

Appendix J

HICS 2014 Project Organization

The California Emergency Medical Services Authority (EMSA) brought together a national group of experts, representing a variety of hospitals, health care consortiums, educators, and regulatory agencies to review all materials and provide insight into the development and review process. As with previous versions of the Hospital Incident Command System (HICS), it was decided that multiple and distinct groups would each play a vital role in the revision project.

The HICS National Summit Stakeholders

The HICS National Summit was held in October, 2011. Thirty-nine invitees representing HICS stakeholders across the U.S. and four EMSA staff attended. Topics ranged from the history of the development of HICS to the results of a national survey soliciting information on the use of HICS. The purpose of the summit was to provide HICS national partners and stakeholders the opportunity to offer input into the revision project. The goals of the Summit were to:

- Review the use of the current HICS format and its success as an incident management system for acute care healthcare facilities.
- Discuss lessons learned from the use of HICS in the hospital setting.
- Identify improvements that can be made in specific areas in the HICS Guidebook.
- Outline additional new content/opportunities for inclusion in the next version of HICS.
- Review current regulatory compliance and other business environmental considerations that should be addressed with HICS.

The HICS National Work Group and Advisory Board

The HICS National Work Group and Advisory Board is comprised of members from the 2006 National Work Group and select experts from across the United States (US) with a variety of backgrounds and experiences. Their responsibility was to identify through facilitated discussion the core content for HICS and to recommend the critical details to be included in each part of the HICS products.

All of these individuals have the needed mix of professional backgrounds, professional experience, and familiarization with HICS IV and the National Incident Management System (NIMS) to effectively meet the project’s objectives. In addition, they come from different geographic areas of the U.S. and represent hospitals of all sizes and service delivery models. Only personnel with hospital or direct healthcare system affiliation were selected to participate in the National Work Group and Advisory Board, and all have had responsibility for emergency preparedness in their facilities.

Ex Officio Members

Representatives from key agencies and national organizations that have a stake in the project were given the opportunity to participate with the HICS National Work Group and Advisory Board in meetings and to review and comment on all draft documents. Ex Officio members included personnel from The Joint Commission, the American Hospital Association (AHA), the American Society for Healthcare Engineering (ASHE), the U.S. Department of Homeland Security/Federal Emergency Management Agency’s National Integration Center, the U.S. Department of Health and Human Services’ Assistant Secretary for Preparedness and Response (ASPR), and the U.S. Department of Veterans Affairs Office of Emergency Management.

The Secondary Review Group

To complement the expertise of the National Work Group, individuals from across the U.S. were given the opportunity to apply to serve on the Secondary Review Group. More than 70 persons were selected to participate after an application process. This includes members with backgrounds in disaster preparedness and response, public safety and public health, and emergency management.

The Secondary Work Group’s role was to review selected draft materials developed by the HICS National Work Group and Contract Support Team and share comments and suggestions via a formal evaluation tool. This group’s input was invaluable in clarifying specific viewpoints and reinforcing others.

Contract Support Team

Representatives from Kaiser Permanente Healthcare Continuity Management and from the Washington Hospital Center ER One Institute were selected by the California EMSA to provide contract services for the revision project. Their responsibilities included:

- Overall project coordination
- Planning and facilitating the HICS National Work Group and Advisory Board meetings
- Drafting project-related materials for the work group to review
- Developing guidance recommendations for alternate care sites (ACS) and mobile field hospitals (MFH) with regards to incident management
- Coordinating the Secondary Review Group feedback process
- Maintaining project records

The Contract Support Team met multiple times each week to coordinate the various aspects of the project work. In addition, regular meetings were held with California EMSA's Project Team to update them on the progress being made and to receive needed guidance and direction.

The HICS Final Review Group

The twelve members of the HICS Final Review Group met on multiple occasions prior to the 2014 release to assess and discuss revisions made in response to the over 2000 valuable comments and wide-ranging recommendations received during the national review process. The final review included editing and proofing of multiple portions of the HICS material, including the Guidebook, the 16 Scenarios, the Incident Planning and Response Guides, the 23 HICS forms, the 75 Job Action Sheets and Job Aides.

The names and affiliations of all group members are on the following pages.



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An effort of this type and magnitude would not be possible without the selfless commitment and hard work of a number of individuals who gave of their time and willingly shared their years of experience and expertise. These persons include:

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