

HOSPITAL EMERGENCY MANAGEMENT LEADERSHIP

Introduction

Hospital emergency managers have a difficult job – defending time and money spent preparing for incidents that may not occur and investments for which return may be difficult to discern while also being prepared to accept responsibility for circumstances that are beyond their control. They may also have a host of other responsibilities or titles with more pressing day-to-day needs. Emergency management can also be a uniquely rewarding and extremely collaborative field that attracts positive, passionate individuals despite their never-ending efforts to address a sobering, and growing, list of threats.

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Communication, coordination, and collaboration are the core skills of emergency management. The emergency manager must have or develop abilities in each of these domains and be committed to improving readiness and response while caring about staff and the patients the organization serves. This chapter outlines some key elements of hospital emergency management leadership, but the cultivation of these skills should be an ongoing personal development process that goes well beyond the scope of this chapter.

Personality and “Selling” Emergency Management

The hospital emergency manager should be deliberate about assessing their strengths, challenges, and areas of potential development while continuing their own professional development journey. Being aware of and professionally developing a leadership style and identifying partners in the hospital who balance the emergency manager’s personality and skill set is critical to the success of the program.

Related Resources

Additional resources are available in ASPR TRACIE’s [Emergency Operations Plans/Emergency Management Program](#) Topic Collection.

Seeking Complementary Colleagues to Maximize Leadership Styles

Visible and vocal leaders excel at creating new programs, leading executive briefings, and in-person communication. While excellent qualities, these leaders may be focused on novel problems and solutions and more likely to overlook departmental needs and the daily and yearly work and education that is required. Finding departmental and other leaders with complementary strengths will be important.

Low-profile and reserved leaders are more likely to track metrics, develop comprehensive plans, and excel at written communication. These are also excellent qualities for an emergency manager and can be complemented by engaged executives who can promote emergency management visibility and colleagues and department heads who can suggest new projects for consideration.

The primary goal of a hospital emergency manager is to ensure patient and staff safety before, during, and after an incident. This can only be achieved if *all* hospital employees understand the basics of what to do when an incident occurs, including those with graduated roles and responsibilities. In addition to general information and training, another goal of the hospital emergency manager is to provide support to key staff and departments during readiness, response, and recovery. These goals can be fulfilled by a variety of methods and styles, all of which require patience and perseverance. Actual incidents and shifting priorities will unpredictably disrupt an emergency manager's work; flexibility and adaptation are required to both maintain overall priorities and successfully address shorter-term issues.

Selling Emergency Management

The emergency manager must be comfortable with both "leading up" (advocating with hospital and departmental leaders) and "leading across" to multiple departments, support services, and other disciplines for time, resources, and commitment. They must also be comfortable "leading out" with external preparedness and response partners. There are many ways to obtain commitment or "make a sale;" tailoring and promoting the value proposition to a specific audience is often the key to engaging partners. The use of risk data, experiential data from within the facility or from external incidents, and other sources of information may be used to facilitate critical partnerships. These data points can include:

- Cost-effectiveness/return on investment
- Patient care – including both protecting safety and continuing to provide care services
- Employee safety and health
- Brand management – demonstrating how the cost of emergency management compares to (the greater) costs of negative reputational and patient outcomes due to poor preparation and response
- Business continuity – enabling operations (and thus revenue) during and following incidents can reduce the impact on business and promote quicker response and resolution times
- Public relations – media coverage of preparedness activities that keep pace with or set the standard in the community and boost the hospital's reputation. In some cases,

positive stories are the desired outcome. In others, the ability to avoid a negative narrative may be just as compelling.

- Internal visibility – opportunities to promote hospital preparedness activities that may aid in staff retention efforts
- Regulatory requirements (complying with these is critical, but not as likely to generate enthusiasm)

Periodic staff surveys can provide useful feedback on perceived emergency management program strengths and weaknesses. The emergency manager can use survey findings and other feedback to identify and prioritize strategies for addressing shared perceptions of threat or opportunity. Recent events (e.g., community mass gathering events, campus construction or remodeling, the threat of an epidemic, a recent near miss, trends in the community reported by local media, or other incidents in the community or nation) can also generate commitment and momentum to moving many aspects of the emergency management program forward. Outcomes can include improving infrastructure, obtaining new resources and equipment, gaining training commitments, and the intangible benefits of improving emergency management visibility.

