120 to Landfall: 2.0 Functional Exercise

After Action Review – March 25th, 2022

120 to Landfall
Coastal Evacuation Exercise

SHPR
SOUTHEASTERN HEALTHCARE PREPAREDNESS REGION

ehpc
Eastern Healthcare Preparedness Coalition

Teton Diplomacy International

Introduction

- Exercise Overview
  - Objectives, Goals, Scope
  - Scenario
  - Attendance
- Exercise Worksheets
- Exercise Execution
- Key lessons learned
- Recommendations

Exercise Goals

- Regional Functional Exercise that aimed to improve healthcare response capabilities across both regions.
- Thoroughly examined and evaluated the current capabilities of coalition stakeholders to prepare for, respond to, and recover from all-hazard incidents.
- Addressed any identified gaps, incorporated the continuing care community, and continued to move both regions toward the end goal of a full-scale regional healthcare facility evacuation exercise.

Exercise Objectives

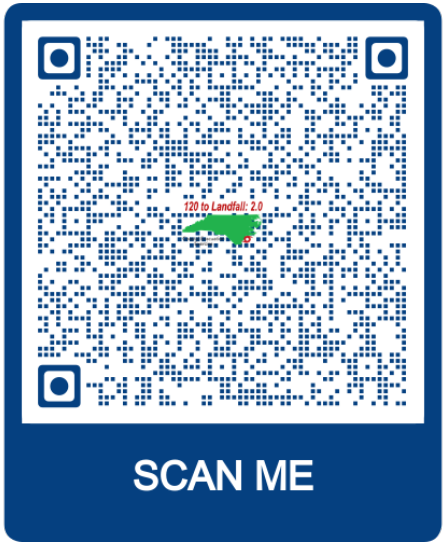
Exercise Objective	Capability
Demonstrate the ability to establish lines of communication and facility points of contact used by healthcare stakeholders for emergency notifications and information sharing.	Health Care and Medical Response Coordination
Demonstrate the capability for information sharing to ancillary healthcare providers (e.g., dialysis, home healthcare, assisted living, etc.), emergency management agencies, and regional emergency coordination points prior to, and during an evacuation.	
Demonstrate the implementation of a policy, plan, or procedure implementing decision-making triggers used by healthcare stakeholders for executing the safe evacuation or shelter-in-place plans during an emergency.	
Determine the resource needs for executing a full facility evacuation during an emergency incident and demonstrate the process for obtaining those resources.	
Demonstrate the ability to prioritize the emergency evacuation process of patients when transportation resources are limited.	Continuity of Health Care Service Delivery

Exercise Scope

- Functional Exercise
  - One day, six-hour duration
  - Hybrid – virtual and in-person
  - Based on the 120 to Landfall scenario
- Exercise Conduct Process
  - Virtual ‘conference calls’
  - 24-hour conference call (EHPC and SHPR)
  - Execution – two modules
  - Functional aspects

