

CAPTURING SOCIO-PHYSICAL INTERACTION TOWARDS REDUCING THE IMPACT OF EXTREME EVENTS

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NASEM Workshop: Compounding and Cascading Events
Mitigating Impacts: Developing Solutions and Avoiding Unintended
Consequences

Levers to Reduce Impact

Motivation

Socio-Physical

Cascading

Compounding

Examples of how we can intervene short-term and long-term to reduce the impact of extreme events

Infrastructure and Space

- *Arrange for additional/temporary spaces (S)*
- *Plan for quick mobilization of repair crews (S)*
- *Retrofit existing structures or use enhanced structures (L)*
- *Reduce interdependencies among infrastructure (L)*
- *Provide backup systems and temporary housing (L)*

Supplies

- *Consider alternative supplies (S)*
- *Provide immediately supplies (S)*
- *Facilitate transfer of supplies (S)*
- *Consider alternative suppliers (S/L)*
- *Provide redundant supply-chain (L)*

People & Personnel

- *Educate the public and communicate expectations (S)*
- *Accessibility of personnel to infrastructure (S)*
- *Facilitate staff transfer (S)*
- *Arrange additional/trained personnel and volunteers (S/L)*
- *Relocate Population (land use / zoning) (L)*

Capturing **Socio-Physical Interaction** is key to determine effective **short-term and long-term strategies** for mitigating the impact of compounding and cascading hazards prior **to the events and during recovery**

S = few days to a month
L = few months to year(s)



