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NATIONAL HEALTHCARE COALITION PREPAREDNESS CONFERENCE

Visions of Progress: Sustainable Strategies for Emergency Preparedness & Resilience

Presented By:

MESH

Lessons & Considerations for HCC Response to a Hospital Cyber Event

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Liberty Hospital, Liberty, MO

December 19, 2023

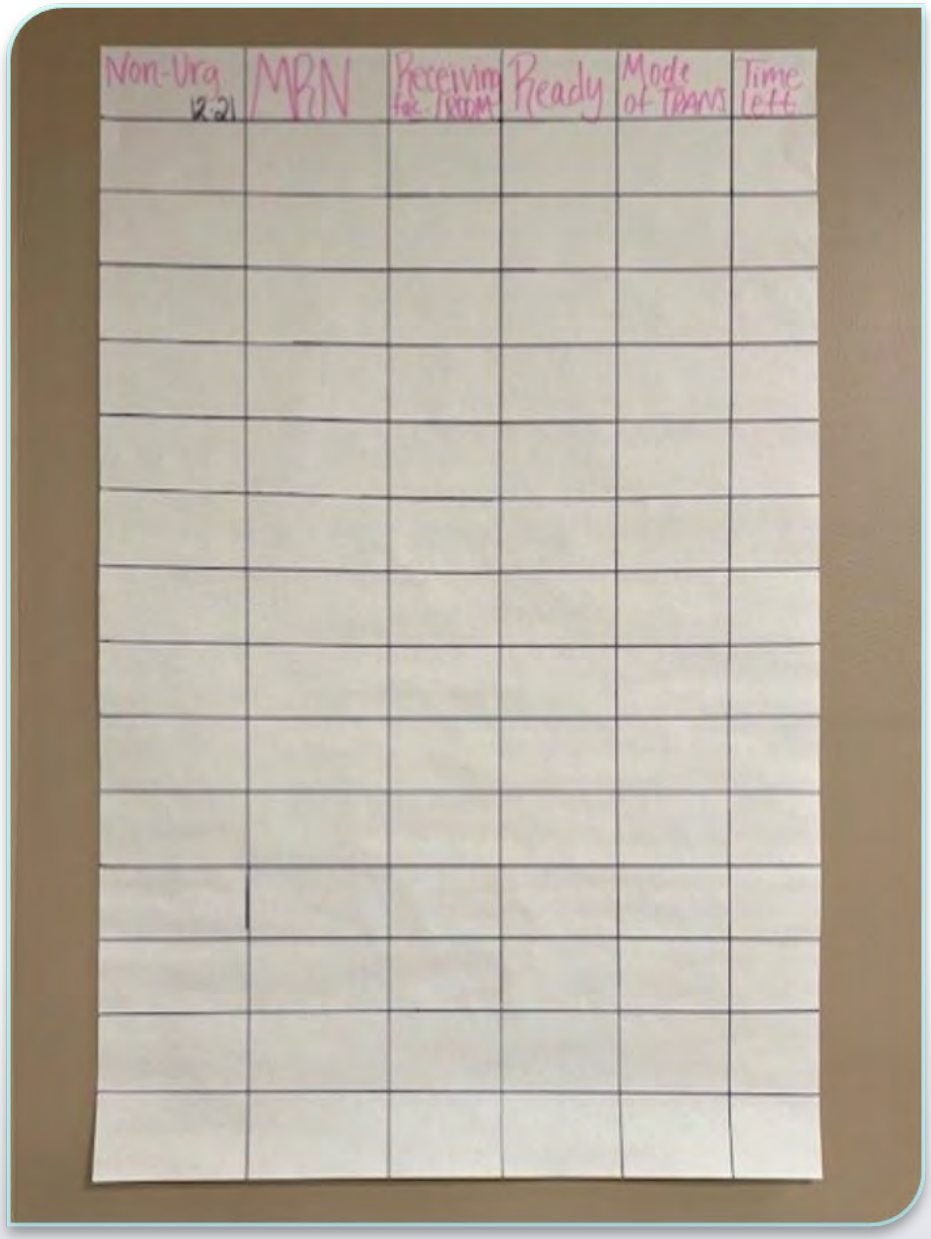
- IT discovered an outside disruption to computer operations
- IT pulled the plug and shut down ALL operations
- This included not just the hospital, but all the clinics and Urgent Care
- Incident Command was initiated, downtime procedures announced
- All Leadership notified to meet for briefing
- Leadership briefed
- Liberty Hospital went Out of Service via EMResource

