New HPP Coalition Surge Test — Lessons Learned from One County’s Exercise

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San Mateo County CST Exercise

Today’s presentation will address:
• Overview of the Coalition Surge Test (CST)
• Review of CST Materials
• San Mateo County CST — Overview
  – County Perspective
  – Hospital Perspective
• Q & A

Coalition Surge Test — Overview

• Annual requirement for HPP-funded healthcare coalitions (HCCs)
• Low/no-notice exercise
• Simulated evacuation of 20 percent of the HCCs’ staffed acute care bed capacity
• ASPR/HPP exercise tools walk you through the exercise
• HCC performance measures linked to CST
Role of the HCC in this Exercise

1. Collaborate & coordinate with health care response entities to identify clinically appropriate beds for evacuating patients
2. Communicate & coordinate with medically appropriate transportation
3. Identify essential elements of information that helps inform situational awareness among HCC members and partners

Big Picture

- EVACUATING
- Regional Healthcare Coordination Center (RHCC)
- EMS
- EM
- ESF-8

- RECEIVING
- Flow of Information
CST Exercise Participants

- Trusted Insider & Peer Assessors
- Four core members of the HCC
  - All acute care hospitals
  - Public Health
  - EMS
  - Emergency Management
- Health care executives in After Action Review
- Other HCC members (non-hospital)

Structure of the Exercise

**Two Phases to the CST:**

- **Phase 1:**
  - Tabletop Exercise with Functional Elements – 90 mins
  - Facilitated Discussion – 90 mins
- **Phase 2:**
  - After Action Review – 30-60 mins
    - Executive Participation
    - Must occur within 30 days after Phase 1 concludes
What makes up the CST (tools)?

- Two MS Excel spreadsheets
  1. Evacuating Facility (EVAC Tool)
  2. Regional Healthcare Coordination Center (LEAD Tool)
- Trusted Insider/Peer Assessor Handbook
- Internet search: HCC Surge Test
  - www.phe.gov

Demo of the CST

Hands-on demonstration of the CST
- Where do I begin?
- How should I start?
- Where is the CST located?
- What steps do I take to get up to speed?
- How hard is it to use?
BP-1 CST-Based Performance Measures

Total of eight performance measures:
• Healthcare Coalition (x2)
• Evacuation Hospital (x2)
• Receiving Hospital (x2)
• Transportation Based (x2)

HCC-Based Performance Measures

#14: Percent of core HCC members who participate in Phase 1 of the CST (Tabletop Exercise and Facilitated Discussion)

#15: Percent of core HCC members executive participation in Phase 2 of the CST – After Action Review
Evacuating Hospital Performance Measures

#16: Percent of patients from evacuating hospital(s) identified as either:
- Discharged home
- Needing to evacuate to a receiving facility

#17: Time to report the total number of evacuating patients

Receiving Hospitals Performance Measures

#18: Percent of evacuating patients with appropriate bed identified at a receiving hospital or health care facility

#19: Time for receiving hospitals in the HCC to report the total number of beds available to receive patients
Transportation Related Performance Measures

#20: Percent of evacuation patients with acceptance for transport to another facility that have an appropriate mode of transportation identified

#21: Time to identify appropriate mode of transportation for the last evacuating patient

After Action Report (AAR)

- AAR due 120 days after exercise
- FPO will collect AAR (de-identified) for analysis
- HPP – AAR template available if you want to use, not mandatory at this time
Benefits of Exercising with the Coalition Surge Test

CST will allow for:
- Increased collaboration, cooperation, and communication
- Limited prep time
- Standard exercise structure/scenario for all HCCs nationwide
- Engagement at coalition level vs. individual hospital level
- Helps in preparing for no-notice events
- Uniform tools (MS Excel spreadsheets) for collecting exercise data

SAN MATEO COUNTY

Population: 762,327
(14th Most Populous in CA)

GACHs: 24/7 ED
- Seton Medical Center
- Kaiser South San Francisco
- Peninsula Medical Center
- San Mateo Medical Center
- Sequoia Hospital
- Kaiser Redwood City

