

# The importance of a dedicated emergency manager in a U.S. hospitals

## Abstract

Hospitals in the United States have been required to have emergency operations plans, policies, and procedures on the books for many years, but there has never been a requirement to employ a fulltime dedicated emergency management professional on. Most hospitals task an employee with the role of emergency manager in addition to their day to day responsibilities, such as the security or safety director, leaving them little to no time to actually function as the emergency manager. Post 9/11, emergency preparedness planning and procedures, especially in healthcare organizations, has grown exponentially and has contributed too many hospitals employing a dedicated individual to serve as the organizations key planner. Hospitals are affected by crisis and disaster like any other organization, sometimes more simply because of the services they provide. During a public health crisis, such as a pandemic influenza or other infectious disease outbreak, hospitals will be inundated with patients and they must have the plans in place to mitigate these circumstances. A dedicated emergency manager can utilize 100% of their time working on crisis and disaster management as opposed to having to find time to squeeze these tasks in amongst their other functions within the organization. In many cases, such as in a large healthcare system or network, there may very well be the need to employ several emergency managers who can make up a department with it's own budget line like an ambulatory surgery unit or outpatient clinic would. Planning for natural, man-made, and public health disasters is a critical role in the overall operations of any hospital organization and as such, the position should be mandated as a primary function opposed to mandated, but optional as an additional responsibility.

**Keywords:** hospital, emergency manager, preparedness, disaster, healthcare, planning, dedicated, crisis, ebola, influenza

Volume 4 Issue 1 - 2016

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**Received:** January 15, 2016 | **Published:** January 29, 2016

## Introduction

In the post 9/11 world disaster preparedness is becoming more of a necessity in a variety of organizations and hospitals are not immune. Prior to 9/11, most hospitals only possessed the mandatory emergency operations plan, commonly referred to as “the Red Book”, but no true emergency management program, let alone an actual emergency manager. In many cases, hospitals would assign the emergency management and disaster preparedness functions to the safety officer or head of security, which is like having the head chef also sweep the floors and make the beds.

September 11, 2001 will always be known as one of the worst days in American history, but like most horrifying and shocking events, some good has come of it. According to Ben Scaglione “the events of Sept. 11, 2001 changed the rules of hospital emergency preparedness. More than a decade later, the rules are still changing, driven by multiple high-profile events that have highlighted the important role of health care facilities in disaster response”.<sup>1</sup>

This poses the question, do hospitals have the need to employ a dedicated emergency manager? The very chort, biased, and easy answer is YES! But why? When an employee of any organization “wears multiple hats”, which is to have responsibility over a variety of functions or departments, there will always be conflict. When a hospital employee who also holds the additional role of emergency manager is tasked with decisions related to a disaster, crisis, or other event there will always be a question looming of what to do. In order to

make strategic decisions that will impact the organization, especially in a positive manner, there must be negotiations and identification of outcomes.<sup>2</sup>

An dedicated emergency manager will have one function and one function only and that is to manage the emergency. During a crisis, especially one involving public health such as a pandemic, hospitals will be the safe haven that most people will look to for assistance such as information, screening, and treatment. During the Ebola scare in the United States in 2014 hospitals across the country were put on high alert and planning for Ebola detection, isolation, and treatment became the number one priority for hospital emergency managers.

In an October 2014 article titled “Are U.S. Hospitals Prepared for the Next Ebola Case” Kristen Steven, the former director of emergency management for NYU Langone Medical Center in New York City, stated “every hospital needs to be prepared for a patient arriving with Ebola-patients are still going to go to the hospital that they normally go to if they're sick”.<sup>3</sup> Relying on a hospital employee who already has a slew of responsibilities, subordinates, or departments to perform these tasks during a public health emergency is essentially setting the hospital up for failure. Kristen Steven also noted “we also need to look at how we plan to allow for more variability in the diseases that we're facing. Everybody spent so much time planning for pandemic flu, and then Ebola came up and hit us from behind”.<sup>3</sup> What this tells me is that not only should there be a dedicated emergency manager, but moreover an entire emergency management department employing a variety of experts who can focus on the many hazards that effect the

organization. All hospitals have some form of an infectious disease department, many with multiple staff members, but not many have a large emergency management department housing a multitude of disciplines like public health, logistics, and planning experts.

A good example of a healthcare system with a dedicated emergency management program is Sanford Health. Sanford Health is an integrated health system based in Sioux Falls, South Dakota, and Fargo, North Dakota, and is broken up into four main regions across the two states. Sanford Health is the largest rural, not-for-profit health care system in the United States with locations in 126 communities in nine states. The emergency management program at Sanford Health is one that is unique because the organization is so large and employs staff who are solely responsible for emergency management functions and other staff who have emergency management responsibilities in addition to their normal jobs.

According to Greg Santa Maria, who is one of the emergency managers for Sanford Health, “The Sanford Health Emergency Management program in the Sioux Falls Region has grown into a robust process? Each hospital facility has an emergency management coordinator who is a member of the Sioux Falls Region Emergency Management Committee”.<sup>4</sup> Mr. Santa Maria further explains that “the emergency management responsibility in many of the facilities is not the primary job, and sometimes new hires have little to no background in the realm they are taking over”.<sup>4</sup>

In order to make the emergency management program at Sanford Health so successful, Mr. Santa Maria and his team provide 261-hour training to any staff member who has responsibilities related to emergency management, not just those who are dedicated emergency managers. The 261-hour educational process is a “combination of FEMA online training as well as classroom training. This interaction gives the participant a standard knowledge base in emergency

management structure and function from a national level. It is then integrated into the Sanford region’s operational process”.<sup>4</sup>

## Conclusion

In conclusion, emergency preparedness and disaster management in hospitals is not a new task, but rather an ever changing one. After the events of 9/11, Hurricane Katrina in 2005, Hurricane Sandy in 2012, the pandemic influenza flu outbreak in 2009, and the Ebola scare of 2014 we have seen time and time again that public health preparedness is imperative and hospital emergency management is a vital function in the safe treatment of patients and sustainability of an organization. The question should now change from do hospitals have the need to employ a dedicated emergency manager to why are hospitals not mandated to employ a dedicated emergency manager?

## Acknowledgements

None.

## Conflict of interest

The author declares no conflict of interest.

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