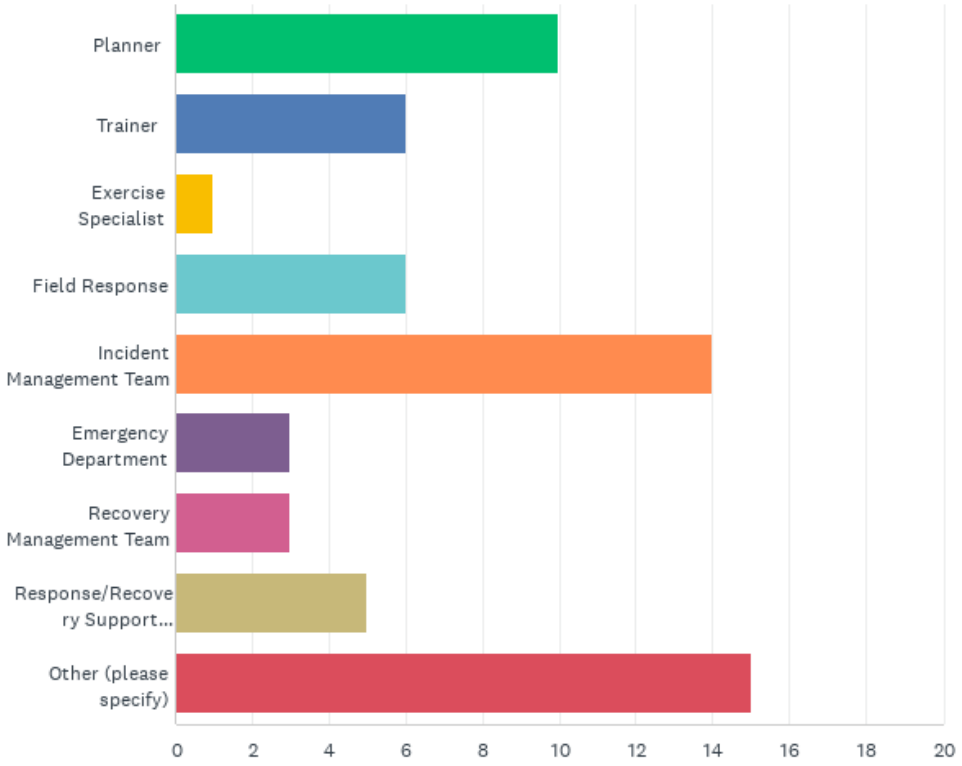
Exercise Scenario

- Hurricane “Hans”
  - Category 4
  - Landfall near Topsail Island
- Situation Manual
  - Exercise overview
  - Scenario
  - Weather advisories and storm tracks
- Participant Feedback Form
  - Virtual form – 50% response rate



Exercise Participants

- Virtual vs. In-Person
  - o Approximately 60 virtual
  - o Approximately 40 in-person
  - o Hospitals
  - o Dialysis Centers
  - o Local EMs
  - o Long-term care
  - o Transportation providers

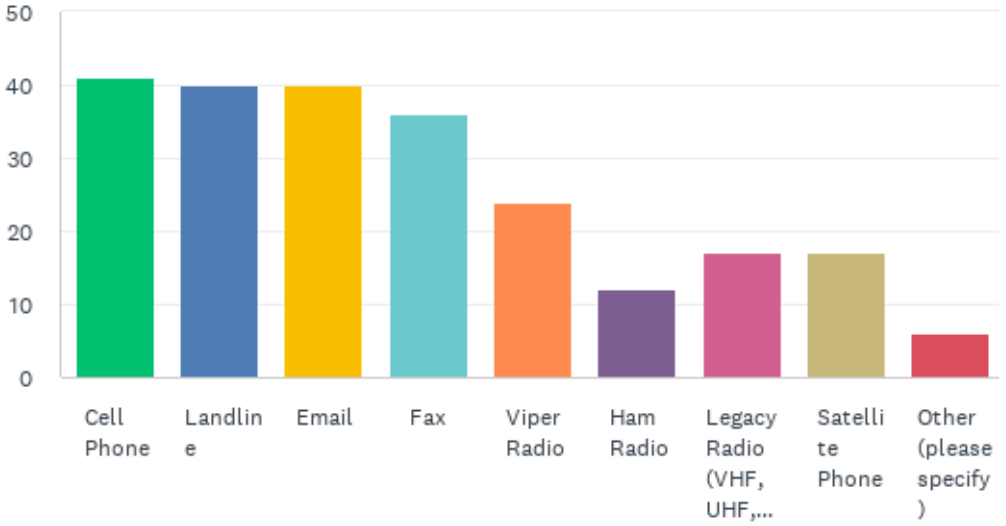


Conduct Process

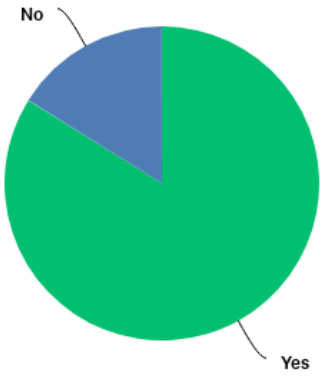
- Pre-conduct
  - Participating organizations began to receive simulated weather advisories via email 120 hours (April 20) prior to the conduct day.
  - Additional updates were sent out at 96 - 48 hours (April 21 - 25) along with worksheets addressing the communication and information sharing objectives.
  - Participants used worksheets to collect answers to the provided questions and then submitted their responses online.
  - Content of worksheets will remain “confidential”, but evaluators assessed if organizations have proper contacts, contact information, and an information-sharing process.
  - This also provided participants an opportunity to validate their internal plans and procedures and update any missing or out-of-date information.

Conduct Process – Worksheet One

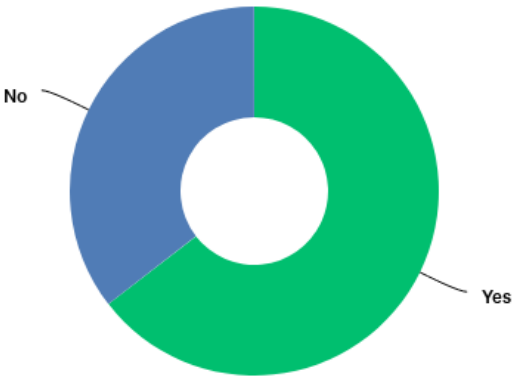
- Communication:
  - Who would you coordinate with? How? Do you have a POC?



