

Preparing hospitals for extreme weather events caused by climate change: A Progress Report (presentation)

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Centre for Health Assets Australasi

BE Research Seminar Series, 11 October 2010

Preparing hospitals for extreme weather events caused by climate change: A Progress Report

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Project Title:

Assessing the adaptive capacity of hospital facilities to cope with climaterelated extreme weather events: a risk management approach

Research Question:

How can buildings become more resilient against extreme weather events?

Partners: NSW Health, QLD Health, SA Health and NZ MOH

Staging:

Phase 1: 2009 vulnerability assessment

Phase 2: 2010 assess adaptive capacity / develop adaptation strategies

Phase 3: 2011 action Plan + evidence base for design and adaptation strategies





Presentation Structure

Research Rationale

- Why climate change?
- Why hospitals?

Research Methodology

- Case studies approach
- Stakeholder Focus Group
- Disaster Management Plans content analysis
- Soft Systems Analysis

Preliminary Findings

Next Steps



What are the effects of Climate Change?

- Recent evidence indicates that as a result of climate change, the frequency and intensity of extreme weather events has increased (CSIRO & BOM, 2007).
- In Australia and New Zealand, warming is associated with more frequent and severe heatwaves, floods and storms (Australian Greenhouse Office, 2006, Preston and Jones, 2005, Hennessy et al., 2007)



Why hospitals? Some thoughts:

During (and immediately following) an extreme weather event, hospitals:

- are the main point of contact for coordination exercises
- have to deal with additional patient loads as a direct result of the event
- have to remain functional in adverse circumstances
- become a place of refuge from other less resilient buildings





Case Studies – extreme weather events:









Jurisdiction	Case study	Study issue
NSW	Coffs Harbour Base Hospital	flash flooding (creek)
QLD	Cairns Base Hospital cyclone	
SA	Ceduna Community Health Services	heatwave
New Zealand	Whangerei Hospital, Northland	flooding (from river & heavy rain)





Case Studies Selection Criteria:

- Past records of extreme weather
- Size and age of hospital
- Total population dependencies
- Future climate projections







Case Studies – extreme weather event:

NSW — Coffs Harbour Hospital — flooding

- Largest hospital in North Coast area of NSW
- Major referral hospital in the region
- Serves population of 100,000
- Average annual rainfall is 1700mm during late summer/early autumn
- 6 major flooding events in 2009, which affected other hospitals in region as well
- Impact of residential aged care facilities evacuation of residents to hospital
- Staff absenteeism; roads cut; damaged local infrastructure



