In 2012, Iroquois Healthcare Association and the Healthcare Association of New York State (HANYS) developed guidance and tools to assist hospitals in meeting The Joint Commission's standard relating to 96 Hour Sustainability. The planning framework is based on “A Process for Determining Resource and Asset Sustainability During Emergencies” developed by the American Society of Healthcare Engineers (ASHE). Hospitals in New York State were reimbursed for conducting an assessment as part of the 2012-13 HPP contract. Based on assessment experience and review of additional practices and resources, Iroquois has updated and supplemented the guidance and tools.

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Introduction

To sustain operations during an extended emergency, hospitals need a process to determine the length of time the facility can continue to provide care, necessary services, and nourishment to its staff and patients. The 96 Hour Sustainability Assessment process provides a framework to determine sustainability periods and gaps for essential resources, examine mitigation strategies, and inform Incident Command during an emergency event.

It is recommended that a multi-disciplinary process be used in each step of the assessment. The Assessment tools will help calculate how long resources will last. Hospitals will then need to determine their mitigation strategies and review related plans based on these calculations and planning assumptions. The tools are scalable and should be modified based on your normal operations and the emergency operational needs of the event. The primary tools used in the Assessment process are:

- **96 Hour Operational Impact Chart** – Visual analysis tracking sustainability periods and gaps that may impact operations.
- **96 Hour Inventory Sustainability Period Calculator** – Calculates the number of hours resources may be sustained based on census and inventory data.

This process, based on “A Process for Determining Resource and Asset Sustainability During Emergencies” developed by the American Society of Healthcare Engineers (ASHE), applies the basic assumption that inventory consumption is linked to average daily census, and that quantitative calculations of how long resources will last may be made based on average daily census, inventory and annual consumption rates.

The 96 Hour Sustainability Assessment process will identify:

- How long resources may be expected to last during a disruption in supply or system failure;
- Areas where sustainability gaps exist without adjusting consumption, curtailing services, or employing mitigation strategies;
- Areas for improvement in emergency and supply chain plans, and mitigation strategies.

As a detailed analysis is conducted and documented, the hospital learns where it is most vulnerable. Once the vulnerabilities, as a function of time, are known and compared, the hospital identifies the weakest elements of its ability to sustain operations and the point at which curtailing services or evacuation may be necessary.

The Joint Commission’s 96-Hour Element of Performance [EM.02.01.01] states that hospitals should:

- Identify capabilities and establish response procedures when the hospital cannot be supported by the local community for at least 96 hours (capabilities may include communication, resources, utilities, staff, safety and security);
- Document response procedures (such as maintaining/expanding services, conservation of resources, curtailment of services, supplementing resources from outside disaster area, partial/staged evacuation, or full evacuation, as necessary).

The standard requires that hospitals develop an understanding of their capabilities and limitations in order to make effective decisions concerning progressive curtailment or stopping of services in an organized and prioritized way so as to maintain those services most applicable to the situation as long as possible. This analysis should be based on a scenario identified in the hospital’s hazard vulnerability assessment (HVA) or on an all-hazards approach.
The 96 Hour Sustainability Assessment can help demonstrate compliance with CMS’ Conditions of Participation for Emergency Preparedness (§482.15) require that a hospital’s emergency plans address identified risks including:

- Care-related emergencies;
- Equipment and utility failures, including but not limited to power, water, gas, etc.;
- Interruptions in communication, including cyber-attacks;
- Loss of all or portion of a facility; and
- Interruptions to the normal supply of essential resources.

The Conditions of Participation also require that the emergency plan, policies and procedures also address:

- Strategies for responding to emergency events identified by the risk assessment.
- Services the hospital has the ability to provide in an emergency; and continuity of operations.
- The provision of food, water, medical, and pharmaceutical supplies for staff and patients, whether they evacuate or shelter in place.
- Alternate sources of energy to maintain temperatures to protect patient health and safety, and storage of provisions; emergency lighting; fire detection, extinguishing and alarm systems; and sewage and waste disposal.