Selling emergency management requires a variety of leadership skills, including the ability to share tasks associated with certain goals. Sharing concise information with executives before key meetings, including suggested actions or discussion points, is often more effective than the emergency manager trying to lead those efforts alone, and can help build trust with top leadership. Being present or willing to sit in on discussions as a resource in support of executives also builds that trust.

Subject Matter Expertise

In addition to strong leadership, the emergency manager will be looked to as a subject matter expert in certain areas and must ensure they continue to educate themselves and maintain situational awareness, so they are able to provide guidance or information when asked by executives or a department leader. These subject matter areas include, but are not limited to:

- Emergency management principles, practices, and requirements (refer to the [Emergency Management Basics and the Emergency Management Cycle](#) chapter for additional details)
- Conventional, novel, and emerging hazards and their potential impact
- Incident command and emergency operations (refer to the [Practical ICS for Hospitals](#) chapter)
- Mass casualty response (refer to the [Mass Casualty Incident Planning](#) chapter)
- Patient decontamination (refer to the [Chemical Hazardous Materials Decontamination](#) chapter)
- Infectious disease emergencies/special pathogen response (refer to the [Biological Incidents](#) chapter)
- Mass casualty incident family support (refer to the [Family Support](#) chapter)
- Staff wellness, recruitment, and retention

- Sheltering, relocation, and evacuation (refer to the [Sheltering, Relocation, and Evacuation](#) chapter)
- Clinical downtime contingencies (refer to the [Information Technology Failures/Cyber Incidents](#) chapter)
- Utilities failures
- Regulatory requirements affecting hospital emergency operations/planning
- Regional healthcare response capabilities, assets, and structures
- Crisis standards of care and ethical resource allocation in times of shortage (refer to the [Crisis Care and Scarce Resource Decision-Making](#) chapter)
- Financial impacts of disasters on hospital operations
- Lessons learned from previous similar incidents

Understanding the hospital's strengths and gaps relative to these areas in addition to other local, state, regional, and national best practices can help ensure the emergency manager's leadership is robust and evidence based. Regardless of leadership style, substance is the reason the emergency manager is in their position. Emergency managers should also seek out subject matter experts – both internal and external – to supplement their knowledge and create/enhance existing relationships.

Other skills and training can benefit the emergency manager. Being personal and approachable is extremely important and can encourage staff to share issues and concerns they have that may impact the efforts of the emergency manager. Developing plans, exercises, and training is not effective without the buy-in of those who will operationalize them. Familiarity with technology and basic computer skills is important in a field that is rapidly becoming digital and virtual. Strong project management skills can ensure specific tasks are carried out in an orderly, efficient way and boost program strategy development and maintenance. Education in medical ethics can help support planning and response to scarce resource situations.

Finally, regardless of personality, the successful emergency manager must understand and know how to leverage the varying degrees of motivation and goals among their leaders (both departmental and hospital administration) across the range of emergency management topics. Accounting for resources, plans, and training/exercising across these topics and having a general plan for how to advance/reinforce readiness demonstrates commitment and can promote buy-in from administration. Additionally, the emergency manager may find that adopting even a small set of metrics can help illustrate progress and identify next steps that can facilitate discussions with, and support from, leadership. Developing an annual workplan and evaluation plan that reflects hospital leadership goals can help the emergency manager gain support and boost overall collaboration on other priorities.

Visibility and Credibility

Visibility of the program relates in part to the priority the hospital places on emergency management and in part on the efforts of the emergency manager. Developing broad

horizontal and vertical relationships with department leaders and ensuring regular executive contact regarding ongoing activities and emerging threats helps emergency management efforts be noted and valued. Over time, other leaders will likely come to trust the emergency manager, prioritizing and investing in emergency management activities. The hospital emergency manager should regularly share information about current projects, important program updates, threats, and lessons learned from internal and external incidents with a variety of audiences. It is important to tailor communications to the specific audience using bulleted summaries for briefings and highlighting key points, changes, and requested actions.

Horizontal Versus Vertical Leadership

Horizontal leadership: Influence and collaboration across peers, departments, and teams at the same organizational level to coordinate action and build alignment.

