Coalition Surge Test (CST) Workshop

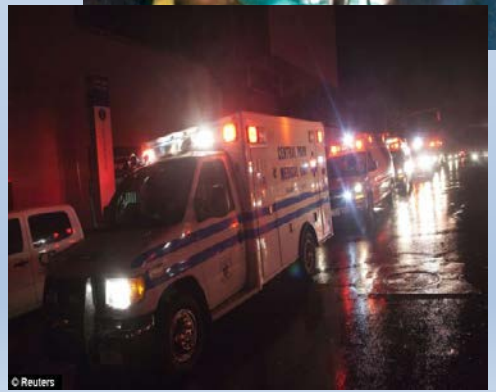
Pat Anders
Manager, Health Emergency Preparedness Exercises
Office of Health Emergency Preparedness

Driven by Real-Life Events

St John's Regional Medical Center May 2011

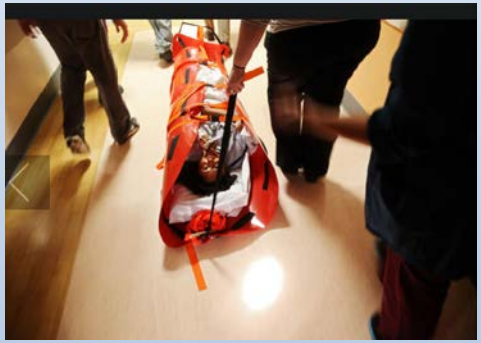
- 6 deaths in hospital
- 183 patients evacuated in 90 minutes
- 161 deaths in overall event

Superstorm Sandy
October, 2012



- 6,300 patients from 37 healthcare facilities evacuated
- 43 deaths, tens of thousands injured

- 3 weeks after Sandy, 4 NYC hospitals remained closed



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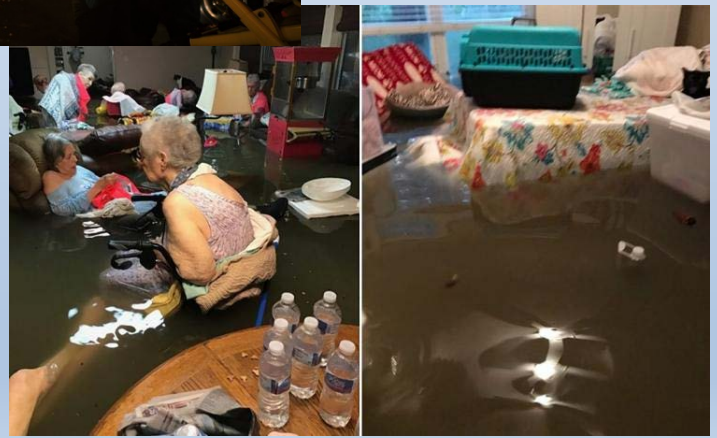
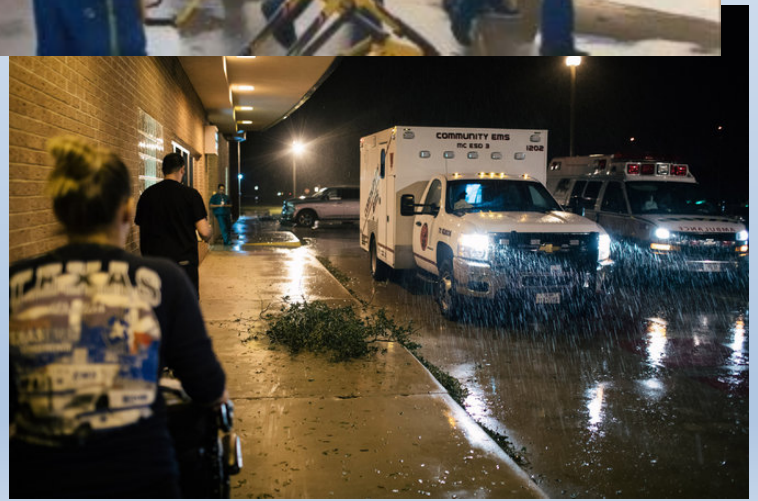
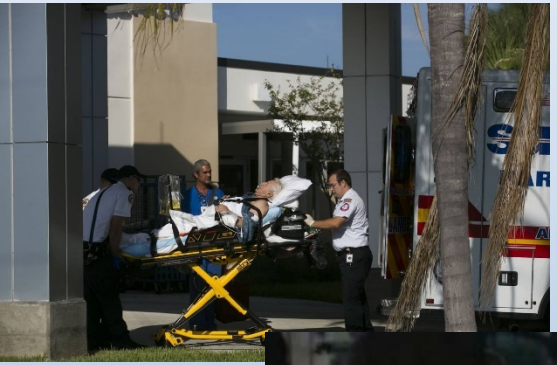
Hurricane Harvey
August, 2017

