



Alberta Emergency Management Agency Summit

Alberta Health Services: Emergency / Disaster Management on the Move

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Fantasyland Hotel Conference Centre
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Overview

- Background: Integration and merger
- Magnitude and complexity of merger
- AHS Emergency / Disaster Management (EDM) Structure
- Foundational and ongoing initiatives
- Linkage to partners and stakeholders
- Challenges
- Conclusion
- Questions



Background

- May 15, 2008, Ron Liepert, Minister of Health and Wellness announced the creation of Alberta Health Services
- The organization brought together 12 formerly separate health entities in the province:
 - **Nine** geographically based health authorities
 - **Three** provincial entities; Alberta Mental Health Board, Alberta Alcohol and Drug Abuse Commission and Alberta Cancer Board.
- Ground ambulance service was added to the responsibilities of AHS in an announcement from AHW on May 30, 2008.
- EMS Services were moved from Municipalities to AHS effective April 1, 2009.



Restructure / Realignment Timeline

- AHS evolved and transitioned 2008 to 2009
- President and CEO, Dr. Stephen Duckett joined organization in April 2009
- June 2009 –AHS Strategic Plan approved
- July 2009 - New organizational structure in place
- July 2009 – cost cutting initiatives implemented
- November 2009 – Gene Zwozdesky appointed Minister of Health



Alberta Health and Wellness and Alberta Health Services

- What is the difference?
 - Health and Wellness sets strategic direction for the health system through:
 - Policy, legislation, and standards and administers provincial programs such as the Alberta Health Insurance Plan
 - Alberta Health Services delivers health services through:
 - Direct patient contact through health professionals facilities and programs



Alberta Health Services Zone Map



Magnitude

- The largest merger in terms of people , in Canadian history.*
- The largest merger in terms of number of organizations in Canadian history.*
- The largest simultaneous merger of health care organizations in history (as far as we can determine).

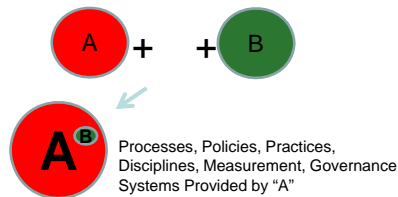
Rank	Value	Values (\$ Cdn Millions)	Target	Acquirer
1	2007	\$51,700	BCE Inc.	Madison Dearborn Partners, LLC Province Equity Partners Inc., Ontario Teachers Pension Plan
2	2007	\$40,950	Alcan Inc.	Rio Tinto Group
3	2007	\$35,468	Alcan Inc.	Alcoa Inc.
4	2006	\$19,873	Inco Limited	Companhia Vale do Rio Doce
5	2006	\$19,200	Falconbridge Limited	Xstrata plc
6	2009	\$19,180	Petrocan	Suncor
7	2006	\$18,760	Inco Limited	Teck Cominco Limited
8	2007	\$18,694	Reuters Group PLC	The Thomson Corporation
9	2003	\$15,000	John Hancock Financial Services Inc.	Manulife Financial Corp.
10	2005	\$12,800	Falconbridge Limited	Inco Limited
11	2005	\$12,601	Placer Dome Inc.	Barrick Gold Corporation

*Source: Crosbie & Company Inc. (6/2008)

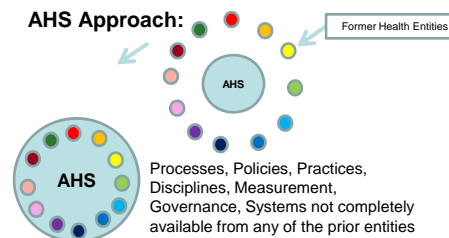
Complexity

- Few systems, processes, policies, practices, disciplines and measurement capabilities that could scale and support AHW needs

Normal Merger/Acquisition:



AHS Approach:



- Mergers are predominantly one organization merging with another.
- It is exponentially more complex to merge 12 entities simultaneously.

Organizational Complexities

- **Example: Human Resource / Payroll System**
 - A “simple” integration initiative
 - 90,000 staff paid bi-weekly, bi-monthly, hourly (180,000 plus pay cheque generated every month)
 - Approx. \$700M paid every month
 - 12 different processes/cycles
 - 12 different IT systems
 - 100’s of different union agreements/employment agreements governing rates, conditions, etc.
 - Linked to 48 different subsidiary systems (scheduling, reporting, security/access, time reporting, HR management)
 - Over 5,000 changes every month (hire, exit, change roles, change salary, etc.)

