Objectives

- Review implementation of a standardized armed aggressor policy across a large health system
- Employee training
- Verifying implementation
Our Corporate Community

Disaster Response

- 2001- Amerithrax
- 2005-Hurricane Katrina
- 2008- Hurricanes Gustav and Ike
- 2009- H1N1 Pandemic
- 2010- Haiti Earthquake, Nashville, TN Floods
- 2011- Hurricane Irene
- 2012 – VA Severe Weather, Aurora, CO, Hurricanes Isaac and Sandy
- 2013 – Nashville HazMat, KC Snowstorms, OK Tornados, TDoS Attacks

In the Beginning

- A survey conducted in 2008 showed only six hospitals had an active shooter policy

"Under no circumstances are staff, patients and visitors to flee from the area or leave the facility unless instructed to do so by law enforcement officers or to protect themselves from imminent physical dangers."
In the Beginning

• A team was formed to develop a model active shooter and hostage policy
• Policy was not mandatory
• Placed on the HCA Code Ready Site

By 2009, 16 hospitals had adopted the policy
• 4 held active shooter exercises
• But we still had this:
  "Under no circumstances are staff, patients and visitors to flee from the area or leave the facility unless instructed to do so by law enforcement officers or to protect themselves from imminent physical dangers."

Then

• Aurora Colorado Shooting: July 20, 2012
• Sandy Hook Elementary School Shooting: December 14, 2012
Leadership

- By failing to prepare, you are preparing to fail.
  — Benjamin Franklin

- We are all born ignorant, but one must work hard to remain stupid.
  — Benjamin Franklin

January 2013

- Executive Team Meeting
  - Need for a standardized policy
  - Incentives
  - Verification of implementation
  - Leadership Responsibility
  - Company-wide; both clinical and non-clinical sites

The Plan

- 90 Days to Implement
  - Adopt Policy
  - Training for all Staff
  - Facility Executive to Sign Attestation
  - Policy and Attestation posted to facility Code Ready page
Roll-Out

- Message from
  - Sam Hazen, President of Operations
  - John Steele, Senior Vice President, Human Resources

Verification

- Policy and attestation verified on Code Ready site
- Non-Compliant facilities were called by Group President

Incentive

- Premium Credit given to facilities holding an exercise within 6 months
  - 100% participation
Two Policies

• Clinical and Non-Clinical

Maintaining the Program

• It’s great to implement a plan, but tougher to maintain it
  — Annual competencies
  — Newsletters
  — Orientation
  — Training video

Corporate EOC Model
Management and Decision Making Process

- Goal: More hands on patients
- When hospital EOC activated, Division notified-POC
- Division sends notification to Corporate-POC
- Division coordinates response among local HCA assets
  - Movement of patients, supplies, or staffing
- Division pushes requests to Corporate it cannot fulfill
  - Air assets, out of state movement of patients, disaster stockpile supplies
- Corporate assists in coordination of response and assists in decision making process

The HCA Hope Fund

- The HCA Hope Fund is an employee-run, employee-supported 501(c)3 charity
- The goal of the HCA Hope Fund is to help HCA employees and their immediate families who are affected by financial hardship. This includes disaster, extended illness/injury, domestic violence, death of a loved one, and other special situations.
- Governed by an independent Board of Directors comprised of employees from across the country.
Take Aways

• Executive Leadership is the key
• Standardization when possible
• Incentives, Verification
• Maintenance

Questions

• Thank you for all you do in keeping our patients and staff safe!

Scott Cormier, Director
Emergency Preparedness & Management
HCA-Hospital Corporation of America
One Park Plaza, Bldg. 2-4 West
Nashville, TN 37203
(615) 344-5776 office
scott.cormier@hcahealthcare.com