

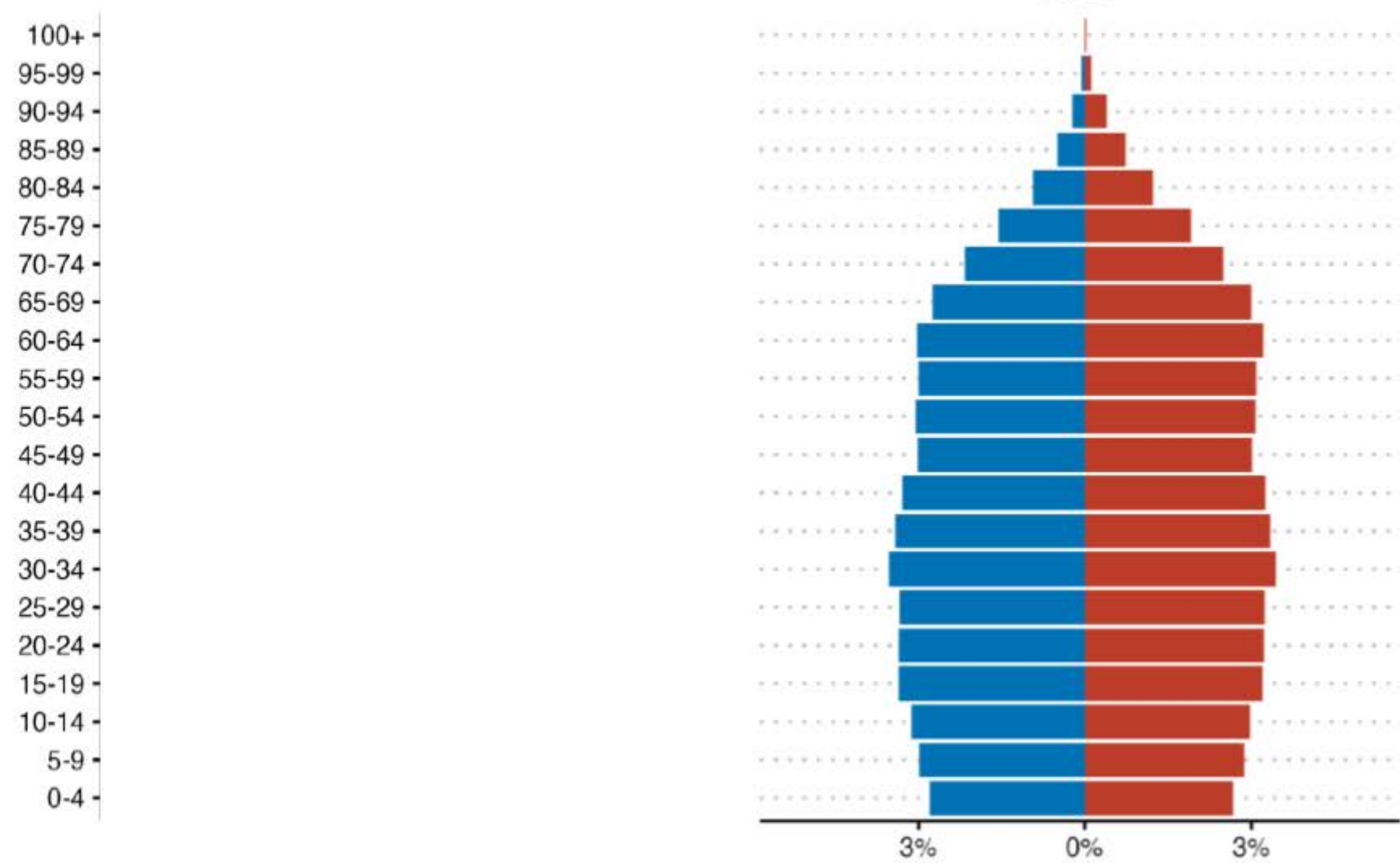
# SaAMS ... so what

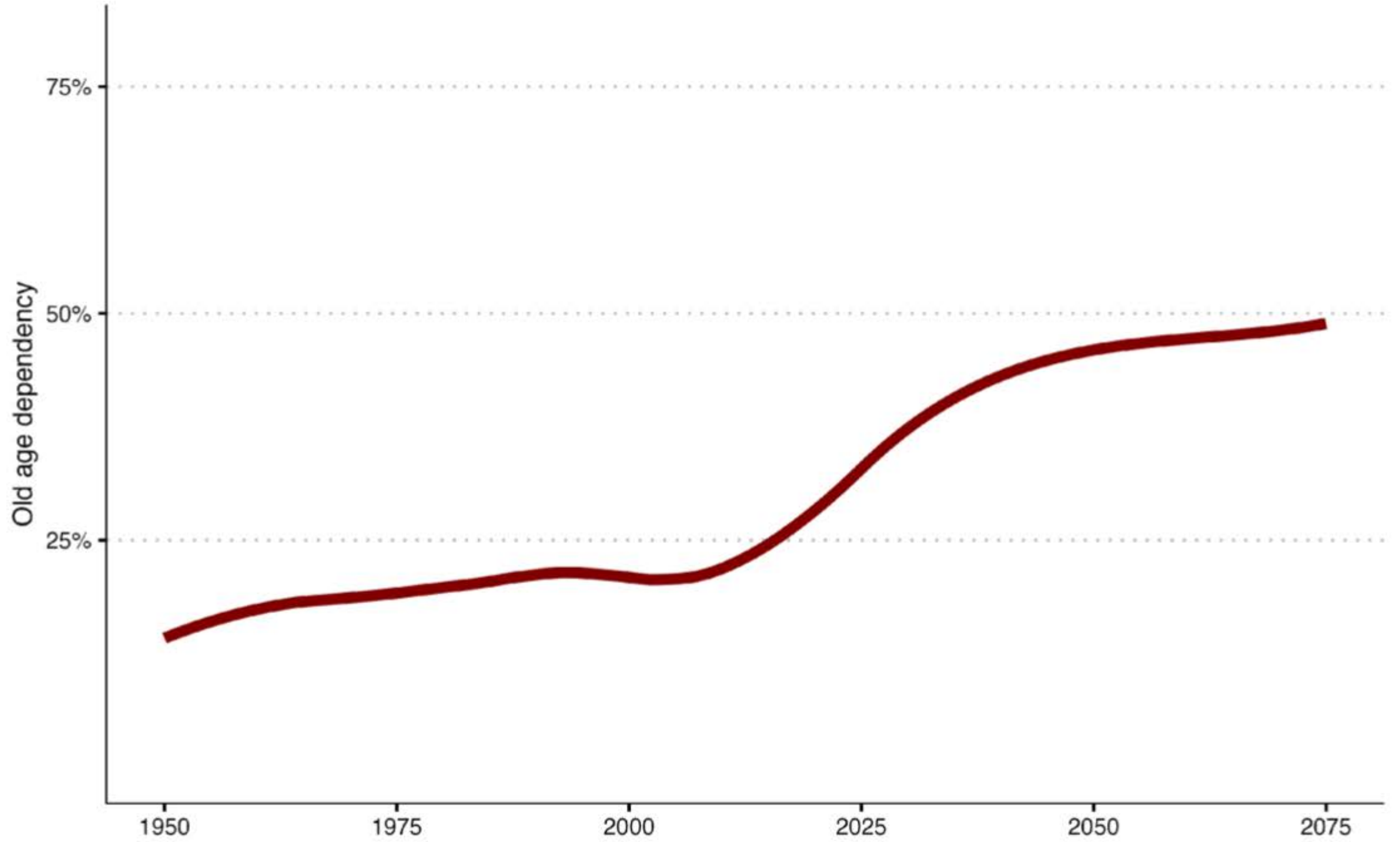
Thomas McCoy, MD

