

Project Charter

Project/Initiative	Provincial Emergency Social Services - Health Network
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Version	1.9
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Division	Emergency Management & Business Continuity - PHSA
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Approvals/Reviews	Signature	Date
Executive Project Sponsor - (<i>Doreen Myers, Corporate Director - PHSA</i>)		Apr 14, 2011
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Document History

Version	Date	Author	Description of Changes / Comments
1.3	Sep 09	S. Mackinnon	<i>Initial draft</i>
1.4	Oct 09	S. Mackinnon	<i>Committee vetted input – minor changes</i>
1.5	Jan 10	S. Mackinnon	<i>Timeline adjustments</i>
1.6	Jan 10	S. Mackinnon	<i>Committee approved vote to modify objective 3 and adjust deliverables to reflect change</i>
1.7	May 10	S. Mackinnon	<i>Feedback incorporated from provincial ESS and Health stakeholders-Major revisions to background</i>

PROJECT PURPOSE

To explore gaps between Health Services¹ and Emergency Social Services (ESS) and to produce deliverables that ensure a sustainable and integrated response.

BACKGROUND

- The relationship between Health Services and ESS can, at times, be inconsistent or lack a clear understanding of respective roles during an adverse event. While there are some well established structures within British Columbia, there are few clearly defined linkages at the front-line level between Health Services and ESS. The need to interface between Health Services and ESS is also a complex issue requiring integration at many levels from small to large scale events as well as across many types of health services¹. In addition, Health Services and ESS have varying levels of community capacity and/or dedicated local resources, thereby creating disparity amongst provided services.
- While the structures at the strategic operations levels are well defined and functional, there is a significant advantage to ensuring that processes are solidly implanted into the tactile or Incident Command Site (ICS) prior to a response. For example, during a major emergency or disaster requiring evacuation of a large number of people, those who require assistance will likely arrive at either an ESS Reception Centre and/or Health Facility. Further refined mechanisms will ensure appropriate and timely referrals to required services and increase our ability to manage surge.
- Recent adoption of the functional needs framework in many local communities further underpins the need to strengthen the front-line linkages between ESS and Health Services in order to support the medical functional needs component within these vulnerable populations' emergency response structures.
- In summary, these vital systems face many of the same challenges. Streamlining the functions at all operational levels enables us to collaboratively meet the needs of a diverse population group by delivering integrated and coordinated services. This will decrease the potential for a delay or discontinuation in services, reduce impacts that can overwhelm a system, and ultimately minimize the adverse effects of an event on displaced individuals.

METHODOLOGY

- The charter committee will examine current best/work practices in BC and where possible will incorporate successful practices already established.
- To determine outstanding Health Service/ESS gaps, committee members will:
 - review available provincial strategies;
 - conduct a literature review; and

¹ **Health Services** vary based on regional health programs but can be defined broadly as the following: Acute Care, Home & Community Care including Residential/Extended care, Public Health, Environmental Health, Mental Health including psychosocial, provincial treatment programs, specialized regional or provincial support programs as well as various clinical and para-clinical services

- perform an environmental scan.
- Input will be obtained from individuals in health emergency management, emergency management, health care, ESS, select support organizations and interested individuals (ie., those who regularly access healthcare services and/or received ESS services in the past) at the provincial and local (urban and rural) level
- Each objective will be evaluated based on the following criteria:
 - In and out of scope
 - Links and dependencies
 - Barriers and constraints
- The committee will utilize a measurement tool with defined criteria for ranking the objectives. This tool will be used to quantify the following:
 - Objective comparison: Cost vs. Human Benefit Impact
 - Outcomes of deliverables; post-implementation.
- Deliverables will be ranked and assessed to determine which will be trialed within the project timeframe.
- Each deliverable will be trialed in either an urban or rural community (as per its applicability) then evaluated one year post-implementation, using the established measurement tool.
- Developed deliverables, including trial outcomes, will be posted as a repository of tools and/or mechanisms and made readily available to any invested stakeholders.
- Findings will be compiled in a report and submitted to Ministry of Health –Health Emergency Management Council and the Ministry of Public Safety and Solicitor General - Emergency Management/Business Continuity Division for further consideration.
- The project committee will terminate.