When evaluating potential interruptions to the normal supply of essential services, the facility should consider the likely durations of such interruptions. Arrangements or contracts to re-establish essential utility services during an emergency should describe the timeframe within which the vendor is required to initiate services after the start of the emergency, how they will be procured and delivered in the facility’s local area, and that the they will continue to supply the essential items throughout and to the end of emergencies of varying duration.
Preparing to Conduct a 96 Hour Sustainability Assessment

1. Identify Assessment Team

- Convene an inter-disciplinary team such as the Emergency Management Committee or Environment of Care Committee.

  Assessment team members should include department heads, and administrative and clinical staff representing:

  - Emergency Preparedness
  - Materials Management/Purchasing
  - Plant Operations
  - Environmental Services
  - Dietary/Food Services
  - IT; Telecommunication
  - Human Resources
  - Security/Safety
  - Medical Affairs/Surgery
  - Nursing
  - Pharmacy
  - Infection Control
  - Emergency Department
  - Respiratory

- Assessment team members will be responsible for identifying the following within their department or area of responsibility:

  - Resources essential to operations and services;
  - Inventory and consumption data for identified resources;
  - Conservation and mitigation strategies.

2. Determine Planning Scenario & Assumptions

- Select a planning scenario for which to conduct the assessment.

  You may choose a scenario that is high on your hazard vulnerability assessment (HVA) and would likely impact the normal consumption and supply of resources (e.g. severe weather, pandemic, etc.) or use an all-hazards approach.
Apply reasonable assumptions based on the scenario.

Below are examples of reasonable assumptions that may be applied to a weather-related scenario:

- Electrical power is out in the community; Emergency generators at the inpatient facility are functional and running;
- Sewer systems become non-functional due to loss of power to sewage lift stations;
- Communications networks across the area are affected;
- Many employees are unable to report to work due road conditions;
- Normal levels of supplies and resources are available at the facility at the onset of event;
- Some influx of patients.

3. Identify Essential Resources

Distribute the 96 Hour Sustainability Assessment Tools and Guidance to the Assessment Team.

These include the Word or PDF document Guidance for Hospital Leaders and Department Heads: Preparing to Conduct a 96 Hour Sustainability Assessment, and the Excel document 96 Hour Sustainability Assessment Tools which contains the Inventory Sustainability Calculator and Operational Impact Chart.

Determine the resources essential to maintaining operations during the scenario.

Ask Assessment Team members to review the pre-populated list of essential resources in Attachment A of the Guidance for Hospital Leaders and Department Heads document. They should be instructed to modify the list based on the facility’s operational needs.

4. Assemble Data

For consumable resources which may be quantified (i.e. counted) the following data will be required in order to determine Sustainability Periods:

- **Average Daily Census**
  
The Patient Census should account for all patients, including those in the ED, surgery, outpatient, and other departments proving care over a 12-month period. Census data may be listed by category or in total. Categories may be changed to reflect how census data is collected and defined by facility.

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Annual</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>43,435</td>
<td>119</td>
</tr>
<tr>
<td>Nursery</td>
<td>2,190</td>
<td>6</td>
</tr>
<tr>
<td>Outpatient</td>
<td>108,410</td>
<td>484</td>
</tr>
<tr>
<td>ED</td>
<td>58,400</td>
<td>160</td>
</tr>
<tr>
<td>Surgeries</td>
<td>10,950</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>7,300</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>280,185</td>
<td>719</td>
</tr>
</tbody>
</table>

- **Annual Consumption Rate of Resources**
  
Assessment team members should assemble Annual Consumption Rate data for essential resources within their department or area of responsibility. Because there may be seasonal variances in the consumption of certain resources, the Annual Consumption Rate is used to calculate a baseline Average Consumption Rate (units/day). This data may be entered in Attachment A of the Guidance for Hospital Leaders and Department Heads.
A general rule is that if the resources are consumable and can be counted (quantified), the Calculator may be used to determine sustainability. Resources pre-populated in Bold are considered consumable. Determining the consumption rate of essential resources, including staffing, depends on the number of individuals (patients, support staff, and visitors) in the facility and the quantities of resources available. Accomplishing this requires an Average Daily Patient Census and a Resource Inventory. “Consumption” includes materials or staff utilized in providing patient care. Average baseline information on patients receiving care, and resources consumed by these patients, including staff and visitors associated with the patients, is critical. Once these key elements are determined, the organization can develop a decision process for sustaining services during an event.