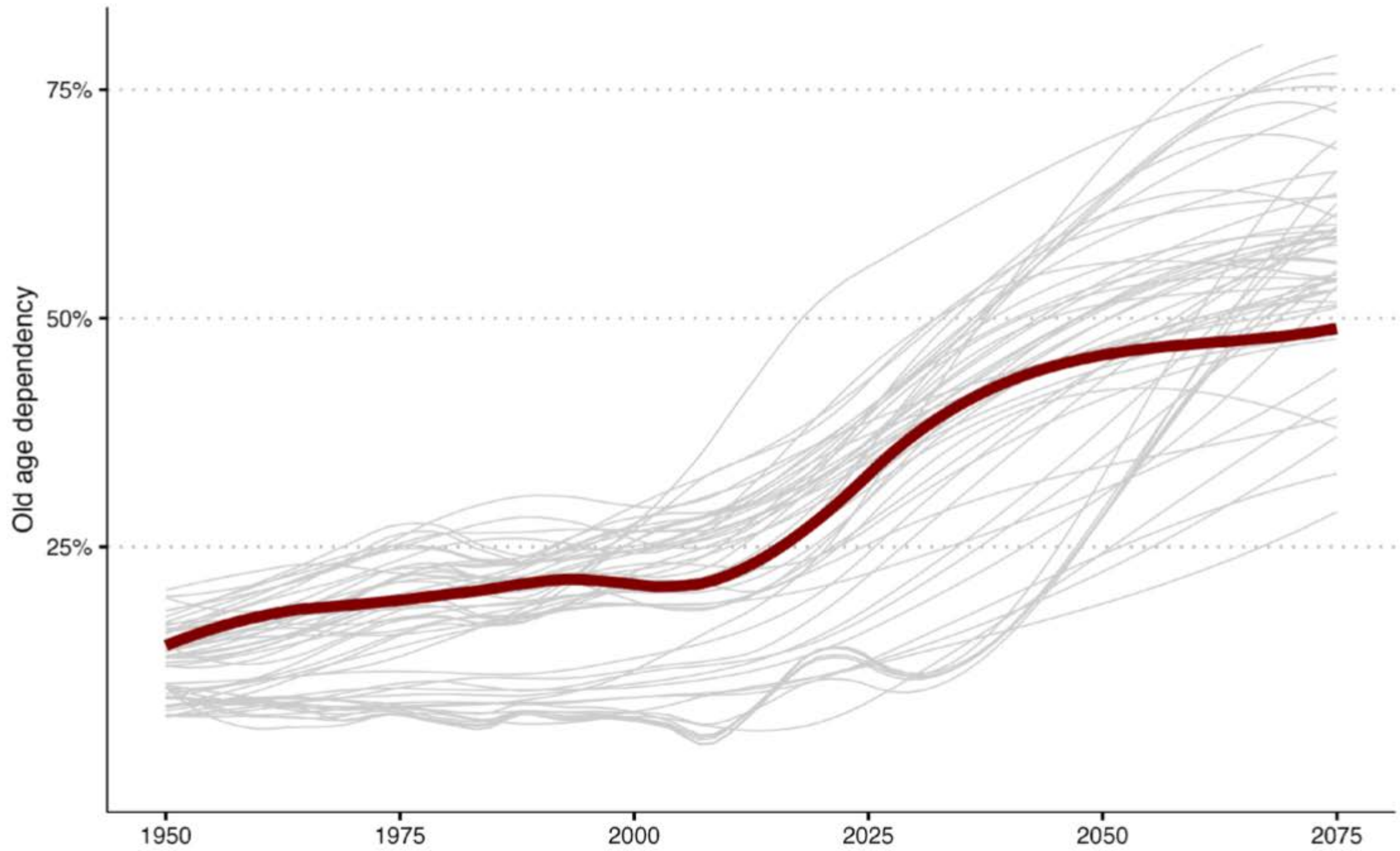
## Quadruple Aim

|  |   |
|--|---|
| <b>Reducing costs</b>                    | <b>Improve<br/>workforce<br/>well-being</b> |
| <b>Improve<br/>population<br/>health</b> | <b>Improve patient<br/>experience</b>       |