Capturing Socio-Physical Interaction

Healthcare Resilience

Understanding Healthcare Service

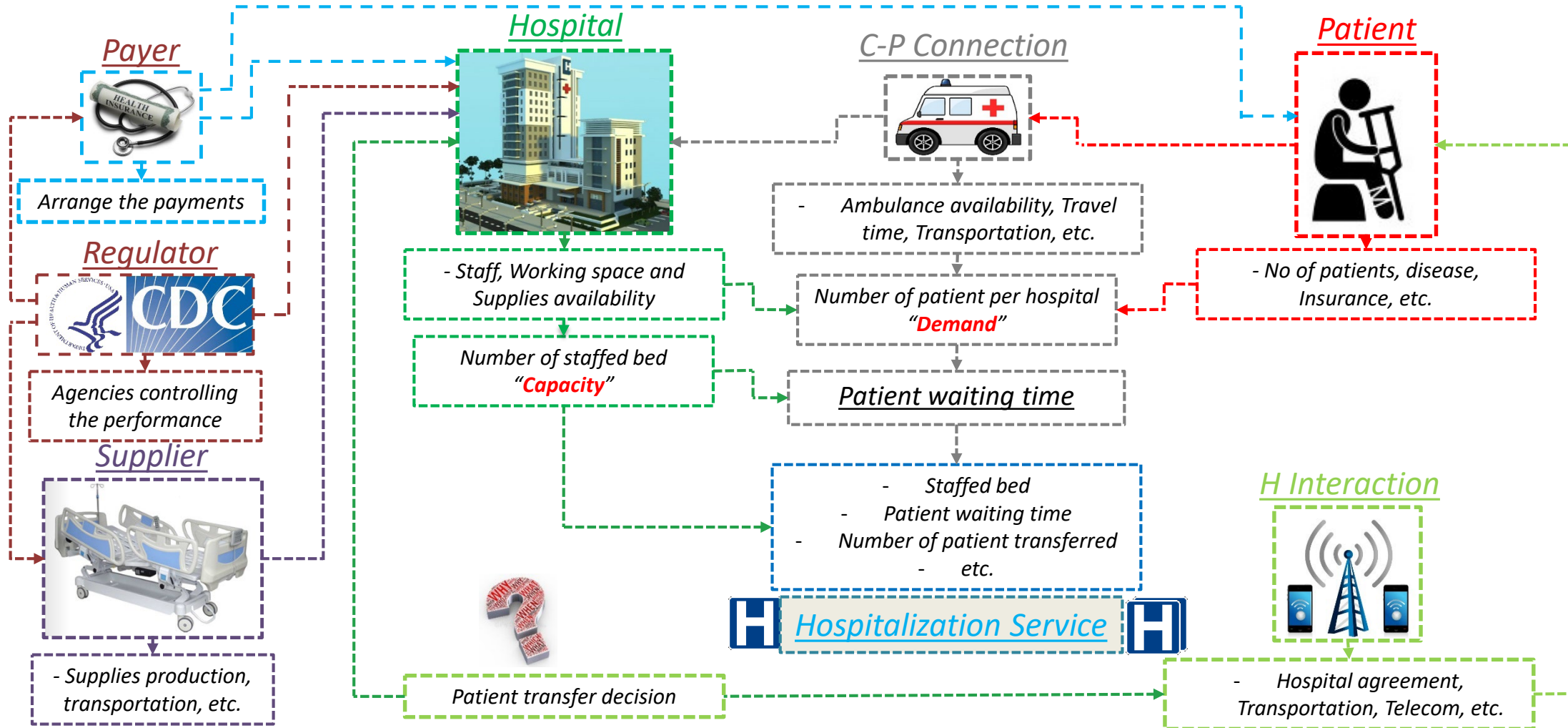
Motivation

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- The main components controlling the service: *Hospital capacity*, *Demand* and *P-H Connection*



Hospital Demand

