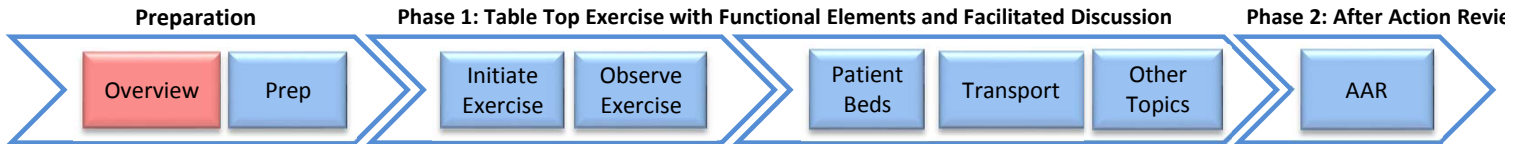


Overview: Learn About the Tool

Phases of the Coalition Surge Test



How do I use this tool?

Your role is that of EVAC assessor:

- * **Read instructions** at the top of each page ahead of time. This will tell you the purpose of each worksheet.
- * **Input data** (numbers, names, etc.) into the cells that are shaded gray
- * Use **talking points** or **discussion questions** to facilitate conversation. **Read script aloud** that is written in *blue italics*.
- * See *Handbook for Peer Assessors and Trusted Insider* for more information.
- * Double-click on the icon to the right for a PDF version of the tool (optional) -->



Overview

The Coalition Surge Test (CST) uses an evacuation scenario to help health care coalitions assess how well their members can work together to respond to a sudden health care crisis. It is designed to test a coalition's functional surge capacity and to identify gaps in surge planning.

- This is an exercise, and **there will be no movement of actual patients**.
- Evacuating facilities (collectively representing 20% of a Health Care Coalition's acute-care bed capacity) must enlist the help of other coalition members to find safe destinations for their patients and to arrange transportation.
- Coalition members are notified that an exercise will occur within a two-week time window, but they should not know the exact time and date of the exercise or what role they will play (e.g., evacuating vs. receiving patients).

Peer assessors administer and evaluate exercise

- At least two peer assessors (selected by the coalition) are required to run the exercise.
- The exercise controller (LEAD) is stationed at the coalition headquarters (or another suitable location).
- An additional assessor (EVAC) is stationed at each evacuating hospital.
- Anyone with enough coalition expertise to provide meaningful feedback, but with enough distance to provide an objective assessment, may make a suitable peer assessor.

Trusted insider serves as liaison between coalition and assessment team

- Recruits peer assessors
- Coordinates logistics (e.g., access to facilities)
- Notifies coalition members of upcoming exercise within a 2-week time frame
- Helps coordinate on the day of the exercise

Coalition Surge Test has two phases

The CST lasts approximately 4 hours and is divided into 2 phases:

- **Phase 1:** Table Top Exercise with Functional Elements and Facilitated Discussion (180-205 minutes). Evacuating facilities work to find appropriate destinations and transportation for as many of their patients as possible. A patient will be considered placed when another facility says it can accept the patient in transfer and when appropriate transportation assets have been identified. This is an exercise, and **there will be no movement of actual patients**. Following the exercise, representatives from as many coalition members as possible join a conference call to discuss what happened in Phase 1 and to discuss other topics relating to a coalition’s role in an evacuation scenario.
- **Phase 2:** After Action Review (30 minutes). An After Action Review (AAR) concludes the exercise and consists of an assessment of strengths and weaknesses and corrective action planning. Ideally this should occur immediately after Phase 1, but it can be scheduled for a later date to maximize health care executive participation. If the hotwash is scheduled in advance of the exercise taking place, it may or may not occur on the same day as the exercise.

Tool provides detailed instructions, scripts, and data collection tools

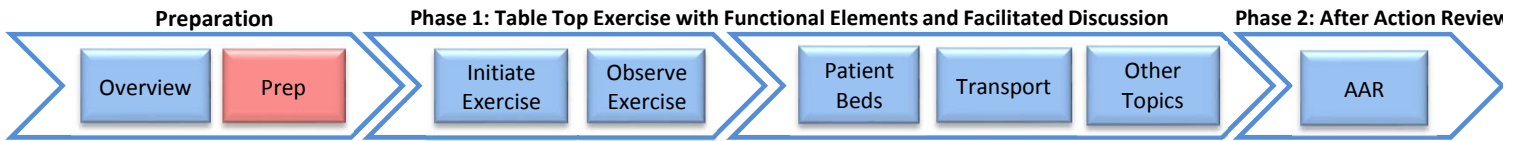
- Excel tools provide detailed instructions, scripts, and data collection tools for peer assessors (this tool is for EVAC; a companion tool is provided for LEAD).
- A simple checklist is provided for the trusted insider in Appendix A of the *Handbook for Peer Assessors and Trusted Insider*.

