
Northeast Texas Preparedness Coalition

Coalition Surge Test

June 6, 2018

After-Action Report

July 11, 2018



Piney Woods Regional Advisory Council

4610 Summerhill Road

Texarkana, Texas 75503

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Table of Contents

| | |
|--|---|
| Exercise Overview | 3 |
| List of Participants | 4 |
| Analysis of Core Capabilities | 4 |
| Summary of Core Capability Performance | 6 |
| Capability 1: Foundation for Health Care and Medical Readiness | 6 |
| Objective – Identify Risks and Needs | 6 |
| Objective – Train and Prepare the Health Care and Medical Workforce | 6 |
| Capability 2: Health Care and Medical Response Coordination | 7 |
| Objectives – Utilize Information Sharing Procedures and Platforms and Coordinate Response Strategy, Resources, and Communication | 7 |
| Capability 3: Continuity of Health Care Service Delivery | 7 |
| Objectives – Plan for and Coordinate Health Care Evacuation and Relocation..... | 7 |
| Capability 4: Medical Surge | 8 |
| Objectives – Respond to a Medical Surge | 8 |
| Results of the Exercise: ASPR Performance Measures | 9 |

Exercise Overview

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| Exercise Name | FY2018 Northeast Texas Preparedness Coalition (NETPC) Coalition Surge Test |
| Exercise Dates | June 6, 2018 |
| Scope | This exercise was a virtual tabletop exercise, planned for ninety (90) minutes. The exercise was coordinated out of the Tyler office of the Piney Woods Regional Advisory Council (100 East Ferguson Street, Suite 708, Tyler, Texas). |
| Mission Area(s) | Medical Surge: The capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments). |
| Core Capabilities | <ol style="list-style-type: none"> 1. Foundation for Health Care and Medical Readiness 2. Health Care and Medical Response Coordination 3. Continuity of Health Care Service Delivery 4. Medical Surge |
| Objectives | <ol style="list-style-type: none"> 1.2 Identify Risks and Needs 1.4 Train and Prepare the Health Care and Medical Workforce 2.2 Utilize Information Sharing Procedures and Platforms 2.3 Coordinate Response Strategy, Resources, and Communications 3.6 Plan for and Coordinate Health Care Evacuation and Relocation 4.2 Respond to a Medical Surge |
| Threat or Hazard | Unknown |
| Scenario | A major hospital in the Northeast Texas Preparedness Coalition is evacuating. All patients need to be placed at external organizations or discharged home. |
| Sponsor | The Coalition Surge Test is sponsored by the ASPR Hospital Preparedness Program. One CST per year must be completed. |
| Participating Organizations | Over twenty-two (22) organizations participated in the Coalition Surge Test. |
| Point of Contact | <p>Corrie Phipps HPP Preparedness Program, HCC-F Piney Woods Regional Advisory Council corrie@rac-g.org (903)352-4484</p> |

List of Participants

AdvantageCare Home Health
 Brentwood Terrace
 Chambers Home Health
 CHRISTUS Mother Frances Sulphur Springs
 CHRISTUS St. Michael's – Texarkana
 CHRISTUS St. Michael's – Atlanta
 City of Texarkana, Texas Office of Emergency Management
 Clarksville Nursing Center
 Community Healthcore
 Cypress Basin Hospice
 Davita Healthcare Partners
 Dierksen Memorial Hospice
 Emergency Medical Task Force-4
 Encompass Health
 Genesis PrimeCare
 Golden Villa
 Heritage House of Paris
 Hospice of Texarkana
 Paris Regional Medical Center
 QIDP
 Red River County
 Temple Memorial Rehabilitation Center
 Texarkana Gastro
 Wadley Regional Medical Center

Analysis of Core Capabilities

| Core Capability | Objective(s) | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|------------------------------|------------------------------|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Capability 1: Foundation for | 1.2 Identify Risks and Needs | | ✓ | | |

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| Health Care and Medical Readiness | 1.4 Train and Prepare the Health Care and Medical Workforce | | ✓ | | |
| Capability 2: Health Care and Medical Response Coordination | 2.2 Utilize Information Sharing Procedures and Platforms | | | ✓ | |
| | 2.3 Coordinate Response Strategy, Resources, and Communications | | | ✓ | |
| Capability 3: Continuity of Health Care Service Delivery | 3.6 Plan for and Coordinate Health Care Evacuation and Relocation | | ✓ | | |
| Capability 4: Medical Surge | 4.2 Respond to a Medical Surge | ✓ | | | |

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the core 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 core 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 core 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 core capability were not performed in a manner that achieved the objective(s).

Summary of Core Capability Performance

The following sections provide an overview of the performance related to each core capability and associated exercise objective, highlighting strengths, and areas for improvement.

Capability 1: Foundation for Health Care and Medical Readiness

Objective – Identify Risks and Needs

Strengths

Strength 1: Based on the number of patients who needed to be evacuated to receiving facilities, regional resources were identified such as: other hospitals, skilled nursing facilities, rehabilitation hospitals, home health agencies, hospice agencies, outpatient rehabilitation clinics, and more.

Strength 2: All facilities that received the communication stream reported what resources they had that could be of assistance.