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Coffs Harbour Base Hospital

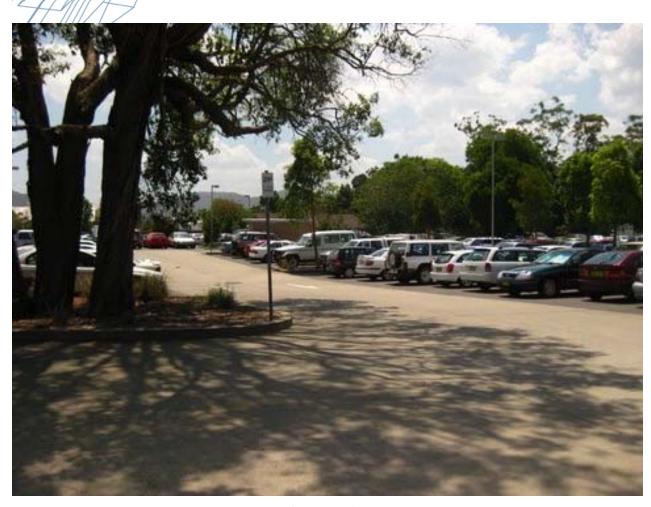






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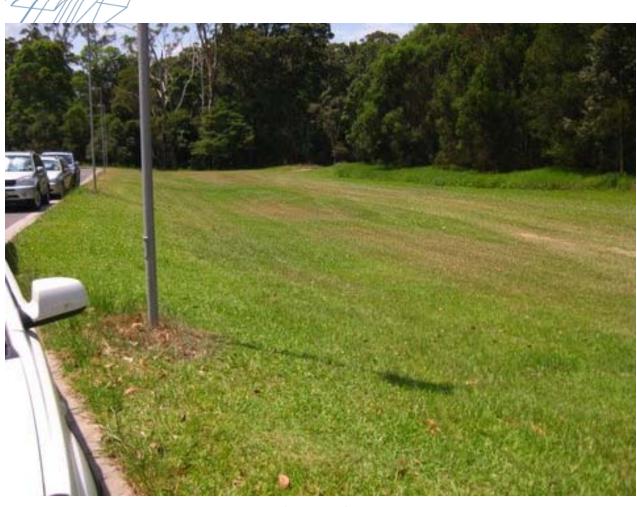
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Disaster Risk Management Cycle

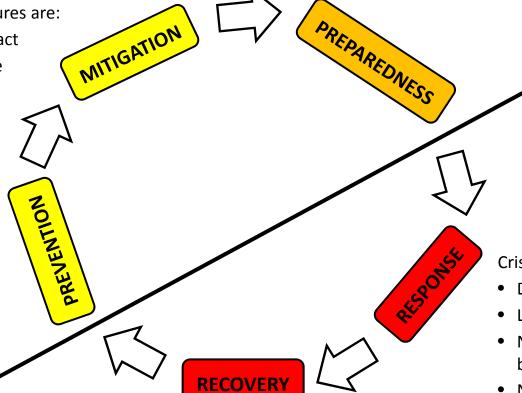
Risk-reduction measures are:

Delivered pre-impact

Most cost effective

Community based

Sustainable



Crisis-management measures are:

- Delivered post-impact
- Least cost effective
- Nationally and internationally based
- Nonsustainable

Diagram of the disaster risk management cycle comparing risk-reduction measures (above) to crisis-management measures (below)

Keim (2008, p. 511)

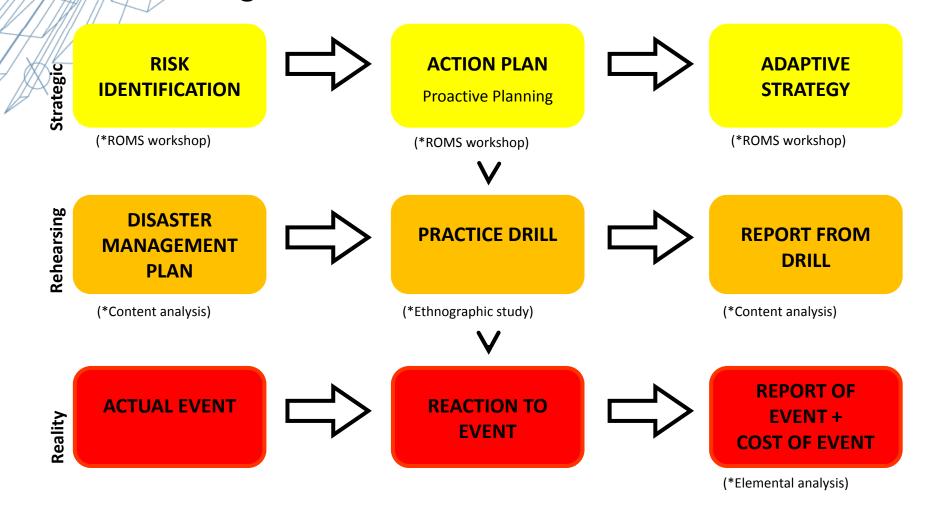
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Disaster Management Research Framework







"Risk and Opportunity Management System" (ROMS)

Workshop conducted using ROMS (www.risk-opportunity.com).