Initial POC?



Back-up POC?

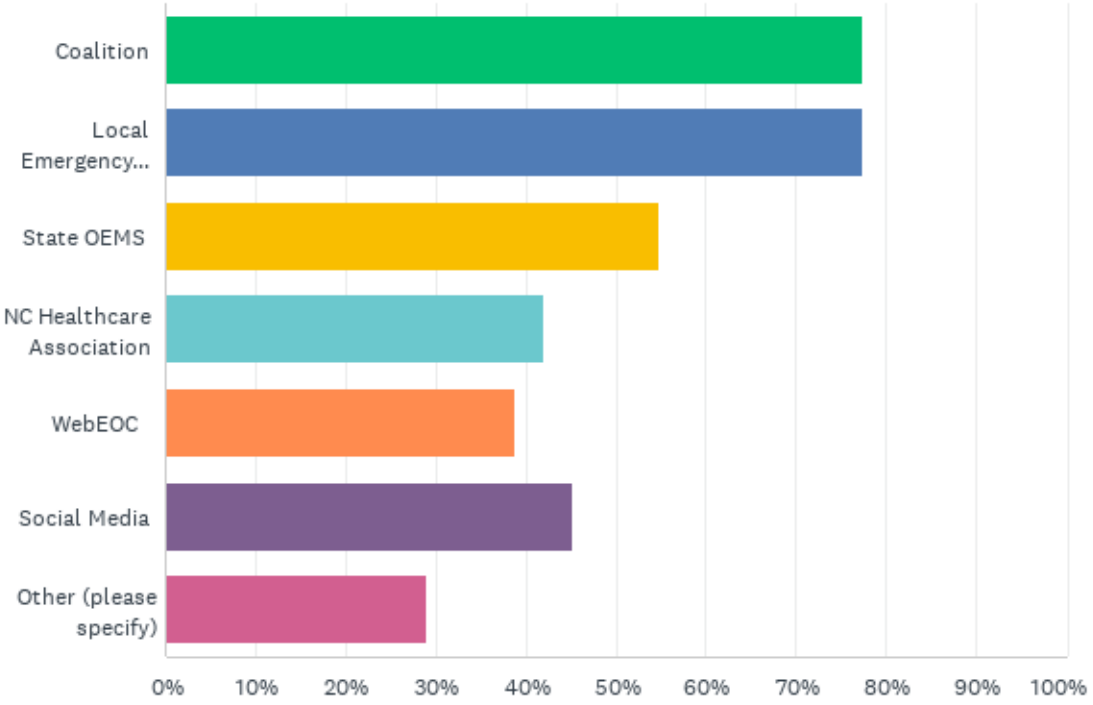


Conduct Process – Worksheet One

- At 120 hours to landfall, who would you coordinate with?

Conduct Process – Worksheet Two

- At 72 hours to landfall, how is your organization receiving communication and/or updates?



Conduct Process – Worksheet Two

- Communication and Information Needs:
  - Who and why?
    - Vendors
    - Coalition
    - State
  - What are your information requirements?
    - Continuous and accurate weather information
    - Shelter locations and resources
    - Staffing resources

Exercise Execution

- **Module One: 48 and 24 hours to landfall**
- **Module Two: 24 and 12 hours to landfall**
- **Functional Aspect**
- **Evacuation/Shelter-in-Place Discussion Issues:**
  - Decision-making triggers
  - Authorities
  - Plans/procedures
  - Facility Requirements
  - Staffing Requirements

Key Themes

- Most hospitals were not forced to evacuate due to the hurricane's strength and severity, which indicated that plans were in place to decompress or reduce the patient census and bring in additional staff in anticipation of a post-landfall surge in patients.

- Long-term care facilities understand the need to plan with corporate officials and coordinate with sister facilities to provide continuous care of residents should evacuation be necessary.

Key Themes

- Dialysis facilities stated they have plans in place to have patients come in prior to a hurricane to minimize treatment impacts to patients during the evacuation process. They also indicated that it was mutually understood that facilities would accept patients regardless of the preferred provider, which was made easier through the new Centers for Medicaid and Medicare Services. Additionally, dialysis facilities also ensure medication stockpiles are available for patients in the event that dialysis procedures are delayed.

- Group home participants indicated that plans and procedures were in place to ensure residents were either placed with family members/caregivers temporarily or moved to another facility until the hurricane re-entry process is implemented.

Common Gap

- Due to a limited number of resources available to evacuate patients and/or residents of healthcare facilities many of the facilities recognized the need to re-think current facility evacuation decisions which are typically made less than 48 hours to expected landfall.