2024

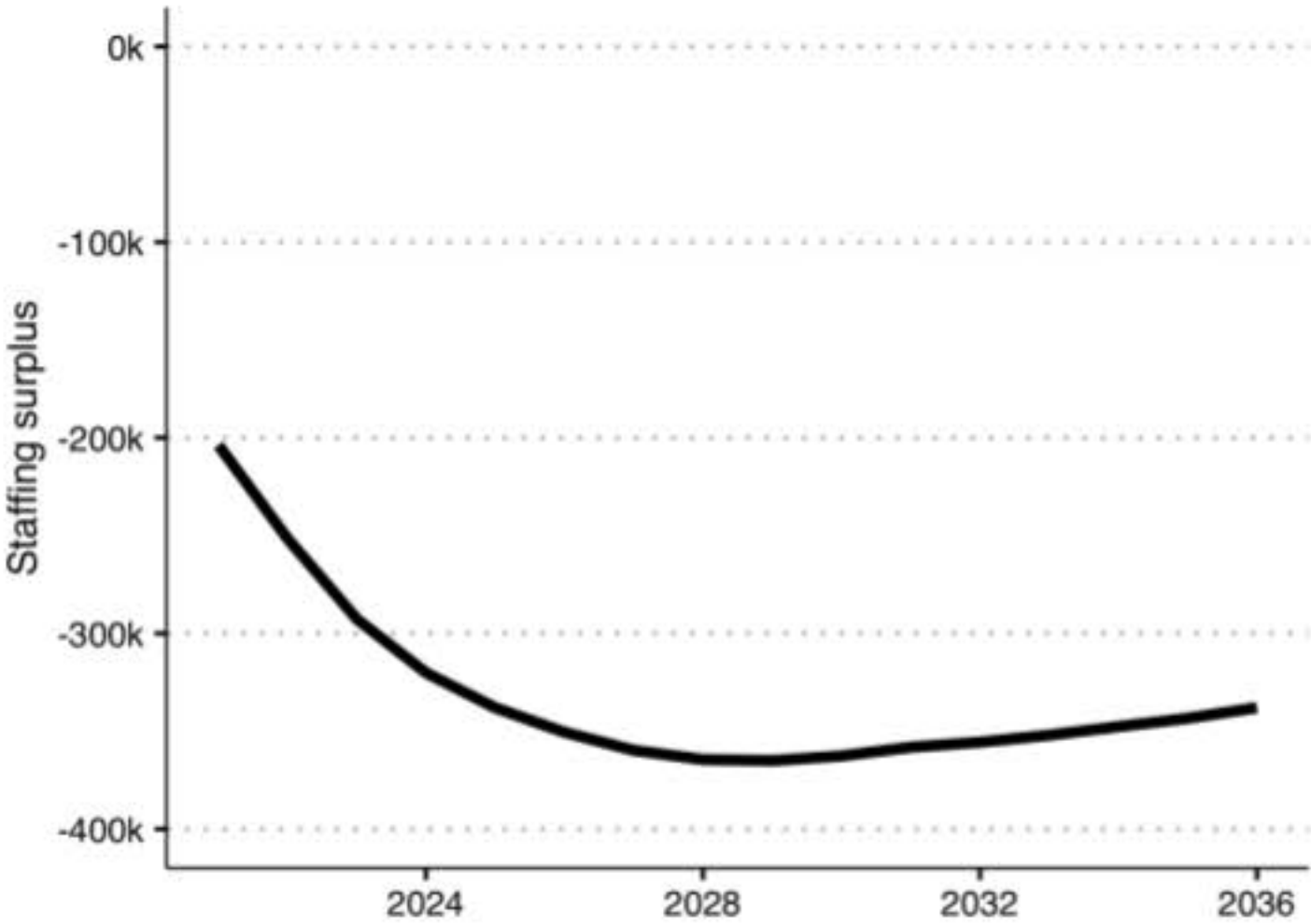




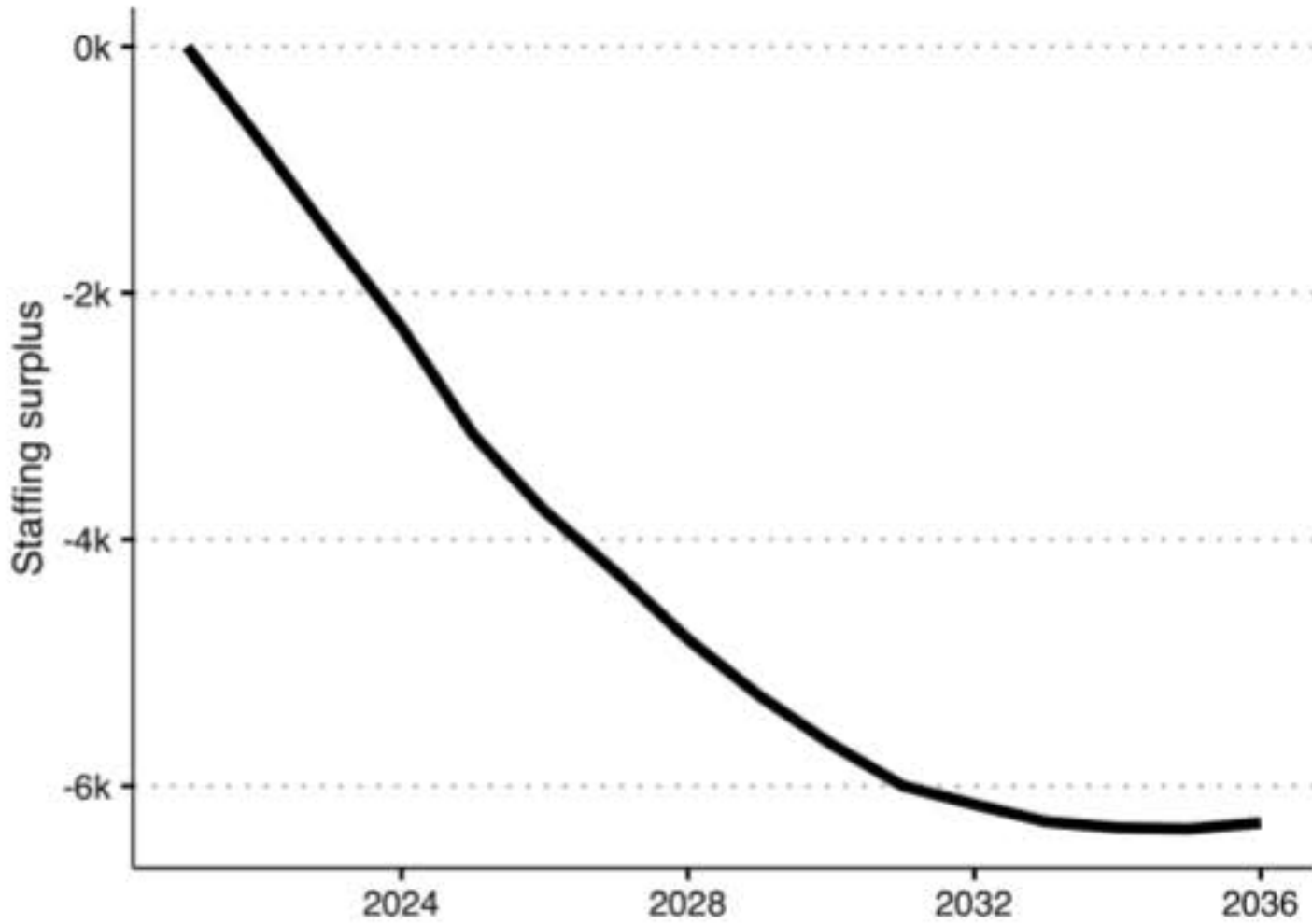


# Workforce gap

