# Overview: Learn About the Tool

## Phases of the Coalition Surge Test

**Preparation**    **Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion**    **Phase 2: After Action Review**

[ Overview ] [ Prep ] >> [ Initiate Exercise ] [ Observe Exercise ] >> [ Patient Beds ] [ Transport ] [ Other Topics ] >> [ AAR ]
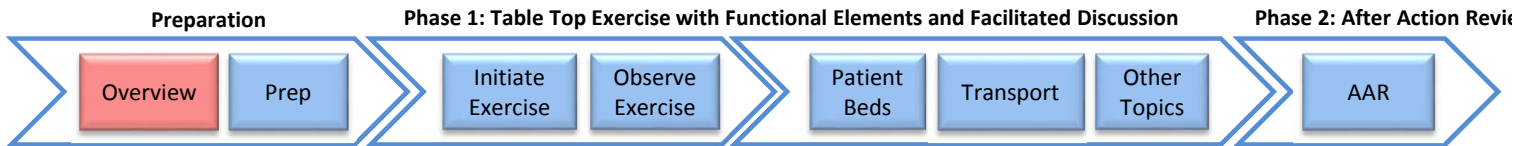
## How do I use this tool?

* **Read instructions** at the top of each page ahead of time. This will tell you the purpose of each worksheet. ***Your role is that of LEAD assessor.***

* **Input data** (numbers, names, etc.) into the cells that are shaded      grey

* Use **talking points** or **discussion questions** to facilitate conversation. **Read script aloud** that is written in ***blue italics.***

* **Click the buttons in the flow chart** above to navigate through each step and phase of the exercise.

* See *Handbook for Peer Assessors and Trusted Insider* for more information.

* Double-click on the icon to the right for a PDF version of this tool (optional) -->

PDF Version of LEAD Tool

## 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 an exercise designed to test a coalition's functional surge capacity and to identify gaps in surge planning. **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 a 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).

• The exercise is designed to work in a broad range of coalitions, including those without an active response role.

## 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 two-week time frame

• Helps coordinate on the day of the exercise

## Coalition Surge Test has two phases

The Coalition Surge Test 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 occurs 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 the LEAD assessor; a companion tool, EVAC, is provided for assessors in evacuating facilities).
• A simple checklist is provided for the trusted insider in Appendix A of the *Handbook for Peer Assessors and Trusted*

## Summary of the tool's worksheets and your responsibilities.

This Excel tool has a worksheet for each portion of the exercise. 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.
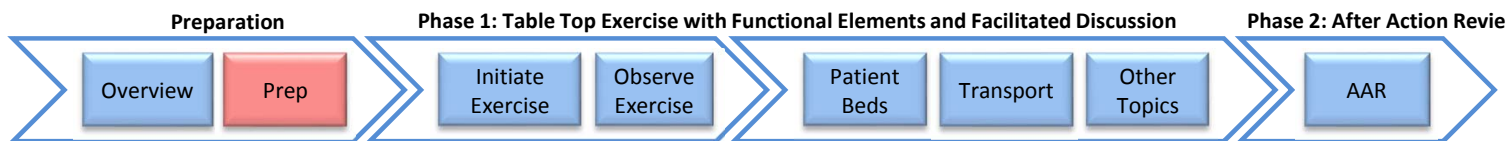
| Worksheet name | What is in the worksheet? | What do I do? |
|---|---|---|
| Preparation | Provides checklist to prepare for the exercise. | * Work with the trusted insider to identify and select potential evacuating facilities. |
| Exercise – Initiation | Provides scripts for initiating and ending the functional exercise. Also includes FAQs to assist in answering questions from players. | * Proceed to the regional health care coordination center (RHCC) or other appropriate location.<br>* Read the script to initiate the functional exercise.<br>* Start the timer and note the exercise start and end times. |
| 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. |
| Discussion – Beds | Provides space to enter data and questions for facilitated discussion on finding patient beds. | * Prompt evacuating facilities to share information on patients and receiving facility destinations.<br>* Use the questions to facilitate a discussion of issues related to the simulated evacuation. |
| Discussion – Transport | Provides space to enter data on transportation and discussion questions on patient transport. | * Prompt evacuating facilities to share information on transportation.<br>* Use the questions to facilitate a discussion on patient transportation. |
| Discussion – Other | Provides additional questions for the facilitated discussion. | * Use the questions provided to lead a facilitated discussion on communication, at-risk patients, and continuity of operations. |

| After Action Review | Provides guidance for facilitating the after action review. | * Verbally summarize key outcomes of the exercise using auto-populated tables.<br>* Facilitate the after action review discussion on strengths, weaknesses, and corrective actions. |
|---|---|---|

