



EVHC
Eastern Virginia
Healthcare Coalition

Acute Care Hospital Evacuation & Patient Surge Tabletop Exercise

After Action Report & Improvement Plan

January 18, 2018

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1. The title of this document is the Eastern Virginia Healthcare coalition (EVHC) Acute Care Hospitals (ACH) Evacuation & Surge After Action Report & Improvement Plan (AAR/IP).
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PREFACE

The Eastern Virginia Healthcare Coalition Acute Care Hospital (ACH) Evacuation & Surge Tabletop Exercise (TTX) is sponsored by the Eastern Virginia Healthcare Coalition (EVHC). This After Action Report/Improvement Plan (AAR/IP) was produced with input, advice, and assistance from the EVHC staff and follows the guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The EVHC ACH Evacuation & Surge TTX was an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. This AAR/IP is for use by all participating acute care hospitals and the EVHC.

All participating organizations should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current facility and corporate directives. Public release of exercise materials to third parties is at the discretion of the EVHC and participating acute care hospitals.

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EXERCISE OVERVIEW

Exercise Name	Acute Care Hospital Evacuation & Patient Surge TTX
Exercise Dates	November 02, 2017 from 9:30 am to 12:30 pm
Scope	This exercise is a tabletop exercise planned for three hours at the Tidewater EMS Council office in Chesapeake.
Core Capabilities Tested	Healthcare and Medical Response Coordination Continuity of Healthcare Service Delivery Medical Surge
Objectives	<ol style="list-style-type: none"> 1. Implement HICS 2. Demonstrate patient destination planning 3. Patient tracking 4. Patient movement 5. Resource management 6. Communications 7. Medical Surge
Threat or Hazard	Event: Gas pipeline explosion causing loss of vital utilities for 2-4 weeks.
Scenario	A 30” main natural gas pipeline has exploded cutting off potable water, electric power and sewer service to the hospital for a minimum of two weeks.
Sponsor	Eastern Virginia Healthcare Coalition (EVHC)
Participating Organizations	A list of participating organizations can be found in Annex A of this document.
Point of Contact	Mr. Glenn McBride, Regional Healthcare Coordinator, Eastern Virginia Healthcare Coalition, mcbride@vaems.org , (757) 963-0632

PURPOSE

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The three major strengths identified during this event are as follows:

1. All participating organizations had well developed Emergency Operation Plans which included evacuation plans.
2. Each participating ACHs have Virginia Healthcare Alerting and Status System (VHASS) accounts and are proficient in their use.
3. Participants actively engaged in each module discussion, posing valid and thought provoking Sentara Norfolk General Hospital (SNGH) and Children's Hospital of the King's Daughters (CHKD) identified the potential for evacuating and/or staging patients for evacuation in each other's facilities since the two ACHs are physically connected.

Primary Areas for Improvement

Throughout the event, several opportunities for improvement were identified. The primary areas for improvement are as follows:

1. The region does not have a well-developed regional transportation plan. This plan should outline roles and responsibilities and a transportation triage matrix.
2. The patient tracking process needs further clarification and outline the process for the use of pre-hospital information from EMS, the use of VHASS and when and how VA211 will be incorporated into the process. This process should also specify when triage tags should be used in the patient tracking process, and if they should be used when conducting inter-facility patient transfers.
3. Participating ACHs identified the need for more robust ACH communication plans to include a process for notifying patient family members and the public of an evacuation or medical surge event.

Overall Performance

This exercise was a success. Participating ACHs were engaged and eager to discuss and review their respective Emergency Operations Plans (EOPs) in relation to the exercise scenario. Participating ACHs had existing plans for to support facility evacuation and medical surge events. Participants used this exercise to identify weaknesses or gaps in their respective EOPs.

EXERCISE DESIGN SUMMARY

The EVHC was the organizer for this exercise. As such the EVHC administered the exercise, prepared the relevant exercise documents and gathered summary evaluation data. The purpose of this exercise was to give participating acute care hospitals the opportunity to participate in a regional patient surge exercise that would allow them to discuss the implementation of their Emergency Operations Plan during a patient surge event.

Exercise Scenario

The scenario was designed to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities of their respective ACH in response to an event that would require a partial or full evacuation of an ACH and receipt of those evacuated patients by other ACHs in the region.

