

# The Kaiser Permanente Medical Group Incident Command Document

Our entire management system has shifted to COVID, everything, including daily tiered huddles, stat exchanges, etc. We suspended performance review meetings and most Strategic initiatives are on hold until we create capacity.

Actions we have taken so far:

1. Created a different leadership structure to work on key strategies
  - a. **Horizontal Structure and Strategies:**
    - i. **Flatten the Curve:**
      1. Going to Virtual Care
      2. Promotion of Temporary Remote Work
      3. Greeter/Ambassador Program (closed entrances in our buildings, established a greeting/assessment table patients still coming in)
      4. Creation of Covid + clinic
      5. Covid + phone surveillance
      6. Drive Thru stations
      7. Pharmacy Drive Thru for Covid + or PUI
      8. Visitor Policy enforcement,
      9. etc
    - ii. **Create Capacity:**
      1. Inpatient / ICU Surge planning (Space, Staffing, Stuff or 3S), ready to activate in 12 hrs, we are triplicating our capacity
      2. Periop: Cancellation of all elective procedures
      3. Consolidation of Services, free up staff and MDs for a Labor Pool
    - iii. **Protect our Community and People:**
      1. Backup Plans and Wellness strategy
      2. PPE Oversight
      3. Supplies Oversight
      4. Safety Oversight
      5. Keeping our staff busy (opportunity for 6S, training up, visual management improvements, etc)
    - iv. **Management System and Support Functions:**
      1. Management System oversight (changes to daily huddles, visual management, scorecards, etc)
      2. Command Center Liasion
      3. Communication Support
      4. HR Leads
      5. Labor Pool Tracking

We have 2 sets of huddles now, we call them Vertical and Horizontal ([See sectiona below](#)). The horizontal huddles focus on 3 main strategies (Flatten curve, Create capacity, protect our community and people). Vertical huddles focus on operationalizing these strategies. Huddles happen daily. Executives divide vertical and horizontal huddles for capacity reasons 3 executives do vertical, 2 executives do horizontal. I attend all huddles to ensure continuous improvement.

We have a tracking file ([see Excel File named KP-Tiered Huddle Tracker](#)) where we capture all issues. We have a V+H huddle in the afternoon to discuss learnings from both. We end the day with a daily huddle from Executives to all staff. It's attended virtually by more than 1,000 people daily.

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We are tracking with a new scorecard our “State of the System” (See tab in tracker file) that has information on whether we are winning/losing daily, it gets communicated in the End of Day Huddle, along with other priorities and key messages so staff can work on those the next day.

Separate from this, there is a command center actively working with huddles every 4 hours and that info is used to update the afternoon V+H huddle.

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## What is the Problem?

*There is a significant amount of readiness and execution items related to COVID that connect to our operations and that need to be communicated across tiers daily. Our current management system doesn't allow for daily communications related to COVID to ensure information flows when it is needed. Most of the information that flows is only Vertical, but not the Horizontal Strategies*

## Solution: Horizontal and Vertical Tiered Huddles

### Intent

Vertical Huddles (AM)	Horizontal Huddles (AM)
<ul style="list-style-type: none"><li>• Escalate issues that can't be resolved to keep operations going, while ensuring operational readiness</li><li>• Review status of execution of key strategies: reduce foot traffic, create capacity, screening/testing, protecting community and staff</li><li>• Understand how leaders are supporting staff for problem solving and provide coaching as needed</li></ul>	<ul style="list-style-type: none"><li>• Drive execution of key horizontal strategies for COVID</li><li>• Ensure coordination among functions</li><li>• Understand how functional leaders are managing key initiatives and problem solving, coach as needed</li></ul>
Vertical + Horizontal Tier 5 (PM)	End of Day Huddle (ELT to T4/3) (PM)
<ul style="list-style-type: none"><li>• Connect + Gain clarity between horizontal / vertical aspects of strategy</li><li>• Define changes to strategy and execution and how to provide clarity to the organization (all tiers)</li></ul>	<ul style="list-style-type: none"><li>• Communicate the State of the System through data</li><li>• Disseminate key facts and knowledge of both vertical/horizontal strategies</li><li>• Set T4/3 for success for next day</li><li>• Provide clarity</li></ul>