Organizational Complexities

- **GOALS** - *No mistakes, one touch, paperless, self service.*

Example: Hire a person is initiated by managers, all approvals electronic, automatic workflow to generate work orders to procurement, IT, HR, Payroll & Security

- **ISSUE:**
 - Using existing processes/systems would be most straight forward.
 - No one former entity has the people, processes or systems that could support all of AHS

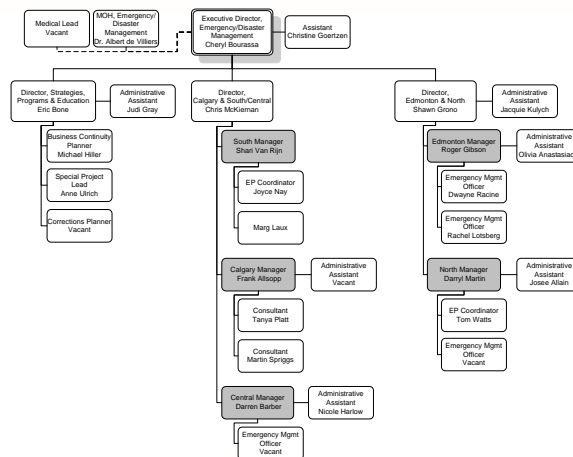


Emergency /Disaster Management (E/DM) Foundational Work

- Emergency/Disaster Management transitioned from 9 Regional Programs to a Provincial Program effective May 2009
- May 2009 - New provincial E/DM organizational structure created
- By June 15, 2009 – E/DM position profiles developed, positions posted and hired into



AHS Emergency/Disaster Management Organizational Chart



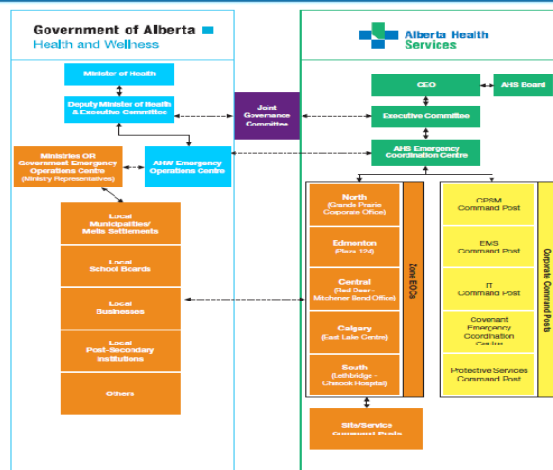


E/DM Foundational Work

- Created a Provincial Governance structure for AHS emergency response – June 2009
- Structure intended to be flexible and scalable
- Provincial “Command / Control Structure” comprised of:
 - Provincial “Emergency Coordination Centre” (AHS ECC) - Primary site in Calgary; secondary site in Edmonton
 - Five “Zone Emergency Operations Centres” (ZEOC)
 - Hospital and Corporate “Command Posts” (e.g. EMS CP)
- Provides linkage to AHW



AHS Response Governance Structure



Command /Coordination Centres

- Designated locations with supporting infrastructure (e.g. phones, IT ports, cable TV, emergency power, etc.)
- Utilize “Incident Command System” as organizational structure in all Centres
- Plans, checklists and forms in place
- *Site Command Posts or ZEOCs will serve as link for local authorities such as Municipalities, Airports, etc. (depending on the size of the event)*

