

Hospital's Vulnerability Assessment

Guinet Alain /INSA Lyon & Faccincani Roberto/Ospedale San Raffaele



Co-funded by the Prevention, Preparedness and Consequence Management of Terrorism and other Security-related Risks Programme of the European Union



Outline

- The THREATS project,
- The static model of OSR,
- The dynamic model of OSR,
- > A vulnerability approach,
- > Mitigation and response.



THREATS Objective

To increase the resilience of EU hospitals as critical infrastructure by improving their protection capability and security awareness against terrorist attacks



THREATS Aims

- To develop a reliable method for assessing the risks and vulnerabilities of major EU health infrastructures to terrorist attacks
- To prepare specific security and threat assessment models and tools applicable to the Health sector using other EU projects
- To challenge these tools through application to the San Raffaele Hospital in Milan
- To disseminate guidelines designed to optimize the preparedness of hospitals' healthcare infrastructures against terrorist attacks







THREATS Partners





Centro di Ricerca Interdipartimentale in Medicina di Emergenza e dei Disastri ed Informatica applicata alla didattica ed alla pratica Medica

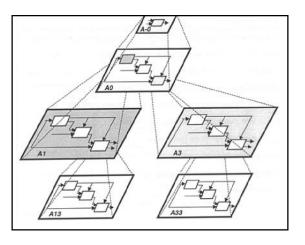


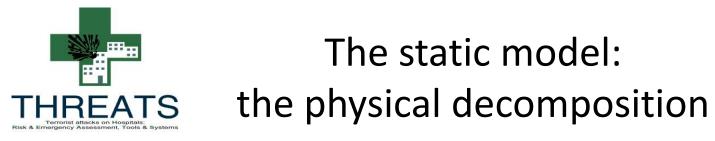




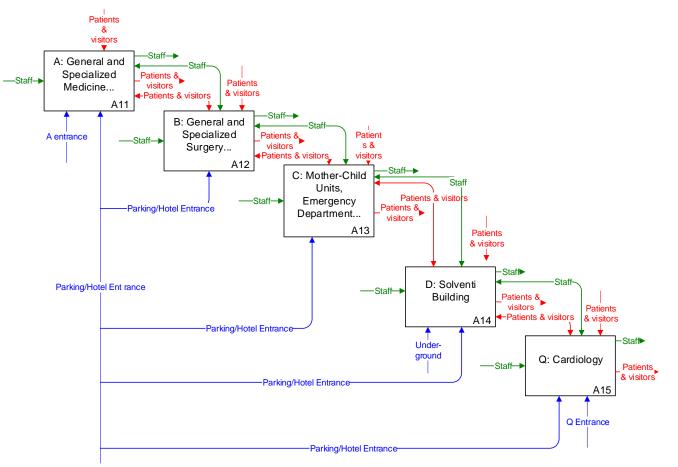
The static model

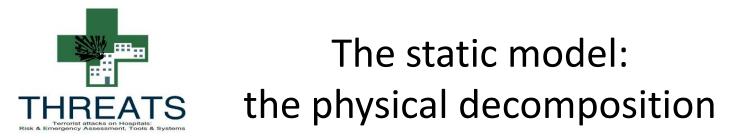
- To represent the "AS-IS" model of OSR.
- First, a physical decomposition to model the 11 buildings, the 49 speciality clinics, the 199 accesses between buildings/levels...
- Second, a functional decomposition to model the processes of some speciality clinics which define critical assets i.e. ED, OT, ICU...
- The selection of the IDEFØ method which allows both decomposition and defines a universal language...

