Use of a Structured Emergency Management Training Protocol in a Post-Acute Care Setting

PURPOSE
The focus of the project was to increase the number of post-acute leaders, who have completed emergency management training in order to satisfy regulatory requirements.

BACKGROUND
Hospital leaders must prepare for a variety of internal or external events that cause enough disruption to force normal operations into crisis mode. Regulations for preparedness are required by CMS, TJC, and CARF. Sheltering mobility and cognitively impaired patients requires additional planning.

METHODOLOGY
The project intervention included providing a structured disaster training protocol specifically targeted to post-acute leaders working in a skilled nursing unit and an inpatient rehabilitation unit. The protocol included an introductory inservice, successful completion of four FEMA online training modules, and participation in two table top exercises. The inservice was designed to expose leaders to emergency management in post-acute care areas and the brief table top exercises were developed to highlight specific post-acute care scenarios and set realistic expectations for the probability of an event occurrence.

RESULTS
The study showed the number of post-acute leaders with emergency management training increased from 0%-92%. Additionally there was a statistically significant increase (paired t-test p<0.001) in the participants’ ability to retain knowledge from the training as well as an increase from 35%-90% in the ability to complete critical tasks in the table top exercises. Finally, there was a statistically significant increase (paired t-test p<0.001) in the participants’ perception of their emergency management preparedness at the completion of the training. The project demonstrated that post-acute leaders were able to successfully complete emergency management training and apply the knowledge that they had learned.

IMPLICATIONS
Hospital Incident Command Systems are designed as an all hazards approach and should be used in training for the risks identified in a hazard and vulnerability analysis. The success of this training program shows that emergency management training should not be limited to upper administration. Leaders from acute care and post-acute care areas should be brought together for training, planning, and mitigation. Leadership can use the same skill set to manage planned and unplanned incidents.