- 107 dead
- Closed and/or evacuated
  - 20 hospitals
  - 45 nursing homes
  - 51 adult care facilities





Hurricane Irma
September, 2017



- 42 dead
- Evacuated
  - 29 hospitals
  - 239 assisted-living centers
  - 56 other health care facilities
- 60 shelters opened for those with special needs

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Hurricane Maria
September, 2017

- 2,975 dead
- Evacuated
  - hospitals
  - assisted-living centers
  - other health care facilities

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Boston Marathon
April, 2013

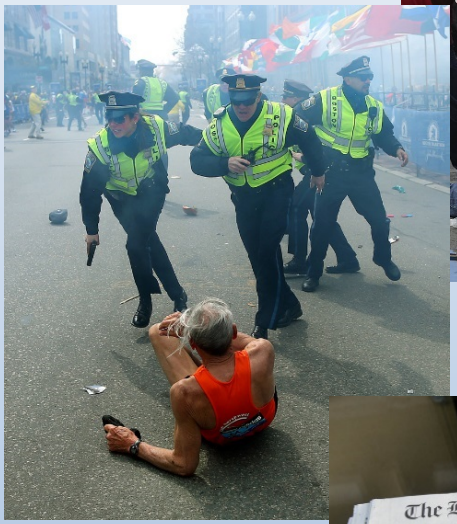
- **Boston Children's Hospital**
  8 injuries, ranging from good to serious conditions
  No children in critical condition
  Ages range from 2 to 15 years old
  Source: Reuters

  Brigham and Women's Hospital
  31 injuries
  9 in critical condition, one with "life-threatening" injuries
  Source: ABC News

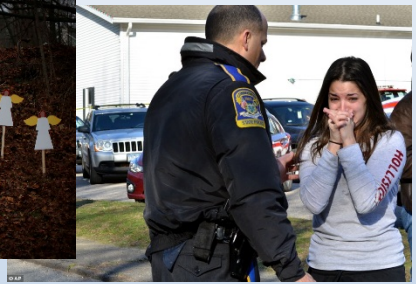
  Massachusetts General Hospital
  29 injuries
  8 in critical condition
  Several amputations
  Source: The Daily Beast

  Beth Israel Deaconess Medical Center
  24 injuries, 7 released as of Tuesday morning
  4 in critical condition, 13 in serious condition
  Source: CBS News

  Tufts Medical Center
  9 injuries
  Source: ABC News



Active Shooting Events



Sandy Hook Elementary School December, 2013

- 2013 killings at Sandy Hook Elementary School in Newtown, Conn., left 28 people dead and one injured

- Mass shooting in San Bernardino, Calif. In December, 2015 left 14 dead and 21 wounded
- 5 injured to Loma Linda University Medical Center and Children's Hospital

Inland Regional Center December, 2015

Active Shooting Events

Pulse Nightclub
June 2016

- 44 injured to Orlando Regional Medical Center
- 12 – Florida Hospital Orlando
- 50 died, surpassing 33 killed at Virginia Tech in 2007

Las Vegas Shooting
October, 2017

- 59 died, more than 500 injured
- 104 injured to University Medical Center of Southern Nevada
- 180 – Sunrise Hospital and Medical Center
- 58 to St. Rose Dominican Hospital

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Brief Review of the Coalition Surge Test

