

An Interview with Lili Brylowski Nestor, Emergency and Disaster Management from a Health Science perspective

Lili Brylowski Nestor, a Specialist in Emergency & Disaster Management with Hamilton Health Sciences notes how different Emergency Preparedness in the hospital environment can be from other areas such as government, city, public health and the private industry. While many sectors focus their program on their staff, operations and facility, hospital emergency preparedness includes an additional vulnerable stakeholder group that needs to be considered i.e. patients and patient care in emergencies and disasters.

Originally Lili graduated from McGill University with her Bachelor's degree in Dietetics Nutrition. Following graduation, she worked for ten years, specializing in Critical Care Nutrition and saving her money for a Master's from Kings College in London, England. Her next goal was to obtain a PhD to research, teach & practice Critical Care Nutrition. However, Lili never got this chance. Instead in 2003, with the SARs outbreak in Ontario, she found herself falling into a seconded emergency management role focusing on logistics for SARS screening. This turned into an unexpected "fork in the road opportunity", for Lili. The running joke in the hospital was that, if "you go through the wrong door at the wrong time, suddenly you're pulled into a vortex", and so it was. Over the past 16 years, Lili has been the Emergency Disaster Specialist for Hamilton Health Sciences and will be lucky enough to have retired by the time this interview is published. During the past 16 years, Lili has been the only Emergency Management Specialist within Hamilton Health Sciences. Hamilton Health Sciences is home to seven hospitals, including an academic teaching hospital, and a half dozen satellites. These hospitals are also regional centers for various acute care services, and she has designed and managed the emergency management program for it all.

IAEM (HM): Tell me a little bit about yourself and what you did once you entered the field of Emergency Management following SARs.

LB: I felt very unprepared from an educational perspective so one of the first things I did to make myself useful to the command center was to certify myself with an amateur radio operator license. That was something I never really thought of doing but it was serendipitous. I thought I might as well do this while educating myself in other areas of emergency management. When eligible, I also certified myself with IAEM (International Association of Emergency Managers) and then in Ontario, with the Ontario Hospital Association program who had an emergency preparedness certification program specific for hospitals. I felt more qualified after I met all these certification requirements. As at the time, there was not much local academic opportunities in Ontario around hospital emergency preparedness and business continuity. Even business continuity was not something hospitals really saw as applicable outside of their computer departments prior to Pandemic Planning in 2006. I think many Hospital Emergency Management Planners have started off in one field and find themselves on the Emergency Planning career path over time.

IAEM (HM): What led you to your decision to stay with the Emergency Management field?

LB: I saw a need for it. I saw its importance and I thought I could do a good job to prepare the organization and the staff at Hamilton Health Sciences in Emergency Preparedness. One of the things I did do, through my personal interest and experience in Wilderness Survival was to include personal emergency preparedness into the program. I saw many parallels between Emergency Management and Wilderness Survival principles and took advantage of it in staff training.

IAEM (HM): What would you say is your greatest accomplishment?

LB: That's a difficult one to identify based on 16 years of work. I can honestly say I can't think of one greatest accomplishment, but I can think of many accomplishments. Nothing earth shattering (she says laughing out loud) but my husband (Brian) has always said that, "managing seven sites by yourself with no resource budget is an accomplishment in and of itself". I would like to think that my greatest accomplishment has been to develop an exemplary emergency management program for the Hospital, but then I think that no program is perfect.

One of the things I am proud of is establishing a virtual network for hospital emergency planners back in 2006. Being the only hospital emergency planner was lonely, and it was difficult to brainstorm, discuss ideas, receive and provide support and share resources. I established the Yahoo Group HEPA (Hospital Emergency Preparedness Alliance) network* for Hospital Emergency Planners. It has been a successful network because hospital emergency planning can be a very lonely place to work in. HEPA now has over 200 members and is very active in sharing resources so we're not reinventing the wheel but improving on it! It has also helped to standardize practice.

****If you are in the Health Sciences or Hospital Emergency Management environment and would like to join or learn more about the network Lili initiated go to <https://ca.groups.yahoo.com/neo/groups/HEPA/info>.***

Another accomplishment previously mentioned would be obtaining my amateur radio license. Having gone through the process and knowing what it encompasses in retrospect, I don't think I would have ever done it, so ignorance was bliss! It was like taking a car mechanics course to drive a car. You are learning so much on the mechanics and physics of radio just to use it. But I do not regret it as I have made wonderful friends and contacts through it. The other accomplishment I am proud of would be obtaining my certification with IAEM (International Association of Emergency Management). The certification has a lot of work involved, but it is all good as it forces oneself to ensure continued learning & record one's accomplishments in the field.

IAEM (HM): What advice would you have for others starting a new program from scratch?

LB: One thing you should realize is you don't have to invent anything from scratch. There is so much work already out there, it's one of the beauties of having the internet and virtual networks that can share resources. You can build a program quicker and the best part of utilizing other work is that you can improve on it and see it evolve and progress. Prior to the internet and social media, we were less able and/or hesitated to share our plans. This could have been for a variety of reasons (i.e. not crediting original sources or thinking our resources may not be good enough to share) but with time and building "virtual" network relationships, people are now sharing more, and we have realized everyone is in the same boat with the same goal in mind. Every program has its weaknesses and strengths. The ability to build on each other's work is how we can evolve, so emergency preparedness programs become better and better.

HM summary: It's building the community, sharing resources, strengthening and supporting each other as a team, as professionals, wanting to see the importance and success of the program and industry.

LB: Absolutely! We need to see the big picture. One of your questions I noticed is about developing teams, and in my mind, I don't develop teams. I believe my team is other Hospital Emergency Planners and organizations, where we have the same common goals and objectives.