- Structured approach / international standards of risk management
- Identify and prioritise stakeholder objectives
- Identify risks and opportunities
- Assess and prioritise
- Develop Action Plan to address

Objectives affected by project outcomes

Low

High

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Focus group of key stakeholders

Ability to implement project objectives

LOW Hiαh

Low	High
Minor Stakeholders	Important Stakeholders
All Support Services (e.g. Cleaners, Kitchen,	Utility (essential) services – power, water, gas
etc)	Civil Defence and emergency service - (SES)
Trade Services	Public Works Dept (State level government
Other Government Department	dept)
Laboratories / pathology	Security
	Patients and community (indigenous, socially
	disadvantaged, aged, disabled, young, LSE)
	Staff / Services
Major Stakeholders	Key Stakeholders
Local Government	Director Corporate Services
Designers	Director of Nursing
Union	Facilities Manager including IT
	Emergency Management Personnel
	Director of Medical Services
	Ambulance / emergency services
	Corporate Asset Manager
	Quality and Safety Management
	Public Relations Personnel





Focus group of key stakeholders – common objectives

Common Objectives	Weighting
To ensure staff and patient safety (including vulnerable patients within the community)	40%
Maintain essential services and physical fabric (water, electricity, gas, communications (IT), sewerage and sufficient supplies).	20%
To ensure continuity of service delivery (core clinical services – theatres, emergency, maturity, ICU and ensuring adequate staff resources to deliver health services – senior management and health staff)	20%
To ensure timely access in and out of facilities for staff, patients and emergency vehicles (to ensure we maintain adequate resources and staff available to cope, patients can get treatment etc) – including wider access in catchment area	10%
Effective internal and external communications.	10%





Focus group of key stakeholders – risks & opportunities

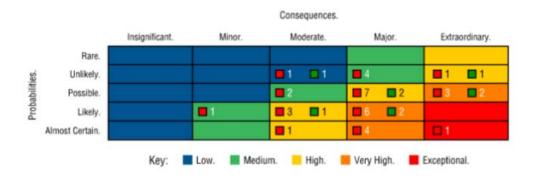
Common	Risks	Opportunities
Objective		
To ensure staff and	d Flooding into clinical areas Develop and implen	
patient safety	Roads being cut	flood mitigation strategy
(including	Inability to respond to speed of event for the site (eg. Co	
vulnerable	Lack of disaster procedures for vulnerable patients Harbour bypass n	
patients within the	Lack of ability to cope with surge of demand	present opportunity,
community)	Unpredictability of pattern of event (intensity,	engage with urban
	nature/pattern/location of impact, etc)	planning controls)
	Not having leadership available ON SITE causing	Build a multi-storey car
	poor coordination during event	park
	Adequacy of community age care facilities BCM	
	plans and capacity to implement those plans	



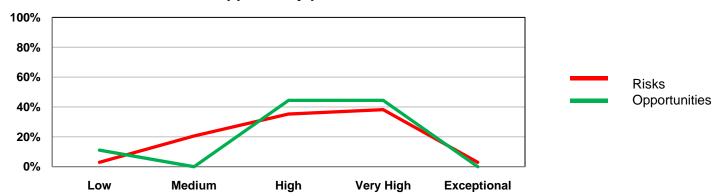
ROMS Step 5 Output – Risk/Opportunity profile

Risk/Opportunity calculator:





Risk/Opportunity profile



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Focus group of key stakeholders – developing action plan

Objective	Risks	Additional Controls
patient safety (including within the community)	(13) Roads being cut (Almost Certain, Major, Very High)	Lobby RTA/Council to upgrade roads from hospital to bypass
		– as part of Pacific Highway upgrade and Coffs Harbour
		bypass to ensure all weather access
		Further develop support provided to local hospitals
		Developing a process of when we receive early warning that
		those on call physically come into the facility so we have
		them on site (intensivist, O & G, Anaesthetist, general
		surgeon etc)
nd p	(21) Adequacy of	Help age care providers to secure funding to develop risk
To ensure staff and patient vulnerable patients	community age care	management/emergency/BCM plans
	facilities BCM plans	Lobby commonwealth to make risk management plans/BCM
	and capacity to	part of age care facility accreditation process
ens	implement those	Lobby local Government planners to make location of age
5 vu	plans	care facilities in DA approval consider risk of where they are
	(Possible, Major, High)	building