Summary of the tool's worksheets and your responsibilities

This Excel tool has a worksheet for each portion of the Coalition Surge Test. You can navigate among the worksheets by clicking on the tabs below or on the process-flow graphic at the top of each worksheet. The table below summarizes key functions in each worksheet and your responsibilities during that portion of the exercise.

Worksheet name	What is in the worksheet?	What do I do?
Preparation	Provides checklist to prepare for the exercise.	* Work with the trusted insider to identify and select potential evacuating facilities.
Exercise – Initiation	Provides scripts for initiating and ending the functional exercise. Also includes FAQs to assist in answering questions from players.	* Proceed to the evacuating facility you have been assigned to. * Read the script to initiate the functional exercise and start the timer.
Exercise – Observation	Provides questions for evaluating play during the functional exercise.	* Click the appropriate box on the “agree-disagree” scale and add comments for use during the facilitated discussion and hotwash.
Facilitated Discussion	Space to take notes.	* Join the facilitated discussion per plans developed with LEAD and the trusted insider (e.g. by telephone, WebEOC, or proceeding to a physical location).
After Action Review	Space to take notes.	*Share comments and observations.

Advance Preparation



Checklist

Timeline

Actions

Step 1	<i>Approximately 1 month before the exercise</i>	LEAD peer assessor will schedule a meeting or teleconference with the entire assessment team. The trusted insider will provide you with names and contact information.
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Step 2	<i>At least 2 weeks before the exercise</i>	Ensure that you (and any fellow EVAC assessors) have the appropriate tool and training materials.
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Step 3	<i>At least 1 week before the exercise</i>	Input the scheduled date and time for the exercise, which will be provided by the trusted insider or LEAD assessor.
	Date <input type="text"/>	Start time <input type="text"/>

Step 4	<i>At least 1 week before the exercise</i>	<p>Work with assessment members and trusted insider to select potential evacuating facilities.</p> <ul style="list-style-type: none"> * Determine the approximate total number of acute-care beds in the coalition and identify the facilities that collectively represent at least 20% of the total number of acute-care beds in order to adequately stress the coalition. * Include both a primary and secondary point of contact (POC) (it is imperative that you are able to contact the facility on the day of the exercise). * Also identify backup facilities, in case a facility declines to participate. * In order to maintain surprise, do not notify the facilities or anyone else outside the assessment team.
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Approximate total number of acute-care beds in the coalition			
Name of Coalition	<input type="text"/>	Total number of acute-care beds in the coalition	<input type="text"/>
Info on Potential Evacuating Facilities			
Name of facility	Approximate # acute-care beds	POC name (primary and secondary)	POC phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 5

A few days prior to the exercise



* LEAD assessor will convene a "check-in" meeting or teleconference with you, other peer assessors, and the trusted insider.

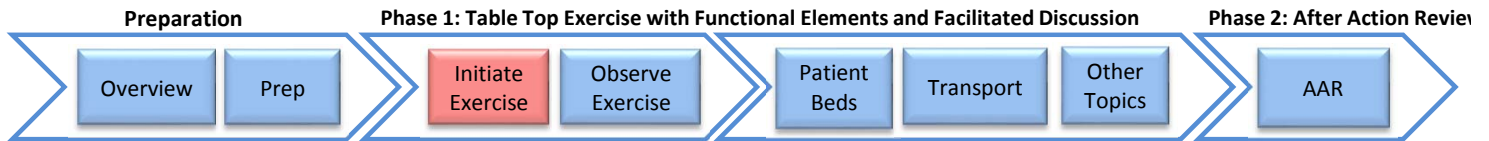
* Determine with the team of peer assessors (and trusted insider) whether to devise a specific scenario that would prompt a facility evacuation. If not, then simply assert the need to evacuate.

* Confirm logistical plans for traveling to evacuating facility to initiate the exercise.

<-- Print hard copies of evacuation tables to provide to the evacuating facility upon initiation of the functional exercise.

(To open Word document, either (1) double-click icon, or (2) right-click on icon and choose "Document Object" > "Open.")

Table Top Exercise with Functional Elements



Initiating the Exercise

Instructions

* Ensure that you and the other peer assessors and the trusted insider have cell phone/texting connectivity to communicate during the exercise if necessary.