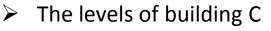


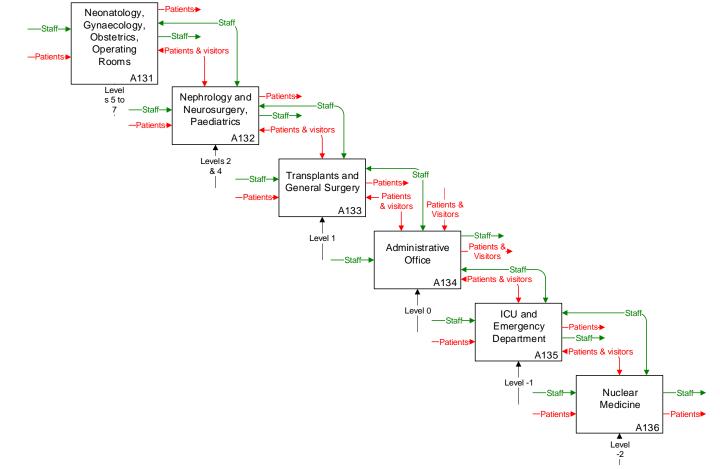


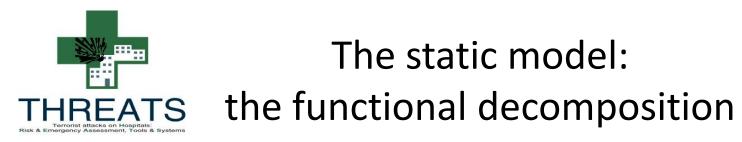
The OSR buildings



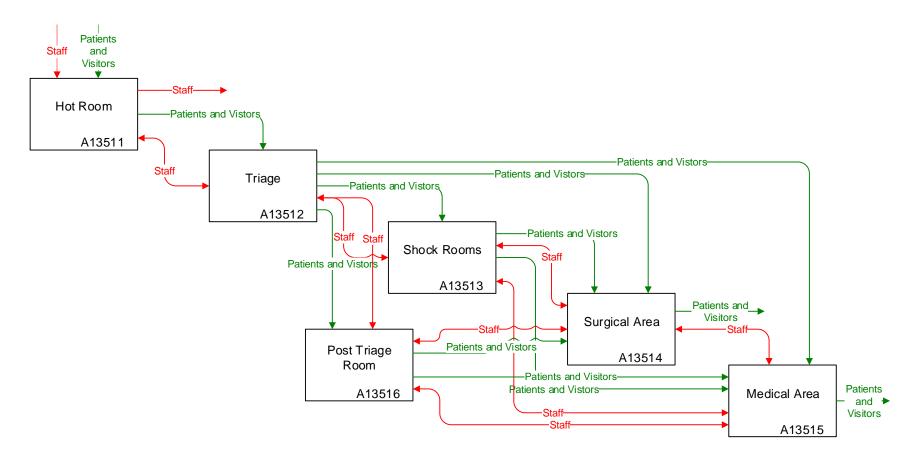








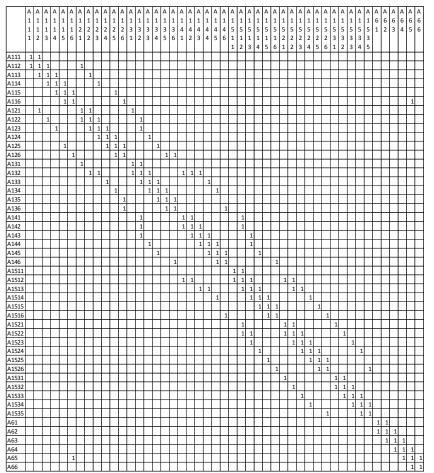
The patient process of the Emergency Department





The access matrix Acc: the links between care-units

How to construct a dynamic model from the static model





The dynamic model: the physical part

The basic flow model

$$Min \ Z = \sum_{p=1}^{T} (\sum_{i=1}^{N} \sum_{j=1}^{N} (XG(i, j, p) + XR(i, j, p))) * p \quad (1)$$

$$\underbrace{Input Flows}_{j=1|j\neq i} XG(j,i,p) * Acc(j,i) - \sum_{j=1|j\neq i}^{N} XG(i,j,p) * Acc(i,j) + Input(i,p)$$

$$\geq Inp(i,p) + Outp(i,p) \quad \forall i = 1,...,N \quad \forall p = 1,...,T \quad (2)$$

$$\underbrace{\sum_{j=1\mid j\neq i}^{N} XR(i, j, p) * Acc(i, j) - \sum_{j=1\mid j\neq i}^{N} XR(j, i, p) * Acc(j, i) + Output(i, p)}_{N \ge Inp(i, p-H) + Outp(i, p-L)} \quad \forall i = 1, ..., N \quad \forall p = 1, ..., T \quad (3)$$



М

The dynamic model: the functional parts

The inventory flow model for critical assets

$$Min Z = \sum_{k=1}^{M} \sum_{p=1}^{T} (WGU(k, p)) * p \quad (4)$$

$$Patient Path$$

$$\sum_{j=0|j\neq k}^{M} XGU(j, k, p) * Accun(j, k) - \sum_{j=1|j\neq k}^{M+1} (XGU(k, j, p + d(k)) * Accun(k, j))$$

$$+ WGU(k, p) = WGU(k, p+1) \quad \forall k = 1, ..., M \quad \forall p = 1, ..., T - d(k) \quad (5)$$

$$Activity Capacity$$

$$\sum_{j=1|j\neq k}^{M} (\sum_{q=p-d(k)+1}^{p} XGU(k, j, q) * Accun(k, j)) \leq Capun(k, p)$$

$$\forall k = 1, ..., M \quad \forall p = d(k), ..., T \quad (6)$$

21-23/10/2015, IESM 2015, Seville



The dynamic model: the very first results

- A linear problem has been defined. 265 081 variables, and 5 640 constraints, for 60 periods. 408 maximum patients per hour for the most crowded place. Computational time less than 10 seconds with CPLEX.
- The dynamic model can represent 47 care-units over an horizon of 120 periods.
- The basic flow model allows us to calculate the flow traffic in the hospital, and to define the most crowded place, i.e. the most vulnerable place, or the patients contaminations...
- The inventory flow models enables us to simulate the patient flows in critical assets during mass casualty admissions or patient evacuations...



A vulnerability approach

- Assessment of threat sources, reviewing historical data on terrorist attacks.
- Identification of critical assets, their mapping, and their added-value for the hospital, with the IDEFØ method.
- Attractiveness analysis based on pairing of each critical asset and of each threat source to identify potential vulnerabilities per adversary.
- Scenario definition and their simulation with the Flow model: Based on the attractiveness of the critical assets, the most likelihood scenarios with the worst consequences are constructed and studied.



Mitigation and Response

- Define the most likelihood scenarios of terrorist attacks.
- Calculate potential damages for the hospital with the dynamic model.
- Propose and simulate counter-measures for mitigation, studying a "to be" model with IDEFØ and CPLEX.
- Model and simulate Emergency Management Plans to respond to terrorist attacks, translating the plans with IDEFØ and CPLEX.



Acknowledgments

Thanks to:

- Julien Fondrevelle and Wanying Chen from DISP,
- Daniele Baranzini and Vincini Sauro from Ospedale San Raffaele,
- Carl Dakin and Carol Morey from Hanover, ...



Discussion

For more information:

Contact the THREATS Project Coordinator \bullet mail@hanoverassociates.co.uk



- Visit the website www.threatsproject.eu lacksquare
- See our newsletter