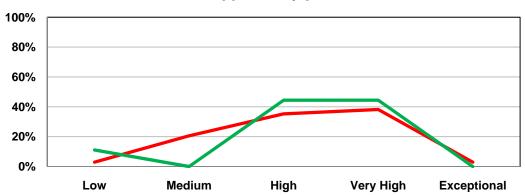


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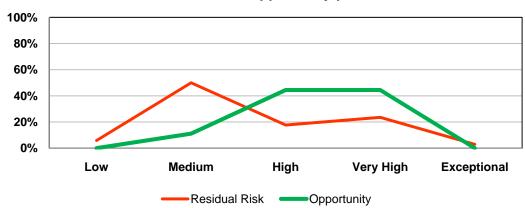


ROMS Step 5 Output – Risk/Opportunity profile

Risk/Opportunity profile



Residual Risk/Opportunity profile







Main objectives identified in ROMS

Overall goal = maintaining continuity of service delivery during and extreme weather event

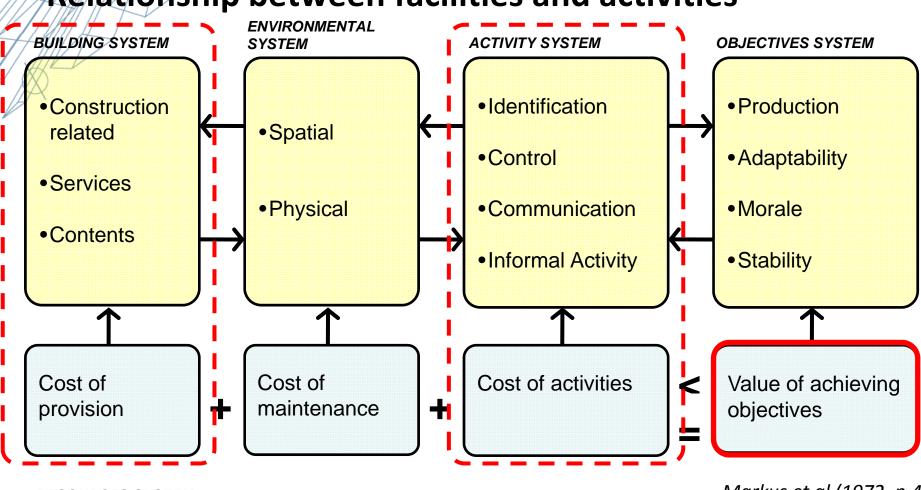
4 key areas associated with vulnerability:

- 1. Availability of essential building services supported by
- 2. Ensuring the physical integrity of the hospital
- 3. Effective inter-agency communication
- 4. Maintaining access to the hospital for staff and patients

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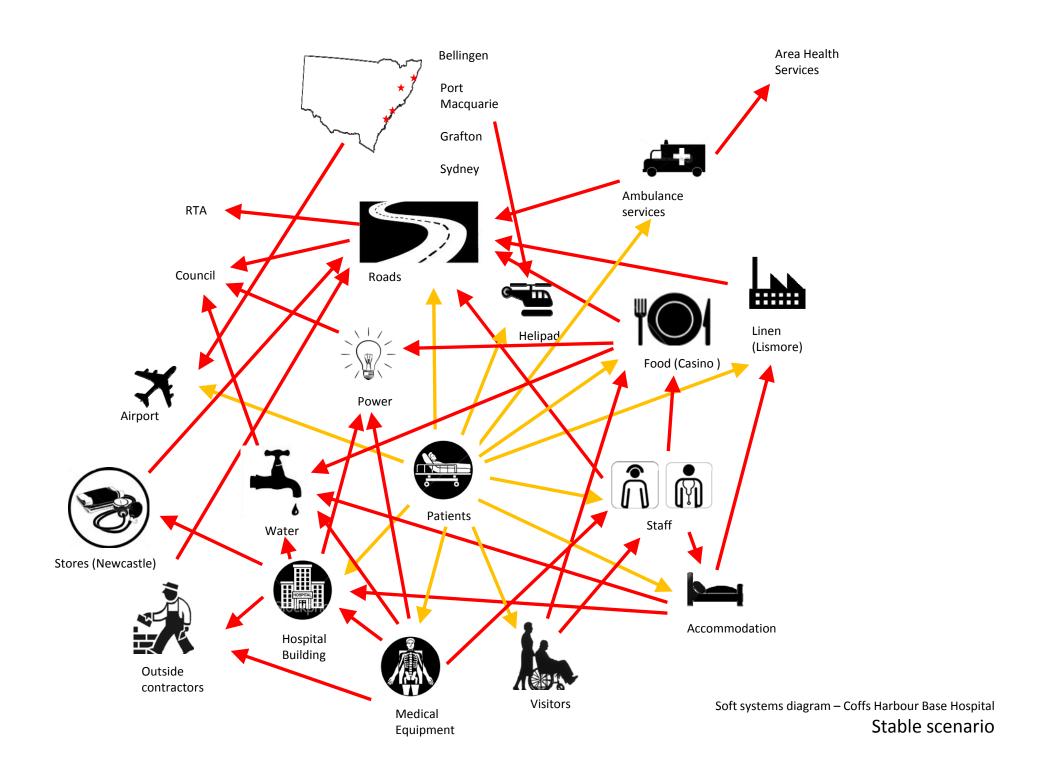
Relationship between facilities and activities