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Patients classification:

- Regular patients
- Event-related patients

Different severity levels:

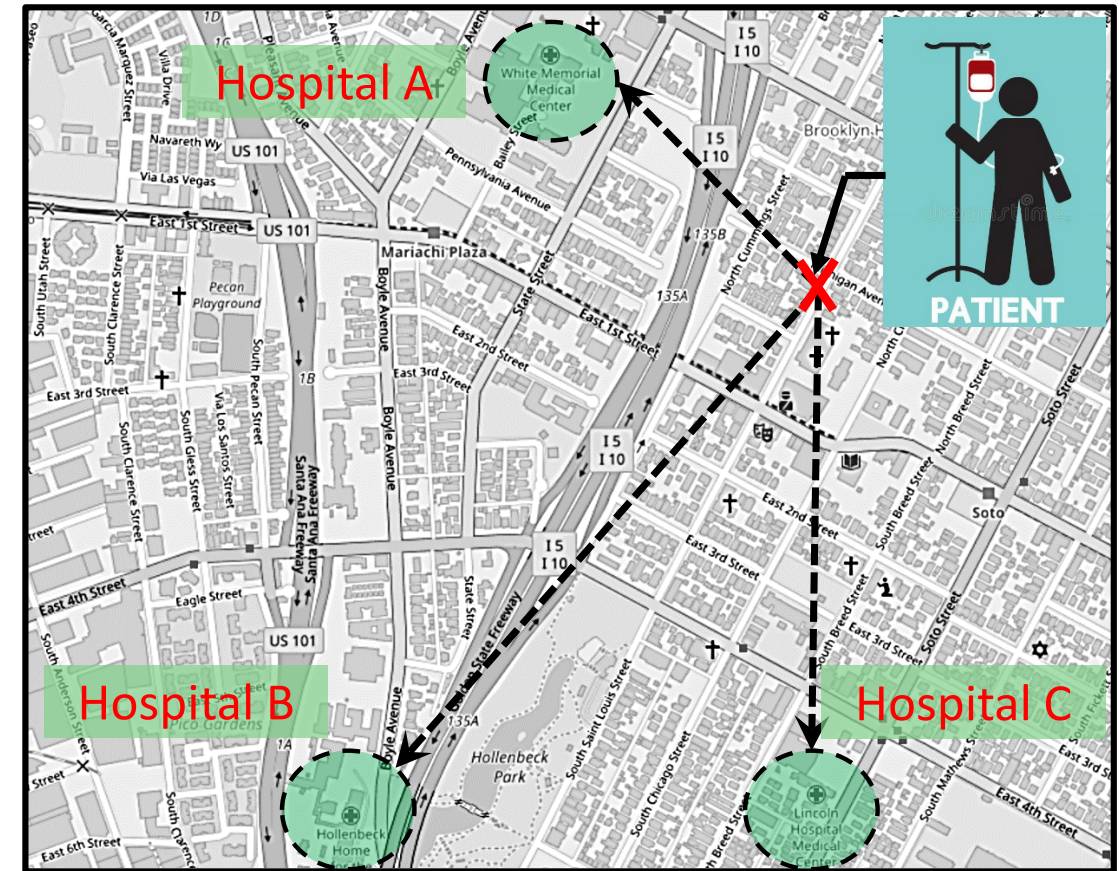
- Severity 1 (no medical care needed)
- Severity 2 (some medical care needed)
- Severity 3 (immediate medical care needed)
- Severity 4 (death)