AHS Emergency Coordination Centre





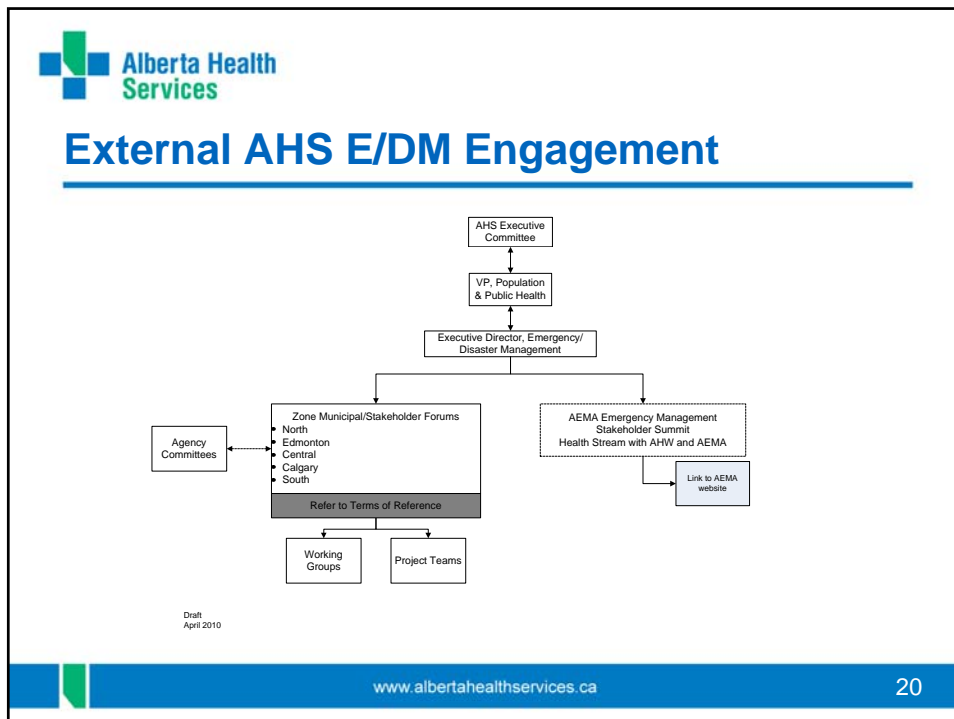
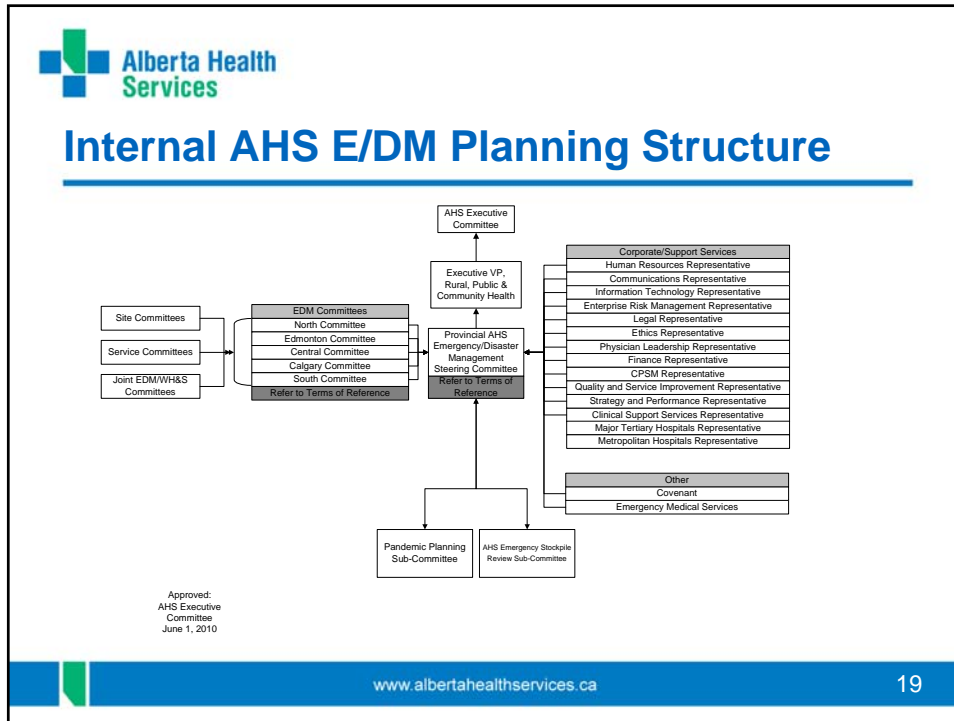
E/DM 24/7 On call

- April 1, 2010 – Provincial E/DM on call initiated (point of contact for other provincial emergency management groups such as AHW, ARRC, ERP, ASERT, Poultry Producers, etc.)
- ***For external agencies - Local emergency contacts for AHS have remained as they were prior to the inception of AHS (e.g. Local Administration on-call, MOH on-call, etc.)***
- Local On-Call supported by North / South Senior Admin. On call, Provincial Executive on call, and E/DM on call



