

CMHPC ASPR Hospital Surge Exercise July 2019

After-Action Report / Improvement Plan 2017-2022

20 August 2019

# Exercise / Incident Description

| **Topic** | Response |
| --- | --- |
| **Exercise or Incident Name** | CMHPC ASPR Hospital Surge Exercise July 2019 |
| **Exercise or Incident Dates** | 25 July 2019 @ 0900-1200 |
| **Scope** | This exercise is a no notice drill/exercise, planned for <3 hours at the participants own facility. Exercise play is limited to any and all coalition partners; particularly hospitals, and any other partner they may call for guidance or assistance. |
| **Mission Area(s)** | Response |
| **HPP Capabilities and Objectives** | Capability 1, Objective 4, Activities 2-4;  Capability 2, Objective 1, Activity 1;  Capability 2, Objective 3, Activity 2;  Capability 4, Objective 1 Activity 1;  Capability 4, Objective 2, Activities 1-2 |
| **Exercise**  **Objectives** | The Surge Test tests whether a hospital can;   1. Rapidly shift into disaster mode 2. Clear space in the emergency department (ED) 3. Create space in inpatient units to accommodate patients moved from the ED 4. Effectively coordinate with the hospital command center (CC). 5. Attempt to off-load hospitals to other various coalition partners to create surge capacity (LTC/SNF, Home Care, Hospice, Community EMS, etc.) |
| **Threat or Hazard** | Mass Casualty Incident secondary to a bombing |
| **Scenario or Incident Description** | A bombing has occurred at a nearby building. Preliminary reports indicate two or three explosions. Many casualties are expected. |
| **Sponsor** | Central Minnesota Healthcare Preparedness Coalition HPP Grant |
| **Participating Organizations** | Any and all coalition partners, particularly hospitals, and any partners that they may summons for assistance or guidance. |
| **Point of Contact** | David Miller, NRP/CP  Central MN HPC Emergency Preparedness Specialist  1406 6th Avenue North  Saint Cloud, MN 56303  320-251-2700x53045  [millerdav@centracare.com](mailto:millerdav@centracare.com) |

# Executive Summary

# The Hospital Surge Evaluation Exercise is a user-friendly peer assessment tool that helps hospitals identify gaps in their surge planning through a no-notice drill. This tool was developed by RAND Health under a contract with the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR). The ASPR Hospital Preparedness Program would like to acknowledge the contributions of RAND Health and the staff at numerous hospitals and several health care coalitions who contributed to the development of this tool. Using data gathered from previous recent mass casualty incidents, this exercise tool generates a reasonable and expected distribution of patients for facilities based on their size/capability.

# Analysis of HPP Capabilities

Alignment of exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

**Table 1 Summary of Capability Performance**

The following sections provide an overview of the performance related to each exercise or incident objective and the associated HPP Capability, highlighting strengths and areas for improvement.

| Exercise Objective | HPP Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| 1. Rapidly shift into disaster mode | Capability 2, Objective 1, Activity 1 |  | XXX |  |  |
| 1. Clear space in the emergency department (ED) | Capability 4, Objective 2, Activity 1 |  | XXX |  |  |
| 1. Create space in inpatient units to accommodate patients moved from the ED | Capability 4, Objective 2, Activities 1 & 2 |  | XXX |  |  |
| 1. Effectively coordinate with the hospital command center (CC). | Capability 2, Objective 3, Activity 2 |  | XXX |  |  |
| 1. Attempt to off-load hospitals to other various coalition partners to create surge capacity (LTC/SNF, Home Care, Hospice, Community EMS, etc.) | Capability 4, Objective 2, Activities 1 & 2 |  |  | XXX |  |

**Ratings Definitions:**

* Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
* Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in in a manner that achieved the objective(s).