Normal operating conditions:

- Calculated based on: Statistical data
- Distributed using: Hospital service areas

Emergency operating conditions:

- Calculated based on: Social losses
- Distributed using: Patient driven model



Hassan and Mahmoud (2020), *Rel. Engr. & Sys. Safety*.

Hospital Interaction

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Hospital interaction includes:

- Change in number of patients
- Transfer resources

Hospital can transfer:

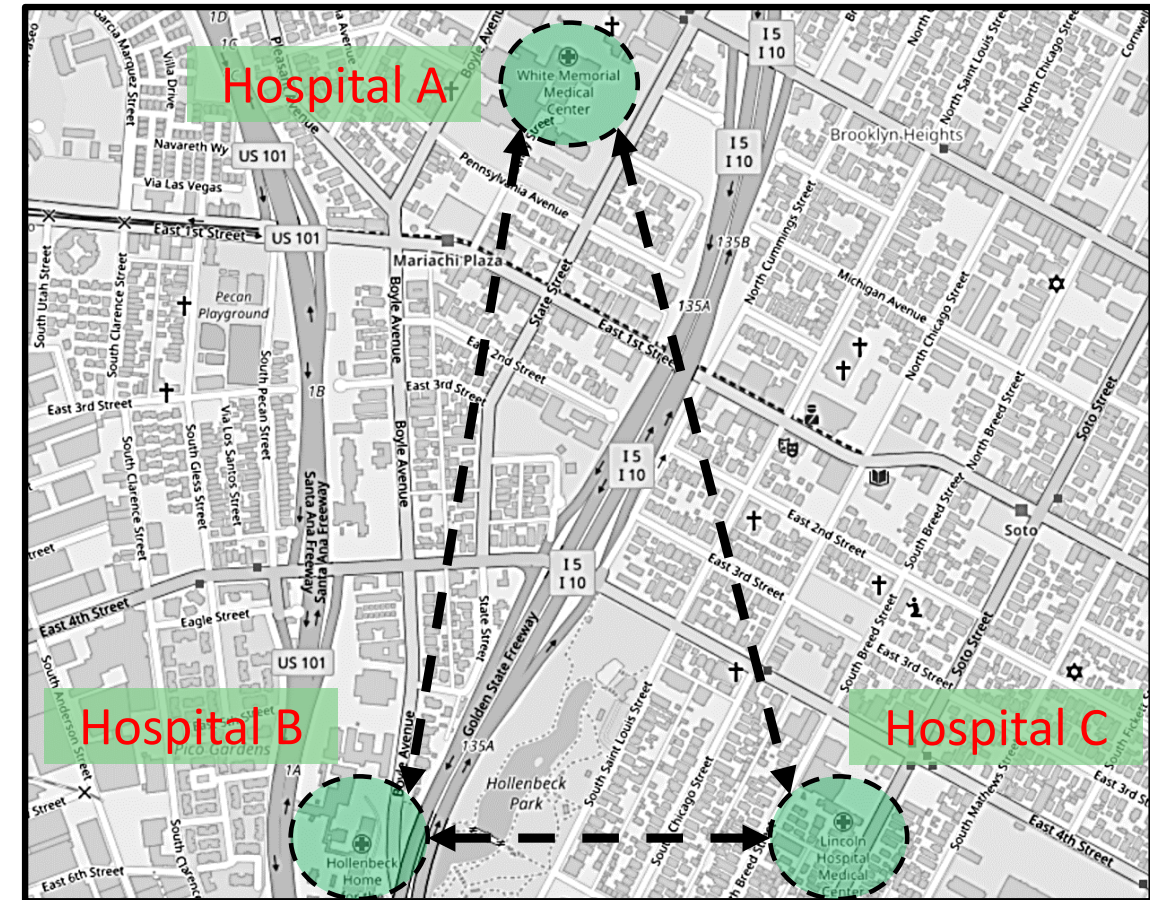
- Patients
- Patients' records
- Staff
- Supplies
- Repair resources