* LEAD will inform evacuating facility that assessor(s) (YOU) will arrive in one hour to begin the no-notice exercise. She/he will instruct the evacuating facility not to begin exercise play until the assessor(s) arrive. Record the name of the evacuating facility that you will assess below.

Evacuating facility:

* At the agreed-upon time, enter the evacuating facility to begin the exercise. Use telephone, text, or other suitable means to maintain contact among assessment team members.

* Record the exercise start time and end time (90 minutes later) OR use the "Start" button below to keep record of the precise time. The tool will notify you when the exercise is finished.

* Use the talking points below to initiate the exercise.

* Hand facility players the printed "Tables for Patient Evacuation" document (downloaded from Preparation tab).

* Answer any questions the RHCC players may have. You may refer to the FAQs provided at the bottom of this page.

Read script for initiating the exercise:

"For the next 90 minutes, you will be participating in an exercise. It has been determined that you need to evacuate the hospital within the next few hours. [You may add more detailed scenario information if desired.]

For purposes of this exercise, you will need to identify space in other facilities and coordinate transportation for all of your patients that need evacuating. There will be no movement of actual patients, and this exercise is not designed to impact real patient care in any fashion, so please respond accordingly.

Please use these patient-tracking tables [provide printed "Tables for Patient Evacuation" document, downloaded from icon on Preparation tab] to record information on patients requiring evacuation, beds offered from receiving facilities, and transportation recruitment. You may use your usual systems to track patient movement and transportation decisions. However, this simple form will help us capture the information in the next phase of the exercise.

We will make a few simplifying assumptions for the purposes of this exercise:

** We are not tracking individual patients but, rather, the numbers of patients in each of the following categories: long-term care, general medical/surgery, ICU, pediatrics, NICU, labor and delivery, and psychiatry.*

** Patients are not considered "transferred" until the receiving facility confirms its ability to accept the patients and an appropriate transportation asset is identified.*

Please begin each phone call by emphasizing that this is an exercise and there will be no movement of actual patients. Finally, you may call a STOP to the exercise if you believe patient safety is at risk. With these assumptions in mind, for the next 90 minutes please respond as you would in an actual scenario. I am here to watch and answer any questions you may have on the format of the exercise. Read , GO!"

Exercise Timer



Start Time	
End Time	
Remaining	1:30:00

Ending the Exercise

Instructions:

- * Once the exercise timer has reached 90 minutes or all patients have been placed, immediately alert the facility players that the exercise has ended and to stop what they are doing.
- * Inform the players that the next step is the facilitated discussion, which should include all members of the coalition who are available. LEAD or the trusted insider will provide instructions on how to join the facilitated discussion. The discussion portion should take about 2 hours.
- * During the facilitated discussion, the evacuating facility will be called on by the LEAD assessor to provide a summary of which receiving facilities were contacted and how many patients they were able to accept, according to each bed type. Facilities will also be asked to report on the number of vehicles organized to transport patients.
- * Take notes during the discussion and be prepared to offer feedback during the hotwash when called upon by LEAD.

Frequently Asked Questions (*for reference*)

Q: Which hospitals and facilities are participating in the exercise?

A: This exercise places no limits on which facilities can be contacted. To prevent confusion, please begin each phone call by emphasizing that you are participating in an exercise, and no space is actually needed. If a facility declines to participate, please inform the assessment team so they can note this.

Q: Which transportation agencies are participating in the exercise?

A: Similar to hospitals and facilities, this exercise places no limits on which transportation agencies can be contacted. As such, please begin each phone call by emphasizing that you are participating in an exercise, and no transportation is actually needed.

Q: What aspects of this exercise are meant to be simulated, and what parts of the exercise need to be carried out?

A: There will be no physical transfer of patients, staff, equipment, or medication. This focus of this exercise is on identifying bed space in different facilities to cover the needs of the evacuating facilities. This exercise is not intended to interfere with patient care, so be sure to act accordingly.

Q: Do we care about staff, equipment, and materials?

A: Staff, equipment, and materials are not the focus of the functional exercise. These issues should be considered as part of the evacuation, but they will be addressed in greater depth during the facilitated discussion.

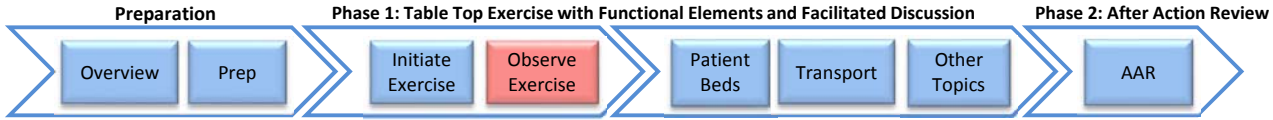
Q: Who am I supposed to talk to at other facilities?