## Registered Nurses



## Anesthesiologist





1938

5



1957

4



1963

3



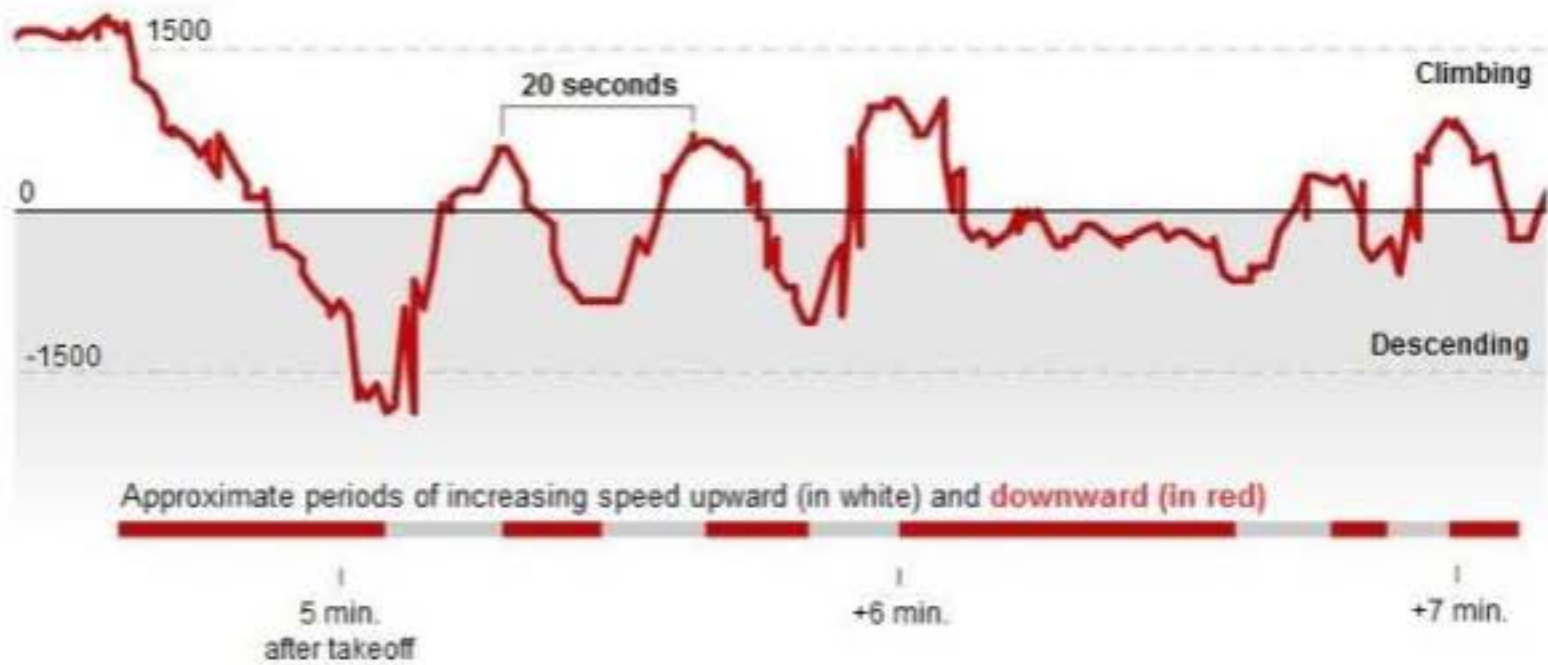