HM: That's interesting I always look at my teams as the people I'm working with within the organization, the departments and the people supporting the program.

LB: I see those as relationships and building those relationships is just as important. I guess they could be considered teams. In our organization we have identified key front-line staff who help support my role in emergency preparedness. We established them to help operationalize our staff education and training. They are my eyes and ears in such a large organization. We call them 'Code-Captains' and I guess you can call these teams as we do have meetings be it face to face or virtual meetings via emails.

IAEM (HM): What is a core piece of advice you would offer those entering the industry?

LB: One of the things I've learned over the years is not to get discouraged and lose your passion! Look for ways to not get discouraged as there will be many opportunities to go down that rabbit hole. In your job you will always be trying to convince leaders and decision makers for resources they don't have, or you will be competing with other hospital priorities. It can be frustrating and disheartening. What I did over the years is have a file set aside, called my 'kudos file'. Anytime I got positive feedback, a compliment or achieved an accomplishment, I'd squirrel it into this folder and when I was having a bad day, I'd go through it. You must remember your wins, or it can get you down as there is always so much to do and so many challenges to face.

IAEM (HM): What's the best thing to take into a new position or program other than a strong/tough mentality?

LB: Balancing theory with practice and common sense. One thing I've always tried to instigate in staff and leadership training, is the fact that our emergency response plans are not policies, procedures or protocols. They are simply plans and guidelines. People must use common sense in each situation because things people have read, in theory, taken in courses or practiced before, may not lend itself to that specific situation. That's the nature of the beast. It's called an emergency disaster because it will blindside you in some fashion. No response plan will be 100% full proof. People have a hard time wrapping their head around that because they want an emergency disaster policy or procedure to follow and work 100% of the time.

IAEM (HM): What would you say is the number one challenge the Emergency Management industry faces and how do you think we could mitigate that challenge?

LB: At least in the hospital/health field, it's not getting enough resources for preparedness. Unlike in other countries where there is dedicated funding for emergency preparedness, there is no dedicated emergency funding in hospitals in Ontario, Canada. Not having dedicated resources means you're constantly fighting and competing for resources against other priorities (equipment, renovations for primary patient care) and you're looking for things that may or may not be used. Evacuation devices are a prime example. They are like fire extinguishers which may not be used but are required to have. But most emergency resources aren't legislated and may not be used so it's very hard to get those resources. A lot of the time I find that it is only after an occurrence when resources are put in place. A good example would be with SARS, when infection control resources were added after the SARs outbreak. Unfortunately, our society, and part of the reason why the US is ahead of us, is because of the natural disasters they have. To us, it's a rarity when we have floods or ice storms, it's not as common occurrence as in the US and we don't have a FEMA (Federal Emergency Management Association) as robust as they do.

IAEM (HM): Do you think climate change is a real thing that will impact us more and do you think global warming will open people's eyes and be considered a contributing factor?

LB: Absolutely. Climate change and increasing severe weather events will be a definite factor in creating awareness. People will make the association with personal emergency preparedness. But how that translates to hospital emergency preparedness is another story. I should certainly think there's a better awareness happening and would like to think it will make a difference.

IAEM (HM): When it comes to the health or hospital industry and emergency management, what are key lessons learned you've faced?

LB: Some of the lessons learned is the importance of building relationships in advance, both internally and externally is important. Technology has changed over those years that I've worked. We have a very robust social media presence which is both good and bad. Now, before we have a mass notification go out, staff have already heard about the incident. But the problem becomes in the identification of what is the source of truth. Sometimes it can create

unnecessary panic or misinformation. As a result, communication has become more challenging.

The other lesson I learned over time is to look at event debriefings with two lenses. The first is the outcome, the second is the process. We often if not always achieve our desired outcomes in an event, but there will and should always be process improvements identified. That does not mean failure. It means that hindsight is 20:20 and we can always learn to do things better.

IAEM (HM): Which of the four emergency pillars (Preparedness, Mitigation, Planning, Response and Recovery) is the most important or are they all equally important?

LB: As pillars, you cannot hold something up with any one of them missing. One is not more important than another as each has their value and role in an emergency/disaster. Only when all four exist can a solid foundation be created. So, you must ensure you're working in all four areas. This is part of the challenge in working in emergency preparedness - keeping the balance. We may not do as much in developing some of those phases. Instead of a pillar, it should be a cycle to help keep us focused on all the phases.

In the last few minutes of my interview with Lili, one question kept burning in my mind, something that I think a lot of people in the industry look forward to, and so I had to ask, 'now that you're retiring from the Emergency Management field, do you have any exciting activities or plans?'. Lili laughs and mentioned that she gets this question a lot at work and her immediate response is, "I'm going to sleep in!". Lili continues to tell a story about her mother pointing out that even after completing her academic studies, she would still bring "homework" home from work. Following the story, Lili confirms another thing she's looking forward to is "not having to do homework anymore". She does have travel plans down the road (a Mediterranean Cruise) but in the meantime, she's going to enjoy the summer with her husband, Brian, and their cat, Fernando (yes, named after the ABBA song). Brian recently bought her a swim spa to help her meet her fitness goals and relax more.

In closing, Lili commented that her only regret, when looking back was never having made the time to do research. Lili believes this is something important for hospital emergency preparedness. If she had to do it all over again, regardless of how busy it can be, she would dedicate time to formal research and evaluation. ***A hint to those interested in the hospital emergency management field.***

We'd like to take this opportunity to thank Lili Brylowski Nestor for her time and effort in supporting IAEM by accepting the opportunity to be an Emergency Management feature and for her years of service and the contributions she's made to the Emergency Management Profession. We wish her all the best as she enters retirement.

If you have any comments or would like to recommend someone to be an upcoming Emergency Management Feature, please contact IAEMCdnComms@gmail.com.