# Advance Preparation

| Preparation | Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion | Phase 2: After Action Revie |

Overview | Prep | Initiate Exercise | Observe Exercise | Patient Beds | Transport | Other Topics | AAR

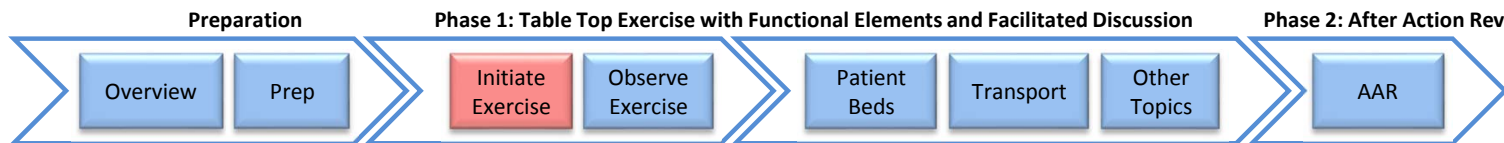| **Checklist** | **Timeline** | **Actions** |
|---|---|---|
| **Step 1** | *Approximately 1 month before the exercise* | Schedule a meeting or teleconference with the entire assessment team. The trusted insider will provide you with names and contact information. |
| **Step 2** | *At least 2 weeks before the exercise* | Ensure that each peer assessor has the appropriate tool and training materials. |
| **Step 3** | *At least 1 week before the exercise* | Copy the information on the RHCC (if plans call for standing one up during a response) provided by the trusted insider into the table below. |

| Regional Health Care Coordination Center Information (RHCC) | |
|---|---|
| RHCC Location | |
| RHCC POC (Name and Phone Number) | |

| **Step 4** | *At least 1 week before the exercise* | Select potential evacuating facilities.<br>* 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.<br>* List contact information for both a primary and secondary point of contact (POC).<br>* Also identify backup facilities, in case a facility declines to participate.<br>* In order to maintain surprise, do not notify the facilities or anyone else outside the assessment team. |
|---|---|---|

| Approximate total number of acute-care beds in the coalition | | | |
|---|---|---|---|
| Name of Coalition | | Total number of acute-care beds in the coalition | |
| **Info on Potential Evacuating Facilities** | | | |
| Name of facility | Approximate # acute-care beds | POC name (primary and secondary) | POC phone # |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

|  |  |  |  |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **Step 5** | *At least 1 week before the exercise* | Select a date and time for the exercise. Remind other members of the assessment team of the exercise date and logistics. |
|---|---|---|

| | Date | | Start Time | |
|---|---|---|---|---|

| **Step 6** | *At least 1 week before the exercise* | Develop a list of organizations and points of contact who should be invited to participate in the facilitated discussion and hotwash following the functional evacuation exercise. |
|---|---|---|

| Roster of organzations/people to be included in facilitated discussion | | | |
|---|---|---|---|
| Organization | Point of contact (name) | Phone # | Email address |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| **Step 7** | *A few days prior to the exercise* | * Convene a "check-in" meeting or teleconference with peer assessors and the trusted insider.<br>* Ensure that all assessors understand their roles, responsibilities, and timelines. Consider doing a quick walkthrough of the sequence of events.<br>* Determine with the team of peer assessors (and the trusted insider) whether to devise a specific scenario that would prompt a facility evacuation. If not, then simply assert the need to evacuate.<br>* Assign specific assessors to each evacuating facility and confirm logistical plans for traveling to evacuating facilities (including backup facilities, if needed). |
|---|---|---|

# Table Top Exercise with Functional Elements: Initiation

**Preparation** | **Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion** | **Phase 2: After Action Rev**

| Overview | Prep | | Initiate Exercise | Observe Exercise | | Patient Beds | Transport | Other Topics | | AAR |

## Initiating the Exercise

## Instructions

* On the morning of the exercise, assessment team members should assemble at a predetermined location.
* Ensure that peer assessors have cell phone/texting connectivity to communicate during the exercise if necessary.
* Inform evacuating facility that assessment team will arrive in one hour to begin the no-notice exercise. Instruct the evacuating facility not to begin exercise play until the assessment team arrives. If the first facility declines, call the next facility on the list. Record the name(s) of the evacuating facilities below:

| Evacuating facility #1: | | EVAC assessor name: | |
| Evacuating facility #2: | | EVAC assessor name: | |
| Evacuating facility #3: | | EVAC assessor name: | |

* At the agreed upon time, instruct the evacuating facility peer assessors to enter the evacuating hospital(s) 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).