Coalition Surge Test

An Exercise for Assessing and Improving Health Care Coalition Readiness

HANDBOOK FOR PEER ASSESSORS AND TRUSTED INSIDER

JANUARY 2017

Page **1** of **16**

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Goals of the CST

- Annual requirement for coalitions
- Low - to no-notice exercise.
  - Ensures Coalition transition quickly and efficiently into “disaster mode”
  - Helps provide more realistic picture of readiness than pre-announced exercises
  - HEPCs will not know the exact date and time, and hospitals will not know whether they are an evacuating or receiving facility
- Designed to be challenging.
  - More helpful in long run to struggle with a challenging exercise than an easier one
  - Need to identify # of beds that can be made available, determine patient placement, match beds to those patients, and identify the transportation resources appropriate for the patients

Goals of the CST

- Intended to improve health care system response readiness.
  - Tests functional surge capacity and identifies gaps in surge planning
  - Tests ability to perform the tasks with existing on-site staff without excessive guidance or prompting
  - Tests if evacuating facility knows who to contact in evacuation scenario, and ability to reach partners on a moment's notice

- Tests the overall health care system response.
  - Simulates an evacuation, and demonstrates:
    - Emergency Operations Coordination;
    - Information Sharing; and
    - Medical Surge Capacity

Benefits of the CST

Benefits of Exercising with the CST

- Allows for:
  - Increased collaboration, cooperation, and communication
  - Limited preparation time to better respond to no-notice events
  - Standard exercise structure for all Coalitions nationwide
  - Engagement at coalition level vs. individual hospital level
  - Uniform tools (HERDS surveys) for:
    - Collecting exercise data in real-time,
    - Saving & sharing data, and
    - Analyzing for later review/analysis

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Performance Measures

CST-Linked Performance Measures

- Allows NHPP to objectively track HEPC performance in:
  - Engagement, coordination, communication, patient load-sharing, & continuous learning

- 28 Total Performance Measures Identified
  - 8 performance measures linked to CST; IOC drill will be integrated into CST and achieve 2 additional performance measures
    - Performance measures integrated into HERDS survey

Lessons Learned from 2018 Exercises

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HERDS Surveys

- Bed definitions are not uniform, even across systems or between small hospitals
- Specialty patients were difficult to place, especially pediatric, psychiatric, and ICU
- Receiving hospitals reluctant to confirm a patient match because they did not have the clinical discussion prior to placement
- Cell numbers for the Hospital Command Centers were not included in the Communications Plan, and resulted in communications failures

HERDS Surveys

- Exercise was too short to be able to solicit information from partners in a timely way for the HEPC to produce a situation report
- Inclusion of other partners (NHs, ACFs, CHCs, Home Care) in the IOC drill was challenging
- Both facility types (receiving and evacuating) were confused about what data needed to be collected
- Receiving hospitals wanted more play

So – How Will This Happen?

How will this all happen?

- Overview of CST
  - Tests Coalition's ability to:
    - Find clinically appropriate beds for evacuating patients with the assistance of other coalition members
    - Uses a simulated evacuation (***no actual patient movement***) of up to 3 patient care facilities
      - Evacuating facilities (collectively representing 20% of a Health Care Coalition's acute-care bed capacity) enlist the help of other coalition members to find safe destinations for their patients/arrange transportation.
        - » i.e., if the Regional Coalition total acute-care bed capacity is 2,000 beds, then the simulated evacuation would be placement of 400 patients

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How will this all happen?

- Overview of CST
  - Tests Coalition's ability to:
    - Communicate & coordinate with medically appropriate transportation
    - Identify essential elements of information that helps inform situational awareness among HEPC members and partners

How will this all happen?

