HPP Coalition Surge Test Webinar

February 7, 2017

Access a recording of this webinar here:
https://attendee.gotowebinar.com/recording/3230502981902838017

Webinar Purpose

The purpose of today's webinar is to familiarize participants with the HPP Coalition Surge Test.

Webinar Agenda

- Overview of the Coalition Surge Test (CST)
- Discuss HPP requirements related to the CST
- Presentations by South Dakota, Texas, and Michigan
  - Share CST implementation experience
- Q & A

Speakers

ASPR

- Scott Dugas, NHPP
- Bill Mangieri, NHPP
- Kevin Sheehan, NHPP

South Dakota

- Greg Santa Maria, Sanford Health
- Sandy Frentz, Sioux Falls Public Health
- Kevin Schlosser, Avera McKennan

Texas

- Lori Upton, Southeast Texas Regional Advisory Council

Michigan

- Mark Van Dyke, Spectrum Health
- Julie Bulson, Spectrum Health
- Mike Gregg, Region 6 HCC
- Linda Scott, Michigan Department of Health and Human Services

Two Phases of the Coalition Surge Test

- Phase 1:
  - Trusted insider preps HCC for exercise
  - HCC conducts exercise plus a facilitated discussion
- Phase 2:
  - After Action Review
  - HCC Reports on Performance Measures

Coalition Surge Test Overview

- What makes up the Coalition Surge Test (tools)?
  - Two MS Excel Spreadsheets
    - Evacuating Facility (EVAC Tool)
    - Regional Healthcare Coordination Center (LEAD Tool)
  - Trusted Insider / Peer Assessor Handbook – MS Word
  - Search: HCC Surge Test (phe.gov)

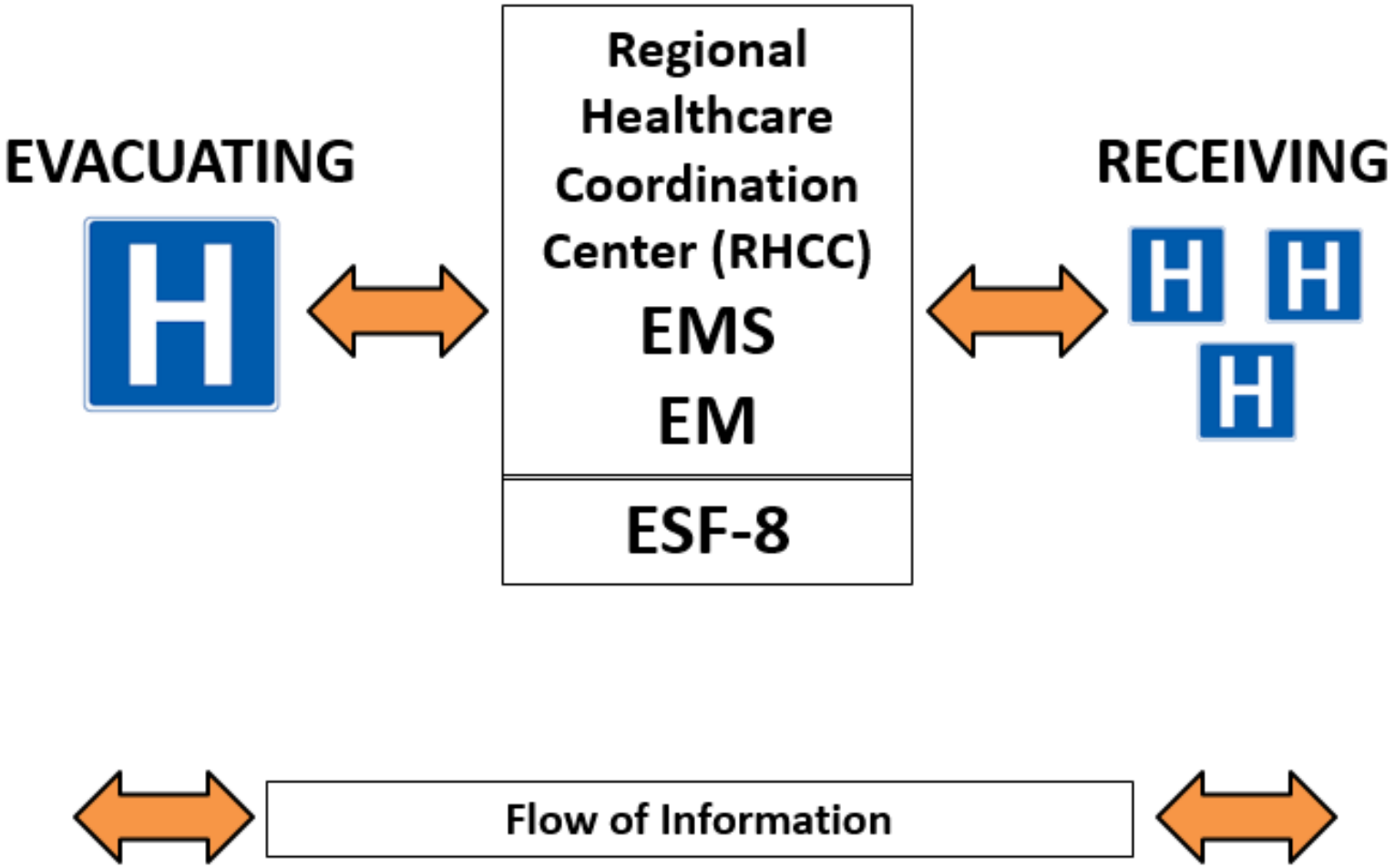
Coalition Surge Test (CST) History & Development

