ASPR TRACIE Technical Assistance

On February 7, 2017 ASPR TRACIE supported a webinar hosted by the ASPR National Healthcare Preparedness Program (NHPP) titled, *HPP Coalition Surge Test Webinar*. The purpose of the webinar was to familiarize participants with the HPP Coalition Surge Test. The PowerPoint presentation and recording of the webinar are available at: https://asprtracie.hhs.gov/documents/hpp coalition surge test webinar final.pdf.

Due to the large number of questions received during the Question and Answer (Q&A) portion, we were unable to pose and have speakers respond to all of the questions during the webinar. Questions that were not able to be answered during the webinar due to time constraints were answered via email. Below are the answers provided to participants after the webinar.

Q&A:

1. Is it a full evacuation simulation or 20%?

   Answer: 20%.

2. Can Alternate Care Sites be part of the receiving facility solution?

   Answer: Yes.

3. Is there a requirement as to how many hospitals in your healthcare coalition (HCC) must participate?

   Answer: The goal is to have the full coalition participate for situational awareness even if they are not an evacuating or receiving facility.

4. Does this tool take into account skilled nursing facilities (SNFs) or long term care (LTC) facilities participation or is this exercise just for hospitals?

   Answer: Yes, the entire coalition can play, not just hospitals.

5. What kind of training is available before actually using the Coalition Surge Test (CST) that can be conducted for coalition members to familiarize them with the tools?

   Answer: Please feel free to reach out to your state Hospital Preparedness Program (HPP) and your HPP Project Officer. Please also visit PHE.gov for additional information on the tool and review this webinar, which is being recorded and posted on https://asprtracie.hhs.gov/.

6. What is the threshold for having real world events override the exercise- for example Mass Casualty Incident, Community Surge, extremely high census at hospital?

   Answer: Real world events will be considered.

7. Could the links for the documents be posted? We would like to get the latest versions.

   Answer: Please visit phe.gov. All the tools are posted and have been updated.

8. Was there actual movement of resources, transportation vehicles, and or volunteer patients? Is that needed to meet the requirement?

Answer: No patients or EMS vehicles need to move. This is a table top exercise with some functional components, not a full scale exercise. However, you can expand to make this a full scale if you wish.

9. Regarding the low/no notice aspect of the exercise, is the evacuating facility designated before the day of the test or does the trusted insider choose any hospital in the region to initiate the test on the day of the exercise?

Answer: The trusted insider will work with the hospitals in the HCC to create a list of potential evacuating hospitals and those that are only receiving hospitals. Then the trusted insider will determine which of the evacuating hospitals to select, but will not tell those hospitals they are the evacuating ones until the day of the exercise.

10. No notice - what exactly does that mean? Is the time scheduled with participants or do you expect them to drop their schedule for the 1/2 day? It seems disrespectful to spring this on busy people.

Answer: Coalition members will typically have several months of notice then are provided a two week window for planning.

11. What are the impacts if there is major resistance within a coalition to doing the low/no notice element?

Answer: Each HCC should work with their state program to understand and work through the CST requirement.

12. One slide from ASPR noted that requirement is to exercise 20% immediate bed availability (IBA) for the entire HCC bed count, not a single facility's bed count, yet each presentation used only a single entity bed count for evacuation. Please clarify real requirement from ASPR.

Answer: The 20% requirement was not determined until after the pilot tests were completed and they did not test to meet that requirement. However, for South Dakota, their scenario did meet and exceed that number of evacuated patients.

13. How did the peer assessors conduct the facilitated discussion across all of the participating exercise sites?

Answer: They were conducted via conference call.

14. Have any coalitions included long term care during the exercise and how did they participate?

Answer: LTC did participate in the South Dakota pilot and was able to identify beds for those patients who could be discharged to LTC.

15. When reporting patient manifest to the State or County Emergency Operations Center (EOC), how was the personal identifying information (PII) protected? Was the manifest sent electronically or by fax?

Answer: There is no requirement for PII – general number and types of patients is sufficient (e.g., 5 L&D, 6 NICU, 25 Med/Surge, etc.). The manifest can be sent either electronically or by fax.

16. Will HCCs be required to submit a formal Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report (AAR) to ASPR annually?

Answer: Yes, HCCs will be required to submit a formal HSEEP-compliant AAR annually. HCCs are welcome to visit https://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx to access a suggested "HPP HSEEP AAR/IP template", which will be available starting March 2017 for CST use.

17. With respect to South Dakota's reporting processes, do hospitals that are members of a larger corporate entity report through that entity to the coalition, or instead report directly to the coalition?

Answer: Sanford Health (SD) Response: At Sanford Health, we actually do both. We encourage our facilities to consistently communicate with their local partners, but also have an expectation for internal reporting. It would not be unusual for our facilities to be communicating to their coalitions while we are communicating with State Department of Health (DOH) representatives at the EOC. Our goal is to eliminate confusion and gaps. Disasters start and end locally, so should communications. Avera McKennan Hospital (SD) Response: Our process is the same as described by Sanford Health. Our facilities will communicate with local partners, but will also communicate with SDDOH Regional and State representatives.