Scenario Summary

A nearby 30” main natural gas pipeline has exploded cutting off potable water, electric power and sewer service to the hospital for a minimum of two weeks.

Exercise Participation

This exercise was open to ACHs in eastern Virginia. A list of participating ACHs and other healthcare organizations can be found in Appendix A of this document.

Exercise Evaluation

Each participating healthcare organization had access to the Situation Manual. Each participant was requested to complete a Participant Feedback Form immediately upon completion of the exercise. The purpose of this evaluation was to assist the EVHC in identifying any common capability gaps that could be addressed by the coalition.

PERFORMANCE ANALYSIS

The *2017-2022 Health Care Preparedness and Response Capabilities* document was published by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). This document outlines the high-level objectives that the nation’s health care delivery system, including Health Care Coalitions (HCCs), and individual health care organizations, should undertake to prepare for, respond to and recover from emergencies. The capabilities tested in this exercise were selected from a list of the *2017-2022 Health Care Preparedness and Response Capabilities*, Objectives and Activities.

However, this list does not provide the level of granularity needed to evaluate specific functions that were expected to be discussed during this exercise. The exercise objectives were developed to evaluate the ability of participating ACHs to complete mission tasks associated with Capability 2: Health Care and Medical Readiness Coordination, Capability 3: Continuity of Health Care Service Delivery and Capability 4: Medical Surge. The table below analyzes the ability of the exercise participants to meet the exercise objectives specified for this exercise.

Objective	Performance Analysis
<p>Objective 1: Demonstrate the ability to implement the Healthcare Incident Command System (HICS), or Nursing Home Incident Command System (NHICS), to effectively respond to evacuation and medical surge event.</p>	<p>STRENGTH</p> <p>Analysis: All of the participating acute care hospitals have their own, well developed Emergency Operations Plan (EOP). This exercise helped several participating ACHs identify gaps or weakness in their respective EOP. These EOP weaknesses will be addressed by each respective organization.</p>
<p>Objective 2: Patient Destination Planning: Demonstrate the ability to utilize Acute Care Hospital plans and resources to efficiently locate receiving facilities appropriate for each patient’s level of acuity.</p>	<p>STRENGTH</p> <p>Analysis: Each participating ACH has a VHASS account and use it regularly. ACHs anticipate that the Regional Healthcare Coordinating Center (RHCC) would be available in this scenario to assist be patient placement if needed. However, the ACHs determined that this function along with patient tracking should be tested in a future exercise.</p>
<p>Objective 3: Patient Tracking: Demonstrate the ability to utilize the Acute Care Hospital’s plan to track patients from current area of care to the receiving facility using the Virginia Healthcare Alerting and Status System (VHASS), Nursing Home Incident Command System (NHICS) forms and other communication tools.</p>	<p>WEAKNESS</p> <p>Analysis: Each participating ACH has a VHASS account and use it regularly. However, the ACHs acknowledged that they have not used the Patient Tracking Module in VHASS and are not well practiced in its use. ACHs recommended that a Patient Tracking Module workshop be conducted by the EVHC to help improve their level of knowledge on this module.</p>
<p>Objective 4: Patient Movement: Demonstrate the ability to utilize Acute Care Hospital transportation plans to identify and obtain sufficient patient transportation resources to efficiently relocate</p>	<p>WEAKNESS</p> <p>Analysis: Although each ACH had identified transportation resources there was a general recognition that additional transportation resources would need to be identified and utilized in this</p>

<p>evacuating patients to receiving facilities appropriate for each patient’s level of acuity.</p>	<p>scenario. It was also determined that a transportation triage matrix would be useful in assisting ACHs to identify the type of transportation resource needed to support the movement of each patient.</p>
<p>Objective #5 Resource Management: Demonstrate the ability to identify current and future resource needs and request, mobilize, and manage assets and resources.</p>	<p>WEAKNESS</p>
	<p>Analysis: ACHs identified the need to have a regional plan that clarifies the roles and responsibilities of the different agencies or organizations involved in an evacuation and for sharing resources. ACHs determined that such a policy or procedure would lead to a better understanding of local and regional relationships and capabilities.</p>
<p>Objective #6 Communications: Using existing communications plans, demonstrate the ability to notify and communicate with emergency management officials, other acute care hospitals (ACHs), the Regional Healthcare Coordinating Center (RHCC), and other agencies, organizations and personnel to effectively respond to and manage the incident.</p>	<p>WEAKNESS</p>
	<p>Analysis: Each participating ACH has a Communications Plan. However several ACHs identified the need to further refine their plans in relation to communications with patient family members and the public.</p>
<p>Objective #7 Medical Surge: Demonstrate the ability manage an influx of patients in response to an evacuation of another Acute Care Hospital as outlined in existing Emergency Operations Plans (EOP).</p>	<p>STRENGTH</p>
	<p>Analysis: Participating ACHs have existing medical surge plans and are confident that their respective facilities could properly manage the surge created by this scenario. In addition each ACH has a VHASS account that is accessed and utilized on a regular basis.</p>