1967

2



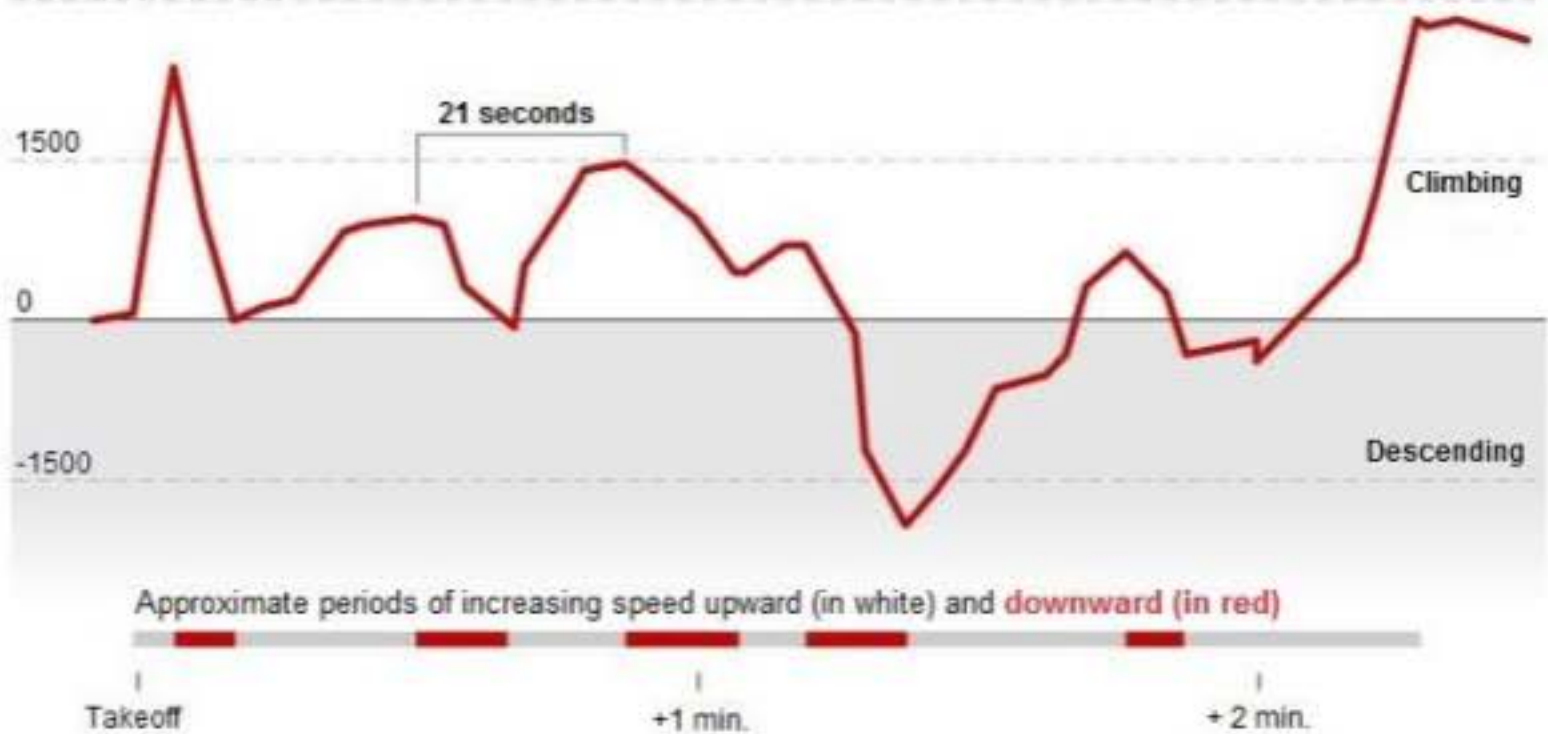
Vertical speed of Lion Air 610 after takeoff:

