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