Vertical leadership: Direction and decision-making that flows between different levels of the organization, such as from senior executives to managers and frontline staff, or upward through reporting lines.

Additional ways to enhance visibility may include:

- Promoting educational activities (e.g., staff lunch and learns on timely topics).
- Engaging directors and executives in drills and exercises.
- Regularly contributing emergency management-specific pieces to in-house newsletters and publications.
- Promoting employee preparedness/resilience materials and activities.
- Bringing in external experts to relate lessons learned from their experiences and how they can inform hospital emergency management activities.
- Linking emergency management messaging and activities to community events, potential weather hazards, and recurring events such as preparedness month, severe weather awareness weeks, or fire safety month.
- Maintaining highly visible response aids (e.g., quick response guides) and resources in clinical and administrative areas.
- “Rounding” on units to ensure safety, security, and emergency management/response resources are in place and that staff know how to use them.
- Supporting employee engagement activities (e.g., quizzes with prizes and giveaways – especially those that promote “coop-etition” between units).
- Publicizing preparedness activities or community preparedness information on social and traditional media.
- Creating an emergency management intranet page for employees to learn more about the program and its staff.
- Promoting the use of incident management for non-emergency projects (e.g., providing organizational support for electronic medical records transition or a generator replacement) with the emergency manager providing the Incident Command System organization and acting as convenor.

- Including community partners (e.g., law enforcement, fire, public health) in training and exercises.

Visibility can help an emergency manager engage partners, but it must be backed up by credibility. Building credibility relies on many factors but includes the following characteristics:

- Realism: Balancing risks and solutions (i.e., the sky is not always falling, and the solutions do not all have to be comprehensive or expensive). This also includes prioritizing efforts to avoid giving up too much capital or time to a non-essential issue.
- Responsiveness: Emergency managers must be ready to “answer the call” by being responsive to emails, calls, and text message, especially from senior leadership. If they are not responsive to routine communications, others will not be confident they will be responsive during an emergency.
- Support and structure: A good emergency manager has the organizational skills and ability to bring order to the chaos. Often, this is not through direct leadership but by providing a structure and cadence for the executive team and (quietly) suggesting next steps.
- Calmness: An emergency manager who remains calm during difficult, stressful times helps everyone around them also remain calm.
- Subject matter expertise: Including the ability to engage in-house and external experts to support in areas where the emergency manager does not have significant background.
- Quality: Developing high-quality plans, training, and exercises will advance hospital emergency management more than anything else. The emergency manager should consider having external experts review their work products and should review others’ materials to ensure they align with best practices.
- Engagement: Partner concerns and feedback are collected and reflected in plans and training. Emergency managers must be expert collaborators.
- Practicality: Realistic plans are created with reasonable expectations of personnel.
- Consistency: Progress toward goals is maintained despite distractions and the program has a yearly cadence.
- Innovation: The emergency manager should foster their program by developing and implementing new techniques while simultaneously maintaining progress on existing metrics and demonstrating gap closures.

Critical Partners

Executive Leadership

The emergency manager should have regular visibility/communication with the hospital’s executive leadership team. This may take the form of scheduled participation in executive meetings and updates on emergency management priorities, specific threat/contingency briefings, written communications, and Hospital Command Center presence during exercises and incidents. The emergency manager should also identify a specific executive (in particular, a

chief nursing officer or chief medical officer if possible) who can be a champion for readiness activities at the executive level. If not the individual who the emergency management function reports to in the organization, the reporting manager should be aware of the relationship between the emergency manager and the champion. Fostering a good relationship with the clinical experts will enhance visibility but will also ensure clinical voices can help lead the discussion during responses. These clinical leaders are also best positioned to understand risk to patients and staff and to advocate for related gap closures.

The emergency manager should tailor content to the executive audience. Concise, practiced presentations should include a specific objective, list of key points that support action, the current progress/state (and any accomplishments), the impact it will have on other operational areas, and requested actions/commitments. Working with a clinical leader at the executive level to provide support for the emergency manager's recommendations and being prepared to discuss the advantages/disadvantages of different courses of action will help both advance emergency management activities and provide executive accountability for decisions.