APPENDIX A: EXERCISE PARTICIPANTS

The following is a list of acute care hospitals and other organizations that participated in this exercise.

Participating Organizations
Regional
Eastern Virginia Healthcare Coalition (EVHC)
Hampton Roads Metropolitan Medical Response System (HRMMRS)
Peninsulas Emergency Medical Services Council (PEMS)
Regional Healthcare Coordinating Center – Southside (RHCC)
Tidewater Emergency Medical Services Council, Inc. (TEMS)
Virginia Department of Health
Norfolk Health Department
Virginia Department of Health – Eastern Region
Western Tidewater Health District
Acute Care Hospitals
Chesapeake Regional Healthcare
Children’s Hospital of the King’s Daughters
Naval Medical Center Portsmouth
Riverside Health System
Sentara Health System
Sentara Norfolk General Hospital
Long Term Care Facilities
Atlantic Shores
Concordia Transitional Care and Rehabilitation Nansemond Pointe
Princes Anne Health & Rehabilitation Center
Other Organizations
Fusion Ex
Hampton Roads Planning District Commission

APPENDIX B: ACH EVACUATION & PATIENT SURGE IMPROVEMENT PLAN

This Improvement Plan (IP) has been developed for the Eastern Virginia Healthcare Coalition as a result of the ACH Evacuation & Patient Surge Tabletop Exercise conducted on December 21, 2017. These IP recommendations draw on both the After Action Conference and the After Action Report.

Area Identified for Improvement	Corrective Action Needed	Responsible Organization	Responsible Person	Start Date	Completion Date
Update Emergency Operations Plan	Review and revise the Evacuation and Medical Surge portions of the EOP as needed.	Individual ACH			
ACH Communications Plans	Review and revise as needed, the ACH Communications Plan to ensure that it will support a facility evacuation and/or medical surge event.	Individual ACH			
Redundant Contracting for Emergency Resources	Enter into contracts with multiple transportation suppliers and vendors to ensure that needed resources can be obtained during a regional or other widespread emergencies when demand for resources will be high & multiple ACHs are likely to place demands on the same resources.	Individual ACH			
Patient Tracking	Develop a regional patient tracking process outlining the use of pre-hospital information from EMS, the use of VHASS and when and how VA211 will activated and incorporated into the patient tracking process. This process should also specify when triage tags should be used in the patient tracking process, and if they should be used when conducting inter-facility patient transfers.	EVHC VHHA	McBride Metzner		
Patient Tracking	Conduct a Patient Tracking Module Workshop to review the use of VHASS patient tracking module and VA211.	EVHC	McBride Metzner		
Transportation	Develop a regional transportation plan. This plan should outline roles and responsibilities and include a transportation triage matrix.	EVHC	McBride Metzner		

APPENDIX C: ACRONYMS

Acronym	Meaning
AAR	After Action Report
ACH	Acute Care Hospital
ASPR	Assistant Secretary of Preparedness and Response
EMS	Emergency Medical Services
EOP	Emergency Operations Plan
ESF	Emergency Support Function
EVHC	Eastern Virginia Healthcare Coalition
FOUO	For Official Use Only
HCC	Health Care Coalition
HHS	U.S. Department of Health and Human Services
HICS	Healthcare Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Program
IAW	In Accordance With
IP	Improvement Plan
NHICS	Nursing Home Incident Command System
RHCC	Regional Healthcare Coordinating Center
TTX	Tabletop Exercise
VDH	Virginia Department of Health
VHASS	Virginia Healthcare Alerting and Status System
VHHA	Virginia Hospital and Healthcare Association