- **Actual Inventory of Resources**
  This may be an actual inventory conducted within a department, or may be drawn from a centralized inventory data system. It should reflect typical inventory levels.

- **For resources which are non-consumable or for which consumption rates cannot be quantified, reasonable planning assumptions should be applied by the Assessment Team.**
  *Example:* Elevator is either working or not working, dependent on Normal or Emergency Power System.

- **If the Sustainability Period of a resource has been determined using other quantitative methodology, document the data and calculations for review by the Assessment Team.**

### 5. Identify Dependent Systems and Mitigation Strategies

- **Identify mitigation and conservation strategies that may extend sustainability periods and lessen the impact on emergency operations.**
  Mitigation strategies may include:
  - Curtailment of services; patient discharge;
  - Conservation of resources;
  - Plan for alternative methods to meet operational needs (gas generators, waste management)
  - Identify additional resources that can be obtained from within the immediate community.

- **Identify dependent systems and resources.**
  Dependencies should be considered by the Assessment Team when making sustainability determinations. Unavailability of certain resources or cascade failures may expand and escalate operational impacts. *Example* – Emergency Power: What are the dependent systems? What mitigation strategies may be used?

- **Identify planning assumptions and considerations which may affect availability and consumption of resources.**
  Planning assumptions and additional considerations that may affect services and operations of other departments should be reviewed by the full Assessment Team when making sustainability determinations.
1. Establish Planning Assumptions

- Planning assumptions to be applied in conducting the Assessment include:
  - Supplies and support from outside the community will unavailable for 96 hours or more;
  - Public services and support from within the community will be impacted (e.g. normal supply chains and vendor operations will be impacted);
  - Normal levels of supplies and resources are available at the onset of event;
  - Resources that cannot be replenished will need to be conserved; alternative methods will be required to meet operational needs (e.g. gas generators, waste management);
  - Multiple scenarios or cascade failures may escalate operational impacts;
  - Medical surge and staff shortage strategies may need to be implemented;
  - Additional assumptions based on the scenario (e.g. during a severe weather event, normal power and phone service may be impacted).

2. Determine the resources essential to the facility’s operation.

- List essential resources in Column B of the 96 Hour Sustainability Chart.
  Column B is pre-populated with generally applicable resources which are categorized by the Joint Commission’s six Critical Functions of Environment of Care (Column A):
  1. Communicating during emergency conditions.
  2. Managing resources and assets during emergency conditions.
  4. Defining and managing staff roles and responsibilities during emergency conditions.
  5. Managing utilities during emergency conditions.
  6. Managing clinical activities during emergency conditions.
The pre-populated resources may or may not be essential to your facility’s operation during the selected emergency event. Pre-populated resources may be deleted, supplemented, itemized or otherwise changed to best reflect your operational needs, and may also be categorized differently.

### 3. Determine the Sustainability Period of Essential Resources

Sustainability Periods may be calculated using one of methodologies outlined below:

- **Use 96 Hour Inventory Sustainability Period Calculator for consumable resources**

  The Calculator tool provides a quantitative methodology for determining Sustainability Period of consumable resources (see Calculator Instructions Tab). The following data is needed:
  - Average Daily Census
  - List of Essential Resources
  - Annual Consumption Rate of Resources
  - Actual Inventory Quantity of Resources

  1. **Enter Average Daily Census** in Tab A: Cell J14. Average Daily Census will automatically populate into Calculator Tab Cell 2C.

  2. **List Essential Resources** in Calculator Tab. The pre-populated resources correspond to those in the Emergency Operations Chart Tab.

  3. **Enter Annual Consumption Rate** for each Resource in Annual Consumption (Column D). The Average Consumption Rate will automatically calculate and populate in Column E.

  4. **Enter Actual Inventory Quantity** for each resource. Enter the inventory data into the Actual Inventory Quantity (Col. F). The Inventory Sustainability Period/Hours (Col. G) will automatically calculate and populate.

  5. **Transfer Sustainability Periods to Chart.** Transfer data from Inventory Sustainability Period/Hours (Column G) to Chart, using color coding as described in its instructions.