Medical Direction

Ideally, the emergency manager should partner with a medical director for emergency preparedness. This may be a dedicated, paid position, considered part of administrative duties, or simply be a provider in emergency medicine, surgery, or critical care who is frequently engaged in planning and exercises. Having a partner who can champion emergency management activities and be seen by the providers and nursing staff as a leader can be invaluable in helping an emergency manager connect with physician leaders across the hospital and community. Sometimes, having a provider be able to "speak the language" and address clinical leaders as a peer can break down barriers to communication and commitment. Further, the medical director brings invaluable operational experience to the emergency manager that can be leveraged in plans, training, and exercises, ensuring realism and managing expectations. Local health care coalitions may also have a clinical expert available to support these efforts.

Hospital Safety and Security

In some cases, the emergency manager may also have responsibility for hospital safety and security, in which case the main problem may be devoting adequate time to emergency management activities. In other cases, one or more of these positions is separate. Because there is significant interdependence between safety and security issues and emergency management, a close working relationship with these leaders is necessary. In many cases, joint development of workplans can help advance multiple goals. For example, safety and security activities during a mass casualty incident addressing traffic flow and campus access controls are important to successful response operations. In other cases, responsibility may be separate (e.g., a bomb threat should be a security operation, though emergency management resources such as checklists may help communicate security procedures). Involving safety and security personnel in the hazard vulnerability assessment process can help alleviate overlap of emergency incident responsibilities. When overlapping situations such as civil unrest or other

threats to the facility occur, these close relationships can then be leveraged to ensure a coordinated response.

Facilities Management

Utilities and systems failures have increasingly compromised hospital operations across the country. The emergency manager should have an excellent understanding of the facility, its systems, backup systems, and contracts with external partners that support the facility (e.g., fuel, water, generator, and related equipment leasing). A good relationship with the facility manager supports honest conversations about capabilities and gaps and promotes the team's understanding of resources, limitations, and potential solutions. Though some solutions may be too expensive to justify based on the risk, a deliberate decision to be comfortable with certain levels of preparedness/redundancy helps avoid surprises (as well as negative consequences that may arise for the emergency manager). Interim measures that can help response and recovery efforts until the ideal solution can be implemented (e.g., installing infrastructure/utility quick connects to bridge the gap until a new generator can be purchased) should be considered. During incidents, rapid coordination with facilities personnel to assess impacts and implement contingencies is often necessary. Many incidents, such as water leaks and utilities failures, place facilities staff at the center of incident management.

Other Internal Partners

Although the emergency manager may prioritize clinical services for planning and training, support services such as pharmacy, laboratory, information technology, business continuity, nursing leadership, and supply chain may be critical to support and can provide expertise or even lead a response. Establishing trusted relationships with these and other departments can help the emergency manager ensure appropriate departmental plans and assumptions as well as support rapid consultation and integration during a response. This also helps ensure that developed plans are operational.

Community Partners

Establishing and maintaining relationships with community emergency management, emergency medical services, law enforcement, fire department, other hospitals, and health care coalitions in the area ensures that the emergency manager understands the resources (or lack thereof), the assumptions, the points of contact, and the plans of those agencies/entities that interface with the hospital during disasters. Being present, assessing and addressing common issues, and looking for joint opportunities to plan, train, equip, and exercise together is not just smart use of the emergency manager's time, but also is valuable acknowledgement of their leadership role at the hospital and enhances their value as a liaison to these agencies and their resources, as the emergency manager can bring back and circulate information from community partners to hospital leaders and provide critical connections to regional resources during a response, especially during large-scale responses.

Organization and Resources

Hospital emergency managers often juggle multiple responsibilities. In many cases, it can be difficult to carve out time for preparedness activities and planning when there are pressing and often higher priority issues in other domains. In some cases, these responsibilities do have overlap with emergency management and opportunities should be identified to leverage them to advance emergency management objectives (e.g., leveraging security concerns for onsite threats to encompass updating shelter-in-place and patient movement/evacuation plans).

Determining (or establishing) what percentage of the position's full-time equivalent is dedicated to emergency management may also help, particularly if the manager has supportive directors and executives, to ensure there is accountability for using that time accordingly. Creating an annual workplan and quarterly benchmarks may help aid this process and demonstrate how other responsibilities may be interfering with emergency management priorities.