- Overview of CST
  - Tests Coalition's ability to:
    - Respond to a ***LOW / NO-Notice*** exercise – within a two week window
    - Focuses on the following patients for evacuation
      - Long-term care
      - General med/surge
      - ICU
      - Psychiatric
      - Pediatric
      - NICU
      - Labor and Delivery

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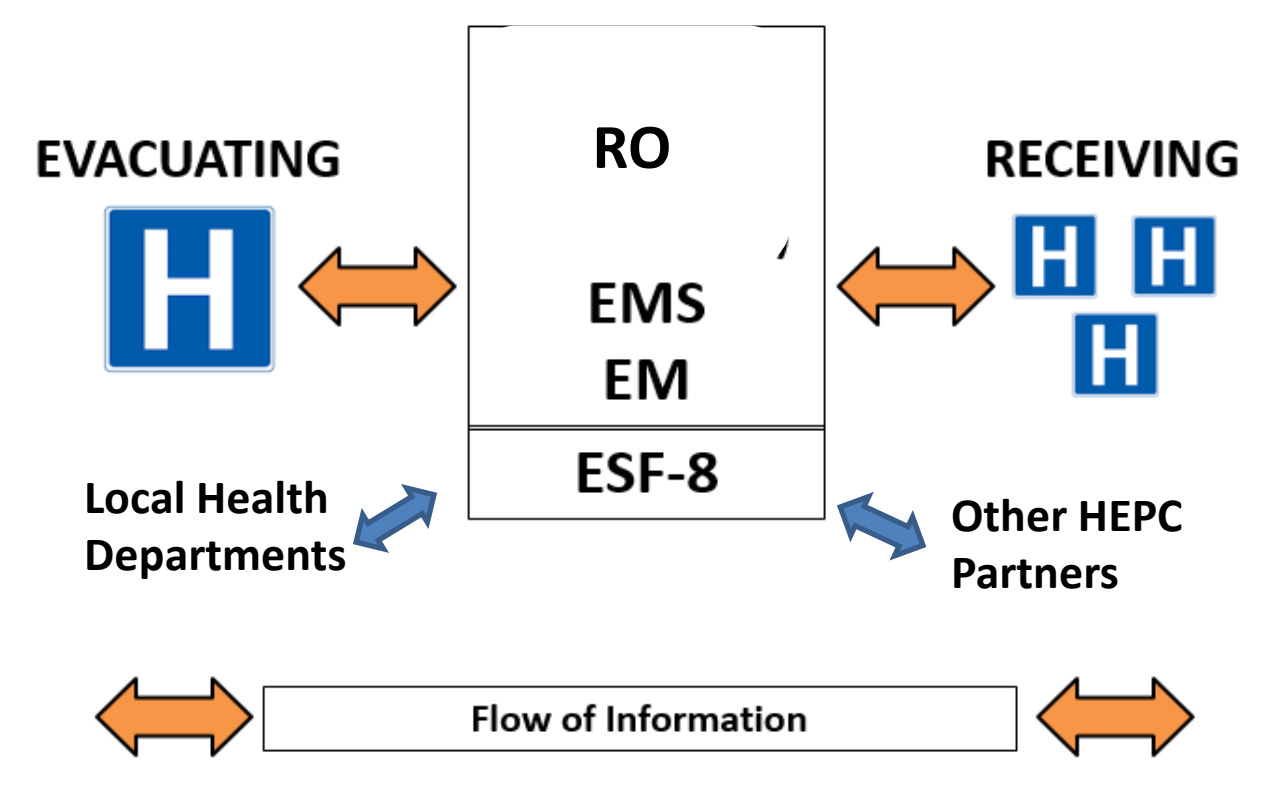
Information Sharing for Situational Awareness (IOC Drill #1)



Timeline for the Coalition Surge Test

Some quick points

Exercise	Trusted Insider	Exercise Role	Alert for assigned role	Patient Census and Bed availability	More robust participation for receiving hospitals	Hotwash
Coalition Surge Test	• One Trusted Insider for each hospital and HEPC	• Hospitals will learn role of either Evacuating or Receiving Facility on day of exercise	• HEPCs alert the evacuating hospitals 1 hour prior to the exercise on day of exercise	• HERDS survey activated one hour prior to STARTEX for both Evacuating and Receiving Facilities	• Incorporate objectives re: activating Hospital Command Center (EOC), decompression, discussion of staff, supplies and resources needed, and eFINDS	• Facilitated discussion will also serve as the initial hotwash, and included in AAR/IP • HEPC hotwash will serve as the mechanism to discuss HEPC RO integration into exercise

Timeline - CST

Phase 1: Functional Exercise

60 minute advance warning on E-day

IHANS Notification directing to HERDS Survey

Lead Controller/Evaluator contacts the evacuating facility(ies) – need to stand up HCC

Leadership informed the facility needs to evacuate within 4 hours

Exercise **STARTEx**

Evacuating facilities instructed to take current patient count and work to find appropriate destinations (acute care beds) for them.