## HPP Capability #2 – Health Care and Medical Response Coordination

**Functions and Tasks/Resource Elements demonstrated (from the HPP Capabilities):**

HPP Objective #1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Activity #1: Develop a Health Care Organization Emergency Operations Plan

HPP Objective #3: Coordinate Response Strategy, Resources, and Communications

Activity #2: Coordinate Incident Action Planning During an Emergency

**Exercise Objective 1:** Rapidly shift into disaster mode

**Gap Addressed**: Facilities do well at flexing to meet the needs of their community and patients during small surges, however, looking at recent large-scale MCI events nationally many facilities question their ability to surge significantly when needed in a no-notice or short time frame.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Staff all pulled together

**Strength 2:** Nurse managers and charge nurses all led by example

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Often during the initial stage of a crisis, staff are overly excited and are not easily focused on the immediate needs of the department/situation.

**Reference:** HICS

**Analysis:** When staff are alerted to a crisis, they often go into a “flight/fight” response, which is often non-productive.

**Recommendations:** Provide practice opportunities to gather staff and briefing them so that they have a “focus” and then release them to do their jobs.

1. Do no notice “boots-on-the-ground” staff via a mass notification to the details of the event such as simply advise them to a meeting place for a “huddle” to discuss the incident and the expectations.
2. Have a clear leader defined who is respected and can remain calm and collected under pressure.
3. Have Job Action Sheets (JAS) to pass out for those events that are rare so that staff have guidance while fulfilling their duties.

**Exercise Objective 4:** Effectively coordinate with the hospital command center (CC)

**Gap Addressed**: Communication can be difficult during daily routines; however, it always seems to be particularly challenged during times of crisis. It is important to routinely challenge communication, especially in times of crisis during a drill/exercise.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Executive leaders all pulled together and had recall of the plans/procedures

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Emergency Preparedness books need updating

**Reference:** Facility based manuals and policies

**Analysis:** It is all too often found that during an event, things have changed in the system, however the policies have not been updated

**Recommendations:** Routine updates to all Emergency Preparedness Policies and Manuals

1. Emergency Preparedness Teams need to be diligent about updating policy and manuals. We are often very good at looking at and updating our electronic policies on-line, however we often forget that we also must print and keep hard copies of all manuals and policies for EP on file as we may have times when our electronic systems are down during an event.
2. These policies and manuals should be reviewed often, especially if there are changes to your facilities HVA.

**Area for Improvement 2:** Facility needs to have a quick way to see all staff currently working and their level of training.

**Reference:** Facility based systems and procedures

**Analysis:** During a crisis, it is often important to know who is “in the house” to respond. It is also helpful to know to what capacity all staff who are currently working can function during a crisis.

**Recommendations:** In our facilities daily, we have various staff working in a variety of roles that are not essential during a crisis. If we were able to determine who is on staff and to what capacity they can assist in crisis mode, that would be priceless.

1. Check on the availability of your staffing associate and whether they can run a report that would give information as to those staff that are currently “clocked-in”.
2. Create lists of those staff that daily perform office or non-patient care duties, but in crisis could transition to patient care duties, even if they would need supervision or guidance. Often there are trained medical staff that routinely do not perform patient cares, but could be of great assistance during crisis to care for those with minor and non-life threatening injuries to free up more highly trained staff to care for those that are more severely injured.

## HPP Capability #4 – Medical Surge

**Functions and Tasks/Resource Elements demonstrated (from the HPP Capabilities):**

HPP Objective #2: Respond to a Medical Surge

Activity #1: Implement Emergency Department and Inpatient Medical Surge Response

Activity #2: Implement Out-of-Hospital Medical Surge Response

**Exercise Objective 2:** Clear space in the Emergency Department (ED)

**Gap Addressed**: Many Emergency Departments operate at or near capacity, this greatly impacts their ability to significantly surge if needed. It is important to have procedures in place and to test them occasionally to be sure that they are functional related to ED Decompression and Off-Load, whether it be via early disposition/discharge or admitting to the hospital floors.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** All hands in deck, staff all pulled together to get creative

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Need to have more training and practice regarding the movement of patients from the ED to the floor rapidly.