- History of CST Development
  - 2015 – Hospital Surge Test
  - 2016 – Coalition Surge Test
- Development of CST
  - Pilot Tests, HCCs from four states
    - South Dakota, Michigan, Texas, and Wyoming
    - 5 minute video (SETRAC) – on NHPP website
  - HPP Staff / Field Project Officers (FPO) & RAND

Role of the HCC in this exercise

1. Collaborate & coordinate with health care response entities to identify clinically appropriate beds for evacuating patients
2. Communicate & coordinate with medically appropriate transportation
3. Identify essential elements of information that helps inform situational awareness among HCC members and partners

Exercise Scenario



Coalition Surge Test (CST) Structure of the Exercise

- Two Phases to the CST:
  - **Phase 1:**
    - Table Top Exercise with Functional Elements – 90 mins
      - Evacuating hospital needs to find beds for their patients
      - Receiving hospitals provide bed availability
    - Facilitated Discussion – 90 mins
      - Peer Assessors will lead the facilitated discussion with data collected during the exercise
      - Commence shortly after the exercise concludes
  - **Phase 2:**
    - After Action Review – 30-60 mins
      - Assessment of strengths and weaknesses & corrective actions
      - Must occur within 30 days after Phase 1 concludes

CST Exercise Requirements

- Annual requirement for HCCs beginning in BP-1
- Low / no-notice
- Simulated evacuation of 20 percent of the HCCs' staffed acute care bed capacity
  - 20 percent surge – parallels Immediate Bed Availability (IBA)
  - Consistent with *2017-2022 Health Care Preparedness and Response Capabilities*

CST Exercise Participants

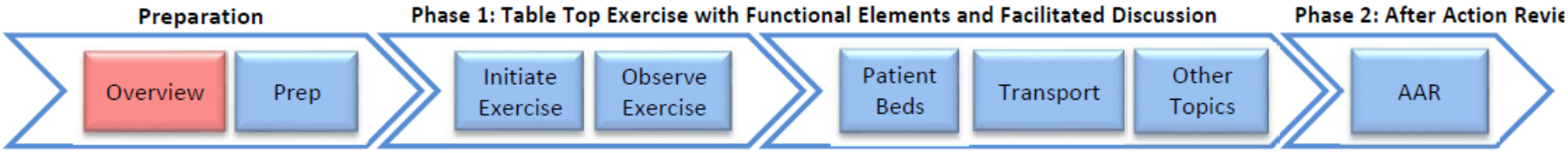
- Trusted Insider & Peer Assessors
- Four core members of the HCC
  - All acute care hospitals
  - Public Health
  - EMS
  - Emergency Management
- Evacuating & Receiving Hospitals/Facilities
- Healthcare Executives in After Action Review
- Other HCC members (non-hospital)

Overview of the Tool

EVAC Tool

Overview: Learn About the Tool

Phases of the Coalition Surge Test



How do I use this tool?

Your role is that of EVAC assessor:

* **Read instructions** at the top of each page ahead of time. This will tell you the purpose of each worksheet.
* **Input data** (numbers, names, etc.) into the cells that are shaded gray
* Use **talking points** or **discussion questions** to facilitate conversation. **Read script aloud** that is written in ***blue italics.***

* See *Handbook for Peer Assessors and Trusted Insider* for more information.