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Timeline - CST

Phase 1: Functional Exercise – cont.

Transportation assets identified

Staff in evacuating facilities work to identify transportation

Placement and transport of patients confirmed via cell phone call or email

Patients considered "placed" at this point

Exercise **ENDEx** – up to Regions. May end at 90 minutes or extend play.

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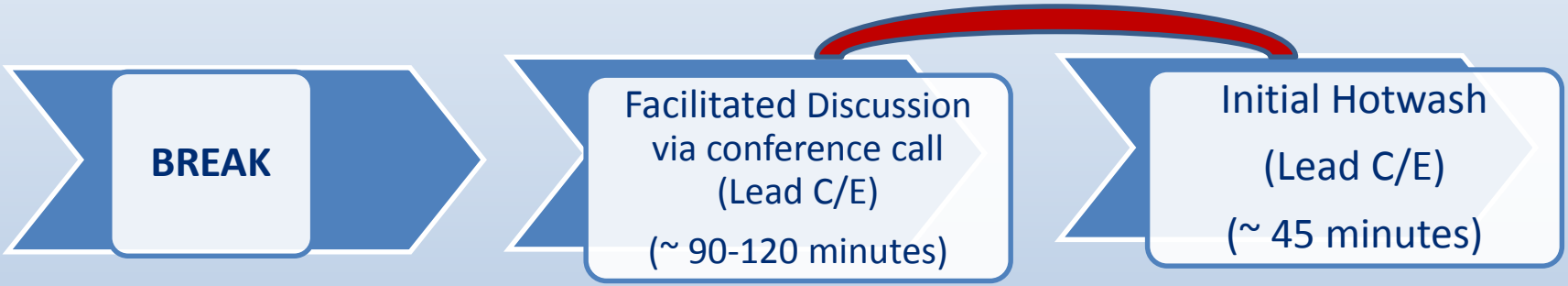
Timeline - CST

Phase 1: Facilitated Discussion

Phase 2: Hotwash



- More detailed transportation planning
- Capacity of receiving hospitals
- Patient tracking and public information
- Needs of at-risk patients
- COOP

- Will be conducted in coordination with the facilitated discussion as many of the same issues are covered

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Timeline - CST

- HEPC Hotwash at quarterly meeting

- Executive Staff Members Briefing

Can be conducted at later date to maximize healthcare executive participation

NLT 30 days after Phase 1

CST Objectives

Evacuating Hospitals

- ***Capability: Foundation for Health Care and Medical Readiness***
  - Demonstrate the ability of the hospital to activate its Hospital Command Center (HCC), or an alternate site for the HCC if the event dislocates the primary site.
  - Identify the current census of patients (NICU, ICU, Labor and Delivery, Long-term Care, Medical/Surgical, Pediatrics, or Psychiatric) within one hour before the start of the exercise.
  - Identify the number of patients (NICU, ICU, Labor and Delivery, Long-term Care, Medical/Surgical, Pediatrics, or Psychiatric) who were: a) discharged home, b) discharged to a nursing home, c) discharged home with homecare, or d) evacuated to receiving facilities after of the start of the exercise.

Evacuating Hospitals

- ***Capability: Foundation for Health Care and Medical Readiness***
  - Determine the Transportation Assistance Level (TAL), or a process the facility routinely uses to identify level of transport assets needed for evacuating patients within 90 minutes of start of the exercise.
  - Identify the *number* of patients matched to confirmed, appropriate mode of transport to their receiving facility within 90 minutes of start of the exercise.
  - Determine *time* in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient within 90 minutes of start of exercise.
  - Participate in the Coalition Surge Test (CST) facilitated discussion at the end of the exercise to discuss transportation planning, ensuring the capacity of facilities, patient tracking, public information, needs of at-risk patients, and continuity of operations.