Start time [          ]          End time [          ]

* Alert the RHCC players that the exercise has begun, and provide information on the structure of the exercise using the *talking points* below. Be sure to stress that **this is an exercise** and there should be **no movement of actual patients**. You may call a STOP if you believe patient safety is at risk.
* Answer any questions the RHCC players may have. You may refer to the FAQs provided at the bottom of this page.
* While the players are working on the evacuation exercise, observe players and use the "Exercise – Observation" worksheet to keep track of how the play unfolds and make notes for the facilitated discussion.

## Talking points: Give instructions to RHCC staff

* Do not begin contacting receiving facilities and transportation companies about transferring patients until you have received a call from at least one evacuating facility alerting you to the current scenario and "activating" you.
* Once an evacuating facility has contacted you, we encourage you to use the communication and patient tracking systems that you would use in an actual scenario. However, please note that **this is an exercise** and there will be **no movement of actual patients** or of paper patients.
* We are not tracking individual patients but, rather, 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 hospital confirms its ability to accept those patients and there is transportation.
* While waiting for the evacuating facility to notify/activate you, you must perform a "call-down" or email notification of all the coalition members who should participate in the facilitated discussion phase of the exercise, which will happen later. They should be told that:
     (1) a practice evacuation exercise is currently occurring,
     (2) they may or may not receive a call regarding patient placement, and
     (3) whether they were contacted or not, they should join the facilitated discussion at the appointed time.

## Ending the Exercise

## Instructions:

* Once the exercise time has reached 90 minutes or all patients have been placed, immediately alert the RHCC players that the exercise has ended and to stop what they are doing.
* Inform the players that the next phase is the facilitated discussion, which should include all members of the coalition who are available.
* Ask RHCC players to confirm with the coalition members again that:
   -- everyone is aware of the time of the facilitated discussion,
   -- they know how to call in or connect to the meeting, and
   -- the discussion should take about 2 hours.

## Frequently Asked Questions *(for reference)*

**Q:  What is the role of the RHCC in this exercise?**
    **A:** If your coalition is set up to have the coalition headquarters participate in real-time mass casualty responses, then you should play whatever role you would during a real evacuation scenario. This might involve, for example, facilitating the matchup between patients who must be evacuated and coalition members willing to accept them in transfer. Many coalitions are not set up for such centralized coordination, particularly during the time frame of this exercise. Your other important role is to invite all potentially interested coalition members to participate in the facilitated discussion and to participate yourself.

**Q: Which hospital(s) or facilities are evacuating?**
    **A:** Information on the situation comes from the evacuating facilities themselves.

**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 there will be no physical transfer of patients. If a facility declines to participate, please inform the assessment team so that 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. To prevent confusion, please begin each phone call by emphasizing that you are participating in an exercise, and there will be no physical transfer of patients.
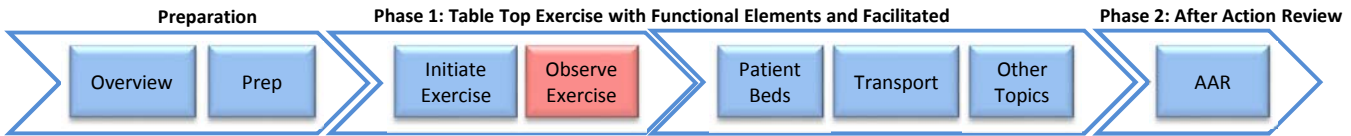
**Q: What aspects of this exercise are meant to be simulated, and what parts of the exercise need to be carried out?**
    **A:** There will be no physical transfer of patients, staff, equipment, or medication. The focus of this exercise is on identifying bed space in different facilities to cover the 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 exercise, but they will be addressed in greater depth during the facilitated discussion.

# Table Top Exercise with Functional Elements: Observation

| Preparation | Phase 1: Table Top Exercise with Functional Elements and Facilitated | Phase 2: After Action Review |
|---|---|---|

Overview | Prep || Initiate Exercise | Observe Exercise || Patient Beds | Transport | Other Topics || AAR

## Overview

### Instructions:

If the RHCC participates in the real-time response, evaluate the effectiveness of its participation.
* 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).
* Keep track of observations using the comments boxes.