Transfer process is function of:

- Patient constraints and hospitals connection
- Capability of the receiver hospital to treat the patient

Hospitals will transfer patient if:

- Hospital reaches the capacity
- Patient case cannot be treated



Hassan and Mahmoud (2020), *Rel. Engr. & Sys. Safety*.



Mainshock – Aftershock Sequences

Healthcare Resilience - *Impact is driven mainly by infrastructure Damage*

Response to a Single Event



Physical

Social

Economic

Building

Power

Water

Trans.

Patients #

Revenue

Input
Parameters



Response to Cascading Events

Motivation

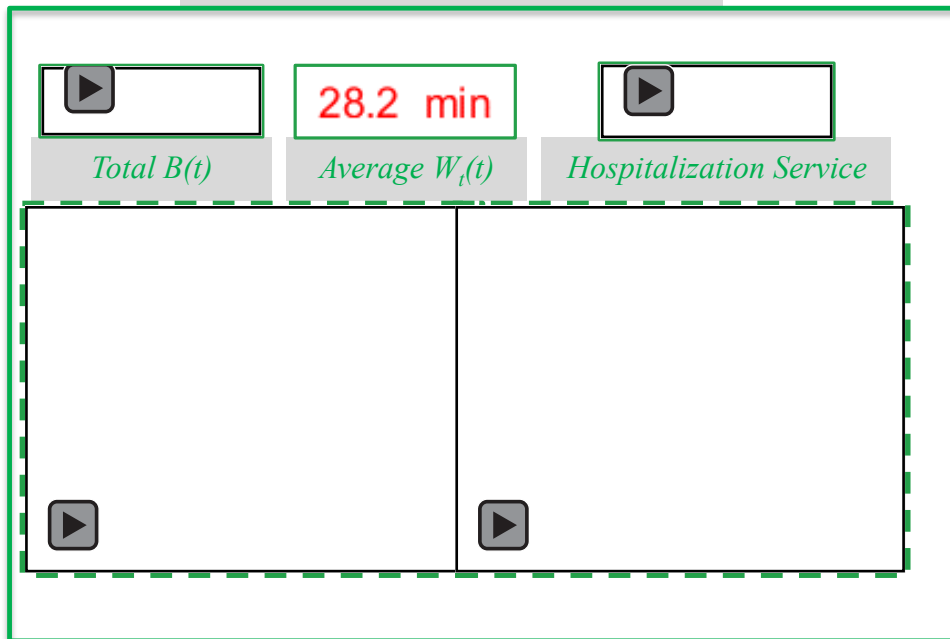
Socio-Physical

Cascading

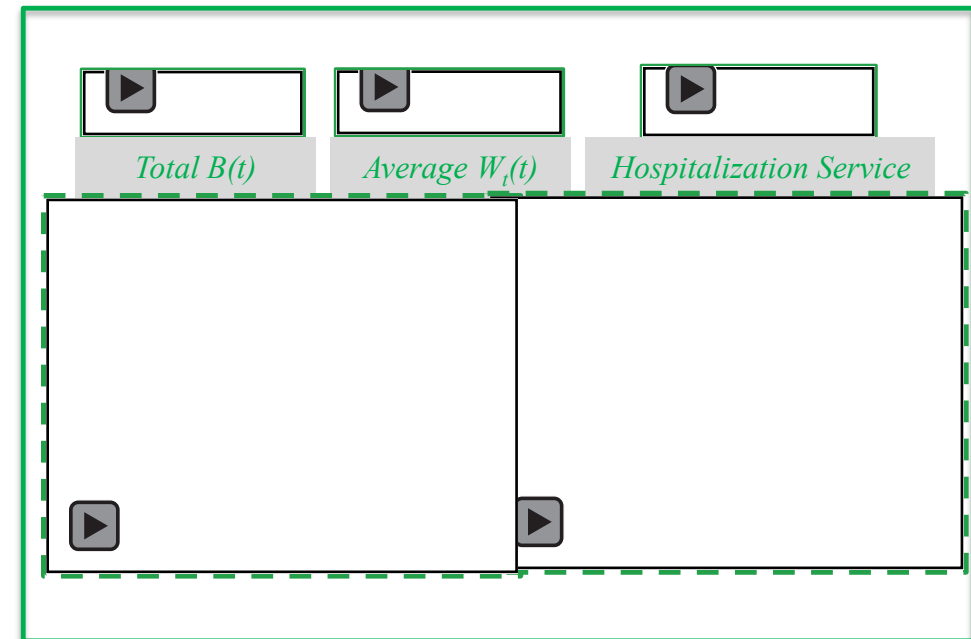
Compounding

- The main Aftershock assumed to strike the community after 18 days from the Mainshock

Mainshock



Mainshock-Aftershock



- The healthcare service resilience was reduced in the case of the Mainshock and Aftershock
- The recovery time of most of the hospitals' functionality increased in the case of the Mainshock and Aftershock



Wildfire and Pandemic

Healthcare Resilience - *Impact is driven by Human Losses and Infrastructure Damage*

Pandemics and wildfires – Demand Distribution

Motivation

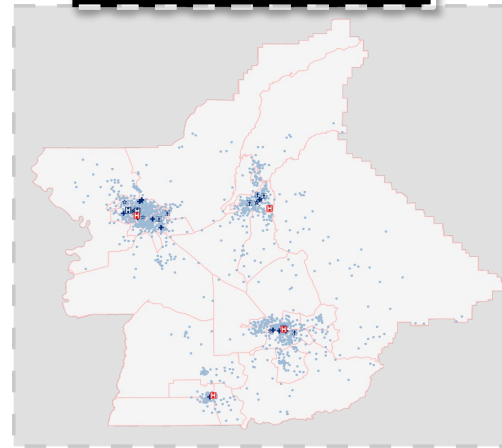
Socio-Physical

Cascading

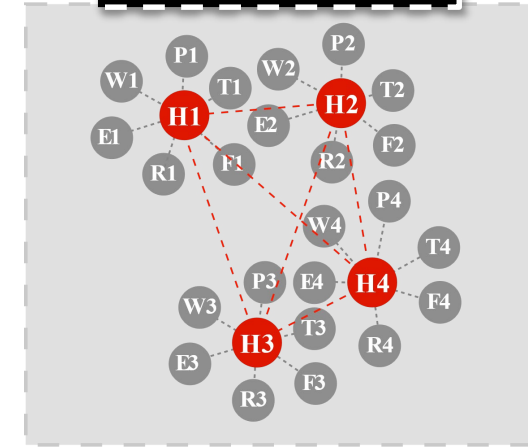
Compounding

- Area of interest is *Butte County, CA*
- The 2018 *Camp Fire* that occurred in Paradise is combined with the 2020 *COVID-19 pandemic*
- How a *healthcare system* might be impacted by *wildfire* striking during *epidemic*?
- What strategies* can be used *and when* to lower the impact of the compounding events?