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Receiving Hospitals

- ***Capabilities: Health Care and Medical Response Coordination and Medical Surge***
  - Determine time in minutes to report the total number of beds available to receive patients within 90 minutes after of the start of the exercise.
  - Identify the total number of beds (NICU, ICU, Labor and Delivery, Long-term Care, Medical/Surgical, Pediatrics, or Psychiatric) confirmed to receive patients from evacuating hospitals within 90 minutes of start of the exercise.
  - Participate in the Coalition Surge Test (CST) facilitated discussion at the end of the exercise to discuss transportation planning, ensuring the capacity of facilities, patient tracking, public information, needs of at-risk patients, and continuity of operations.

CST Crosswalk with HSEEP

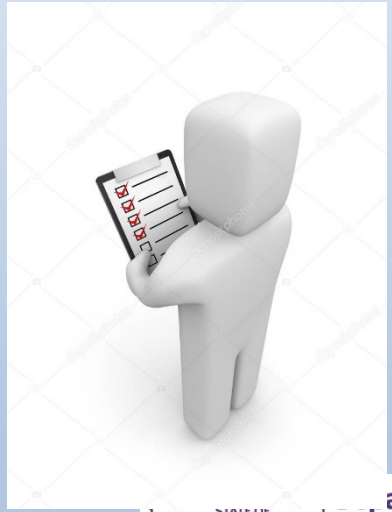
Coalition Surge Test (CST) translated into HSEEP

- Trusted Insider = **Internal POC** for the HEPC

- Recruits “peer assessors”
- Knows exact time and date of exercise, but cannot share with hospitals or HEPC members except for the two week window
- **EACH hospital will assign a Trusted Insider/POC**

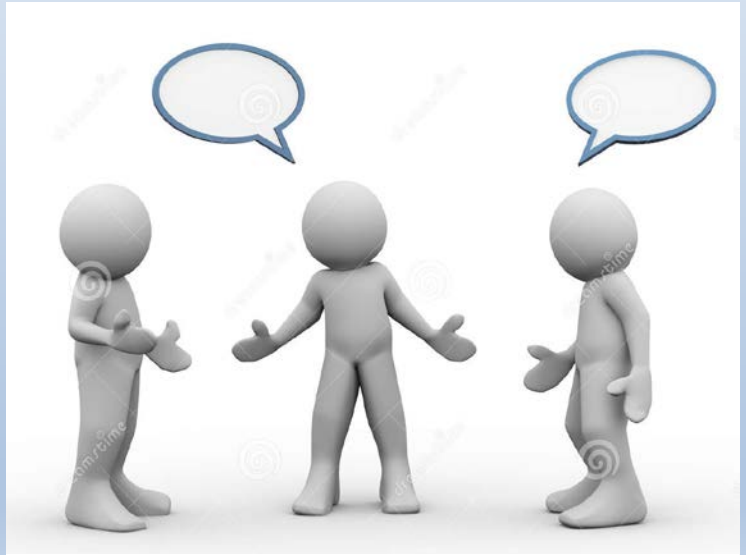
Coalition Surge Test (CST) translated into HSEEP

- Peer assessors = **Evacuating Facility evaluators and Receiving Facility evaluators**



Coalition Surge Test (CST) translated into HSEEP

- Lead assessor = **Regional Office Controller/Evaluator**



- Launches exercise
- May lead facilitated discussion
- RO Controller/Evaluator should be located at Command Center

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People You will Need

Trusted Insider/Evaluators/Laptop Computers

Evacuating Facility
Evaluators – 2 per facility
Trusted Insider/POC - 1

Trusted Insider

Regional Office Controller/Evaluator

Receiving Facility
Evaluator(s)
Trusted Insider/POC - 1

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Players

Clinicians at Evacuating and Receiving Facilities' HCC (can be simulated)