Benefits of Exercising with the Coalition Surge Test

Coalition Surge Test will allow for:

- Increased collaboration, cooperation, and communication
- Limited prep time for trusted insider & peer assessors
- Standard exercise structure/scenario for all HCCs nationwide
- Engagement at coalition level vs. individual hospital level
- Low / no-notice requirement will benefit the HCC in preparing for no-notice events (e.g., floods, fires, earthquakes)
- Uniform tools (MS Excel spreadsheets) for collecting exercise data in real-time, saving & sharing data, and analyzing for later review/analysis

CST Linked Performance Measures

- 28 Total Performance Measures Identified - BP-1
  - 8 performance measures linked to CST
    - Linked performance measures embedded in spreadsheet tools - allows for easy reporting
- Allows NHPP to objectively track HCC performance in:
  - engagement, coordination, communication, patient load-sharing, & continuous learning
- Collect baseline exercise data in the first budget period
  - SHARPER to set targets for future periods

Sioux Falls Healthcare Coalition

Greg Santa Maria
Sanford Health

Sandy Frentz
Sioux Falls Public Health

Kevin Schlosser
Avera McKennan

History

- 2 Exercises
  - Sanford USD Medical Center
    - No notice
    - Initial tool evaluation
    - Some good input
  - City of Sioux Falls
    - Coalition exercise

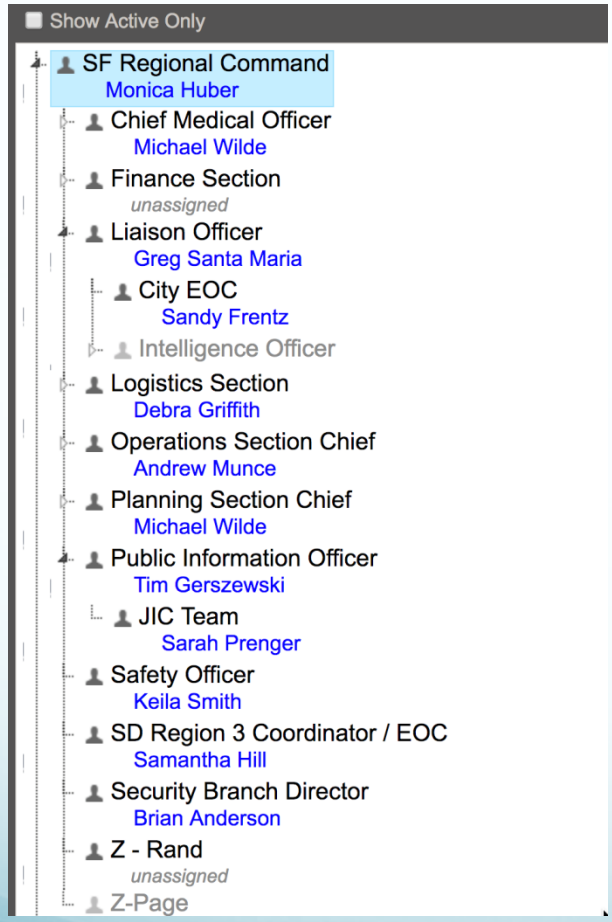
Partners

- DHHS
- Rand
- City of Sioux Falls Public Health
- Minnehaha County Emergency Management
- City of Sioux Falls Emergency Management
- SD Department of Health
- Paramedics Plus (EMS Provider in SF)
- Avera McKennan
- Sanford USD Medical Center
- Avera Heart and Lifescape activated HCC’s

Trusted Insiders

- 7 of us knew drill date
  - Sanford VP of Emergency and Trauma
  - Avera Emergency Management
  - Sanford Emergency Management
  - Minnehaha County Emergency Management
  - City of Sioux Falls Emergency Management
  - SD DOH Region 3 Coordinator
  - City of Sioux Falls Public Health Manager

Phase 1 - Activation



Scenario

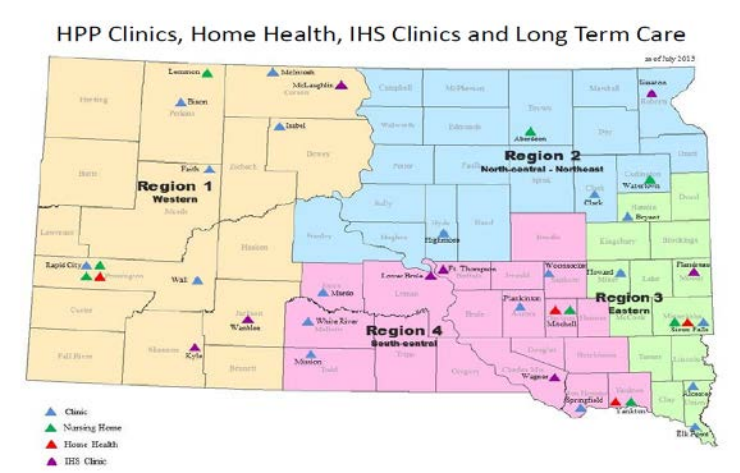
- Earthquake
- Resources
  - Facility
  - Local first responders
- Infrastructure
  - Power
  - Water
  - Communications
  - Transportation and access
- Patients
  - Almost 250
    - >30%