  *Example*: If Linen Supplies has a Column F value of 36 hours, Color code that resource row Green for through 36 hours. The time period to be coded Yellow and Red is determined using reasonable assumption process.

- **Use other quantitative methodologies for consumable resources.**

  If the Sustainability Period has been determined using another quantitative methodology, this data and calculations should be reviewed and discussed by the Assessment Team.

- **Apply reasonable assumptions when resource cannot be quantified**

  The Sustainability Period of certain non-consumable resources such as telephone service and normal electrical power cannot be determined using the quantitative methods above. The Sustainability Period for such resources should be determined using reasonable assumptions based on the planning scenario. *Example*: Elevator – It is either working or not working, dependent on normal and emergency power systems.
4. Color Code 96 Hour Operational Impact Chart

- **Use Sustainability Period results from the Calculator, other quantifiable calculations, and/or reasonable planning assumptions to color code the 96 Hour Operational Impact Chart.**

  - **Green**  Resources are known or calculated to be available with no impact on normal operations. All patient, staff and visitor services can continue without any discernible impact or change. *Example:* Potable Water—Quantitatively determined to be 72 Hour Sustainability Period. Color code Green Hour 0–72.

  - **Yellow**  Potential exists for impact on normal operations. Implement appropriate Emergency Operations Plans to mitigate the impact of a sustained event. Indicates that some patient, staff or visitor services may be reduced or suspended. It is likely that elective surgeries may be affected and that some or all outpatient or non-urgent services may be temporarily suspended. Visitors/visiting hours may be limited. Conservation measures or other contingencies may be required. Will need to obtain needed resources and/or implement effective conservation measures and contingencies to sustain essential services or implement diversion and partial or total evacuation if indicated. *Example:* Elevator - Sustainability Period is dependent on Emergency Electrical System. Determine that it can be shut down with minimal impact on normal operations for duration of event. Color code Yellow Hour 0 – 96.

  - **Red**  Normal and emergency operations are significantly impacted. All internal resources and strategies to mitigate impact have been depleted. May need to consider denying incoming visitors/patient admission. All but the most critical, life-saving procedures will be discontinued. Partial/total evacuation in progress. Patients to be transferred to other facilities. *Example:* Potable Water - No mitigation identified past 72 Hour Sustainability Period. Color Code Red Hour 74 – 96.

5. Identify Sustainability Gaps & Mitigation Strategies

- **Identify conservation and mitigation strategies that may extend sustainability.**

  Departments should develop consumption and operational adjustment measures for items on the inventory list.

- **Estimate the period that mitigation strategies may extend the ability of the facility to function under emergency operations by applying reasonable assumption.**

- **Review plans and mitigation strategies for areas coded “Red”.**
  - Can identified resource inventory be stockpiled or increased prior to an anticipated event?
  - What consumption adjustments and operational changes will be necessitated during an event?
  - Are response expectations of your vendors defined and realistic response capabilities understood?
  - Ensure that supplies and medications are available from multiple sources.
Appendix:

1. 96 Hour Sustainability Assessment Tools & Documents

- **96 Hour Operational Impact Chart**
  Visual analysis of sustainability periods and gaps that may impact operations.

- **96 Hour Inventory Sustainability Period Calculator**
  Calculates the number of hours resources may be sustained, based on census and inventory data.

- **A Process for Determining Resource and Asset Sustainability During Emergencies**
  Article outlines sustainability process developed by American Society of Healthcare Engineers (ASHE).

- **System Failures Chart: Guidance for Incident Command**
  Customizable template for incident command and department heads to use in planning for various hospital system failures.

- **Critical Resources & Assets Table: Strategies for Extension**
  Customizable table to identify strategies and vulnerabilities for specific critical resources.

2. Additional Resources

- **Supply Chain Disaster Preparedness Manual**
  CDC manual addresses supply chain preparedness.

- **Medical-Surgical Supply Formulary by Disaster Scenario**
  Developed by the Association for Healthcare Resource & Material Management, Health Industry Distributors Assoc., and the Health Industry Group Purchasing Assoc.
  [www.ahrmm.org/resources/tools/disasterformulary.pdf](http://www.ahrmm.org/resources/tools/disasterformulary.pdf)