Emergency Medical Services and Other Transport Partners

Hospital Command Staff – Evacuating and Receiving Facilities

Regional Office

Emergency Managers

Other Coalition Members

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Tools You Will Need

TOOLS

- HERDS Survey #1
  - Evacuating Facilities
    - 60 minutes before STARTEx
    - ***Current Patient Census***
  - Receiving Facilities
    - 60 minutes before STARTEx
    - ***Bed Availability***
- Priority patients
  - Remain the same

- HERDS Survey #2
  - At 90 minutes - ENDEx
    - Hard copy of Data Worksheet provided for facilities to capture the requested data at 90 minutes and enter into HERDS survey
    - HERDS Survey #2 will be activated at ENDEx and **90 minute data collected**
    - **ROs have option of collecting additional data if exercise play extends past 90 minutes**

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Information Requested for HERDS Survey #2

- HERDS Survey #2
  - Evacuating Facilities
    - Number of patients discharged, by type
    - Number of patients discharged by receiving location
    - Number of patients transferred to a receiving facility by bed type
    - Number of evacuating patients by TAL
    - Number of patients matched to appropriate bed, and confirmed transportation mode
    - Number of patients discharged - total

- HERDS Survey #2
  - Receiving Facilities
    - Bed Availability by type
    - Number of patients received, by type

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Optional for Regional Offices

Observation – Regional Office EOC C/E

Qualitative Questions

Situational Awareness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	*Comments*
Understood the needs and actions of the evacuating facility/ies throughout the exercise	□□	□□	□□	□□	□□	□□	
Collected baseline capacity data from coalition facilities in a timely fashion	□□	□□	□□	□□	□□	□□	
Facilitated communication between evacuating and receiving facilities	□□	□□	□□	□□	□□	□□	
Considered the impact of the evacuation on other facilities in the region	□□	□□	□□	□□	□□	□□	
Effectively coordinated a unified response plan and updated the plan as the incident evolved	□□	□□	□□	□□	□□	□□	

Observation – Regional Office C/E

Communication	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	*Comments*
Able to reach and communicate effectively with the appropriate persons at receiving facilities	□□	□□	□□	□□	□□	□□	
Able to reach and communicate effectively with the appropriate persons at this/other regional health care coalition members (HEPCs)	□□	□□	□□	□□	□□	□□	
Able to reach and communicate effectively with the appropriate persons at EMS (emergency medical services)	□□	□□	□□	□□	□□	□□	
Coordinated with the evacuating facility on division of responsibilities regarding contact with receiving facilities	□□	□□	□□	□□	□□	□□	

Observation – Regional Office EOC C/E

Transportation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	*Comments*
Contacted EMS early in the exercise	□□	□□	□□	□□	□□	□□	
Considered acuity level of patients in choosing between ALS (advanced life support), BLS (basic life support), or other forms of transportation	□□	□□	□□	□□	□□	□□	
Coordinated decision making on sequence of evacuation (i.e., who is evacuated first?)	□□	□□	□□	□□	□□	□□	

Patient Tracking and Information Exchange	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A	*Comments*
Maintained a system for tracking patients while in transit	□□	□□	□□	□□	□□	□□	
Maintained a system for tracking the final destinations of evacuated patients	□□	□□	□□	□□	□□	□□	
Considered potential issues of transferring medical records and credentialing of medical	□□	□□	□□	□□	□□	□□	

Observation – Regional Office C/E

Appropriate Placement of Patients	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**N/A**	*Comments*
Considered which types of beds would accommodate which types of patients	□□	□□	□□	□□	□□	□□	
Encouraged potential receiving facilities to expand capacity (surge) to accommodate evacuees	□□	□□	□□	□□	□□	□□	
Considered distributing patients across receiving facilities to minimize overload	□□	□□	□□	□□	□□	□□	

Regional Health Care Coordination Centers (if applicable)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**N/A**	*Comments*
The regional health care coordination center was helpful in facilitating the evacuation	□□	□□	□□	□□	□□	□□	
EMS was helpful in facilitating the evacuation	□□	□□	□□	□□	□□	□□	