Areas for Improvement

Area 1: Add other types of facilities to WebEOC boards to ensure resources can be gathered from all types of facilities in one place.

Area 2: Regional redundant communications should be revisited. Operating as if our mass notification system was down, it was concluded that our email list is not robust and all inclusive. Furthermore, HPP Coordinator will need a backup to ensure communication is being sent regardless of circumstances.

Objective – Train and Prepare the Health Care and Medical Workforce

Strengths

Strength 1: Core member agencies have implemented the National Incident Management System (NIMS).

Areas for Improvement

Area 1: Incident management training should be available to all coalition member agencies. Organized, structured incident management systems are not in place at all member agencies.

Area 2: As a region, multiple agencies will be required to respond to an incident. It is imperative that we conduct mass regional drills to ensure these agencies can work together and know each other's roles.

Capability 2: Health Care and Medical Response Coordination

Objectives – Utilize Information Sharing Procedures and Platforms and Coordinate Response Strategy, Resources, and Communication

Strengths

Strength 1: Based on the number of patients who needed to be evacuated to receiving facilities, regional resources were identified such as: other hospitals, skilled nursing facilities, rehabilitation hospitals, home health agencies, hospice agencies, outpatient rehabilitation clinics, and more utilizing mass emails and WebEOC.

Strength 2: All facilities that received the communication stream reported what resources they had that could be of assistance.

Areas for Improvement

Area 1: If IRIS, the regional mass notification system, goes down during an event, we will need multiple forms of redundant communication.

Area 2: Regional redundant communications should be revisited. Operating as if our mass notification system was down, it was concluded that our email list is not robust and all inclusive. Furthermore, HPP Coordinator will need a backup to ensure communication is being sent regardless of circumstances.

Capability 3: Continuity of Health Care Service Delivery

Objectives – Plan for and Coordinate Health Care Evacuation and Relocation

Strengths

Strength 1: Trauma Service Area F, the area covered by NETPC, houses the AMBUS or ambulance bus in the region. This asset can be requested by agencies. However, the AMBUS will prioritize a state response or an Emergency Medical Task Force (EMTF) response before considering a response to an individual agency or location. Agencies should not depend on the availability of the AMBUS to evacuate their facility or transport their residents or patients.

Areas for Improvement

Area 1: Currently, a Continuity of Operations Plan does not exist for the Northeast Texas Preparedness Coalition. A CONOPS plan is imperative for the continuation of NETPC functions and duties during a disaster.

Area 2: Currently, the Northeast Texas Preparedness Coalition does not have region-wide evacuation and relocation plans or evacuation transportation plans.

Capability 4: Medical Surge

Objectives – Respond to a Medical Surge

Strengths

Strength 1: Implementation of out-of-hospital medical surge response was almost immediate. Facilities quickly and accurately reported how many patients could be accepted and the appropriate care level that was available for the patients that would be transferred.

Strength 2: Implementation of hospital surge response was quick and effective. Hospitals in the immediate area reported how many patients could be received and the equipment that was available. If the numbers changed, they were reported immediately.

Areas for Improvement

Area 1: A coordinated system for tracking all facilities and their immediate bed availability should be created, or a current system should be expanded. This would alleviate the rush to organize and record information from many different communication avenues. WebEOC is available for hospitals and EMS to report in, but non-hospital facilities and emergency management organizations currently do not have access or need updated training.

Results of the Exercise: ASPR Performance Measures

| Performance Measures and Data Points | | |
|--------------------------------------|--|---|
| | Performance Measure | Data Point |
| 1 | PM14: HCC core member organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test | Hospitals: 6 Emergency Medical Services: 2 Emergency Management Organizations: 2 Public Health Agencies: 1 |
| 2 | PM15: HCC core member organizations' executives participating in Phase 2: After Action Review of the Coalition Surge Test. | Hospitals: 6 Emergency Medical Services: 1 Emergency Management: 2 Public Health Agencies: 1 |
| 3 | PM 16: Number of patients at the evacuating facilities that are identified as able to be: a) discharged safely to home or b) evacuated to receiving facilities during Phase 1. | Total number of patients at evacuating facility identified as being able to be discharged safely to home during a Coalition Surge Test: 70 Total number of patients at evacuating facility identified as being able to be evacuated to receiving facilities during a Coalition Surge Test: 127 Total number of patients at all evacuating facilities at the beginning of the Coalition Surge Test: 197 Total number of staffed acute care beds in the coalition: 1,155 |
| 4 | PM 17: Time (in minutes) for evacuating facilities in the coalition to report the total number of evacuating patients. | Time in minutes for the evacuating facility to report the total number of patients identified as able to be evacuated after start of a Coalition Surge Test: 37 |

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| 5 | PM 18: Number of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes. | Total number of beds identified at the end of the exercise during a Coalition Surge Test: 127 |
| 6 | PM 19: Time (in minutes) for receiving facilities in the coalition to report the total number of beds available to receive patients. | Time in minutes for the last receiving facility to report the total number of beds available to receive patients after start of a Coalition Surge Test: 88 |
| 7 | PM 20: Number of evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transport identified in 90 minutes. | Total number of patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise: 197 |
| 8 | PM 21: Time (in minutes) for the HCCs to identify an appropriate mode of transport for the last evacuating patient. | Time in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test: 88 |