

# HOSPITAL USE OF INCIDENT COMMAND SYSTEM DURING & AFTER THE COVID-19 PANDEMIC

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Most hospitals and health systems around the country have set up Hospital Incident Command System (HICS) to manage and navigate the needs presented by the SARS-CoV-2 virus and incidence of COVID-19. Incident Command System (ICS) principles have been proven to increase efficiency and effectiveness of many organizations, businesses and services since their inception in 1968 by the fire chiefs in Southern California to fight wildfires. The program is built to resemble the management hierarchy of the U.S. Navy. COVID-19 is a silent war that not only immediately affects the health of our population but is causing a rapid downturn of our economy (including healthcare providers). As such, organizations need strong and effective leadership to successfully navigate and overcome this pandemic. While collaboration and sharing are needed, decision making for planning and execution also is highly important.

Hospitals need a highly coordinated effort to help ensure the safest and most efficient use of all available resources. This coordinated response includes a multitude of internal hospital departments, local, state and federal agencies and supply chain partners. In addition, the coordinated effort should address all the community's healthcare needs both during and after this pandemic. The goal is to continue delivering safe, high-quality care while managing resources and costs—a triple aim. This triple aim during COVID-19 has increased focus on healthcare providers' safety. Establishing HICS is important because managing and responding to an incident such as the COVID-19 pandemic isn't something most administrators, doctors and nurses perform on a day-to-day basis. Managers and clinicians typically manage within a defined service (or practice unit) and may respond more appropriately within a strategic, coordinated effort around governance and execution.



## Consider Now

1. Demobilization Plan
2. Tracking All Expenses Related to COVID-19 Response
3. Modeling Lost Revenue

HICS is designed around five major foundational components:

1. Incident Command & Commander
2. Operations Section & Chief
3. Planning Section & Chief
4. Logistics Section & Chief
5. Finance Section & Chief

## Incident Commander

The Incident Commander (IC) is likely to be a high-ranking hospital administrator. The IC is responsible for everything that happens during the incident. The IC will guide and support the four section chiefs to set and meet objectives. In the event of confusion or disagreement, the IC makes the final decision.

In addition to command functions, other typical IC functions and activities include:

- Provide logistical support
- Provide **planning services, including demobilization**
- Provide cost assessment and procurement control necessary to support the incident and managing of claims
- Provide guidance on time recording
- Promptly and effectively interact with the media, and provide informational services for the incident to involved agencies and the public
- Provide a safe operating environment within all aspects of the incident
- Ensure that assisting and cooperating agencies' needs are met

## Operations Section Chief

The operations section is where the bulk of the work gets done. Specifically, the Incident Action Plan (IAP) provides necessary guidance. The IAP formally documents the goals, operational time frame objectives, response strategy and demobilization plan. The operations section chief role requires a high degree of technical knowledge on hospital and system operations. Maintaining a manageable span of control (three to seven people) is critical for timely completion and responsibility. Therefore, additional roles and responsibilities may need to be established, such as:

- Medical Care Branch Director
- Infrastructure Branch Director
- Security Branch Director
- Business Continuity Branch Director
- Patient Family Assistance Branch Director

## Planning Section Chief

The planning section chief is responsible for tracking the incident and resources, collecting resources' status information, evaluating strategic drivers, processing the information to develop the strategic action plan and disseminating information to key stakeholders.

## Logistics Section Chief

The logistics section chief is responsible for coordinating all supplies, personnel, equipment and other resources necessary to complete the objectives. The individual in this role could be the hospital's procurement manager, supply chain manager, chief operations officer or facilities director. Additional roles and responsibilities may need to be established for:

- Supply Chain Branch (SCB) Director – Usually part of support branch; however, for COVID-19, it's recommended to create this branch. See below for more details on specific functions.
- Labor Branch (LB) Director – Usually part of support branch; however, for COVID-19, it's recommended to create this branch. See below for more details on specific functions.

- Service Branch Director – Food services, communications, IT/IS including EMR access, security and/or downtime procedures.
- Support Branch Director – Credentialing, employee health, transportation and employee family care.

