



**Department
of Health**

Coalition Surge Test (CST) and Interoperable Communications Drill (IOC)

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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

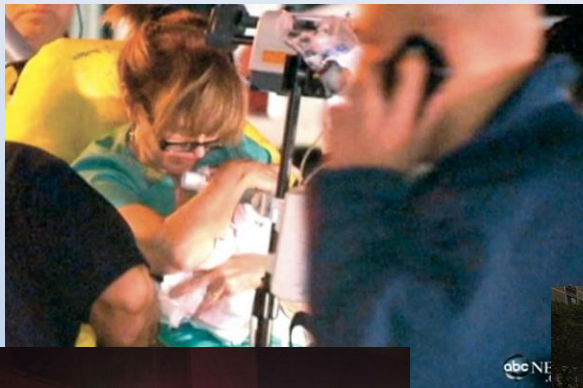


Superstorm Sandy

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



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](#)



Pulse Nightclub Shootings

June 2016



- 44 injured to Orlando Regional Medical Center
- 12 – Florida Hospital Orlando



- 50 died in the Pulse shootings, surpassing the previous high of 33 dead in 2007 when a gunman went on a rampage at Virginia Tech college.
- 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
- In November, 2015, a coordinated series of attacks in Paris, including slayings at the packed Bataclan nightclub during a performance by Eagles of Death Metal, left 130 people dead.



Coalition Surge Test

Goals of the CST

- The CST is an annual requirement for coalitions beginning in BP1.
- The CST is a low- to no-notice exercise.
 - Ensures that HEPCs can transition quickly and efficiently into “disaster mode”
 - Helps provide a 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
- The CST is 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

- The CST is intended to enhance health care system response readiness.
 - Tests:
 - Functional surge capacity and identifies gaps in surge planning
 - Ability to perform the tasks with existing on-site staff without excessive guidance or prompting
 - If evacuating facility knows who to contact in evacuation scenario, and ability to reach partners on a moment's notice
- The CST tests the overall health care system response.
 - Simulates an evacuation, but can demonstrate:
 - Emergency Operations Coordination;
 - Medical Surge Capacity;
 - **Information Sharing**

Benefits of the CST

Benefits of Exercising with the CST

- Coalition Surge Test will encourage:
 - **Increased collaboration, cooperation, and communication**
 - Enhancement of preparedness at the facility level
 - Increased engagement at coalition level, as well as at individual healthcare facility level
 - Low / no-notice requirement benefits the Coalition in preparing for unexpected events



~~It~~ ~~Coalition~~

So – How Will This Happen?

How will this all happen?

- Overview of CST
 - Tests Coalition's ability to:
 - Find clinically appropriate beds for evacuating hospital patients with the assistance of other coalition members
 - Uses a simulated evacuation (***no actual patient movement***) of up to 3 hospitals
 - Evacuating facilities (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 and 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 (20%)

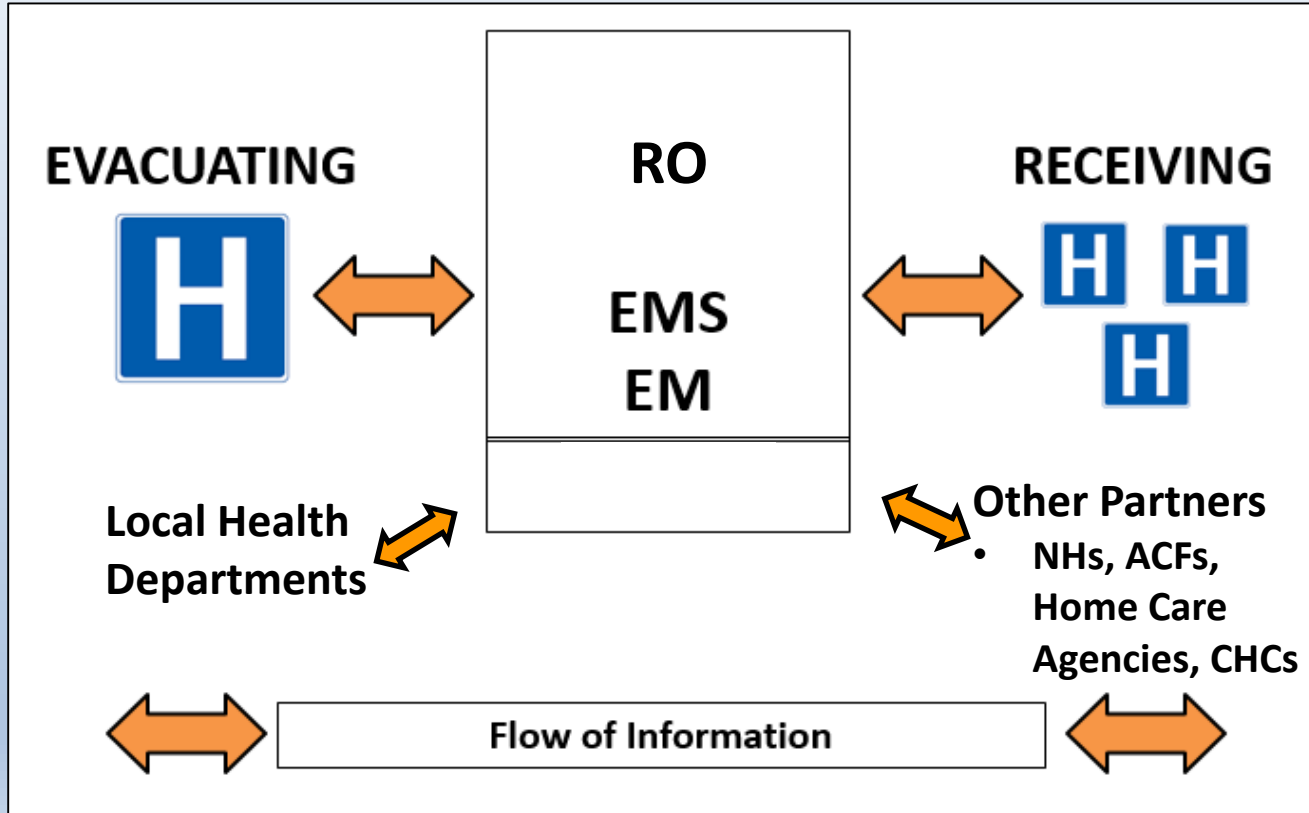
How will this all happen?