OBJECTIVES
1. Identify and engage non-governmental organizations and community based organizations (i.e., St. John Ambulance, Victim Services) to determine capacity for providing basic health/ESS services.
2. Provide disaster psychosocial education, information and available tools to ESS.
3. Develop resource tools including: service type and access; after hours contact lists; specialized programs; and pharmaceutical resources available from either Ministry of Health or Health Services.
4. Develop a sustainable, replicable forum that serves to: (i) increase awareness through information sharing; and (ii) build networks comprised of ESS and regional health service providers.
5. Determine a mechanism for integrated health planning and response at the local authority level.
6. Provide a model for the development of a health response team to support Reception Centres (RCs) and Group Lodging (GL).
7. Develop a Concept of Operations for an integrated response of Level 3 ² activations at the municipal, regional and provincial level between ESS and Health.

² **Level 3:** A major emergency, such as large scale flooding or interface wild fires, involving a large scale evacuation. More than one RC may be established. Duration of operations may be days or weeks. An EOC is established.

SCOPE

WITHIN SCOPE:

- Any issue concerning an ESS evacuee that might require timely access to health services.
- Any issue compromising an evacuee's health and well-being or has potential for an evacuee to decompensate.
- Any issue with potential to impact health services.
- Any issue with potential to disrupt the continuation of health care to an evacuee.
- Any issue concerning an ESS volunteer and their access to psychosocial support.
- Any issue evolving in a RC that has a health component.

OUT OF SCOPE:

- Evacuees who are either Shelter in Place (SIP) or unable to self-evacuate.
- Any issue that does not have a direct medical need or impacts health care services.
- Any at-risk population groups that do not have a medical functional need or require ongoing healthcare support (i.e., require MCFD, MSHD etc.).
- Any issues regarding pharmacies and/or the College of Pharmacists of BC.
- Lack of required funding to support the implementation of a charter objective and/or determined deliverable.

LINKS AND DEPENDENCIES

- HEM Council and EM & BC Executive approval
- Mission, goals, values and religious mandate(s) of the different NGO/CBO agencies
- Provincial DPS network
- Healthcare providers and managers
- Emergency Managers and Local Authorities
- ESSD and ESS practitioners
- Funding requirements