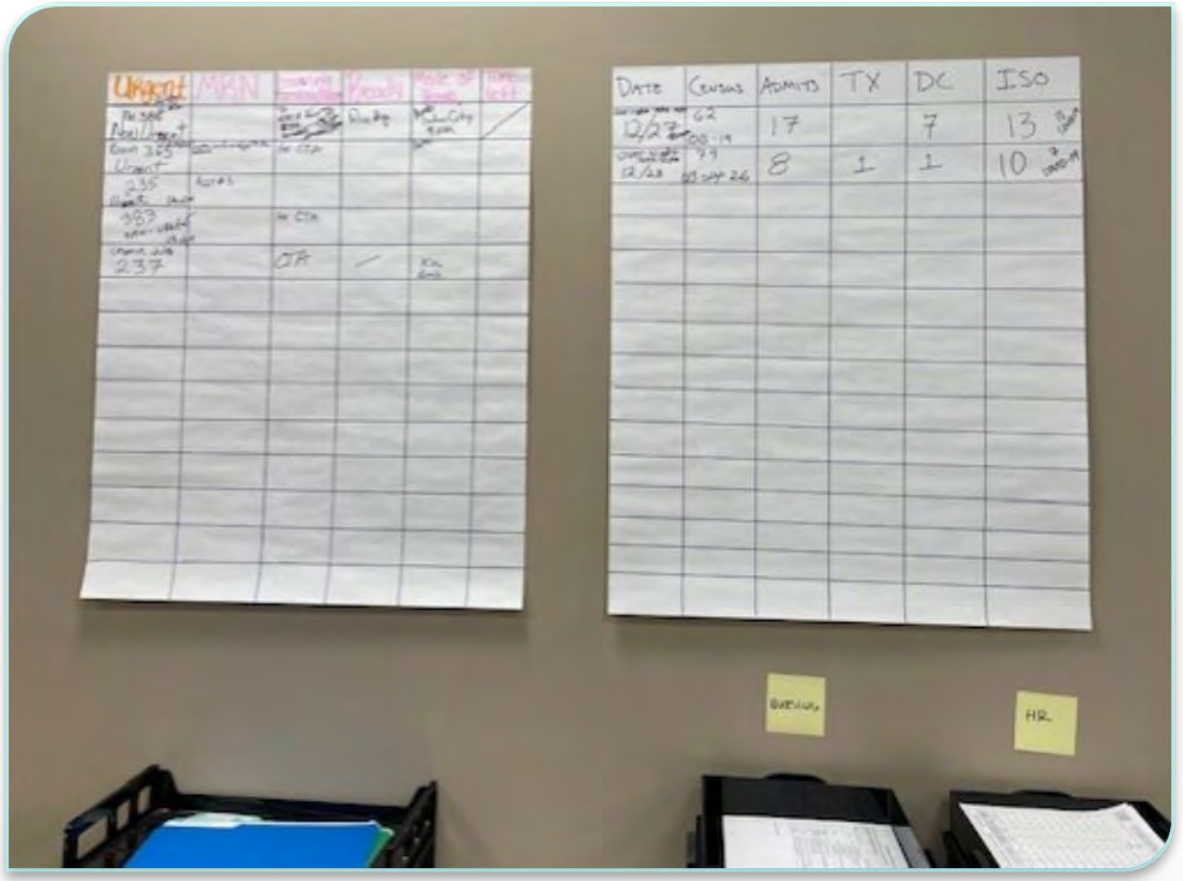
Immediate Objectives

- Ensure Safe Patient Care
- Establish Department Communications
- Triage all patients for possible transfer
- Go “Out of Service” for all ambulances

Local and Regional Assistance

- HCC Duty Officer reached out and a Threat Assessment Team (TAT) Call initiated
- Steve Hoeger (HCC Chair) from University Health came to Liberty Hospital to provide Incident Management support in IC
- Hospital Bed Poll done
- EMS notified of the need to transfer patients
- Liberty Fire dispatched 2 assistant chiefs (Chris Young, Pete VanNess)
- Chief Dan Manley activated the Region A Mutual Aid system, 2 strike teams sent


Non-Urg
12:21
MRN
Receiving
Ready
Mode of TRANS
Time left


Urgent
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State and Federal Help