**Reference:** Facility based plans and procedures related to surge.

**Analysis:** During normal business, there is a standard procedure for “getting patients out of the ED”. This often involves a doc-to-doc conversation, nurse-to-nurse report, and a transporter to drive. In a true surge, it may be necessary to augment the daily “routine”.

**Recommendations:** It may be necessary to create in the plan a “surge” flow algorithm.

1. Utilize Electronic Medical Record to get information regarding patient coming to your unit rather than the normal nurse-to-nurse report structure. For example, EPIC has a “Ticket to GO” feature that highlights all the significant issues and risks that a patient may have.
2. Have an admitting provider come to the ED, this would allow for them to rapidly go through the patients with the ED Provider to get a rapid assessment rather than talking over the phone for an extended timeline.
3. Create an actual facility specific algorithm for patient flow during surge to include important phone numbers and points of contact.

**Exercise Objective 3:** Create space in inpatient units to accommodate patients moved from the ED

**Gap Addressed**: After the ED determines which patients are suitable for rapid admission to the floor, it is often noted to be a bottle neck with efforts to assign rooms and get the patient transferred to the inpatient side of the hospital setting. This can be a result of no available beds, rooms that need to be cleaned yet, no staff to care for additional patients, etc.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Many of the floor charge nurses made a great attempt, however they would like additional training.

**Strength 2:** Tremendous amount of internal resources

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Takes too long for rooms to be ready, after prior patient discharge.

**Reference:** Facility specific staffing and procedures

**Analysis:** Often the terminal cleaning of an inpatient hospital room can take nearly an hour to complete.

**Recommendations:** Are the reasonable and safe augmented cleaning procedures that could be done prior to the new patient entering the room that would not greatly delay their transfer to the inpatient room?

1. What does the new patient need immediately upon being roomed; bed, chair, etc.
2. It is ok to delay the terminal cleaning of the room floor, restroom, etc.
3. Facilities should have a list of those items that are critical to patient care, as well as a list of how to clean them. This would allow floor staff, non-environmental services staff, to clean the room in a much more time sensitive fashion, but still safe for the patient and staff.

**Exercise Objective 5:**

1. Attempt to off-load hospitals to other various coalition partners to create surge capacity (LTC/SNF, Home Care, Hospice, Community EMS, etc.)

**Gap Addressed**: Hospitals often have patients that in a true time of crisis could be discharged a few hours or a day early to create room for those that need the acute care bed. This off load would require coalition partners to be prepared and able to readily accept such patients.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

**Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** This was the first full attempt to incorporate all medical partners from the coalition regarding their ability to with no-notice surge as well to assist an off-loading hospital.

**Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** Very few non-hospital coalition partners were contacted to receive patients to assist in the hospital off-load to allow for increased surge.

**Reference:** Facility & Coalition based policies & procedures

**Analysis:** This has never been attempted of challenged before, many hospital facilities do not have a plan or script for this process to occur or which of their patients may qualify for this type of early discharge.

**Recommendations:** As this is a new concept for many coalition partners, we need to educate and work to adjust policies and procedures to better accommodate the process of hospital-to-coalition partner rapid d/c.

1. Work with hospital partners to get them to think about the process and incorporate it into their policies. Who (which patients) and how (policy) could be readily discharged in time of crisis needing significant in-patient surge?
2. Work with non-hospital coalition partners to get them to think about the process and incorporate it into their policies. Which type of patient and how (policy) would they be able to rapidly accept those patients that are stable and need skilled care; however, do not necessarily need hospitalization if they have access to some sort of skilled care providers.