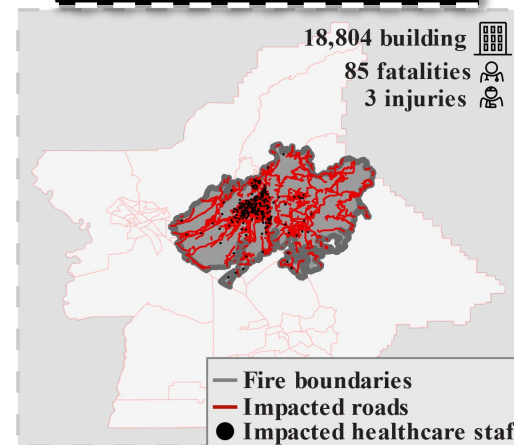
Healthcare system



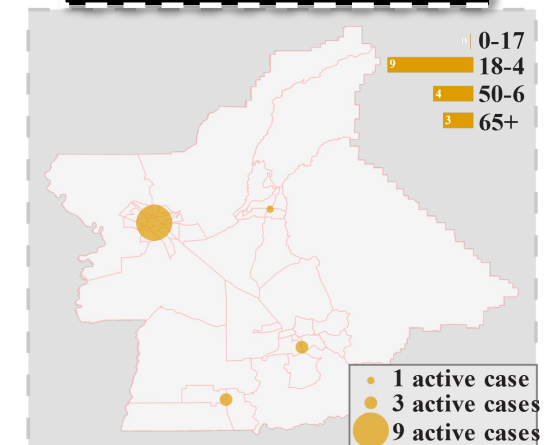
Healthcare model



Campfire impact zone



Epidemic initial cases



Resource Allocations for the Compounding Events

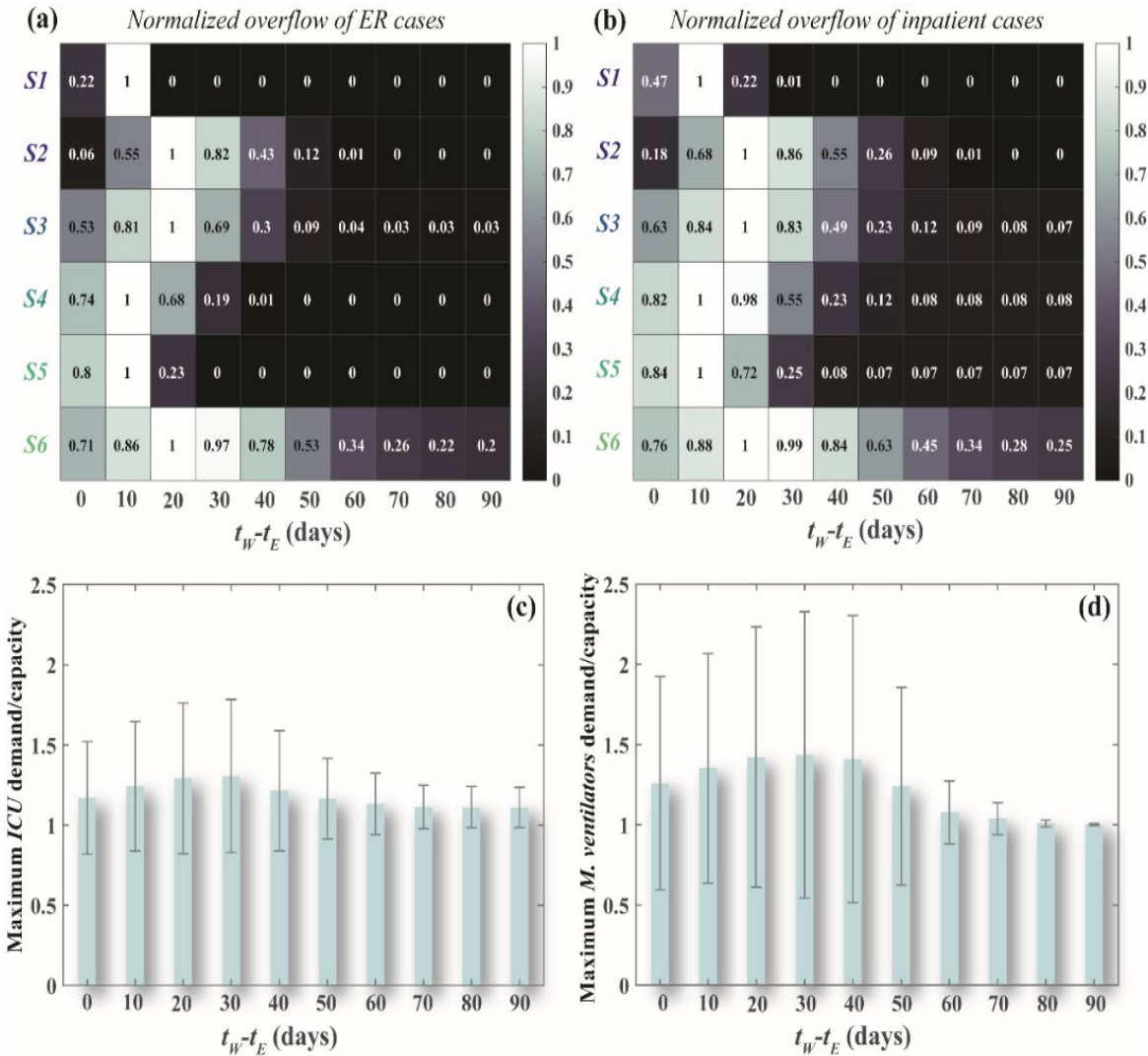
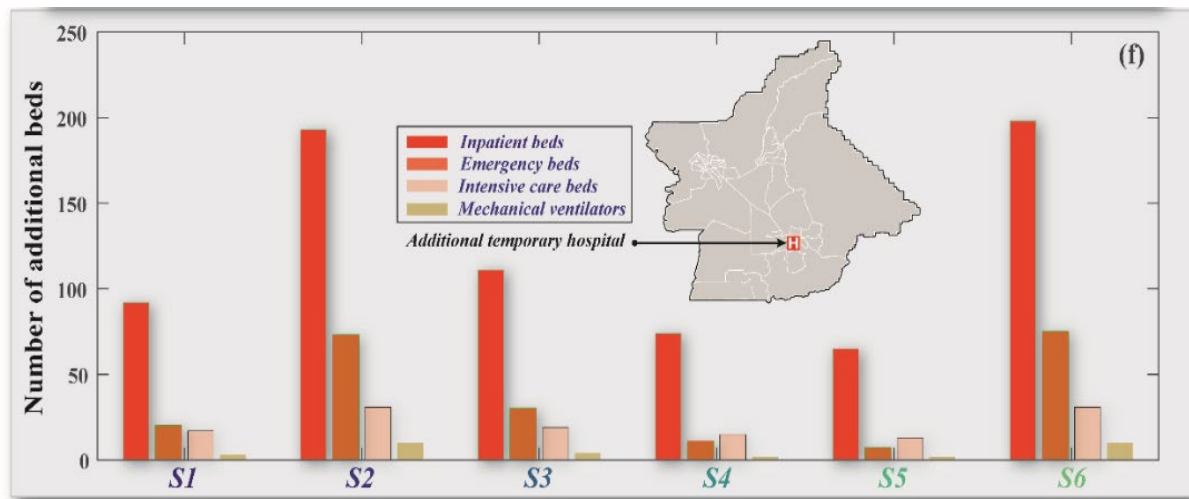
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- The highest value of *ER and inpatient overflow when* wildfire is 10 to 20 days after the outbreak
- The *ICU and mechanical ventilator* demand can increase by *31% and 44%, respectively*
- Optimization* for the *location and number of different staffed beds* are shown



Hassan and Mahmoud (2021), *Nat. Commun.*

- Short-term and long-term strategies will vary depending on the nature of the events
- The spatio-temporal characteristics of the hazards will dictate whether the focus should be on short-term or long-term strategies or both
- Critical to the development of successful strategies is to understand the system of systems behavior
- Strategies should entail a combination of solutions that entail infrastructure, personnel and supplies



My Students, Visiting Scholars and Collaborators