Hospital: Trauma (out-of-county)
- San Francisco General
- Stanford/LPCH

Health Care Coalition
- Core: EMS, PH, OES, GACHs
- Additional: Clinics, SNFs, ARC, Hospice, etc.
CST – San Mateo County Perspective
Pre-Planning

Step One – Review document and translate into CA language
• RHCC = MHOAC
• Lead/Evac Assessor = Exercise Controller
• Bed Census

Step Two – Present CST to HCC

Step Three – Rules of Engagement
• Exercise Parameters

CST – San Mateo County Perspective
Pre-Planning – Timeline

Timeline (5/25 – Exercise Day):
• ~90 days (2/24) – Obtain HCC Approval
• ~60 days (3/24) – CST Document Review with HCC
• ~30 days (4/28) – CST Dry Run with HCC
  – ID “Evac” and Lead Assessors
  – ID Date
• ~21 days (5/1) – Notify Evac Facility
CST – San Mateo County Perspective
Pre-Planning – Timeline (cont.)

Timeline (5/25 – Exercise Day) (cont.):
• ~7 days (5/17) – CST Dry Run with EVAC Facility
• ~5-7 days (5/22) – Bed/Transportation Advanced Polling/Communication List
  – “HAVBED”
  – Transportation Resources
  – Exercise POCs
• HCC Participants: EMS, Public Health, Emergency Management, GACHs

CST – San Mateo County Perspective
Exercise Day (5/25)

5/25/17 Exercise – Timeline
• 0700 hours – EVAC Facility Notified
• 0730-0800 hours – all hospitals assemble their CST Exercise team and provide briefing
• 0800 hours – EMSystem Announcement of EVAC Facility and HAVBED Polling Request
• 0800-0930 hours – Tabletop Exercise
• 1000-1200 hours – Facilitated Discussion
  – EVAC Facility & MHOAC Representative
CST – San Mateo County Perspective
Exercise Day (5/25) – MHOAC

Exercise Timeline – MHOAC

• 0700 hours – EVAC Facility Notified
• 0800 hours – EMSSystem Announcement of EVAC Facility and HAvBED Polling Request; Separate polling of transportation resources
• 0812-0841 – HA\vPED polling numbers reported to EVAC Facility
• 0954 – Transportation numbers reported to EVAC Facility

CST – San Mateo County Perspective
Exercise Day – Hospital Numbers

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>EVAC Facility Total (Pre-Discharge)</th>
<th>EVAC Facility Total (Post-Discharge)</th>
<th>Receiving Facilities’ Total Bed Availability</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>8</td>
<td>8</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Med Surg</td>
<td>139</td>
<td>108</td>
<td>60</td>
<td>-48</td>
</tr>
<tr>
<td>ICU</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>-1</td>
</tr>
<tr>
<td>Pediatric</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PICU</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>38</td>
<td>38</td>
<td>8</td>
<td>-30</td>
</tr>
<tr>
<td>Burn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negative Air</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>168</td>
<td>111</td>
<td>-57*</td>
</tr>
</tbody>
</table>
## CST – San Mateo County Perspective
### Exercise Day – Transportation Numbers

<table>
<thead>
<tr>
<th>Transportation Type</th>
<th>Total Available</th>
<th>Capability Per Resource (ICU)*</th>
<th>Capability Per Resource (Med/Surge)*</th>
<th>Capability Per Resource (Wheelchair)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS Ambulance</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>BLS Ambulance</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CCT Ambulance</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MCI Bus</td>
<td>2</td>
<td>0</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>SamTrans Bus</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

*Estimate provided for tabletop exercise only (i.e., rough accounting of actual numbers, but not actual numbers).

### THE NUMBERS GAME

**4 ALS** = 8 M/S; 6 M/S + 1 ICU; 4 M/S + 2 ICU; 2M/S + 3 ICU; 4 ICU
**12 BLS** = 24 M/S

**2 CCT** = 2 ICU
**2 MCI Bus** = 20 M/S; 18 M/S + 1 W/C; 16 M/S + 2 W/C; 14 M/S + 3 W/C ... 10 W/C
**2 SamTrans Buses** = 12 M/S; 10 M/S + 1 W/C; 8 M/S + 2 W/C; 6 M/S + 3 W/C ... 6 W/C
CST – San Mateo County Perspective
Reflections/Lessons Learned

• Translate CST
• Review CST with HCC partners and establish exercise parameters
• Suggest selecting large hospital that has moved in to a new facility as EVAC Facility
• Support hospitals with efforts to garner Leadership support
• Conduct pre-exercise polling (e.g., HAvBED, transportation)

CST – San Mateo County HCC
Reflections/Lessons Learned (cont.)