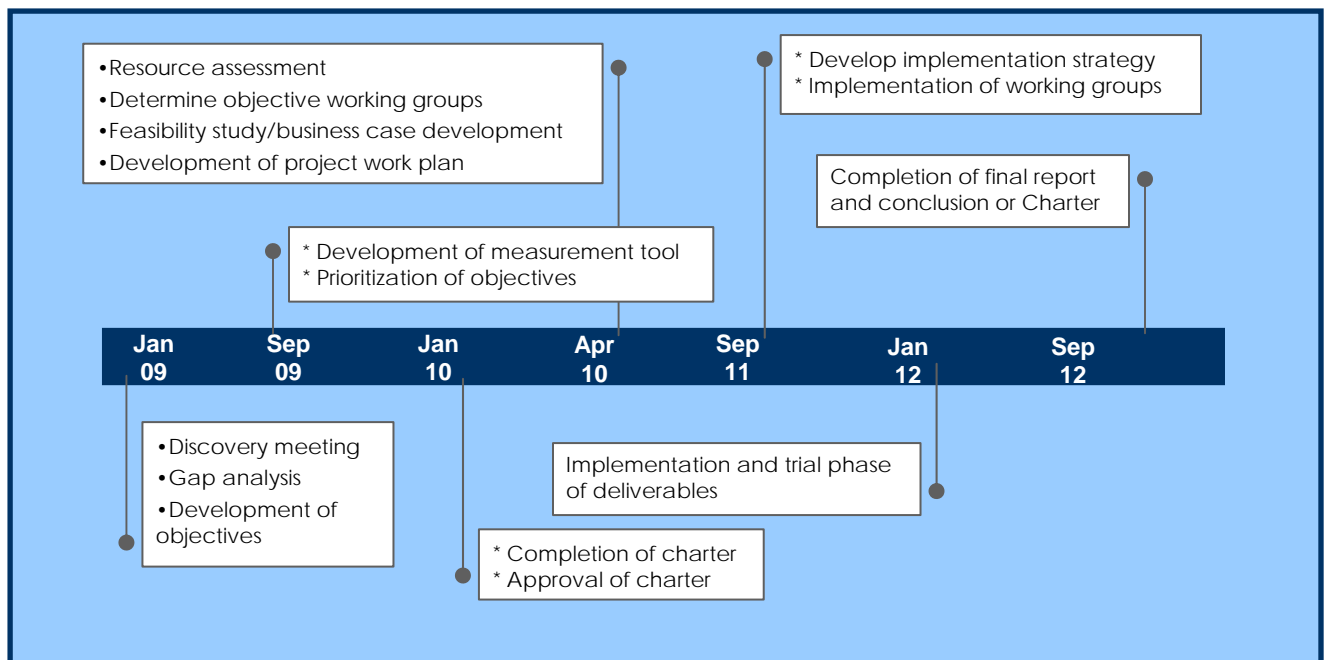
BARRIERS AND CONSTRAINTS

- Geographical diversity within BC
- Resource availability
- Funding
- Human Resource/workload issues
- Complexity of healthcare systems and diversity of regional health authority programs
- Lack of established accountabilities/responsibilities
- Liability issues
- Varying levels of community capacity/resilience and/or dedicated local resources
- Lack of evidence based research into best practices based on BC's current emergency response model
- Confidentiality and FOIPP Act requirements
- Unclear delineation and formalization of health roles and responsibilities in a large scale event

