HPP Coalition Surge Test Webinar

February 7, 2017

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

Regional Healthcare Coordination Center (RHCC)
- EMS
- EM
- ESF-8

Flow of Information
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

Phases of the Coalition Surge Test

Preparation
<table>
<thead>
<tr>
<th>Overview</th>
<th>Prep</th>
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Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion

<table>
<thead>
<tr>
<th>Initiate Exercise</th>
<th>Observe Exercise</th>
<th>Patient Beds</th>
<th>Transport</th>
<th>Other Topics</th>
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Phase 2: After Action Review

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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.
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 Lifescapre 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
  o Consider how Joplin, MO used pickups and doors

• Need for creative resource management
  o 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
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

09:00
STARTEX

09:05
SETRAC Notified

09:00
Hospital ICS

09:04
CMOC activated

09:07
Hospital begins Tool

09:11
Bed Report

09:11
Transportation Notice

09:16
Liaison Arrives

09:26
Initial evac manifest received

09:40
Transport assets identified 50 ambulances/2 ambuses

09:43
Final evac manifest sent to CMOC

10:00
Confirmed placement with sending and receiving

10:00
Objectives met

10:25
Destinations and transport matched to patients

10:21
10:30
ENDEX
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 than $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

<table>
<thead>
<tr>
<th>Departments</th>
<th>Patients</th>
<th>Beds Available</th>
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<tbody>
<tr>
<td>ICU</td>
<td>65</td>
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<tr>
<td>Women’s Health</td>
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<tr>
<td>Adult M/S - Prog</td>
<td>379</td>
<td>53</td>
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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
## Regional Results

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>Regional Availability</th>
<th>Needed</th>
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<tbody>
<tr>
<td>ICU</td>
<td>55</td>
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<tr>
<td>Adult Med/Surge</td>
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<td>379</td>
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<tr>
<td>Pediatric</td>
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<td>115</td>
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<tr>
<td>NICU</td>
<td>8</td>
<td>104</td>
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</table>
# Regional Results

<table>
<thead>
<tr>
<th>EMS</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units</td>
<td>30</td>
</tr>
<tr>
<td>Busses</td>
<td>10</td>
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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

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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