• Receiving facilities – practice as EVAC Facility for future exercises
• 20% surge test – use daily operating census vs. licensed census
• Stay true to the “Numbers Game” yet allow for clinical flexibility
Coalition Surge Test – Mills Peninsula Medical Center (MPMC) Perspective

Planning and Preparation
• Keeping the Secret!
  – “Trust” was maintained through the planning process
  – Trusted insiders were established with our affiliates
  – A series of meetings were conducted which included an “abridged” exercise overview as not reveal any exercise secrets but included high level objectives, tool discussion and timeline
  – Selection process included novice & seasoned in Hospital Incident Command (HICS) and Emergency Preparedness

Participants (cont.):
• Why include our affiliates Menlo Park Surgical and Palo Alto Medical Foundation?
  – Ambulatory surgical sites provide real estate for alternate care sites or extensions of acute care
• Planning team members selected based on scenario and objectives
• Multidisciplinary group of clinicians, non-clinician leadership and key managers
• Selection process included novice & seasoned in Hospital Incident Command (HICS) and Emergency Preparedness
Coalition Surge Test – MPMC Perspective (cont.)

Day of the Exercise
Activation
• Inject card to the House Supervisor
• Triggered a notional discussion between the supervisor and the administrator on call (AOC)
• AOC sent an Everbridge message followed by a call with the Incident Management Team (IMT), command was established by the AOC
• The hospital command center was activated
• Surge/Evacuation Management team was established

Coalition Surge Test – MPMC Perspective (cont.)

Hospital Census
• Census provided to the County, previous day 24-hour report
• Census requested from County triggered a local inject
  – The IMT had to explain the process for requesting/acquiring a current Census; a correct response resulting in the team being provided with Census provided to San Mateo County the day prior
• IMT informed that they are the evacuating hospital
  – 0800 hrs. notification to campus of evacuation which triggers department status reports (STATREP)
Coalition Surge Test – MPMC Perspective (cont.)

Prioritization and Reservations

- Prioritization started immediately following the receipt of the department status reports (STATREP) and coalition HAvBED data – approx. 0810
- STATREPS allowed IMT to confirm potential discharges
  - 31 patients within the first 30 minutes
- As criticality of patients was confirmed an immediate call was placed to a facility with an available like bed

Coalition Surge Test – MPMC Perspective (cont.)

Prioritization and Reservations (cont.)

- Initial calls were followed by a clinician to clinician call from either the Chief Medical Officer (CMO) or Nursing Operations Manager
- Transportation
  - “Doing the math” – transportation decisions
  - Dedicate a person for this process
Coalition Surge Test – MPMC Perspective (cont.)

Leadership

• Leadership engagement is always the “Secret Sauce”
• The 90-minute requirement to the evacuation/surge and transfer elements created the right “sense of urgency”
• Leaders were agile enough to perform dual roles in the HICS Command and General Staff functional positions
• Leadership from our sister affiliates were in their Command Centers and engaged in the scenario

Coalition Surge Test – MPMC Perspective (cont.)

Leadership (cont.):

• All injects from the controller were triaged by all three command centers
  – Specific injects were provided for our affiliates to facilitate
• MPMC built Everbridge groups to coincide with the concepts of escalation and scalability
• Two principle pre-built groups exercised were the Event Response Team and Leadership Group for notifications and situation status
Coalition Surge Test – MPMC Perspective (cont.)

Conclusion

• The overall consensus was that of excitement and enthusiasm
• “We would like more training!”
• Planning was a key factor in providing a timeline that made sense
• Ongoing planning must include continuous collaboration with system and affiliates in proximity to the hospital
• Ensure your HICS training is in a state of continuous readiness
Questions?

Don’t forget to complete your evaluation!

If you do not have access to the app, please see CHA staff for a printed evaluation.

CE certificates will be emailed within two weeks of the conference.

Thank you!

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