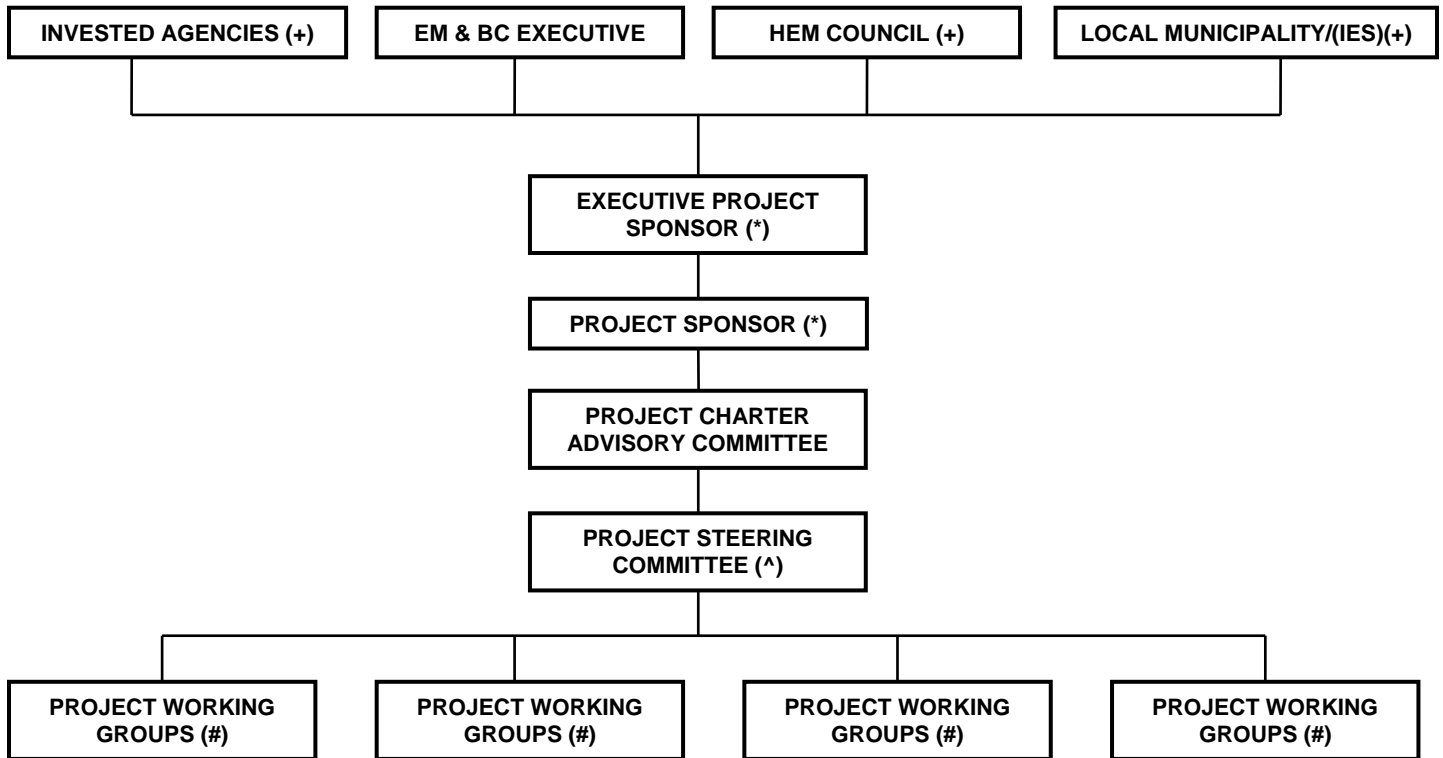
DELIVERABLES

- Develop a template for list of available NGO/CBO services related to medical needs and information on how to access these resources.
- Provide a mechanism to increase the distribution, access to and education of provincially available psychosocial materials.
- Provide a mechanism for the development and maintenance of contact booklets for resource sharing in Level 1 and 2 ESS events.
- Develop informational material for pharmaceutical resources/roles that are within the scope of MOHS/Health Services (i.e., Pharmanet, Pharmacare, specialized patient programs/resources and dispensing practices) and provide recommendations for further development.
- Provide a forum for independent workshops and education sessions between Health and ESS.
- Develop a model for health response team at RCs and GLs

TIMELINES



PROJECT ORGANIZATION CHART



+	Governing bodies	Governing bodies listed to support endorsement of the project charter and approval of the Advisory Committee Members' involvement and representation. Will also act as part of the advisory group and/or provide recommendations upon request on an ad hoc basis.
*	Executive & Project Sponsor	The Executive Project Sponsor will be the liaison between the Project Sponsor/Advisory Committee and governing bodies. The project sponsor is the chair of the advisory committee.
~	Project Charter Advisory	The Project Charter Advisory Committee is responsible for the development of the project charter and the initial composition of the steering committee. The committee will make recommendations to the steering committee and working groups and will ensure that the working group projects are within the framework and scope of the charter. Members of the Advisory Committee are also members of the steering committee. Members of the advisory committee are appointed by their respective governing bodies which endorse this project. A member's expertise in any of the following areas is desirable: Health Emergency Management; Emergency Management; ESS; First Aid; healthcare; psychosocial; or provincial government. This committee will meet monthly for the first year and bi-yearly for the following two years. Membership will consist of 5-20 individuals.

^	<p>Project Steering Committee</p>	<p>The Project Steering Committee is represented by individuals from identified stakeholder groups and supported by their respective governing bodies. The initial compilation of the committee will be determined by the advisory project charter committee. The project steering committee will be tasked with:</p> <ul style="list-style-type: none"> • Defining terms of reference for the steering committee and working groups. • The development of standardized tools and methodologies for use by working groups. • Determining working groups and membership composition. • Championing and providing guidance to working groups. • Reviewing the progress of projects and ensuring timelines are maintained. • Developing the final report. <p>Will meet monthly for three months then quarterly thereafter (or as requested by the advisory committee or working groups) until completion of the final report. Estimated overall timeframe = 2 years. Membership will consist of 20-40 members.</p>
#	<p>Project Working Group</p>	<p>Project working groups are short term committees struck to explore a specific objective. The deliverables will be investigated based on the methodology developed by the steering committee. The project working groups will also be responsible for the trial implementation phase and summarization of the results. These results will be submitted to the project steering committee for inclusion into the final report. Meetings will be held monthly or bi-monthly for the duration of 6 to 18 months. Membership will consist of 3-15 members.</p>

ACRONYMS

ESS-Health Acronyms	
BCCPD	BC Coalition for People with Disabilities
CBO	Community Based Organization
CLBC	Community Living of BC
EM	Emergency management
EMBC	Emergency Management of British Columbia
EM&BC	Emergency Management & Business Continuity
EOC	Emergency Operations Centre
ESS	Emergency Social Services
ESSD	Emergency Social Services Director
FOIPP	Freedom of Information and Protection of Privacy Act
FHA	Fraser Health Authority
GL	Group Lodging
HEM	Health Emergency Management
MCFD	Ministry for Children and Family Development
MHSD	Ministry of Housing and Social Development
MoHS	Ministry of Health Services
NGO	Non-government organization
PEP	Provincial Emergency Program
PHSA	Provincial Health Services Authority
RC	Reception Centre
SIP	Shelter in Place
VCH	Vancouver Coastal Health Authority