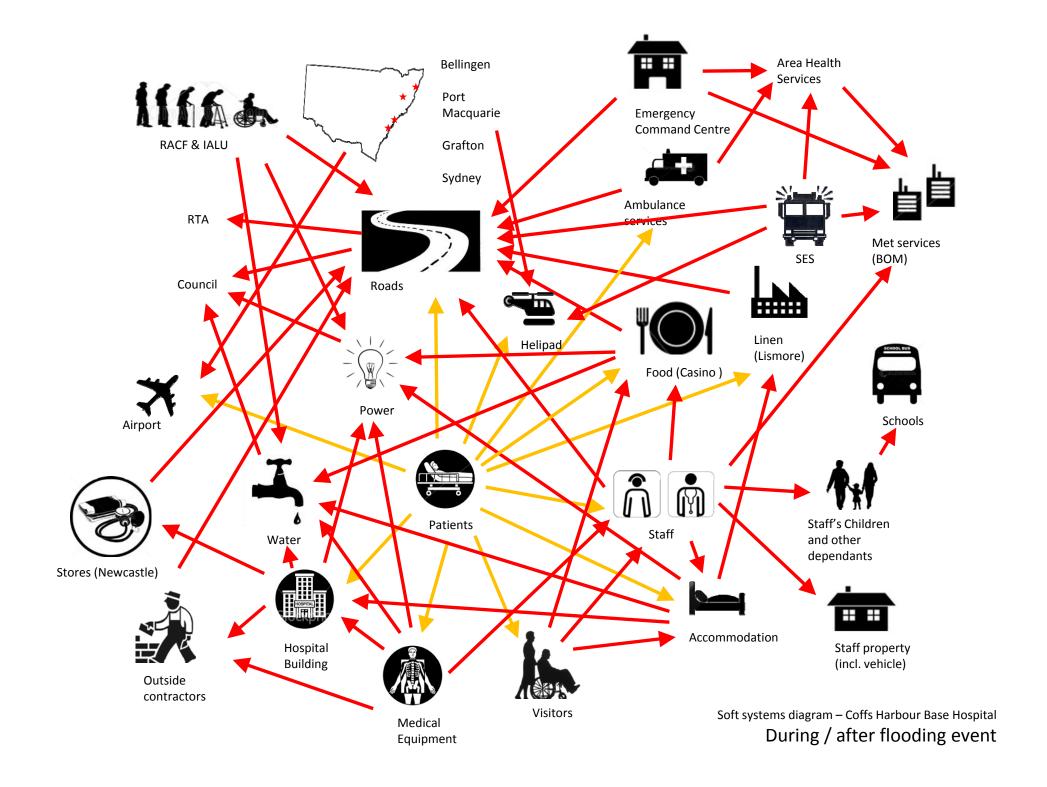


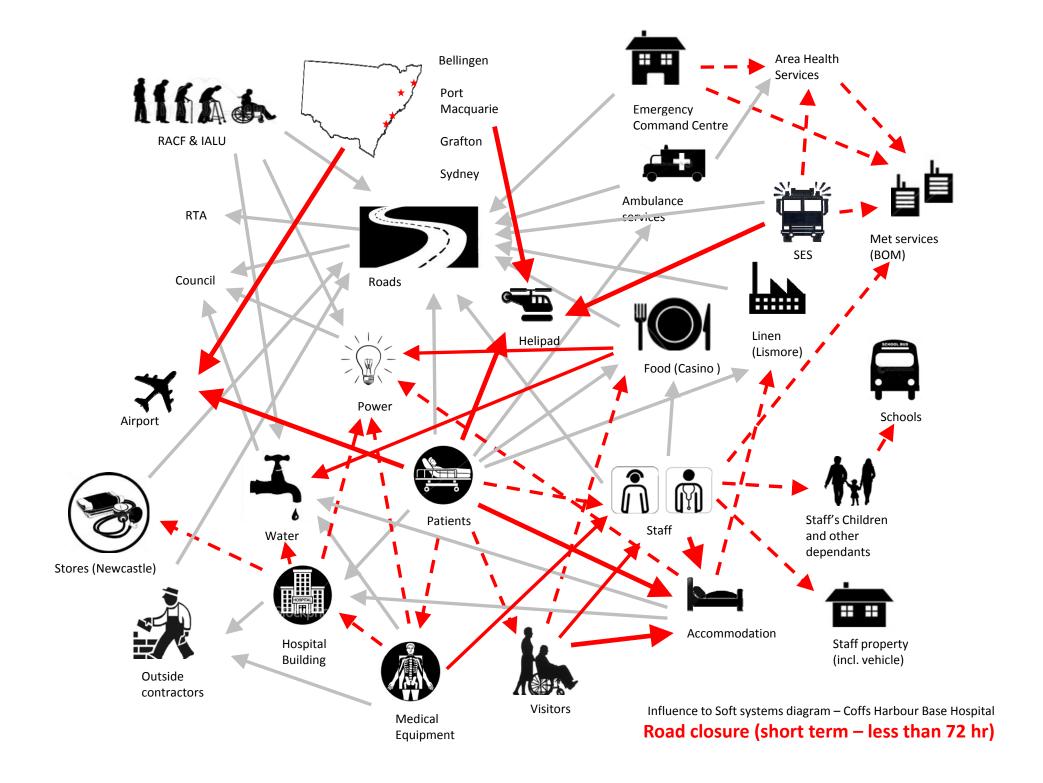