- Missouri Hospital Association (MHA)
- Missouri Department of Health and Senior Services (DHSS)
- Missouri Behavioral Health Strike Team
- Federal Bureau of Investigation (FBI)

Transfer of Patients

Physicians made rounds in house and decided who needed transfer

Patients were triaged as emergent, urgent, or non-urgent

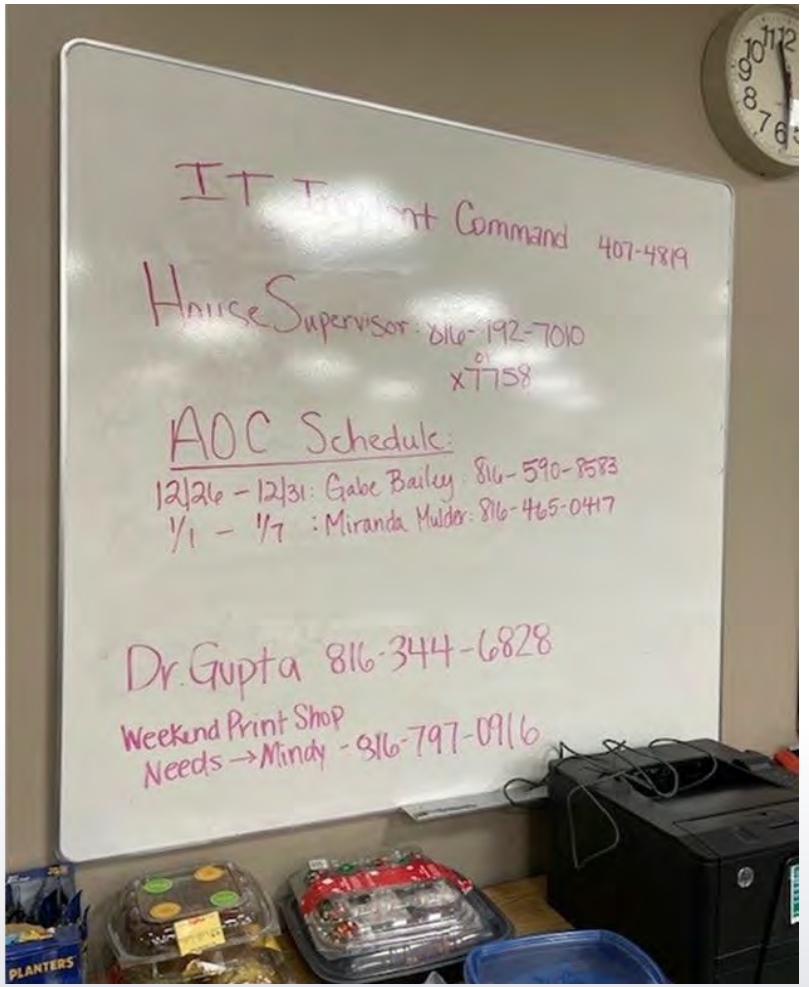
A total of 48 patients were transferred

There were 8 different EMS agencies and 8 different hospitals involved in transfers

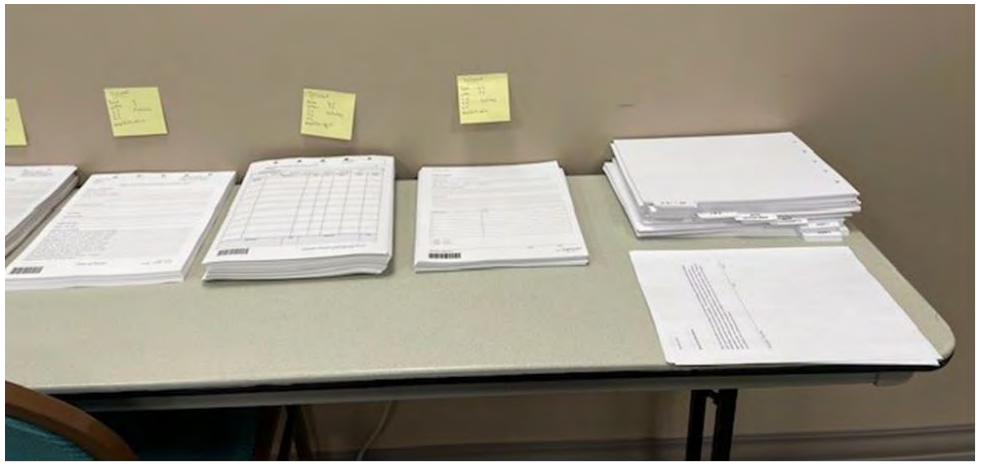
Incident Command (IC)