- Overview of CST
 - Tests Coalition's ability to:
 - Communicate & coordinate with medically appropriate transportation
 - **Identify the appropriate disposition for each patient (home with no services, home with home care, nursing home, another acute care hospital)**
 - **Identify essential elements of information that helps inform situational awareness among HEPC members and partners**

How will this all happen?

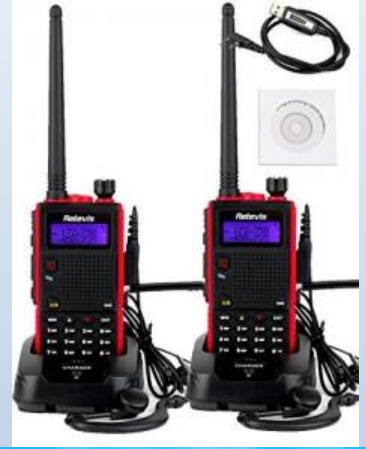
- Overview of CST
 - Tests Coalition's ability to:
 - Respond to a **LOW Notice** exercise – within a two week window
 - Focuses on the following patients for evacuation
 - Long-term care (e.g., rehab hospital unit)
 - Pediatric
 - General med/surge
 - ICU
 - NICU
 - Labor and Delivery

Information Sharing for Situational Awareness



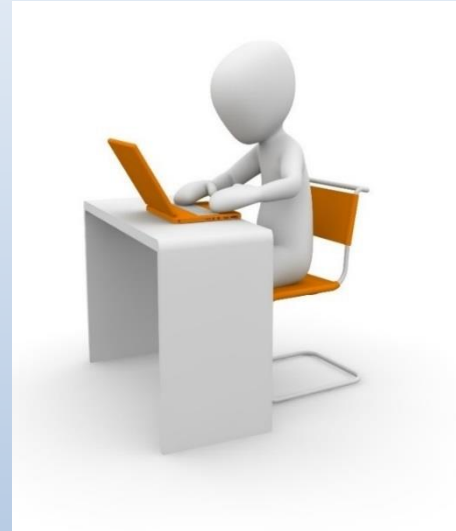
Tools You Will Need

Interoperable Communications



People You will Need

Individual with Commerce account and role assignment to complete and submit the survey



Regional Office

Analysis and Documentation

- Analysis of responses to the exercise must be conducted.
 - Revise emergency plan, as appropriate
- Must document compliance/ensure access to information at all times for at least 3 years.
- If a facility is part of a health system with integrated/unified emergency preparedness program:
 - Each separately certified facility must address individual needs of the facility AND
 - Maintain individual record of exercises conducted to demonstrate compliance

Finishing Up

- Document lessons learned from the exercise. This must demonstrate incorporation of necessary improvements into EP training, policies, and programs.
- Conduct an after-action review process (hotwash) to identify and document lessons learned and corrective actions for improvements in an official, actionable After-Action Report.

What is an After Action Report?

1. After Action Report (AAR): retrospective analysis on critical actions previously undertaken.
 - Evaluates performance
 - Documents effectiveness and efficiency of response
 - Analyzes critical procedures/policies
 - Recommends improvements

After-Action Reports

- AARs should identify:
 - What was *supposed* to happen
 - What *actually* occurred
 - What went well (**STRENGTH**)
 - What the facility can improve upon (**AREA FOR IMPROVEMENT**)
 - Timeline for incorporating necessary improvements (i.e., start time/end time)

Questions

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