

## Incident Command Overview

- Provides a structure and framework for managing a crisis situation.
- Develops weekly objectives to guide the team; i.e.
  - Determine capacity objectives for the Nw using predictive algorithms
  - Develop plans to meet capacity objectives
  - Maximize testing capacity using Lilly, ISDH, MACL
  - Determine alternative PPE supply avenues to meet needs
  - Deploy PPE conservation strategies
  - Enhance caregiver support
- Key elements of success
  - Organize & distribute the work; minimize duplication and overlap of effort; facilitate agile, responsive decision making
  - Push decisions to the lowest possible level within guidelines established.
  - Ensure decisions are documented and easily accessible for reference
  - When questions arise:
    - Check written or SME resources to see if decision already made
    - If new questions arise, turf to appropriate group to vet and allow timely decision making. EX: question on PPE use; pose question to IP resource assigned to the area; that resource brings to the PPE group; Medical Section chief either authorizes decision or brings forward as needed to Incident Command.
  - Direct, horizontal communication is encouraged and expected. Provide the information directly to the person who has responsibility in that area. If specific needs are not being met; request should be made directly to group designated to supply that need. Unmet critical needs should be identified jointly and escalated up the incident command chain.
- Suggestions for focus on Operations/Clinical daily 7 AM call:
  - Quick status report of anything significant that is not in the dashboard; what leaders need to know to guide their work today.
  - Identification of new major issues of concern, that have emerged in the past 12 hours.
  - Other ongoing issues should have already been turfed to the appropriate section; that Section Chief will facilitate decision making and elevate to Incident Command as needed.
- We all have to give each other grace as we work together to figure out how to best work within this structure. It will continue to improve with time.

## **Section Chiefs**

Acute Operations Chief –

- Organizes crisis response for acute facilities

Ambulatory/Retail Operations Chief –

- Organizes crisis response for ambulatory/retail operations

Medical Section Chief –

- Ensures the necessary clinical decisions are made to support the crisis response. Includes the infectious disease and PPE teams.

#### Planning Chief –

- Creates short and long term plans to support crisis response; i.e. predictive modeling of patient volume scenarios. Works with operational leaders to plan for specific patient needs; i.e. ED capacity, ICU capacity, inpatient capacity, ventilator need, etc.

#### Logistics Chief –

- Organizes activities to ensure the materials needed to respond to the crisis are available when needed. Includes the Central Staffing Office and redeploying caregivers to needed areas.

#### Human Resources Section Chief –

- Supports caregiver needs directly related to the crisis; i.e. caregiver wellbeing, total rewards (comp/benefits/child care), providers, talent acquisition

#### Finance Section Chief –

- Includes supply chain and capturing data to ensure ability to access government and insurance reimbursement.

#### Public Information Officer –

- Serves as the conduit of information to internal and external stakeholders

#### Safety Officer –

- Ensures the health and safety of patients, caregivers and visitors; identifies, monitors and mitigates hazardous conditions.

#### Network Executive Committee

- Incident Command provides daily reports, brings recommendations for decision making, confirms direction and focus.
- Anne Murphy also is present to facilitate information flow with government officials.

#### Research –

- Each section has a designated research support person to ensure we are staying up on developments and innovations in that area.

*3/26/2020*