

# WA Region 1 HMAP Tabletop Exercise



Healthcare Mutual Aid Plan (HMAP)  
for Evacuation & Resources / Assets

Tabletop Exercise



# Tabletop Objectives

- Hospital Full Building Evacuation Plan
- Communications
- Healthcare Mutual Aid Plan Activation / Operations
- Patient Tracking
- Influx / Surge



# Roles & Timelines

- 10:15 – 11:45 am      Tabletop
- 11:45 am -12:15am      Hotwash

- Controller:                  Scott Aronson
- Players:                      Disaster Struck Facility – Swedish Edmonds
- Patient Accepting Facilities – Cascade Valley, Valley General, Providence Everett Colby & Pacific Campuses
- Transportation – EMS, Fire, Public Transit  
DMCC – Hospital Emergency Managers
- Evaluators:                  Jim Garrow,



# Recommendation/Assumptions

- Do not attempt to solve the internal problems of the hospital. This is not the focus of the exercise.
- Command Center is up and functional
- Region 1 Hospitals Will Be Participating By Either Receiving Patients or Deploying Staff / Equipment / Supplies



# Scenario

Today -

- Earthquake occurred in the Seattle area of Puget Sound
- Initially power, water, phones and internet were out.
- All utilities are back online except adequate water pressure
- The City of Edmonds Water Division informed Swedish / Edmonds Hospital Leadership it may take 4 to 6 days to restore water pressure to normal levels



# Situation Update 1

10:15 am

- The Hospital Incident Commander (through Unified Command with the City of Edmonds Emergency Responders and Edmonds Water Division), is Ordering an Evacuation

Hospital Census is 91 and detailed as follows:

- Adult ICU – 4 beds
- PCU – 20 beds
- Adult Med/Surg – 24 beds
- L&D – 3 beds
- Nursery – 5 beds
- Behavioral Health – 35 beds



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History Date: 8/19/2011 1990

47°48'11.87" N 122°20'01.91" W elev 363 ft

Eye alt 633



# Situation 1: Questions

- Disaster Struck Facility
  - What is the plan for census reduction / rapid discharge?
  - What resources are necessary to support the evacuation?
  - Who would you communicate with?
    - Short-term
    - Continuous
  - Do you have internal Holding/Staging areas established?
- City of Edmonds Emergency Responders
  - For this incident, what is your activation process for notification/ assistance?
  - How will you interact with hospital Command Structure?



# Situation 1: Questions

- Patient Accepting Facilities
  - What preliminary steps should be taken internally upon Everbridge notification (staffing, equipment, beds)?
  - What information is necessary?
  - What is your process to quickly identify the types of patients you can receive?
  
- DMCC
  - What activation process is initiated?
  - What resources are necessary to support your efforts? What information is necessary to plan resources?
  - What is your process to begin ramping up?



# Situation Update 2

10:45 AM – Disaster Struck Facility has advised there are the following transportation resources required:

- Patients – 3 Critical Care Transport (RN-staffed)
- Patients – 11 ALS Transport (Paramedic)
- Patients – 17 BLS Transport (EMT)
- Patients – 12 Chair Car / Wheelchair Accessible Bus
- Patients – 13 Normal Means of Transport (any vehicle)
- Patients - 35 Bus (Behavioral Health)



# Situation Update 2

- All Region 1 hospitals have provided their current open beds:
  - Adult ICU – Need \_\_\_ beds → Have \_\_\_ open beds
  - Step Down – Need \_\_\_ beds → Have \_\_\_ open beds
  - PICU – Need \_ beds → Have \_ open beds
  - Adult Med/Surg – Need \_\_\_ beds → Have \_ open beds
  - Tele Beds – \_\_\_ open beds are Tele Capable
  - Peds Med/Surg – Need \_\_\_ beds → \_\_\_ Peds Med/Surg
  - Behavioral (Medical) – Need \_\_\_ beds → Have \_ open beds
  - Behavioral (non-Medical) – Need \_\_\_ beds → Have \_\_\_ open beds



# Situation 2: Questions

- Disaster Struck Facility
  - How are you securing additional staff for the evacuation?
  - How do you ensure patient tracking is taking place?
  - What is going with the patients for documentation?
  - What communication is taking place with the Scene Incident Commander, DMCC?
  - How is Patient Information being handled for family?
  - Are you considering moving full clinical units to select Disaster Surge hospitals
  
- City of Edmonds Emergency Responders:
  - How are arriving transports being coordinated?
  - Who is in Command of the situation – FD, Hospital, EMS?



# Situation 2: Questions

- Patient Accepting Facilities
  - Based on data provided, what level surge are you moving to (Phase I, II, III)? What is your process to get there?
  - How will you address evacuated patients when they arrive?
- DMCC
  - What are the specific locations where the patients are going? Who is coordinating this?
  - What obstacles will you encounter in communications?
  - What communications are taking place with other regional / state agencies and healthcare facilities?
  - Are there any other plans that should be activated?
  - Can you support the DSF with family calls/patient tracking?



# Situation 2: Questions

- **Transportation**
  - What is the rationale for how you are going to move patients?
    - Maximum # per transport?
    - Number of transports per hour by type/capacity?
  - How many could you move per hour?
  
- **Local EOC / Emergency Responders**
  - How are private / public transportation resources being coordinated?
  - What resources and support would you expect to have requested from you?



# Situation Update 3

11:15 AM:

- Patient Placement:

- Cascade Valley:

- Valley General:

- Providence Everett Colby Campus:

- Providence Everett Pacific Campus:



# Situation 3: Questions

- Disaster Struck Facility
  - How are you closing the loop on where patients are now relocated to?
  - Where are your physicians, nurses, support staff, etc. as massive patient relocation has been taking place?
  - Could you move equipment and supplies to support other hospitals? How would you know if they needed this?
  
- City of Edmonds Emergency Responders
  - What resources are still available to the hospital?
  - What challenges have been created for regional EMS?



# Situation 3: Questions

- Patient Accepting Hospitals
  - What type of staff do you need?
    - Who do you contact for this request?
    - Where would you expect they would come from?
  - What supplies and equipment do you need?
    - Do you request this from Mutual Aid Plan members or do you request this from your existing suppliers?
  - Is it important to communicate back receipt of patients? How would you do this?
  
- DMCC
  - With the region overwhelmed, what activations have been moving forward?



# Next...

- Hot Wash: Lessons Learned
- Questions?
- After Action Report



# Review by Objectives

- Hospital Full Building Evacuation Plan
- Communications
- Healthcare Mutual Aid Plan Activation / Operations
- Patient Tracking
- Influx / Surge



# Thank You

- Swedish Edmonds Hospital
  - Mark Nunes, Swedish Edmonds Hospital
- Martina Nicholas, North Region EMS
- Linda Seger, Island Hospital, Region Training Coordinator
  - Registration
  - Refreshments



# QUESTIONS

**Scott Aronson / Jim Garrow**

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# **Russell Phillips & Associates, LLC**

**Fire and Emergency Management for Healthcare Facilities**

**Slide 21**

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**JG1**

How come I can't change the color in your email address and the website?

Jim Garrow, 11/14/2011