Analysis

- **Objective One: Demonstrate the ability to establish lines of communication and facility points of contact used by healthcare stakeholders for emergency notifications and information sharing**
  - Strength: Both the Eastern Healthcare Preparedness Coalition and Southeastern Healthcare Preparedness Region successfully demonstrated the ability to establish communications and gather information with coalition members.
  - Area for Improvement: Dialysis Centers receive evacuated patients without prior notification, resulting in patients arriving at facilities that are already at or above capacity.

Analysis

- **Objective Two: Demonstrate the capability for information sharing to ancillary healthcare providers (e.g., dialysis, home healthcare, assisted living, etc.), emergency management agencies, and regional emergency coordination points prior to, and during an evacuation.**
  - Strength: Alternate care facilities began assessing evacuation and shelter-in-place options as early as 144 hours prior to landfall, with administration decision requested at 120-hours prior to landfall for implementation at 72 to 36 hours prior.
  - Area for Improvement: Coastal Hospitals reported making late (36 hours prior to landfall) evacuation decisions, at which point state and local resources to assist in evacuation may not be available.

Analysis

- **Objective Three: Demonstrate the implementation of a policy, plan, or procedure implementing decision-making triggers used by healthcare stakeholders for executing the safe evacuation or shelter-in-place plans during an emergency.**
  - Strength: Most facilities understand the decision to evacuate, or shelter-in-place, is complicated and should be based on a variety of factors and accurate situational awareness. Most facilities demonstrated their decision-making triggers well before landfall.
  - Area for Improvement: Many facilities do not possess sufficient staff knowledgeable of evacuation or shelter-in-place policies and procedures.

Analysis

- **Objective Four: Determine the resource needs for executing a full facility evacuation during an emergency incident and demonstrate the process for obtaining those resources.**
  - Strength: Hospitals reported maintaining up to 10 days of supplies of critical items (food, water, medication, and generator fuel) in support of sheltering-in-place and/or surge expansion to act as a receiving facility from evacuating hospitals.
  - Area for Improvement: Healthcare Facilities have common contracts for non-emergency patient transport resources, resulting in an inadequate quantity of transports for a region-wide coastal evacuation.

Analysis

- **Objective Five: Demonstrate the ability to prioritize the emergency evacuation process of patients when transportation resources are limited.**
  - Strength: The participants successfully demonstrated the use of the North Carolina Disaster Patient Transfer Form for requesting the transfer of patients/residents to a receiving facility with the state's assistance.
  - Area for Improvement: Patient medical information required for the Individual Patient Transfer Request Form to prioritize transport can be extremely difficult to obtain from existing Electronic Medical Record systems and transmit to the Healthcare Coalition rapidly.

Participant Feedback

- **Level of training/preparedness**
- **Recommendations**
  - o More interface with HCC throughout the year
  - o Provide opportunities to build relationships
  - o Mass-casualty incidents

More focus on home health and long-term care

Honestly, was an awesome exercise as is. Lots of excellent information was shared, and lots of great group discussions, and found many opportunities for improvement in our own emergency plan as a result

Language for individuals who have not been involved in emergency prep for long

Medical Response and Surge Exercise

- **Medical Response and Surge Exercise (MRSE) Observations:**
  - Larger hospitals in both EHPC and SHPR regions indicated they have a consistent capacity and capability to surge up to 50% or even 100% of their normal capacity in patients and staff. These larger facilities, such as Dosher Medical and Vidant Health, acknowledge that they are a community resource and have plans in place to act as such.

  - Despite the preparedness of larger facilities in EHPC and SHPR, the MRSE injects required smaller and medium-sized hospitals to decompress their own patients further west to other facilities in the State in order to receive the influx of patients. The EHPC and SHPR coordination mechanisms to surge patients to other HCCs in the western part of the State required additional assistance from the State OEM to ensure patient transfer requests were met. This additional surge to western NC showed the necessity of early planning and additional information sharing requirements to ensure the smooth transfer of patients. HCCs and facilities in western NC acknowledged they were not as prepared as EHPC and SHPR facilities to handle a 20% surge in patients.

- **MRSE Summary**

  - The 120 to Landfall exercise accomplished the MRSE requirements by forcing hospitals in both EHPC and SHPR to surge 20% of their bed capacity and functionally examine their plans to do so. Additionally, the scenario injects forced EHPC and SHPR to coordinate with western NC HCC's to further surge their capacity. The use of the State patient transfer form, as well as the bulk upload forms, proved an effective and efficient way to request support during a surge scenario, and many hospitals in both regions had plans in place to successfully manage that surge.

Summary and Recommendations

- Key Themes
- Improvement Plan
- Future exercises and discussions
- Questions?