RESOURCES SYSTEM

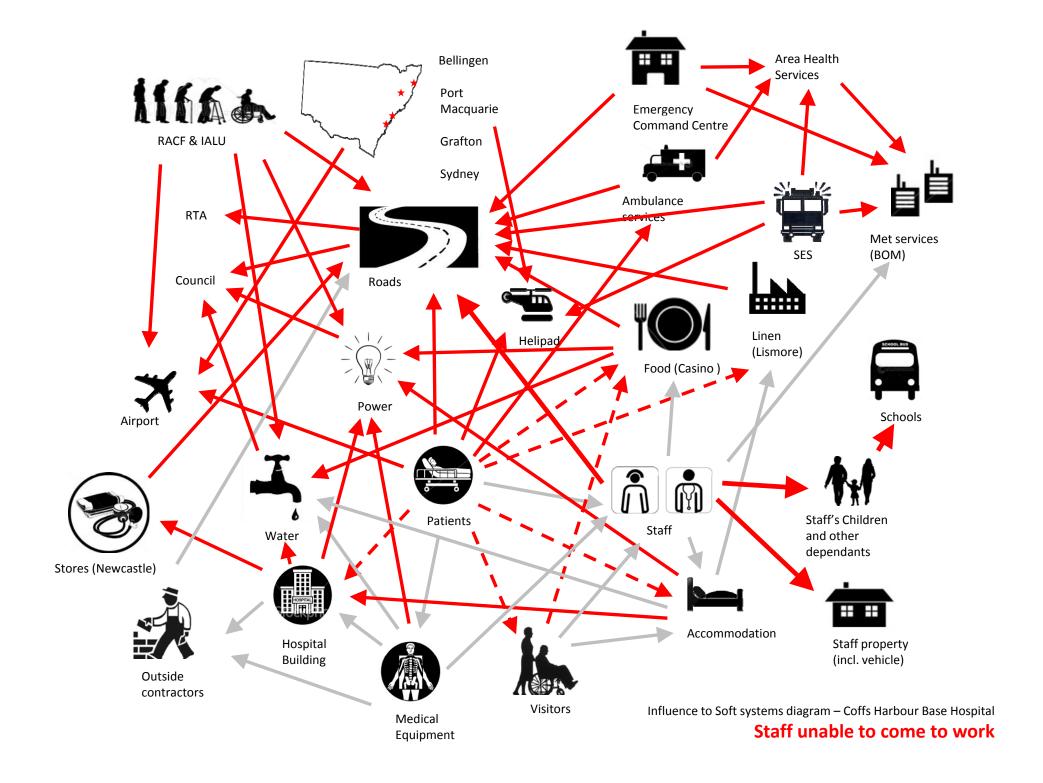
Markus et al (1972, p.4)