E/DM Internal Planning

- June 1, 2010 – AHS Executive approved Provincial E/DM Internal Planning Structure and AHS External Engagement process
- Zone and Site / Service Committee meetings are ongoing
- September 28, 2010 – inaugural meeting of AHS E/DM Steering Committee
- October 9, 2010 – inaugural meeting of the ***new*** Pandemic Sub Committee



Other Foundational Work

- Development of an AHS Incident Management System document that outlines concepts and principles
- Formal Executive approval of ICS
- Development of an Enterprise Business Continuity Management policy directive and framework

Risk / Hazard Vulnerability Assessment


- Currently working with AHW and a Consultant to identify a Risk / HVA methodology for Health in Alberta
- Next step will be development of tools
- Critical Infrastructure assessments completed and being reviewed by ASSIST Analyst
- Wildfire site assessments completed this summer for all hospitals in AHS

Internal Planning Initiatives


- Standardized facility emergency response codes
- Code Policy approved
- Former Regional Plans remain in place; strategic review of each individual plan is underway to standardize processes
- Initial approved plans include “Violence in the Workplace” and “Hostage Incidents”
- New AHS Emergency Response Manuals, Code Cards and “Quick Reference Guides” to be distributed over next few months

Standard Emergency Response Codes

- Include:
 - **Code Blue (Cardiac Arrest / Medical Emergency)**
 - **Code Red (Fire)**
 - **Code White (Violence / Aggression)**
 - **Code Purple (Hostage)**
 - **Code Yellow (Missing Person)**
 - **Code Black (Bomb Threat / Suspicious Package)**
 - **Code Grey (Shelter in Place)**
 - **Code Green (Evacuation)**
 - **Code Brown (Hazardous Materials Spills)**
 - **Code Orange (Mass Casualty Incident)**



ID Pouch Cards




Emergency Response Codes

- Code Blue** Cardiac Arrest / Medical Emergency
- Code Red** Fire
- Code White** Violence / Aggression
- Code Purple** Hostage
- Code Yellow** Missing Person
- Code Black** Bomb Threat / Suspicious Package
- Code Grey** Shelter in Place / Air Exclusion
- Code Green** Evacuation
- Code Brown** Chemical Spill / Hazardous Material
- Code Orange** Mass Casualty Incident


Further direction per Site leadership. Plans available: Emergency Response Manuals, Colour Code Guides or local intranet - where available.

Emergency/Disaster Management Pocket Reference Guide 2010-V1




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Quick Reference Guide



EMERGENCY RESPONSE CODES
Quick Reference Sheet
Emergency / Disaster Management
September 2010

CODE*	When you encounter this code	YOUR RESPONSIBILITY and the health plan	What do you need to do?
CODE BLUE CARDIAC ARREST / MEDICAL EMERGENCY	Anyone who finds a patient in cardiac arrest or cardiac arrest		<ul style="list-style-type: none"> • Call for assistance/RRRIS • Call for help • Call ambulance or 911 • Start CPR (resuscitate and breathe)
CODE RED FIRE	Anyone discovering a fire or smoke		<ul style="list-style-type: none"> • Evacuate the area • Evacuate your client • Pull out and lock doors • Close windows • Close lockers • Close lockers • Close lockers
CODE WHITE AGGRESSION / VIOLENCE	Anyone who is threatened		<ul style="list-style-type: none"> • Act as a first aid responder to area
CODE PURPLE HOSTAGE	Anyone discovering the incident		<ul style="list-style-type: none"> • Notify Professional Services or Police • Contact site manager • Do not enter area of hostage taking • Refer to Emergency Plan or Emergency Response Manual
CODE YELLOW MISSING PERSON	Manager / Designate		<ul style="list-style-type: none"> • Notify Professional Services and site manager • Notify site manager • Notify site manager • Notify site manager
CODE BLACK BOMB THREAT / SUSPICIOUS PACKAGE	Anyone who identifies a bomb threat or finds a suspicious package		<ul style="list-style-type: none"> • Notify site manager • Notify site manager • Notify site manager • Notify site manager
CODE GREY SHelter in Place / AIR EXCLUSION	Administrative Services / Emergency		<ul style="list-style-type: none"> • Site leader • Close all windows and doors • Do not enter the building
CODE GREEN EVACUATION	Manager / Designate / Fire / Police		<ul style="list-style-type: none"> • Follow instructions • Evacuate as quickly as possible
CODE BROWN CHEMICAL SPILL / HAZARDOUS MATERIAL	Anyone who encounters a spill		<ul style="list-style-type: none"> • Stop at spill • Contact the spill as manager • Notify site manager • Notify site manager
CODE ORANGE MASS CASUALTY INCIDENT	Admin / Designate / Emergency / Administrative Services		<ul style="list-style-type: none"> • Refer to Emergency Plan or Emergency Response Manual • Bring in first aid kit and first aid kit