## Finance Section Chief

The finance section chief is responsible for managing all financial aspects of the incident by keeping track of costs, providing financial analyses, ensuring compensation and claims functions relative to the incident and processing payments. For example, if the logistics area makes a specific request, the finance section procures it. This role can be staffed by the chief financial officer or other finance leaders, business services leaders or controller. This role also can be referred to as the administrative section chief.

## Command Staff

It's also important to establish a command staff that reports directly to the IC:

- A. Information Officer – Member of command staff responsible for interacting with the public, media and/or other agencies with incident-related information needs.
- B. Safety Officer – Member of command staff responsible for monitoring incident operations and advising the IC on issues related to operational safety, including the health and safety of incident personnel. The safety officer modifies or stops the work of personnel to prevent unsafe acts.
- C. Liaison Officer – Member of command staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.
- D. Others to Consider – Legal counsel and medical staff advisor.

## Key Response Needs

Once the governance structure and basic HICS functions have been established, organizations should consider the following key needs by role and section during the COVID-19 pandemic.

## Incident Commander

While the IC is in charge and needs to delegate, it's critical the IC receives regular follow-up and communication to help ensure efforts are continually and consistently coordinated. As such, the IC's leadership is critical to keep all efforts coordinated into the HICS with effective communication protocols. The following considerations should be addressed strategically:

- Current response needed for COVID-19 preparations for facilities:
  - o How to keep well care separate from COVID-19 care
  - o How to keep employees and providers safe, well and properly rested:
    - How to staff for well and COVID-19 care
  - o Supplies, tests and medications needed for COVID-19 care
  - o Nutrition needed for all classes of patients
  - o Nutrition needed for all employees and providers
- Connections and partnerships needed with other healthcare providers within 100 miles:
  - o Can my facilities be allocated to assist in well or COVID-19 care?

- o What do new regulatory waivers allow (expanded liaison officer resources are covered below)?
- Planning for **demobilization** from COVID-19 pandemic (covered in Logistics Section below).
- What cost is occurring (covered in Finance Section below)?

## Liaison Officer Expansion

The COVID-19 pandemic isn't an isolated incident affecting one hospital or area—it's a crisis affecting the entire world. Therefore, real-time response and new policies from local, state and federal agencies should occur daily. Because the pace of change is difficult for one individual to keep up with, organizations should consider expanding resources for the liaison officer. This expansion could be a resource team that consists of minimal personnel to match specific assignments to local, state or federal agencies. It should be noted that one designated leader (liaison officer) needs to be established. In addition, this individual is responsible for keeping up with new policies, new waivers and daily press conferences from assigned agencies. Briefing the liaison officer, who in turn updates the IC and hospital incident command team, will be important as well. Detailed documents, references and resources must be collected and shared with the planning section chief at the IC's direction.

### Demobilization Considerations

1. Plan for Starting Elective Procedural Services
2. Plan for Primary Care (Clinic, Emergency Department, Outpatient Services)
3. Plan for Shift of Inpatient Care (Decline Of COVID-19)

## Logistics Section

COVID-19 has created an increased awareness of supply chain to the public sector. All section chiefs have an important role in this pandemic; however, the logistics section chief should add branch directors to assist with planning and executing the HICS objectives. We previously recommended to establish the service branch and support branch. However, three additional branches should be considered: SCB, LB and demobilization branch (DB). All branches should report to the logistics section chief, following the governance protocols established by the HICS.

- SCB – Open two divisions, both reporting to one branch director:
  - o SCB COVID-19 Division – All supplies needed for COVID-19 response
  - o SCB Well Care Division – All supplies needed for continued well care; adjust for volume decline and align with finance section for tracking daily and weekly changes
- LB – Open two divisions, both reporting to one branch director:
  - o LB COVID-19 Division – All supplies needed for COVID-19 response
  - o LB Well Care Division – All supplies needed for continued well care; adjust for volume decline and align with finance section for tracking daily and weekly changes
- **DB – Open two divisions, both reporting to one branch director. This can become incident command and would set it in current IC as a task force:**
  - o DB Procedural Division – Start planning now for those procedures placed on hold during the COVID-19 pandemic:
    - Division may be led by chief of surgery and surgery director/manager/leader (not recommended for vice president over surgery, as they likely will be involved with the current COVID-19 response as IC or section chief)