3000 feet per minute



Vertical speed of Ethiopian Airlines 302 after takeoff:

3000 feet per minute



Data provided by: Flightradar24





# Risk

- 50% of all priority threats are IT-related
- Technology systems are also expected compound impacted by some natural hazard threats (e.g. earthquakes, hurricanes, tornadoes, and tsunamis).



## Massachusetts General Hospital

Hazard Vulnerability Analysis (HVA) Report  
2019 - 2020



| Hazard   | Mitigation / Preparedness Strategy   |
|--|--|
| Total Communications Disruption                          | Update <b>MGH Emergency Communications Policy</b> to: <ul style="list-style-type: none"> <li>• Finalize paging downtime workflow and test response</li> <li>• Continue to automate first steps for staff in no-notice events to minimize reliance on real-time direction from leadership</li> <li>• Further detail communication procedures to maximize the effectiveness of communication during times of emergency, incorporating all stakeholder groups.</li> </ul> |
| Email System Disruption                                  |  |
| Paging System Disruption                                 |  |
| Phone System Disruption                                  |  |
| Wireless System Disruption                               |  |
| Vendor-Based Communications System Disruption            |  |
| Network Disruption                                       | Continue work to leverage the Downtime Assessment and Response Team (DART), and continue formalizing activation process with IS, clinical, and operational stakeholders. Continue development of <b>MGH Unplanned Downtime Events Policy</b> as well as supporting policies, tools and resources.  |
| Clinical Application Disruption                          |  |
| Cyber Attack   |  |
| Blizzard   | Improve institutional capability for protection and adaptation of the physical campus during emergency events to facilitate shelter in place operations and protect critical infrastructure.   |
| Dam Inundation   |  |
| Flooding, Internal/External                              |  |
| Tornado  |  |
| Mass Casualty Incident (MCI) – Trauma                    | Implement progressive training and exercise program related to patient surge (MCI) to enhance institutional capabilities to evaluate and care for a markedly increased volume of patients.   |
| Spontaneous Violent Assault                              | Continue active shooter/life-threatening incident training and exercise program in collaboration with Police and Security and in cooperation with local and state law enforcement to practice and evaluate response.   |
| Small Casualty CBRN (Unintentional) – Internal/ External | Maintain capabilities of HazMat team personnel, including ability to respond to mass casualty incidents involving hazardous chemicals. Continue efforts to automate patient reception process, including rapid undress and decontamination measures.   |
| MCI – CBRN (Unintentional) - External                    |  |
| Pandemic   | Continue development of Special Pathogens program, focusing on staff training for specialty patient populations. Work with regional partners to prepare frontline facilities to identify, isolate, and inform appropriate response partners of patients with high consequence infectious diseases  |



*“The first principle is that you must not fool yourself – and you are the easiest person to fool.”*

Richard Feynman, *The Cargo Cult Science*  
1974 Caltech Commencement Address