**Integrated Emergency Management**

**A Case Study on Incorporating Pennsylvania Healthcare Coalitions**

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**February 23, 2019**

**Background**

An integrated emergency management concept has been documented for many years. The Federal Emergency Management Agency (FEMA) developed the Integrated Emergency Management System (IEMS). FEMA documented the IEMS in FEMA IEMS Process Overview of 1983. The background of IEMS was an objective by FEMA as early as the start of the federal agency. The organization wanted not just to incorporate an all-hazard plan but also wanted state and local emergency preparedness organizations to follow suit in the same concepts of how to respond to disaster and how to develop a comprehensive emergency management plan in mitigation, preparedness, response and recovery. The Process Overview (1983) describes the IEMS as FEMA has high expectations for the program. Recognizing that it is not an immediatepanaceafor all the problems facing the emergency management community, we

believethat an integrated approach, encompassing all hazards, is the most effectiveway to accomplish FEMA's emergency management missions(FEMA.IEMS.1983).

 Since 1983, FEMA development has been expansive. With a plethora of additional guidelines and policies through federal agencies and congress, FEMA’s objectives have become more defined with IEMS. Until September 11, 2001 when the world stopped as two hijacked planes crashed into the World Trade Center buildings. The aftermath brought a change to how FEMA and other federal agencies respond in a disaster. One of those changes was the development of the Department of Homeland Security.IEMS was put to the forefront and adjusted its goals. According to a report by U.S. Navy Capt. Albert F. Lord Jr. (2004), the goals of the “integrated emergency management system” are:

• Fostering a full federal, state and local government partnership

with provisions for flexibility at the several levels of government in order to achieve common national goals.

• Emphasizing the implementation of emergency management

measures which are known to be effective.

• Achieving more complete integration of emergency management

planning into mainstream state and local policy-making and operational systems.

• Building on the foundation of existing emergency management

plans, systems and capabilities to broaden their applicability to the full spectrum of emergencies(Lord. 2004. p4).

Since 2001, policies and procedures including presidential directives have promoted additional integration and cooperation at the local, state, and federal levels. Acceptance of the National Incident Management System (NIMS) and Incident Command System (ICS) at the local, state, and federal agency levels for planning on emergencies and disasters. The *Homeland Security Directive 5*, requires federal departments and agencies to make adoption of the NIMS by state, tribal and local organizations as a condition for federal preparedness mandatory beginning in FY2005. The availability of this grant money can make a significant difference in the ability of emergency management agencies to improve their interoperability communications and infrastructure to better prepare for disasters and incidents (HSPD5, 2004).

The IEMS concept was for assisting local and state governments in being more prepared by giving incentives to do so. According to the IEMS (1983) document it states:

FEMA is continually reassessing the delivery of program funds and technical

assistance in an attempt to become more responsive to State and local emergency

management needs and to reduce the number of response plans required

without sacrificing program integrity. The agency believes that the most

effective way to do this is through increased emphasis on developing the

common and unique capabilities required to perform specific functions across

the full spectrum of hazards, rather than focusing on the requirements of

specific hazards. The approach FEMA is taking to accomplish this reorientation

is characterized by the Integrated Emergency Management System (IEMS).

The goal of the system is to develop and maintain a credible emergency

management capability nationwide by integrating activities along functional

lines at all levels of government and, to the fullest extent possible, across

all hazards.

**Evolution of IEMS and Regional Counter Terrorism Task Forces**

IEMS has been evolving since its inception. Local, state, and federal agencies have incorporated their emergency management plans with the goals and concepts of the IEMS. Since the late 1990s and early 2000s, the development of Joint Counter-Terrorism Task Forces (JCTTF)in the country occurred. There are nine (9) Regional Counter Terrorism Task Forces in the Commonwealth of Pennsylvania. The East Central Task Force (ECTF) describes itself as: One of nine Regional Homeland Security Task Forces in Pennsylvania, the East Central PA Regional Task Force (ECTF) was formed in 1998 in response to the growing threat of the use of Weapons of Mass Destruction (WMD) and the regional effect of a potential incident. Today, the ECTF provides “All Hazards” planning, mitigation response and recovery services to citizens in the following Pennsylvania counties of Berks, Columbia, Luzerne, Montour, Northumberland, Schuylkill, and Wyoming. (ECTF. About. n.d.)