## Qualitative Questions

| *Situational Awareness* | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | *Comments* |
|---|---|---|---|---|---|---|---|
| Understood the needs and actions of the evacuating facility/ies throughout the exercise | | | | | | | |
| Collected baseline capacity data from coalition facilities in a timely fashion | | | | | | | |
| Facilitated communication between evacuating and receiving facilities | | | | | | | |
| Considered the impact of the evacuation on other facilities in the region | | | | | | | |
| Effectively coordinated a unified response plan and updated the plan as the incident evolved | | | | | | | |

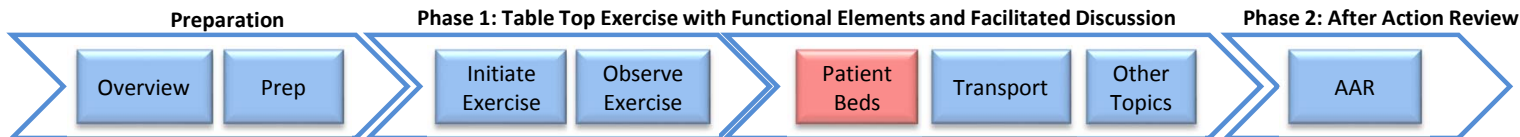| *Communication* | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | *Comments* |
|---|---|---|---|---|---|---|---|
| Able to reach and communicate effectively with the appropriate persons at receiving facilities | | | | | | | |
| Able to reach and communicate effectively with the appropriate persons at this/other regional health care coordination centers (RHCCs) | | | | | | | |
| Able to reach and communicate effectively with the appropriate persons at EMS (emergency medical services) | | | | | | | |
| Coordinated with the evacuating facility on division of responsibilities regarding contact with receiving facilities | | | | | | | |

| Transportation | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Comments |
|---|---|---|---|---|---|---|---|
| Contacted EMS early in the exercise | | | | | | | |
| Considered acuity level of patients in choosing between ALS (advanced life support), BLS (basic life support), or other forms of transportation | | | | | | | |
| Coordinated decision-making on sequence of evacuation (i.e., who is evacuated first?) | | | | | | | |

| Patient Tracking and Information Exchange | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | 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 | N/A | Comments |
|---|---|---|---|---|---|---|---|
| Considered which types of beds would accommodate which types of patients | | | | | | | |
| Encouraged potential receiving facilities to expand capacity (surge) to accommodate evacuees | | | | | | | |
| Considered distributing patients across receiving facilities to minimize overload | | | | | | | |

| Regional Health Care Coordination Centers (if applicable) | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A | Comments |
|---|---|---|---|---|---|---|---|
| The regional health care coordination center was helpful in facilitating the evacuation | | | | | | | |
| EMS was helpful in facilitating the evacuation | | | | | | | |

## Facilitated Discussion: Patient Beds

| Preparation | Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion | Phase 2: After Action Review |
|---|---|---|
| Overview | Prep | Initiate Exercise | Observe Exercise | Patient Beds | Transport | Other Topics | AAR |

## Overview

### Instructions

* This worksheet (and the next 2 worksheets) will help you elicit information about patients and destinations, as well as conduct a discussion of the issues raised during the functional exercise.
* Enter information from the facilities into the tables below. The scripts will automatically incorporate information from the tables.
* If there are multiple evacuating facilities, please click the button at the bottom of the page to create additional space for data collection.
* Before beginning, ensure that all participants are on the conference call. If possible, use WebEOC or a system that allows participants to view the same screen.

### Talking points for initiating the facilitated discussion

Introduce the discussion, addressing the following talking points:
*  Remind players that this is the second step of the coalition surge test exercise.
*  Briefly describe who is joining the discussion (e.g., evacuating facilities, receiving facilities, EMS/patient transport, RHCC, others).
*  Inform players that we will (a) review where patients where sent, (b) review what transportation was used, and (c) discuss issues that arose during the simulated evacuation.