A: Contact whoever you would normally contact for this type of scenario. The exercise tests the ability to reach out to the right people to identify available space.

Q: What other entities within the hospital do I need to stand up?

A: A skeleton staff in the evacuating facility should be stood up to assist in identifying the number of patients that need evacuating and assist in finding space in other facilities. This exercise is not meant to impact patient care, so do not place undue stress on the hospital staff.

Table Top Exercise with Functional Elements: Observation



Overview

Instructions:

- If the RHCC participates in the real-time response, evaluate the effectiveness of its participation.
- * During the exercise, review the qualitative measures below and decide how strongly you agree or disagree.
- * Click your mouse on a box below to place a check mark in the box (and click a second time to remove it).
- * Add specific examples and other observations in the comments boxes or on a separate document.
- * Encourage players at the evacuating facility to attend a brief after action review scheduled after the functional exercise in order to discuss insights from the exercise and facilitated discussion.

Qualitative Questions

Situational Awareness

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	Comments
Was able to get answers to its queries from receiving facilities in a timely manner							
Facilitated collaboration among coalition partners by providing regular updates							
Considered the impact of the evacuation on other facilities in the region							

Communication

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	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 regional health care coordination center (RHCC)							
Able to reach and communicate effectively with the appropriate persons at EMS (emergency medical services)							
Coordinated with the RHCC on division of responsibilities regarding contact with receiving facilities							
Coordinated with the RHCC on division of responsibilities regarding contact with EMS and transportation providers							

Coalition Surge Exercise
EVAC Tool

Transportation

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	Comments
Contacted EMS early in the exercise							
Considered acuity level of patients in choosing between ALS vs. BLS (advanced vs. basic life support), or other forms of transportation							
Coordinated decisionmaking on sequence of evacuation (i.e., who is evacuated first?)							

Patient Tracking and Information Exchange

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	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 personnel							

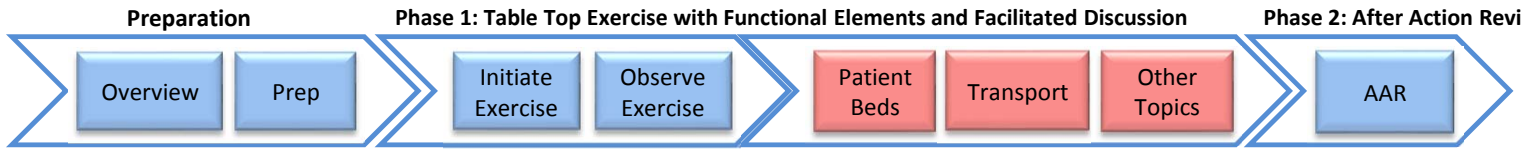
Appropriate Placement of Patients

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	Comments
Considered which types of beds would accommodate which types of patients							
Considered distributing patients across receiving facilities to minimize overload							

Regional Health Care Coordination Centers (if applicable)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Did Not Observe	Comments
The regional health care coordination center was helpful in facilitating the evacuation							
EMS was helpful in facilitating the evacuation							

Facilitated Discussion

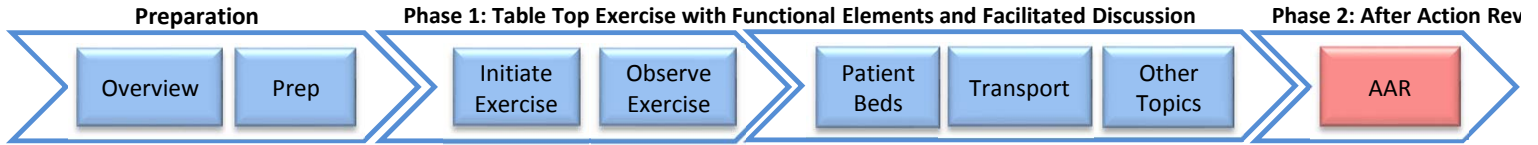


Instructions

The facilitated discussion will be led by the LEAD peer assessor. However, it is important to share your feedback and input from the perspective of sitting at the evacuating facility. Pay close attention and add to the conversation where possible. There is space provided below to take notes if helpful.

Space for Notes (optional)

After Action Review



Instructions

The LEAD assessor will lead the hotwash to summarize results and findings from the exercise and facilitated discussion. You may wish to add comments or observations to the hotwash discussion. Remember to review how you scored the evacuating facility on the qualitative items in the "Exercise – Observation" tab and any notes you might have taken.

Space for Notes (optional)