Facilitated Discussion/Hotwash

Facilitated Discussion – Key Points for Facilitators

- Evacuating facilities
  - ☐ Bed Matching
  - ☐ Communication with receiving facilities
  - ☐ Patient transport
  - ☐ Collaboration with Regional Office
- Receiving facilities
  - ☐ Approval to accept patients
  - ☐ Crisis standards of care
  - ☐ Increasing capacity

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Facilitated Discussion: Additional Topics

- ☐ Patient tracking and public communication
- ☐ At-risk populations
- ☐ COOP
- ☐ Wrap-up
  - Many of the discussion questions contribute to a hotwash
  - Move into initial hotwash
    - Other comments
    - Other challenges identified
    - Strengths

Executive Staff Members Briefing

- Co-Facilitated by RO staff and Hospital Associations
- Invite executive level staff

  Tip: Have trusted insider work with Executive Assistants or Administrators re: leadership schedules

  – Hospital senior management
  – Public Health Directors
  – Other partners
- Consider providing a briefing for executive level staff
  – Bullets about exercise
  – Information on exercise outcomes

Interoperable Communications (IOC) Drill #2

Purpose of Drill

- Designed to help Health Emergency Preparedness Coalitions (HEPC) partners ensure that they have redundant forms of communication among their members.
  - Refers to having multiple back-up communication modalities, and is critical to emergency preparedness planning.
    - Cell phones, satellite phones, HAM radios, VOIP, HCS

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Purpose of Drill

- Past exercise and real-world events demonstrate that health care coalitions cannot depend on just one or even two means for communication.
  - Corrective actions from previous exercises and real-life events
  - HPP requirement of two drills per year
    - Stand-Alone Drill on October 9, 2018
    - Second drill in conjunction with CST
    - Inclusive of multiple partners (LHDs, nursing homes, adult care facilities, community health centers, hospices)

IOC Drill Objectives

All Partners

- ***Capabilities: Health Care and Medical Response Coordination and Information Sharing***
    - Demonstrate the ability to use a primary and back-up communications system (internet – including VOIP, radio, cellular, and satellite) to communicate with coalition partners (LHD, hospitals, EMS, EM, and other partners).
    - Complete the NYSDOH Health Commerce System (HCS) Health Emergency Response Data System (HERDS) survey within the timeframe outlined in the IHANS alert.

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IOC Exercise Algorithm

0900 STARTEX

- NYSDOH OHEP Central Office (CO) sends email to Regional Offices (ROs), including message for and IOC Drill alert (voice alert to text, cell and email). ROs provided with the roles to which to send the IHANS alert. Additional roles added at the discretion of the RO. LHDs will be alerted via the same modalities but with a separate message to cascade an IHANS alert to a pre-identified emergency list. **Please include John Kushner and Pat Anders on your alert.**

*Regional IHANS IT available **ONLY** for technical assistance.*

Within 1 hour

- ROs send IHANS alert to coalition members via phone, text, and email, directing partners to HERDS survey on HCS with name of drill survey (IOC Drill 10-9-18).
- Phone and text alerts will direct partners to check their emails.
- LHDs will be alerted via same modalities
- Email alert will direct all healthcare providers to complete HERDS survey within 2 hours.
- If coalition members do not have access to HCS, ROs determine different mechanism to get message out.
- **Any problems completing the IHANS alert, call RO IHANS IT for support.**

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Within 3 hours

- ROs collect responses to HERDS Survey
- RO reports back to CO the number/types of partners reached

Element of Completion

- **Hospitals-**complete HERDS survey
- **LHDs –** complete HERDS survey and provide IHANS Completion Report with end of quarter reporting.
- **HEPCs –** report of completion status, # and types of coalition partners reached to Pat Anders.

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STILL STANDING


SEPTEMBER
cool, crisp, air
BREEZY
OCTOBER
NOVEMBER
AUTUMN
HARVEST
APPLES
Happy
thankful
FALL
y'aLL
falling, raking, jumping, joy
LEAVES
ACORNS
hayrides
pumpkins
thankful

Questions

patricia.anders@health.ny.gov

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