates from various government agencies and accrediting bodies. What began as basic emergency preparedness planning and exercises, which initially focused on understanding the differences between an emergency and a disaster, have now been transformed into all hazard approach planning that requires skilled emergency management experts. The fundamental premise that forms the homeland security perspective is an EP planning focus for “exceptional” events. EP plans are commonly constructed using a scalable approach based on the theory that if the local system is overwhelmed, the response continues to escalate with additional larger agencies participating as the need dictates (FEMA, 2004, FEMA 2010). Consequently, all of the regulations and mandates that accompany these master plans impact federal, state, and local, infrastructures and relationships. Most importantly, these emergency planning documents frequently require community participation. Maintaining the overall health and security of the population is paramount.

Although all public, private and non-profit entities may participate, the two community organizations essential to any successful emergency management plan and system are the local hospital and the public health department. Together, they form a health infrastructure that serves as the foundation during normal times and crises. Although these entities co-exist in almost all communities,

it is the recent demands of emergency management planning that has revealed an opportunity to further align their relationships.

The purpose of this paper is to two-fold: First, to identify agency’s current EP regulations and mandates that may influence relationships between public health departments and community hospitals, and second, to examine ways of increasing emergency management collaboration to better align this essential public-private partnership.

BACKGROUND

A recent report by the Rand Center for Domestic and International Health Security examined collaboration between public health departments and hospitals between 2001 and 2003 (Davis et al., 2006). Using site visits, surveys, and data from the Surveys of Federal Preparedness Programs for Combating Terrorism, the researchers focused on two collaboration mechanisms; programming or process linkages and feedback mechanisms. Their findings indicated that at least 75% of the hospitals and local health departments surveyed had emergency response plans in place and that those plans addressed integration with local organizations including a list of contacts at local, state and federal levels. Fewer hospitals (65%) than public health departments (80%) reported conducting joint training with public health departments. These findings suggested a marginal improvement in both hospitals and local health department relationships on the examined criteria between 2001 and 2003. The researchers also concluded that pre-existing relationships were essential for enhancing coordination efforts between these two community health service organizations. The report also found that inflexible funding restrictions for collaborative activities are a barrier to more efficient and effective coalitions (Davis et al., 2006).

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