AAR/IP submitted by: ­­­­­­­­­­­­­­­Donald Sheldrew Date: 21 Aug 2019

Agency representative: David R. Miller Date: 20 August 2019

# Appendix A: Improvement Plan

This IP has been developed specifically for MDH as a result of [Exercise/Incident/Event Name] conducted on [date].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **POC/Agency** | **Start Date** | **Completion Date** |
| **HPP Capability 2:**  **Health Care and Medical Response Coordination** | | | | | |
| 1. Often during the initial stage of a crisis, staff are overly excited and are not easily focused on the immediate needs of the department/situation. | Leadership Training (Anniston, AL & Camp Ripley, MN) | Skills/Training | Coalition Staff | 26 April 2020 | 30 September 2020 |
| Job Action Sheets | Planning | Facility Based | 20 September 2019 | 30 June 2020 |
| 2. Emergency Preparedness books need updating | Work to update manuals as often as the electronic version | Planning | Facility Based | 20 September 2019 | 30 June 2020 |
| 3. Facility needs to have a quick way to see all staff currently working and their level of training. | Work internally to create or update lists of those that can do just in time patient cares | Planning | Facility Based | 20 September 2019 | 30 June 2020 |
| **HPP Capability 4: Medical Surge** | | | | | |
| 1. Need to have more training and practice regarding the movement of patients from the ED to the floor rapidly. | Facility level discussion & policy review/update | Planning | Facility Based | 20 September 2019 | 30 June 2020 |
| MCI Training (Anniston, AL & Camp Ripley, MN) | Skills/Training | Coalition Staff | 26 April 2020 | 30 September 2020 |
| 2. Takes so long for rooms to be ready, after prior patient discharge. | Facility level discussion & policy review/update | Planning | Facility Based | 26 April 2020 | 30 September 2020 |
| Infectious Disease Training (Anniston, AL) | Skills/Training | Coalition Staff | 27 April 2020 | 2 May 2020 |
| 3. Very few non-hospital coalition partners were contacted to receive patients to assist in the hospital off-load to allow for increased surge. | Coalition & Facility level discussion & policy review/update with all coalition partners (hospital & non-hospital) | Planning  Skills/Training | Coalition Staff & Partners | 20 September 2019 | 30 June 2020 |

# Appendix B: Exercise Participants

| Participating Organizations (insert rows as needed) | |
| --- | --- |
| **State & Local Government (LHDs, CHBs, Emergency Management, State Health Department, etc.).** | |
| Central Minnesota Healthcare Preparedness Coalition | HMACC |
| **Non-government Partners (EMS, Hospitals, LTC Facilities, Community Health Centers, Red Cross, Salvation Army, etc.)** | |
| Belgrade Nursing Home | LTC |
| Essentia Health – Saint Joseph’s Medical Center | Hospital |
| Saint Benedict’s Community (Monticello) | LTC |
| Lakewood Health System | Hospital & LTC |
| Saint Cloud Hospital | Trauma Center |
| Aicota Health Care Center | LTC |
| CHI – Saint Gabriel’s Health | Hospital |
| Country Manor | LTC |
| Saint Benedict’s Community (Saint Cloud) | LTC |
| Mother of Mercy | LTC |
| Cuyuna Regional Medical Center | Hospital & LTC |
| Riverwood Healthcare Center | Hospital |
| Adara Home Health | Home Health |
| Good Shepherd Community | LTC |
| The Estates at Delano | LTC |
| Fairview Lakes Medical Center | Hospital |
| Fairview Northland Medical Center | Hospital |
| Tri-County Health Care | Hospital |
| Guardian Angels Elim Home Care & Hospice | Home Health |
| Mille Lacs Health System | Hospital & LTC |
| **Federal Partners (CDC, ASPR, FEMA, etc.)** | |
| None |  |

### Additional Information/Comments

This was our first attempt at this specific ASPR exercise, to involve all coalition partners.

1. Capability Elements are: Planning, Skills/Training, Equipment/Technology

   Please submit a copy of this AAR/IP to [health.hpp@state.mn.us](mailto:health.hpp@state.mn.us) [↑](#footnote-ref-1)