* These are the 10 Emergency Response Codes approved by AHS. These eight variations used by some former health regions are in the process of being implemented.



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AHS Community Based Planning

- Health Protection – Environmental Health
 - Oil and Gas Planning (Handbook on Role of Health in O&G Planning, Response, and Recovery)
 - Water Quality issues – Boil Water Advisories (BWA), sampling, shock chlorination, etc.
 - Environmental Issues – mold remediation, asbestos, etc.
 - Inspections – Evacuation / Reception Centres
 - Tools for planning – Donated Food Guidelines, specifications for evacuation Centres, etc.

Community Based Planning

- Health Protection – Communicable Disease Control
 - Mass vaccination Clinics
 - Infectious Disease outbreaks in congregate settings
 - Surveillance / tracking
 - Quarantine / Community isolation – responsibilities under Public Health Act
 - Working with Federal Quarantine Officers to meet requirements of WHO re dedicated quarantine facilities for all ports of entry.
- ** Under the Public Health Act, Medical Officer of Health may declare a state of PH emergency



Community Based Planning

- Other Community based services
 - **Home Care** – Personal Disaster Preparedness for clients, prioritization of client needs, response to Evacuation Centres
 - **Community Health** – mass vaccination, response to Evacuation / Reception Centres, support to alternate care sites, etc.
 - **Long Term Care / Designated Assisted Living** – required to have same code plans as Region, overcapacity plans for receipt of patients from acute care or evacuees from other Care Centres
 - **Mental Health** – partnership with other providers to support needs of a community, Rapid Response Teams for local crisis (e.g. Schools), response to Reception Centres as required, etc.
 - **Emergency Medical Services** – Works with AHS E/DM and contracted service providers, other First Responders (e.g. mass casualty, CBRNE, etc.



Emergency Equipment / Supplies

- A Provincial “Emergency Equipment and Supply Sub-Committee” has been established to:
 - create an inventory of all emergency equipment from the former Health Regions
 - manage the \$30M pandemic stockpile
 - develop consistent processes for sign out and utilization of equipment to address temporary system stresses, equipment maintenance and cleaning, etc.

Portable Isolation Containment System (PICS)



First Receiver CBRNe Program

- Introduced in the former Calgary Health Region four years ago
- Provides training to staff in Urban and Rural Emergency Departments and Urgent Care Centres
- Approximately 1200 Staff currently trained
- Former Capital Health (Edmonton Zone) have purchased supplies and PPE but program has not been rolled out as yet
- Business Plan has been developed relative to expanding the program provincially

CBRNe Equipment



- Personal Protective Equipment (PPE)
- Includes:
 - 3M Powered Air Purifier Respirator

CBRNe Equipment



- CBRNe Response Cart:
Urban
 - 12 sets of PPE
 - 50 Qwik Cover sets
 - Decon supplies

CBRNe Equipment

- CBRNe Response Cart
Urban/Rural UCCs and
Rural Hospitals
 - 8 sets of PPE
 - 25 Qwik Cover sets
 - Decon supplies



CBRNe Equipment



- Decontamination showers
- Stationed at each ED
- Urgent Care Centres
have smaller versions

Live Agent Decon Exercise

- Triage Nurse receives ambulatory casualty from EMS
- Casualty was radiated with Technetium 99m isotope for exercise purposes



Live Agent Decon Exercise

Second casualty was also radiated as a “Green” casualty

Wearing red “Quik Cover”



Live Agent Decon Exercise

- Non ambulatory casualty is surveyed by Nuclear Medicine Techs
- ED nurses conduct decontamination of live agent