The emergency manager's supervisory chain can have profound implications on their resources and abilities. In many cases, emergency management is buried several levels deep in the hospital organizational chart. Where the hospital fits within the larger health system (for those that are part of an enterprise) chain of command also affects the emergency manager's preparedness and response role. However, given the patient and employee safety risks, potential adverse outcomes from incidents, and continuity of operations implications for the position, the emergency manager should answer to a highly positioned executive within the organization, with their work visible to executives on a routine basis.

The hospital emergency manager should be responsible for chairing an emergency preparedness/emergency management committee at the facility. Some members may be specified by the hospital's regulatory entities, but many are at the discretion of the emergency manager. In some hospitals, this work is done by a subcommittee. In general, the range of issues considered by the group and their importance argues for this to be an independent committee rather than a subcommittee. Understanding the hospital's process and policies on committee work is an important step in determining and documenting the sponsor, authorities, members, meeting cadence, and outputs. Leadership of this committee is an important, recurring opportunity to engage with key partners from multiple domains across the hospital. Ideally, members should be high-ranking within their service lines in addition to being able to regularly attend the meeting and serve as the liaison with their discipline. The emergency manager should ensure that a balance is struck on the committee between doing standard work and obtaining input on plans, exercises, training, equipment, and incidents. Much of the actual work of the committee will be done offline by members as issues

From the Field

It may look good to have the chief of surgery listed as a member of the emergency preparedness committee, but if that individual is never able to attend the meetings, having a more interested junior surgeon involved will be more advantageous.

identified during meetings are fleshed out and followed up on or feedback on plans or the hazard vulnerability assessment is elicited. Efficient, effective leadership of this group is essential to a healthy emergency management program and is also one of the more visible (and surveyable) activities in the emergency manager's portfolio.

The hospital emergency manager should examine what direct resources (e.g., evacuation equipment, caches) they control or manage as well as what budget they have for equipment, exercises, and staffing. In most cases, the time and budget allocated directly to emergency management is insufficient, though keeping track of recurring costs and work products and having an emergency management budget line are all opportunities to demonstrate ongoing work and return on investment. The emergency manager may be able to draw upon other areas to help support their priorities such as:

- Designated partners/liaisons in major departments who can contribute planning, training, and exercise time and advocate for use of departmental resources.
- Departmental resources (e.g., asking central supply and pharmacy to budget for increased par levels of supplies in caches, having emergency medicine purchase chemical personal protective equipment to protect their staff during decontamination operations, and facilities and other support services setting aside resources for utility failures).
- Education personnel and platforms within the hospital that can be engaged by the emergency manager to support staff training (and in some cases exercise design and execution).
- Hospital foundation or fundraising programs, particularly when specific equipment (such as evacuation equipment) is needed.
- Contractors/consultants – Depending on the situation, a priority project or one requiring substantial expertise may warrant a temporary contract. In some cases, project managers and other consultants from within the hospital can be allocated to emergency management to support planning efforts.
- The local health care coalition.

In many cases, specific planning activities may be driven by regulatory concerns or priority issues identified by executives or the hospital board. The emergency manager should develop a workplan to address these issues and ensure that appropriate direct and indirect support is available to complete them. The emergency manager should always maintain a “wish list” of resources/programs to address hospital gaps in case an opportunity (often time-sensitive) presents itself to advance those priorities.

Conclusion

The hospital emergency manager has a unique and challenging job that quite literally relates to all employees and areas of the hospital from the boiler room to the boardroom. A skilled hospital emergency management leader will blend convening and convincing skills that help partners invest in the process and the products. Though applying emergency management

principles to the health care environment can be difficult, the mission is crucial as well as rewarding when the emergency manager can foster collaboration and learning within and across service lines. However, the emergency manager will never have enough time or resources for all potential activities, and some activities are more critical and/or require more in-depth effort. Leadership is required to advance the right priorities with the right audiences at the right time to create progress. Maintenance is required to keep them going, which helps build trust. Ensuring visibility and establishing credibility will position the emergency manager to capitalize as much as possible on opportunities to advance emergency management goals. Understanding the audience and their priorities within the hospital can help foster commitments of time and financial resources that not only address prioritized gaps but can also be used to advance general preparedness goals.

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