

**Healthcare Emergency Mgmt. 201902-2T-DMM-649-2**

Discussion Board

Forum: Week 2 Discussion Board

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**Saleh Alyami**

3 days ago

HICS by Saleh Alyami

In healthcare emergency management, one of the most important aspects is the Hospital Incident Command System, also known as HICS. In the United States, the system is used for incident command within the healthcare system when emergency situations arise (Reilly & Markenson, 2009). It is implemented at the hospital level and is supposed to guide the manner in which the hospital responds to disasters or emergencies that may take place or be observed from time to time. HICS also helps hospitals to be well-prepared for disasters, improves their response times, and caters to events that had not been foreseen by the hospital administrators. When this happens, healthcare emergency management is improved, and this is critical for improved welfare and well-being of people in society in the wake of an emergency.

Operationalizing HICS is considered to be one of the most difficult things in healthcare emergency management. First, HICS requires proper governance and leadership to be in place at the organizational level. If this is missing, the goals of healthcare emergency management cannot be achieved. A hospital must possess competent leaders who can actualize and operationalize HICS. Secondly, HICS is associated with many risks and uncertainties. Determining the likelihood of society to be affected by a disaster or emergency is difficult, and this means that HICS is associated with many risks that may affect its ability to deliver various goals it promises to the healthcare system. Thirdly, HICS is difficult to operationalize since it requires additional investments for its goals to be realized. On certain occasions, hospitals are under a tight budget to invest in appropriate technological tools that are required to operationalize it.

During the implementation phase of HICS, there are bound to be several challenges that can be observed. One of the main challenges is poor planning. Planning for implementation should be undertaken at all times before the process commences (Jensen, & Waugh, 2014). When this happens, the hospital may determine what resources are need and the various roles that have to be played by each party during implementation. The second major challenge is inadequate funds. HICS implementation requires substantial investment by an organization. If such funds are not allocated, a hospital cannot gain the benefits that are associated with the system in enhancing healthcare emergency preparedness and management. The third challenge is poor testing of the system. Each hospital requires its HICS to be tailored in line with the

needs of the institution. If this does not happen, the implementation may fail or lead to ineffective practices in emergency management within the healthcare environment.

Several solutions can be developed to address some of the challenges that could face a hospital during the implementation of a HICS. One of the solutions is to ensure that the chosen system is compatible with the needs of the medical institution. Increased compatibility ensures that the system improves the ability of the organization to respond to disasters with relative ease. The second solution would be to ensure that funds are set aside for the implementation. Doing this requires management at the hospital to be ready to seek funds from the various stakeholders. It may do this by sensitizing them about the need for HICS in the healthcare system. The hospital must also ensure that professionals in disaster management are employed to spearhead the implementation of the system (Reilly, & Markenson, 2010). If these solutions are adopted, a hospital would be well-placed to ensure the successful implementation of the HICS.

Training in HICS should be for certain parties within the healthcare setting. One of the main groups of people that need to be trained is medical staff. They include physicians, nurses, and other members of the technical staff whose roles are needed when the hospital is responding to a disaster or emergency. The second group that needs to be trained as supportive members of staff within the healthcare setting include cleaners, security guards, and other people who ensure the effective functioning of a medical facility. These individuals ensure that when

there is an emergency, the facility is in great shape to help overcome the disaster that has affected society and its people.

Different members of staff should receive differentiated levels of training. Doing this is critical since each member or group of the workforce plays different roles when a disaster or emergency strikes. For example, physicians need to be trained on measures to take when dealing with patients who have been injured in a disaster. Such training cannot be offered to technical members of staff since they may not be required to handle patients who may have been injured during the disaster. As a result, different forms of training need to be considered for various members of the workforce.

In conclusion, the implementation of a HICS in the healthcare system is something that is critical for every medical facility. Such implementation should only happen after careful planning has taken place to ensure that patient outcomes are included in the case of a disaster at the community level.

References

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Chapter 9: Functional Roles of Hospital Workers in Disasters and Public Health Emergencies

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Molly Basilio

1 hour ago

RE: HICS by Saleh Alyami

Saleh,

Comprehensive post. You mention that different levels of training should be provided to different hospital employees. Could you expand a little more on this? If you were creating a training program, where would you personally draw the line on who gets training and who doesn't? Full time vs part-time? At a certain certification level? Additionally, how would you differentiate training between medical and support staff like you mentioned? I look forward to reading your thought process behind the training decisions.

You mentioned funds in your post and I'd like to direct the class's attention to an article that I found which identified a virtual simulation software to troubleshoot potential issues during a disaster. Essentially the algorithm can be used to identify bottlenecks in the hospital's supply-chain under surge/disaster conditions, and modify to reflect resource availability (Carenzo et al., 2018). As technology becomes better it can be used to facilitate disaster

drills in the hospital, which could potentially reduce the number of exercises needed to streamline operations.

- Molly

Carenzo, L., Ragozzino, F., Colombo, D., Barra, F., Della Corte, F., & Ingrassia, P. (2018). Virtual Laboratory and Imaging: an online simulation tool to enhance hospital disaster preparedness training experience. *European Journal of Emergency Medicine: Official Journal of the European Society for Emergency Medicine*, 25(2), 128–133. <https://doi.org/10.1097/MEJ.0000000000000421>

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