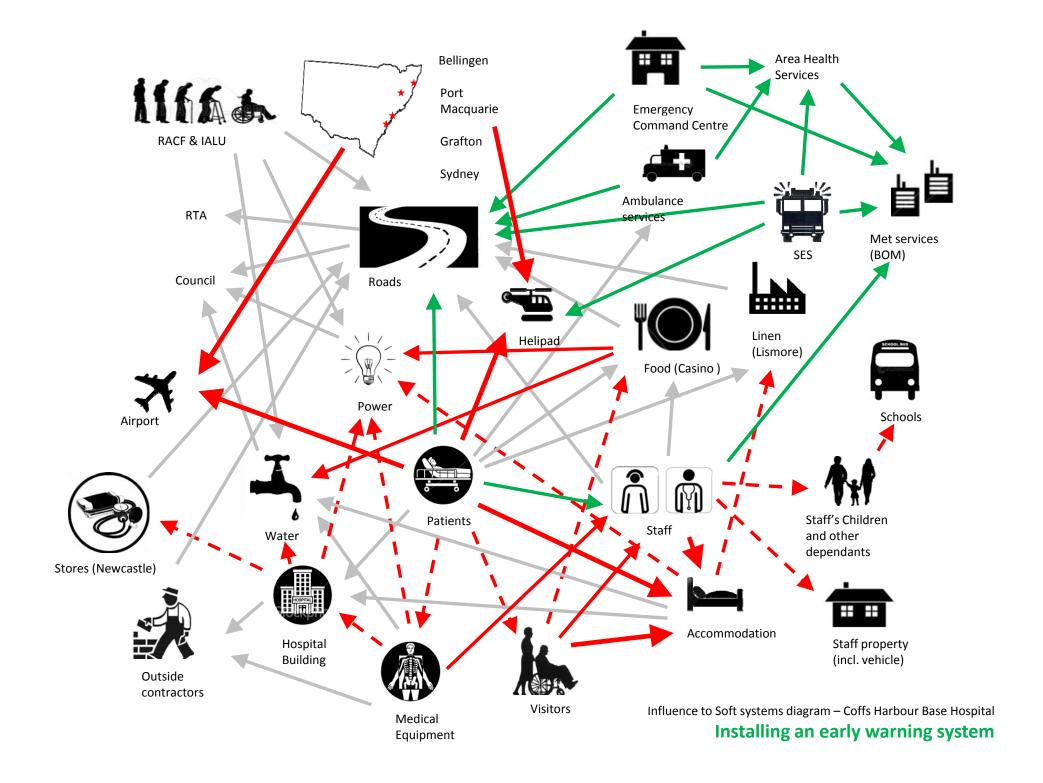
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Next Steps

- Explore relationship between building and organisational resilience
- Investigate "systems boundary" for hospitals at stable situation and during an event
- Examine the cost of extreme weather events
- Develop an action plan to address issues identified
- Develop an evidence base regarding design and facilities management adaptation strategies for hospitals faced with increasing exposure to floods and other extreme weather events





For more information about this project

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