Phase 1 - Activation

- Hospital command centers activated
  - Cold calls to unsuspecting coalition partners
- Utilization of electronic ICS tool (eICS)
- Communications
- Identification of
  - Discharges
  - Relocations
  - Specialty referrals
    - Peds

Phase 2 - Relocation

- Coalition interactions
  - SD and Sanford



- Region 3 facilities
  - Avera McKennan – 5 NICU
  - Avera Heart – 25 (8 Critical Care)
  - Avera Dells – 10
  - Viborg – 22
  - Brookings – 31
  - Madison – 18
  - Good Samaritan (LTC) – 47 Med Surg (104 additional within 100 miles)
  - Lifescape – some PEDS capability
  - Sanford Bismarck – 165 Adult/Peds, 13 ICU, 24 NICU,
  - Sanford Fargo – 50 Med Surg, 5 ICU, 6 NICU, 8 PICU

EMS activated mutual aid to assist with transportation

Phase 2 – Relocation

- Role of Healthcare Coalitions
  - Sioux Falls
    - Partners activate SF Healthcare Coalition
      - Local hospitals
      - EOC table run by SF Public Health
        - Calls made by SFPH
    - Regional
      - Affected facilities activate virtual MAC
      - Call identifies needs
        - Regional coordinator communicates with facilities in region
        - Regional coordinator may also communicate with other regions
        - Can operate out of City/County EOC or at affected facility

Phase 2 – Relocation

- Low Notice
  - Sioux Falls Healthcare Coalition hospitals knew of drill
  - Local facilities did not know who would be affected facility
- No Notice
  - Regional partners had no idea drill was being conducted
  - Cold calls were made by coalition looking for beds
  - Facilities responded appropriately

Phase 3 – Transportation

- Biggest barrier is lack of transportation resources
  - EMS crews are responding to earthquake
  - Unknown what routes are open
  - Facility distances create long turnaround times
    - Ex: Brookings is 3 hour turnaround
  - City buses for non-critical transports
  - Fixed and rotor wing aircraft
    - 4 fixed and 2 rotor in Sioux Falls
    - Additional resources available with other crews
    - National Guard Blackhawks in Rapid City
      - State EOC communication required

Best Practices

- Good communications between agencies
- Patients identified for evacuation quickly
- Receiving beds identified in appropriate timeframes
- Additional discussions on infrastructure and response initiatives were outside of surge scenario
- Mutual aid test worked well
- **A-HA moments**
  - Big hospitals may not be able to stand each other up
  - Transfer from CAH to Tertiary was reversed

Opportunities for Improvement

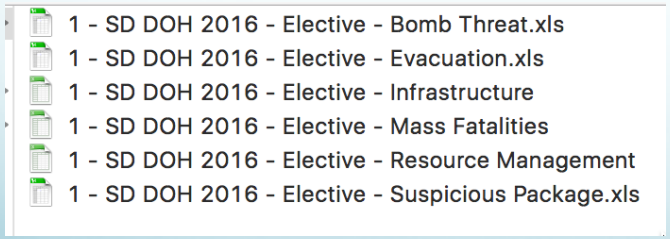
- Transportation a major factor
- Rural issues
  - Consider how Joplin, MO used pickups and doors
- Need for creative resource management
  - Out of the box transportation methods
- Comfort zone with eICS

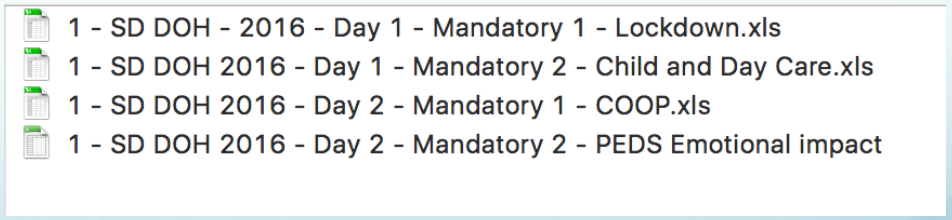
The Tool

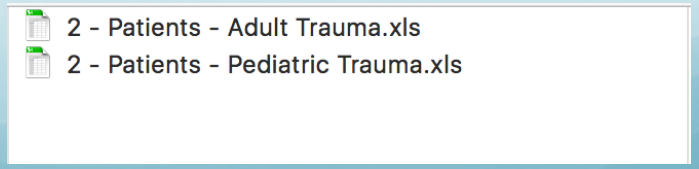
- Worked well
  - Needs someone briefed in its use
  - Assign person or persons to ensure all data is entered
- Modification makes implementation easier
  - Can change scenario
- Good module for a functional or full scale