- Task Force/Resource Team: Anesthesia, supply chain representative, environmental services representative, clinic office manager representing all clinic office managers, patient access and business office
- Task Force Plan:
  - o Collect all procedures (including out-of-surgery areas) postponed due to COVID-19
  - o The following represent strategic objectives that must be addressed and approved to start elective procedures:
    - Patient communication and flow processes
    - Facilities, including life/safety/infection mitigation
    - Schedule and access processes
    - Visits for required history and physical
    - Authorization of procedure for payment
    - Preprocedural testing, *e.g.*, cardiac testing, lab tests and imaging
  - o DB Primary Division – Responsible for plan to return to pre-pandemic primary care community needs in clinics, hospitals and emergency department

**Considerations for Elective Procedural Services Post-COVID-19 Pandemic**

1. Establish Leads & Task/Resource Team
2. Strategic Objectives & Scope
3. Facility Utilization
4. Staffing Capacity
5. Supply Chain Capability & Availability
6. Patient Flow & Medical Clearance
7. Insurance Authorization

**Finance Section**

**FINANCE & ACCOUNTING**

1. Tracking Expenses – Labor & Supplies
  - A. Baseline
  - B. Daily Departmental
  - C. Furloughed &/or Reduction
  - D. Physician Services & Productivity
  - E. Demobilization
2. Volume
  - A. Baseline &/or Budgeted
  - B. Daily Departmental
  - C. Supply Inventory

We recommend this section has only one section chief with no rotation unless procurement and payments will be necessary in the evening or night. However, due to the complexity of cost and payment tracking, branches can be established. Branches should relate to opening necessary functions like accounts payable and resource tracking.

- Tracking of necessary food service or food commissary needs for the COVID-19 incident
- Establishing effective management reporting that captures all aspects of the COVID-19 incident, *e.g.*, lost revenue, indirect and direct costs, funding sources, etc.
- Tracking of cost and expenditures:
  - o Labor:
    - Baseline (prior to COVID-19 HICS establishment) – Detailed by department
    - Daily update and weekly total
    - Contract labor, new and demobilized due to change in care/operations
    - Furloughs and reduction in workforce – Will need if organization applies for loans or grants associated with state and federal funding
    - Productivity by department, baseline and trend from incident start
  - o Volume:
    - Baseline (prior to COVID-19 HICS establishment) – Detailed by department
    - Daily update and weekly total
    - Unit of service by department, baseline and trend from incident start
  - o Physician/provider services:
    - Visits
    - wRVUs
    - Added needs due to COVID-19
  - o Supplies:
    - Baseline
    - Leverage purchase order detail functions
    - Critical supplies for COVID-19 incident
    - Sourcing alternative supplies
    - Current inventory:
      - ◇ Outdating/outdated supplies strategy
      - ◇ Physical inventory of noncritical supplies
  - o Demobilization tracking of expenses is necessary as a separate function. Use of same or similar formats and items should be followed

## Operations Section

This section focuses on preparing and effectively responding to COVID-19 and the overall community's needs. The following are a few considerations to include for operational planning:

- Establish other branches of this section to assist with the span of control of operations, *i.e.*, medical branch, business continuity branch, etc.

- Establish one or two key individuals in the operations chief rotation to have consistent command and control of the incident. One person alone could become physically and emotionally exhausted.

## Planning Section

Remember that this section is fully responsible for documenting the IC objectives and plan, progress made on objectives and new procedures and disseminating needed information. Don't let the name of this section mislead you, as no planning occurs here. The plan is documented by this section, reviewed by the IC and HICS, then disseminated as directed by the IC. **However, this section is critical in the execution of the current plan, and possibly even more critical for post-incident response** when additional funding is being requested and distributed. In addition, the plan and actions will most likely be needed when funding is allocated by local, state and federal agencies.

Due to the rapidly changing information regarding COVID-19, all guidance contained in this article is current as of the date of publication. If you have questions or need assistance, reach out to your **BKD Trusted Advisor™**.

## Additional Resources

- FEMA:
  - [National Incident Management System – Third Edition](#)
  - [ICS Organizational Structure and Elements](#)
- Minnesota established stage levels that may assist clients with establishing levels within their organization if there is no statewide establishment of stages for pandemic:
  - [Pandemic Incident Command Considerations for Health Care Facilities by Event Stage](#)