**The Incorporation of Healthcare Coalitions**

All nine task forces have subcommittees for various response agencies. Those response agencies come together to network and discuss problems and issues they are facing in the community with regards to terrorism and emergency preparedness. One of the required subcommittees established in the task forces is the Health and Medical Subcommittee (H&M). The H&M subcommittees were devised of four major areas to communicate together

* Hospitals and Healthcare Facilities
* Emergency Management Agencies (State, County, and Local)
* Public Health Departments
* Emergency Medical Services (EMS) Councils

These organizations come together still to this day to coordinate and plan for disaster under the guise of the integration of emergency management concepts. As of 2016, The Pennsylvania Department of Health’s (PADOH) Bureau of Public Health Preparedness (BPHP) altered the model of the Hospital Preparedness Grant (HPP) funding through the Assistant Secretary for Preparedness and Response (ASPR) from single source hospitals to a coalition model where funds would be allocated for the good of the group, not just acute care facilities. The HPP funding set requirements that the coalitions must have approved plans, training, and exercises that conform to the federal guidelines to receive further funding. ASPR defines a healthcare coalition as useful for all phases of Comprehensive Emergency Management, but its primary mission should be to support healthcare organizations during emergency response and recovery. An element of this mission is promoting integration of Coalition member organizations into the broader community response(ASPR. MSCC, 2004).The U.S Department of Health and Human Services (HHS) provided information on integration of the Healthcare Coalitions and IEMS. In the Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery (2009) it states:

For the Healthcare Coalition to achieve its desired functionality during incident response, it must have the capability to address the time stresses and uncertainty of major healthcare emergencies. The processes used to coordinate preparedness activities often are not conducive to the emergency context. Instead, response methods in this handbook are based upon those set forth in the Incident Command System (ICS) and the National Incident Management System (NIMS). The recommended response platform for the Healthcare Coalition can become immediately operational at all times, can focus on the Healthcare Coalition’s tasks as its primary mission, can expand as necessary to support its member organizations, and can sustain operations over time. (MSCC, 2009. pV).

These documents stress the need for IEMS by local, state, and federal agencies to come together, but also acknowledges the Healthcare Coalitions are also key stakeholders in preparedness and response to emergencies and needed to be on the same page as the emergency management coordinators at all levels of response.

 Further federal regulations have assisted with expanding the healthcare coalitions directly and indirectly. For instance, in September 2016, the Centers for Medicare and Medicaid Services (CMS) formed the Emergency Preparedness Rule. According to CMS, the purpose of the rule is to establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

* Requirements will apply to all 17 provider and supplier types.
* Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
* Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program.(CMS. EP Rule. n.d.)

CMS EP Rule gave healthcare coalitions a wider breathe to include additional healthcare providers. By giving the healthcare coalitions additional members, it also furthered the IEMS concept by training additional organizations in NIMS and ICS. For instance, the Northeast PA Healthcare Coalition (NEPA HCC) uses the Hospital Incident Command System (HICS), an ICS platform that assists healthcare facilities with managing their incidents. HICS derives from ICS model FEMA has developed. The NEPA HCC conducts HICS trainings for all members of the coalition to assist with managing and mitigating their incidents at the facility and to coordinate and liaison with local first responders and emergency management. It is also used to respond to and mitigate the incident in a more efficient manner by establishing overarching objectives that the local, county, and federal partners understand.

**Conclusion**

 Integration of an Emergency Management System has been a key factor in streamlining communications and planning response efforts from federal, state, and local partners. Although healthcare coalitions have been in practice since the early to mid-2000s, Pennsylvania has just started to form their Healthcare Coalitions since 2016. Over the past decade, policies and guidelines from federal and state partners have assisted in giving the healthcare coalitions a seat at the table knowing healthcare is a key component in saving lives during an emergency or disaster. Also, recent policies and guidelines on federal and state levels have come out to indirectly and directly strengthen the healthcare coalitions such as the CMS EP Rule that has given various healthcare agencies responsibility to manage disaster at the facility level rather than relying on other agencies for assistance. With further guidance from FEMA and ASPR at the federal level, healthcare coalitions are eager to comply and respond as grant money and reimbursements from disasters are rewarded when integrating with the whole community and additional stakeholders.

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