State Exercise Mods

- Customized tool
- Maintained scenario piece and quantitative data collection
- Added a section to help facilities look within
- Created multiple versions for different areas of response







SD Parting Thoughts

- Easily implemented in our process
- Customizable
- Well received
- Requires communications between partners
  - Strengthens existing processes.

Coalition Surge Test: A Regional HCC Perspective

Lori Upton, RN BSN MS CEM
Regional Director of Preparedness and Operations
Southeast Texas Regional Advisory Council

Coalition Region

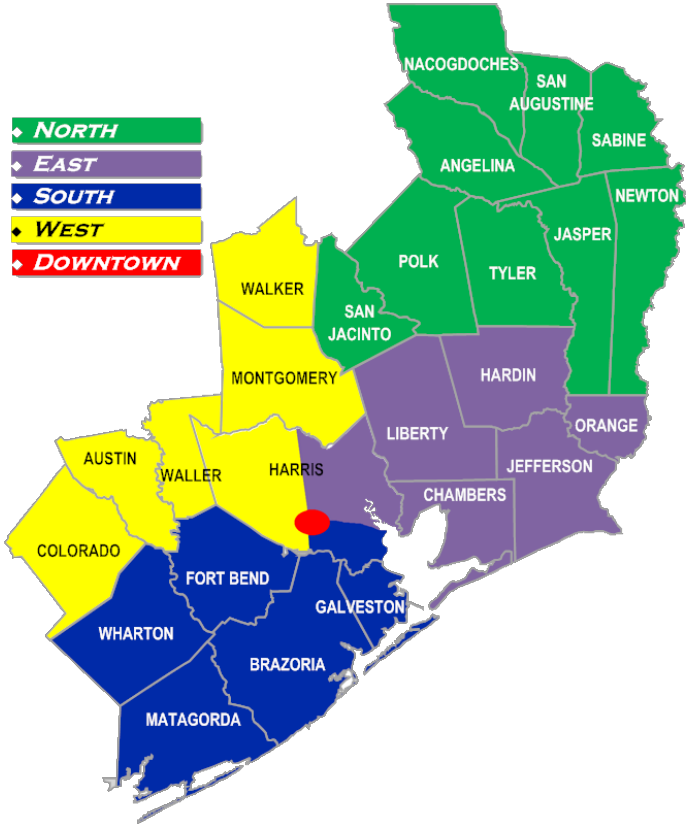
25 Counties - 277 cities

9.3 Million* (36%)

877,000/disabilities* (24%)

170+ hospitals

900+ nursing homes

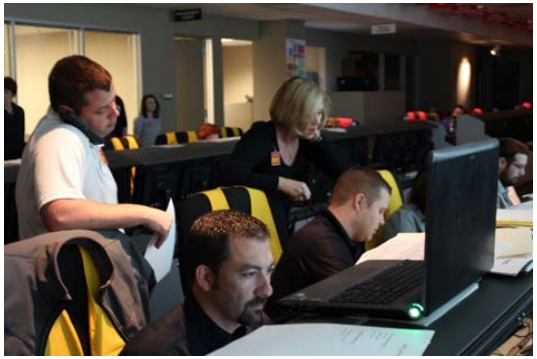


Our Objectives

- Determine if an evacuating facility and the Catastrophic Medical Operations Center (CMOC) could rapidly shift into disaster mode.
- Whether an evacuating facility knows whom to contact upon learning of the need to evacuate, and whether it can reach them at a moment's notice.
- What is the timeframe needed to identify patients needing evacuation, locate destinations, and arrange transportation.