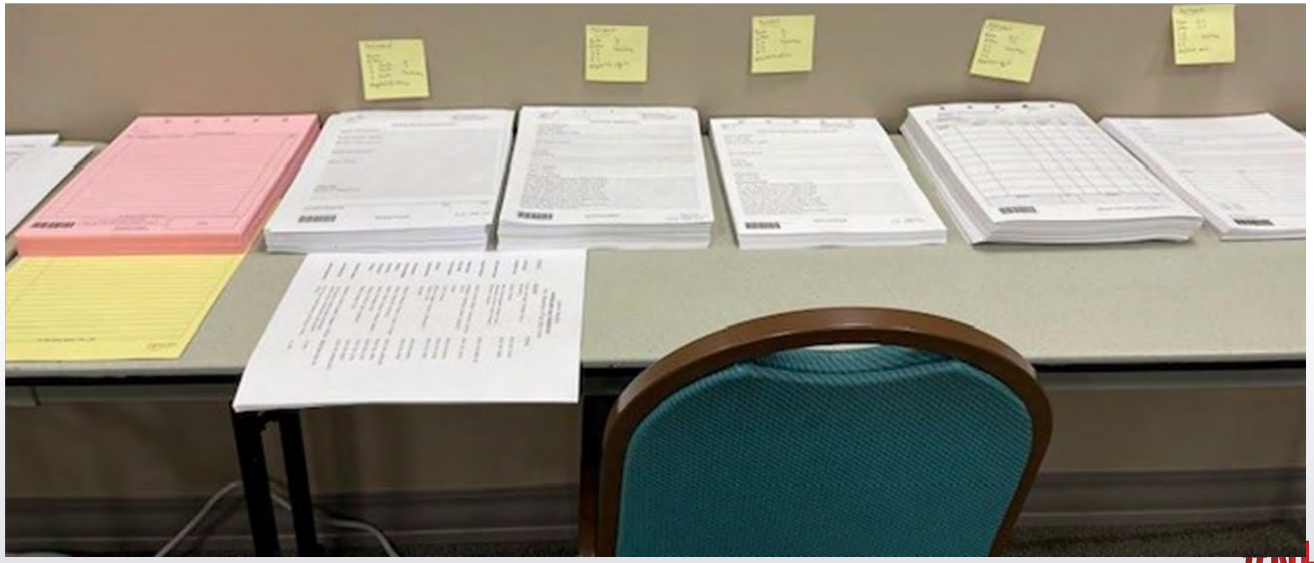
- Core group of leaders staffed IC 24/7 for the first 2 weeks
- IT staffed a representative in IC to triage IT issues
- Daily briefings were held for leadership (sometimes twice a day)
- Primary IC was for operational issues – remained a physical location for 1 month
- Secondary IC was in IT, prioritizing systems restoration
- Incident Command formally demobilized 5 weeks after event

Incident Command Core Group



Piles and Piles of Paper!





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Life Without Electronics

- Every laptop, desktop, iPad, etc. needed to be screened and reimaged
- Unable to read radiology images as they are all digital
- Phones were cleared in 24 hours, so only used radios a short time
- The only way to mass communicate was via RAVE
- No EHR (Electronic Health Record), no Email

Systems Slowly Restored

- The Emergency Department opened to ambulances 3 days later but remained on TCD diversion
- The EHR was restored 3 weeks after event
- The Emergency Department went off TCD diversion when EHR was restored
- Email was restored one month after event
- Systems have been restored

Lessons Learned

- Accept help when offered
- Be transparent with leadership and staff
- The Kansas City Healthcare Coalition is an invaluable asset
- Onsite print shop was a tremendous help
- Keep a back-up for policies/ procedures/ order sets
- Make frequent rounds to bolster morale and reassure patients
- Have a printed list of leadership & physician cell phone numbers
- Communicate, Communicate, Communicate!

Lessons Learned

- JIT Training for Physicians
- Assign super-users for downtime documentation
- Consistent leadership in Incident Command
- IT Liaison in Incident Command
- Have multiple ways to update staff and public
- Arrange for Critical Incident Stress Management
- Demobilize in Phases

Questions?

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