## Collect Data: Evacuating Facility #1

Ask evacuating facility #1 the following questions and record answers below:

Enter the name of the evacuating facility here:

**Read:** *"Evacuating facility 1, what was your patient census at the start of the exercise?"*

# patients at start of exercise: 0

*"Were any patients discharged rather than evacuated? If so, how many?"*

# patients discharged: 0

*"From the start of the exercise, how long did it take to complete your patient count and report to the HCC?"*

Time to complete and report patient census to HCC: m

*"From the start of the exercise, how long did it take to receive confirmation that appropriate beds were found for all your evacuating patients?"*

Time to receive confirmation : m

Ask the evacuating facility to go through the list of receiving facilities it contacted and indicate how many patients were accepted in each category of beds. As each evacuating facility gives its report, fill in the table below:

**Read:** *"Evacuating facility #1, please briefly walk through each facility that agreed to accept patients. For each, list of the number of patients accepted in each of the following categories:  long-term care, general medical/surgery, ICU, pediatrics, NICU, labor and delivery, and psychiatry. The RHCC and receiving facility staff should listen closely to the report and note any discrepancies you find."*

[NOTE: In coalitions where a regional- or coalition-level command center plays an active role in bed-finding, you may need to prompt those players to participate in this dialogue. However, you should begin by asking the evacuating facilities.]

## Table A1: Patients Transferred from Evacuating Facility #1

| Name of Receiving Facility | Long-Term Care | General Medical/ Surgery | ICU | Pediatrics | NICU | Psych. | Labor & Delivery | Total Beds |
|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
| **Total # Patient Beds** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

\* Ask the RHCC and receiving facilities on the call to comment on whether the information provided by the evacuating facility matches their records.

\* If there were any discrepancies, decide on final number of patient beds as a team and update the information in the table. If more than one evacuating facility is playing, check with receiving facilities that beds were not double-counted.

\* Summarize findings from evacuating facility #1 by reading the automatically generated text below.

Read:    *"Evacuating Facility #1, at the beginning of the exercise you had 0 patients at your facility. 0 patients were discharged, which gave you 0 patients who you needed to find beds for. You were able to find 0 beds at 0 other facilities. So 0 remained unplaced at the end of the exercise, correct? Thus, there was a successful evacuation rate of N/A percent."*

Was there a second evacuating facility? If so, please press this button -->          [ YES ]

## Collect Data:  Evacuating Facility # 2

Ask Evacuating Facility #2 the following questions and record their answers below:

enter the name of the Evacuating Facility here: [                    ]

**Read:** *"Evacuating facility 2, what was your patient census at the start of the exercise?'*

# patients at start of exercise: [ 0 ]

*"Were any patients discharged rather than evacuated? If so, how many?'*

# patients discharged: [ 0 ]

*"From the start of the exercise, how long did it take to complete your patient count and report to the HCC?"*

Time to complete and report patient census to HCC: [    m ]

*"From the start of the exercise, how long did it take to receive confirmation that appropriate beds were found for all your evacuating patients?"*

Time to receive confirmation : [    m ]

Ask the evacuating facility to go through the list of receiving facilities they contacted and indicate how many patients were accepted in each category of beds. As each evacuating facility gives its report, fill in the table below:

**Read:** *" Evacuating Facility #2, please walk through each facility that agree to accept patients, and list the number of each type of bed available."*

### Table A2:  Patients Transferred from Evacuating Facility #2

| Name of Receiving Facility | LTC | Med/ Surge | ICU | Peds | NICU | Psych | L&D | Total Beds |
|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
|  |  |  |  |  |  |  |  | 0 |
| **Total # Patient Beds** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

* Ask the RHCC and receiving facilities on the call for any comments.
* Summarize findings from Evacuating Facility # 2, by reading the automatically generated text below.
Read:

> *"Evacuating Facility #2, at the beginning of the exercise you had 0 patients at your facility. 0 patients were discharged,*
> *which gave you 0 patients who you needed to find beds for. You were able to find 0 beds at 0 other facilities. So 0*
> *remained unplaced at the end of the exercise, correct? Thus, there was a successful evacuation rate of N/A percent."*

Was there a third evacuating facility? If so, please press this button -->    [ YES ]

## Collect Data:  Evacuating Facility # 3

Ask Evacuating Facility #3 the following questions and record their answers below:

enter the name of the Evacuating Facility here:

Read: *"Evacuating facility 3, what was your patient census at the start of the exercise?'*

# patients at start of exercise: | 0

*"Were any patients discharged rather than evacuated? If so, how many?'*

# patients discharged: | 0

*"From the start of the exercise, how long did it take to complete your patient count and report to the HCC?"*

Time to complete and report patient census to HCC: | m

*"From the start of the exercise, how long did it take to receive confirmation that appropriate beds were found for all your evacuating patients?"*

Time to receive confirmation : | m

Ask the evacuating facility to go through the list of receiving facilities they contacted and indicate how many patients were accepted in each category of beds. As each evacuating facility gives its report, fill in the table below:

Read: *" Evacuating Facility #3, please walk through each facility that agree to accept patients, and list the number of each type of beds available."*

### Table A3:  Patients Transferred from Evacuating Facility #3

| Name of Receiving Facility | LTC | Med/ Surge | ICU | Peds | NICU | Psych | L&D | Total Beds |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| Total # Patient Beds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* Ask the RHCC and receiving facilities on the call for any comments.