Our Experience

- Exercise:
  - Mid-sized, stand alone non-trauma designated hospital in non-metropolitan area of the region
  - Notification made and Hospital IC established
  - “Internal Disaster” declared
  - Activation of Medical Operations Center and pertinent plans
  - MOC Liaison to evacuating location
  - Utilization of HCC Surge Test to supplement information sharing



Hot Wash Findings

- Easy to input data
- Regional collaboration and “neighbors helping neighbors”
- Validation of our regional medical response plan
- Utilization of CMOC allows facility to focus on patients

Catastrophic Medical Operations Center

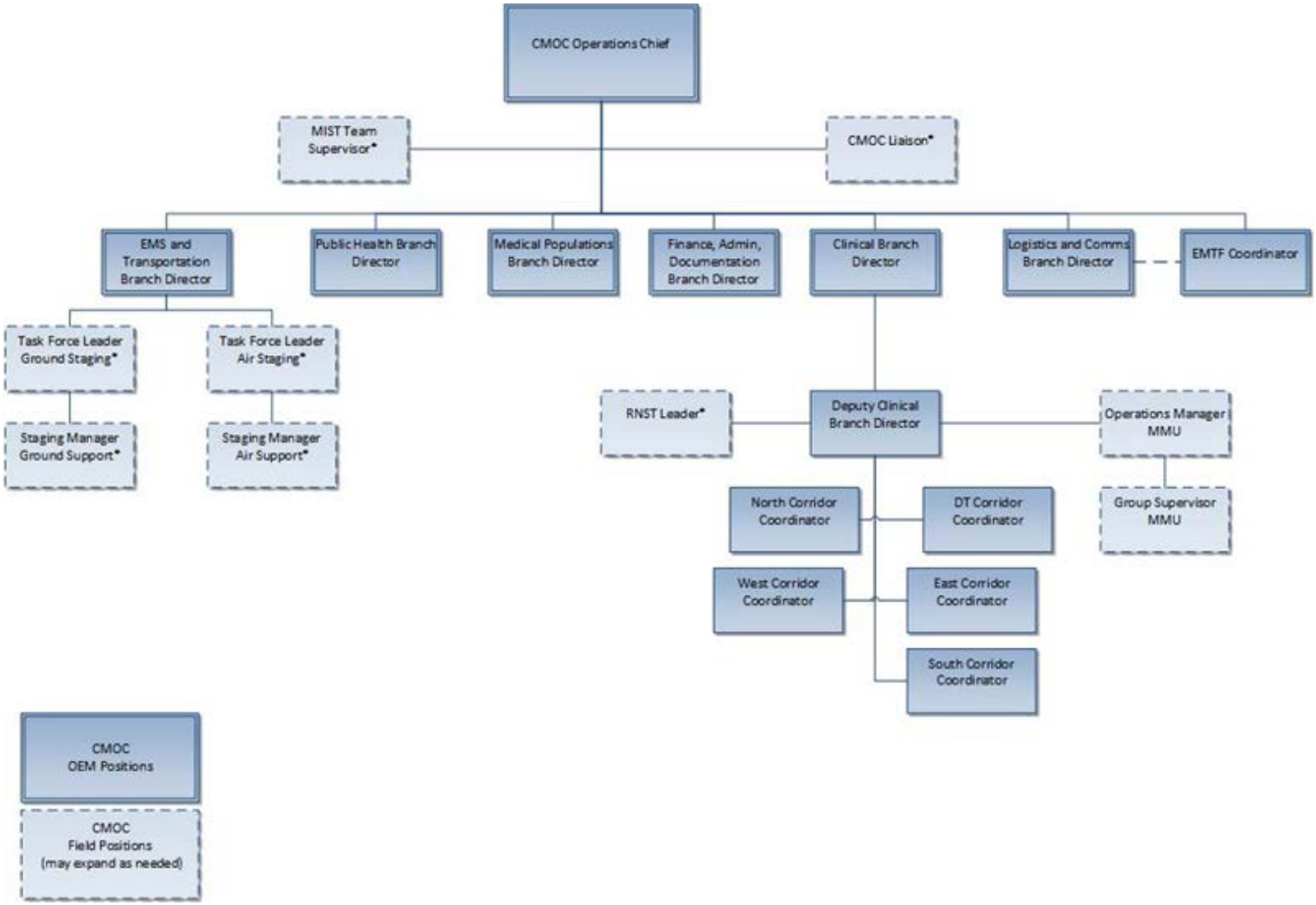
- Local, Regional, and State asset
- Co-located in the Houston EOC
- Recognized by the MACC for health and medical coordination
- Logistical and Operational Components
- Activated upon request of local or state authority
- In existence since 2005

Catastrophic Medical Operations Center

Mission:

- Identify and meet the healthcare needs of the region
- Protect and maintain medical infrastructure of all regional healthcare facilities
- Provide appropriate transfer to healthcare facilities based on capacity and capability
- Coordinate unique requirements of “special needs” population
- Maintain patient tracking records
- Procure and manage resources
- Serve as safety net