Ongoing Challenges

- Competing with the multiple priorities in health care
- Education, training and exercising of 90,000 Staff
- Engaging multiple partners and stakeholders in planning and ensuring our plans are linked
- Increasing demands for services
- Committed but limited resources; danger of disconnects in planning within Health Care
- Further defining the roles and responsibilities of AHW, AHS and AEMA in all areas of Emergency Management

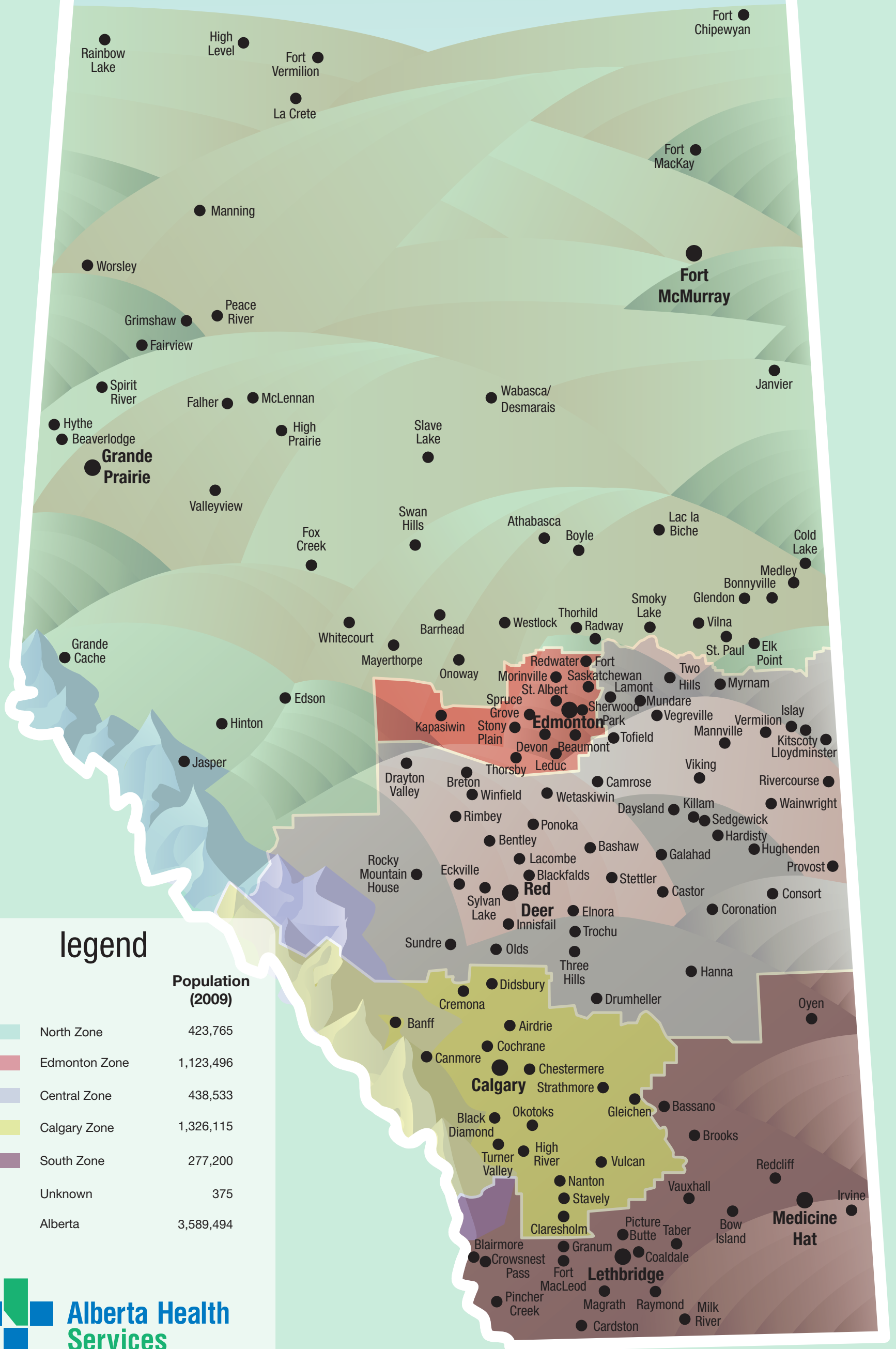
Future Direction

- Ultimate Goal:
 - To have a fully integrated Emergency Management System within AHS that is linked with the plans, roles and responsibilities of external stakeholders and partners.