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## Standard Work

Time of Day	Vertical Huddles <i>(Dusty, Rob, Rich)</i>	Horizontal Huddles <i>(Melissa, Angelica)</i>
From 5am to 8:45 am	Tier 1 to tier 2 <b>(IN-PERSON)</b> Depending on the department time will vary. All huddles complete by 8:45	Functional Leads with Incident Command Leads: <b>(TEAMS)</b> Functional Leads communicate key data and barriers that need resolution to incident command leads. Look at specific gaps/needs, reporting on: <ul style="list-style-type: none"> <li>• Actual condition and last step taken</li> <li>• What was expected?</li> <li>• What happened? What did you learn?</li> <li>• Next Target Condition, by when</li> <li>• What do you need from MJ/AH?</li> </ul>
By 9 am	Tier 2 to Tier 3 <b>(TEAMS)</b> Communicate key data, barriers that can't be solved at tier 2	
By 9:15 am	Tier 3 to Tier 4 <b>(TEAMS)</b> Communicate key data, barriers that can't be solved at tier 3	
By 10 am	Tier 4 to Tier 5 <b>(TEAMS) (tracking tool in development)</b> Communicate key data, barriers that can't be solved at Tier 4 Broken in 4 groups (10 min each): <ul style="list-style-type: none"> <li>• <b>ED/Inpatient:</b> Mitchell, Campbell, Vitangcol, Hoerman, Tse, Haynes</li> <li>• <b>Primary Care:</b> Goore, Minch, Ha, Tinti, Bagge, Henderson, Javaheri</li> <li>• <b>Specialty Care:</b> Donald, Hawk, Voigtlander, Eyrich, Deuser, Roberts, McLaughlin, Dilbeck, Garone</li> <li>• <b>Support:</b> Scholz, Hahn, Hoag</li> </ul>	
By mid Afternoon	Removal of barriers, problem solving	
Late afternoon	ELT with Incident Command Leaders <b>(IN PERSON OR TEAMS)</b> Connect Vertical and Horizontal Huddles. Discussion of barriers, communications that need to be disseminated downstream Discuss answers to questions from previous day's Town Hall	
End of day 5:15 pm	ELT Daily communication to Tiers 4-3 <b>(All Mgmt./All Chiefs Huddle)</b>	

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## Tiered Huddles Content (Morning)

MESS	Vertical	Horizontal
Methods	<ul style="list-style-type: none"> <li>• TRW and Virtual Care Status</li> <li>• Consolidation of resources + freeing up MDs and staff</li> <li>• Inpatient surge planning Status</li> <li>• Status of Covid tiered huddles</li> <li>• WIP follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• Drive Thru Testing</li> <li>• Command Center Liaison Update</li> <li>• PPE Usage</li> <li>• Supplies</li> <li>• HR Needs</li> <li>• Labor Pool</li> <li>• Covid (+) Home Monitoring</li> <li>• MOB Greeter &amp; Patient Segmentation</li> </ul>
Equipment	<ul style="list-style-type: none"> <li>• PPE Update + Concerns</li> </ul>	
Supplies	<ul style="list-style-type: none"> <li>• Supplies Update + Concerns</li> </ul>	
Staffing	<ul style="list-style-type: none"> <li>• Consolidation of resources + freeing up MDs and Staff</li> <li>• Backup plans + personal wellness</li> <li>• Staffing concerns</li> </ul>	
Safety	<ul style="list-style-type: none"> <li>• Safety Concerns</li> </ul>	

## ELT w/ Incident Command Leaders (Late Afternoon)

Topic	Content
Answer questions from yesterday	Answers for yesterday's questions from team
Vertical Update	Vertical huddles update, barrier elimination, problem solving follow-up
Horizontal Update	Horizontal huddles update, barrier elimination, problem solving follow-up
Decisions	Decisions that need ELT consensus
Plan for tomorrow	Discuss Agenda for End of Day Huddle

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## End of Day Huddle Topics (ELT with other tiers via Email or Huddle) – 10-15 minutes

Topic	Content
<b>State of the System (Data)</b>	<ul style="list-style-type: none"><li>• % virtual appointments</li><li>• Number of elective cases delayed</li><li>• Number of encounters (all nature)</li><li>• Status of hospitals<ul style="list-style-type: none"><li>○ ED Volume and average daily census</li><li>○ % Full Med/Surg + ICU</li><li>○ Bed Availability</li></ul></li><li>• Tests completed (specimens collected)</li><li>• Resources freed up</li><li>• Supplies Status</li></ul>
<b>Answer questions from yesterday</b>	Answers for yesterday's questions from team
<b>Vertical Update</b>	Vertical huddles update, barrier elimination, issues that stand out (2 bullet points from Dusty/Rob/Rich)
<b>Horizontal Update</b>	Horizontal huddles update, barrier elimination, issues that stand out (2-3 bullet points from Angelica/Melissa)
<b>Plan for tomorrow</b>	2-3 key action items to be disseminated through huddles