CMOC Structure



Transportation Director

- Notification sent to all regional EMS agencies
- Ambuses activated
- Roster built and staging identified

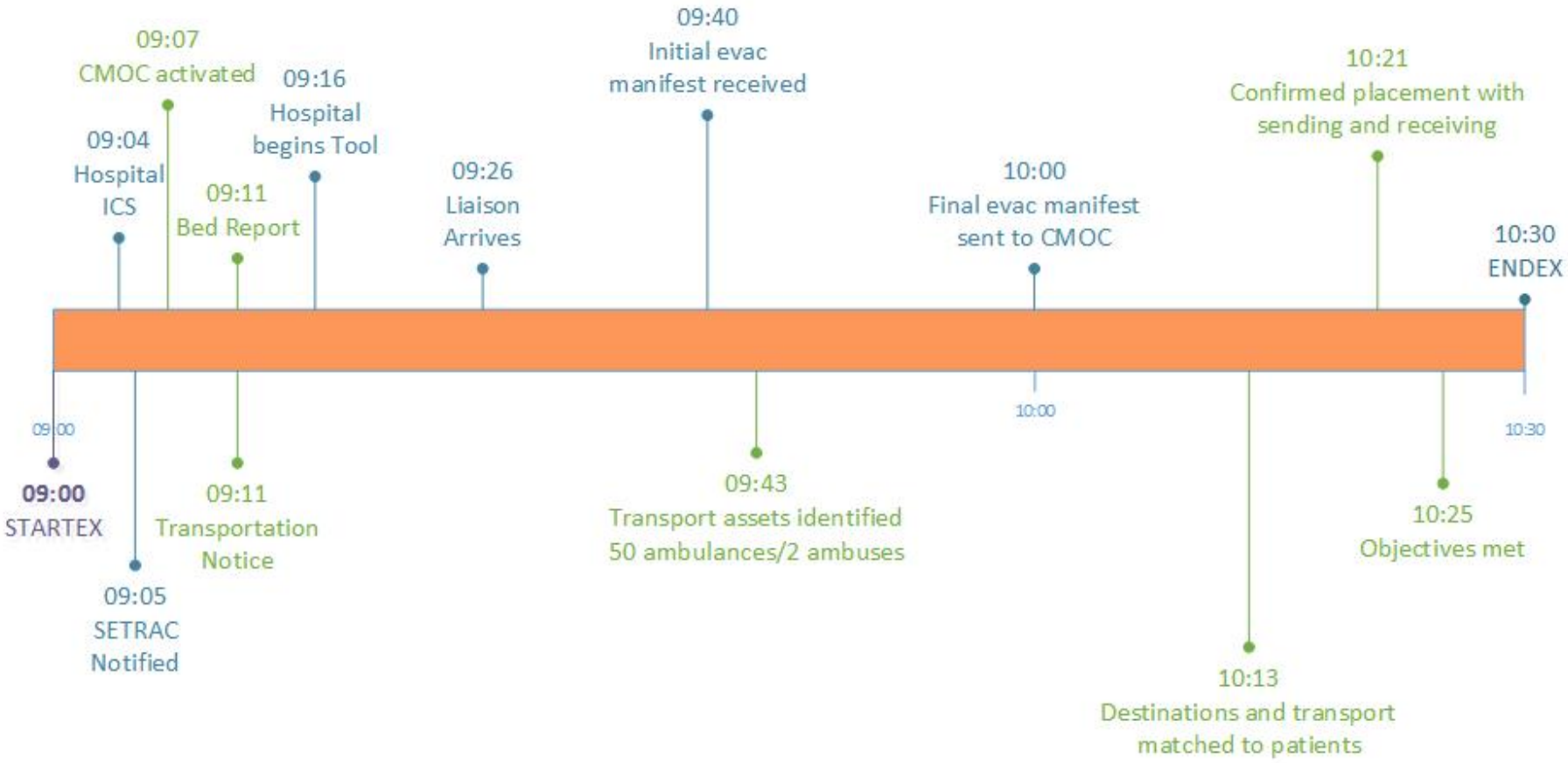
Clinical Director

- Bed report initiated
- Initial patient manifest received
- Coordinate with facility Liaison

The Matchmaking Begins:

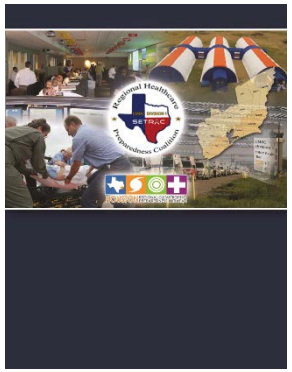
- Bed matched to evacuating patient
- Reviewed with evacuating facility for acceptance
- Confirmed with receiving facilities
- Mission package provided to Liaison at facility to load from staging