Questions?



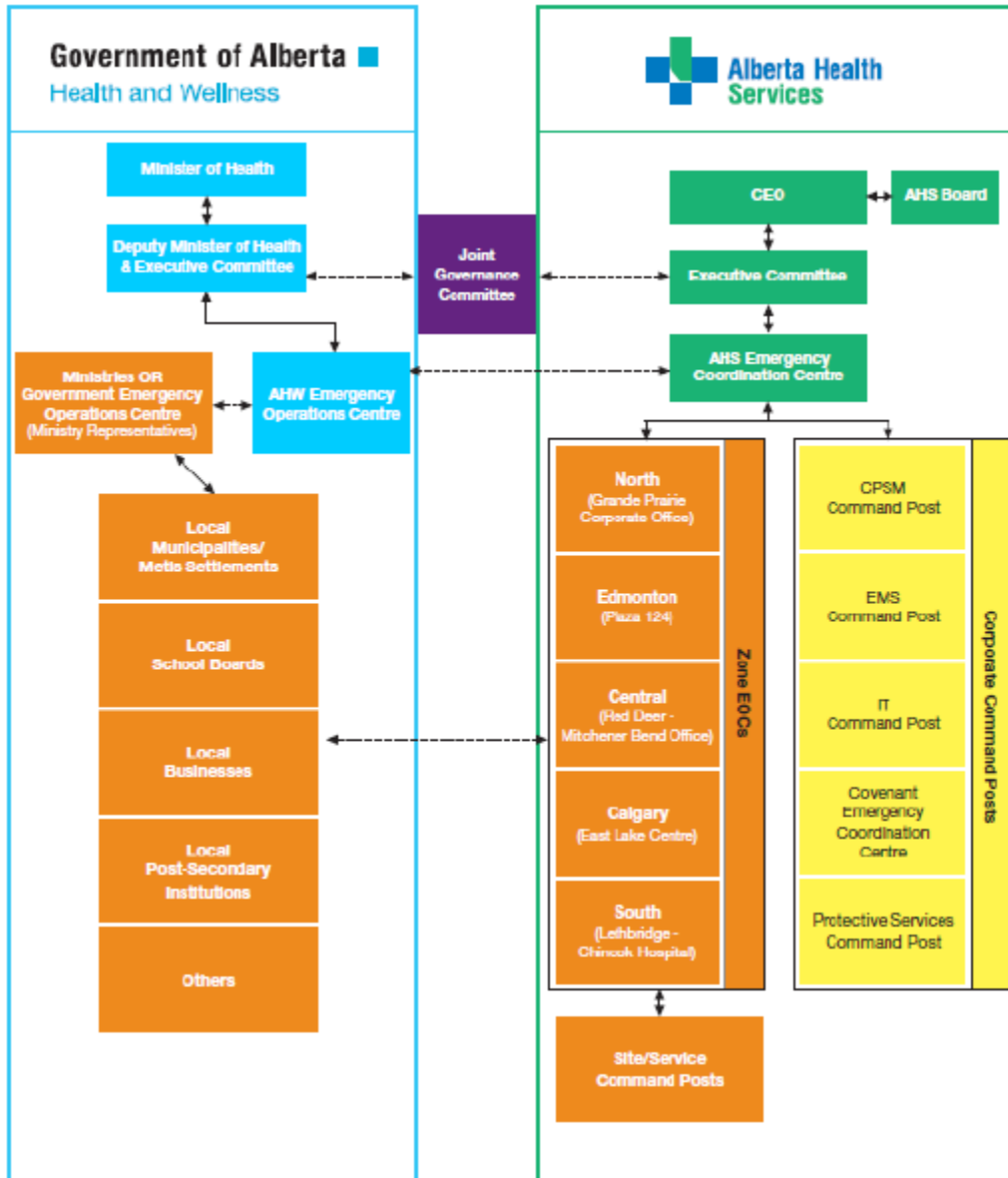
Alberta Health Services Zone Map



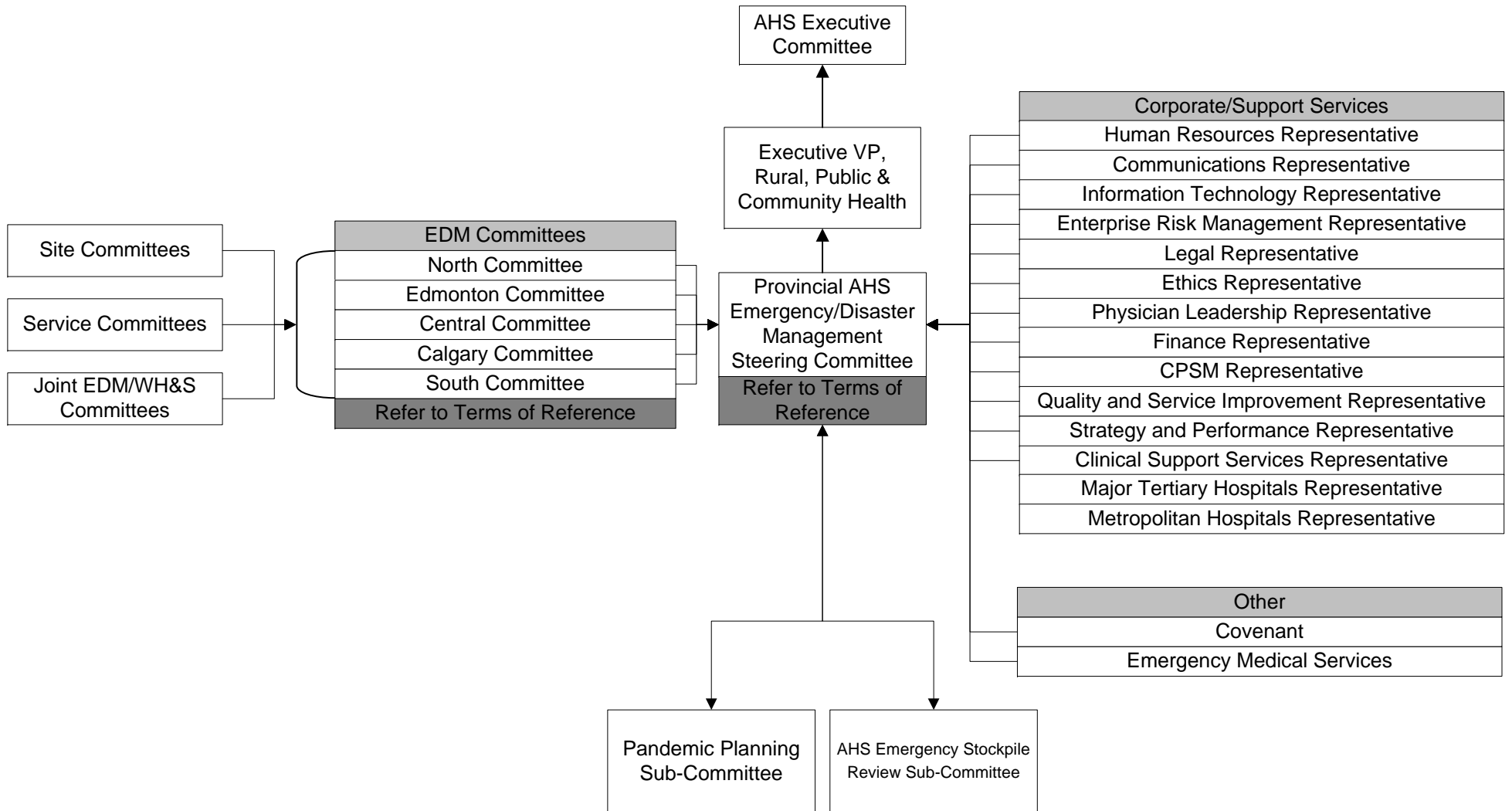
Legend

	Population (2009)
North Zone	423,765
Edmonton Zone	1,123,496
Central Zone	438,533
Calgary Zone	1,326,115
South Zone	277,200
Unknown	375
Alberta	3,589,494

AHS Response Governance Structure



Emergency/Disaster Management Internal/Partner Planning Structure



Emergency/Disaster Management External Engagement Structure