Timelines


09:07
CMOC activated
09:04
Hospital
ICS
09:16
Hospital
begins Tool
09:11
Bed Report
09:26
Liaison
Arrives
09:40
Initial evac
manifest received
10:00
Final evac manifest
sent to CMOC
10:21
Confirmed placement with
sending and receiving
10:30
ENDEX
09:00
09:00
STARTEX
09:05
SETRAC
Notified
09:11
Transportation
Notice
09:43
Transport assets identified
50 ambulances/2 ambuses
10:00
10:13
Destinations and transport
matched to patients
10:25
Objectives met
10:30

Moving Ahead

- Integration of the surge tool into our annual regional exercise
- Ensuring that exercise objectives are developed that meet all needs
  - HPP deliverable
  - Healthcare regulatory requirements
- Adoption of tool into actual events
- Inclusion of tool into regional plans



Mark Van Dyke
Julie Bulson
Mike Gregg - Region 6 HCC

Spectrum Health at a Glance

- 12 hospitals, including Helen DeVos Children's Hospital
- More than 3,200 Physicians and 25,200 employees
- 180 ambulatory and service sites
- Provided more that $326 million in community benefit during its 2016 fiscal year
- One of the nation's 15 Top Health Systems—and in the top five among the largest health systems—by Truven Health Analytics™ for 2016. This is the fifth time the organization has received this recognition.

Region 6 Healthcare Coalition at a Glance

- Established in 2002
- 13 Counties
- Population 1.47 million
- 23 hospitals
- 11 EMS agencies
- 12 Medical Control Authorities
- Over 100 CMS Participating providers (LTC, ESRD, HHA, etc.)

HCC Surge Test Participation

Who participated from the hospital?

- Incident Commander (trusted insider)
- Operations Section Chief (clinical manager)
- Planning Section Chief (clinical manager)
- Hospital Supervisor
- Hospital Executive (CNO)

HCC Surge Test Participation

How do we get the participation?

- Coalition Hospitals
- Hospital Leadership
  - Trusted insider review schedules (work with assistant)
  - Clearly define their role in the HCC (Executive Liaison)
  - Required participation in HCC exercises, real life response

HCC Surge Test Participation

Census 9/18/15 – Butterworth and Helen DeVos Children's Hospital

Departments	Patients	Beds Available
ICU	65	7
Women's Health	70	15
Pediatrics	115	22
NICU	104	1
Adult M/S - Prog	379	53

HCC Surge Test Participation

Regional Participation

- Wanted to involve our largest Health System
- 50% of hospitals in the region
- Full activation of MCC
- Bed Availability Report
- Communications

HCC Surge Test Participation

Regional Results

Bed Type	Regional Availability	Needed
ICU	55	65
Adult Med/Surge	116	379
Pediatric	57	115
NICU	8	104

HCC Surge Test Participation

Regional Results

EMS	**Availability**
Units	30
Busses	10

HCC Surge Test Participation

Lessons Learned

- Not enough beds available in the region
- Not enough NICU beds available in the state
- EMS Availability report not clear
- Patient triaging for evacuation on the unit
- Communication was a positive

Michigan Next Steps

Linda Scott, RN, BSN, MA

Director, Division of Emergency Preparedness and Response

Michigan Department of Health and Human Services

Bureau Of EMS, Trauma and Preparedness

Scottl12@Michigan.gov

Michigan Healthcare Preparedness Program

Continue to leverage successful pilot within MI – Lessons Learned

- Region 5 HCC Evaluator
- Region 6 HCC/Spectrum Health System

Communicate through on site HCC meetings (laying groundwork)

- Anticipated ASPR HPP requirements - July 1, 2017
- Identify hospital champions – program maturation for unannounced exercise
- Identify hospitals interested in "new BP 1" exercise requirement participation

"New BP 1" Conservative Launch

- **Annual Regional HCC Work plan**
- **Statewide HCC Leadership Strategic Planning 2017 – 2022**
  - Soft launch budget period 1
  - Increasing exercise complexity through 2022
  - Ensure all hospitals in MI exercise as primary evacuation hospital by 6/30/2022
    - Timeline based on requests, levels of care and HCC jurisdictional risk assessment
- **Utilize identified corrective actions and improvement plans to guide next steps**

Closing Remarks

Scott Dugas, Kevin Sheehan, Bill Mangieri

ASPR NHPP

Questions & Answers