**Read:**   *"Evacuating Facility #3, at the beginning of the exercise you had 0 patients at your facility. 0 patients were discharged, which gave you 0 patients who you needed to find beds for. You were able to find 0 beds at 0 other facilities. So 0 remained unplaced at the end of the exercise, correct? Thus, there was a successful evacuation rate of N/A percent."*

## Facilitated Discussion on Patient Beds

## Discussion Topics for Evacuating Facilities

Ask players at evacuating facilities, and then the peer assessors, for BRIEF initial reactions about how the simulated evacuation went. At this point, stay focused on bed-finding. Discussion of transportation and other issues comes later. Encourage peer assessors to review the marks they made on the qualitative checklists:

> *"What went well with finding patient beds? What was difficult or challenging?*
> *Were any particular types of beds difficult to find?"*

Ask players at evacuating facilities (and RHCC if they have input) about their interactions with the receiving facilities:

**Discussion Topics:**

    1. How did the facility decide which receiving facilities to call? Consider asking how important the following factors were:

        a.  Facility was specified in evacuation plan
        b.  Availability of contact information
        c.  Knowledge of the capacity and capabilities of the receiving facilities
        d. Real-time information about current census/bed availability (e.g., HAvBED)
        e. Geographic proximity
        f.  Desire to balance the patient load so as not to overburden any facility
        g.  Needs of at-risk populations

    2. Were there any criteria missing that should have been factored into the decision of which facilities to call?

    3. How did the evacuating facility establish communication with receiving facilities?

        a.  Directly or through intermediaries (e.g., RHCC)?
        b.  Did they have a list of points of contact? Of phone numbers? Did those numbers work?
        c.  Could they have established contact in a power outage? Without Internet?
        d.  Any problems establishing communication with an appropriate POC at receiving facilities?

    4. Was the number of patients that the receiving facilities agreed to accept realistic?
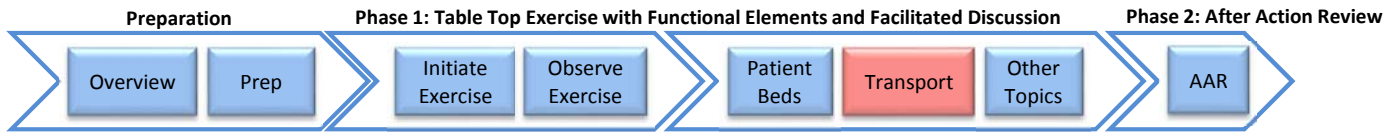
## Discussion Topics for Receiving Facilities

Ask players at receiving facilities (and RHCC if they have input) about their experience with the exercise:

**Discussion Topics**

    1. If this had been a real event, would their response have been any different? For example,

        a. would they have had to contact anybody else for approval?
        b. would they have been able to take the same number of patients, more, or less? Why?

    2. Regarding the number of beds they could offer, did the response reflect your current "usual" free bed capacity? Did they consider "crisis standards of care"?

    3. Is there anything else they could have done to increase capacity? Such as:

        a. Create additional space (where?)
        b. Bring in extra staff (from where?)
        c.  Anything else?

# Facilitated Discussion: Transportation

**Preparation**  **Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion**  **Phase 2: After Action Review**

| Overview | Prep | | Initiate Exercise | Observe Exercise | | Patient Beds | Transport | Other Topics | | AAR |

## Overview

### Instructions:

* This worksheet helps you elicit information about patient transportation and conduct a discussion of issues raised during the table top exercise with functional elements. Enter information from the facilities in the tables below.

* If there is a second and/or third evacuating facility, please click the button at the bottom of the page, which will provide further space to conduct the same data collection and discussion again.

## Collect Data: Evacuating Facility #1

Ask each evacuating facility to go down the list of transportation organizations it contacted and say how many vehicles were offered by each. For example:

  * "County EMS gave us 5 ambulances, 3 ALS and 2 BLS."

  * "Ambulances-R-Us gave us 3 ALS units."

  * "The local school district is providing 3 buses with a capacity of 30 patients each."

  * "The state is sending 4 helicopters."

   ***"From the start of the exercise, how long did it take to identify an available and appropriate mode of transport for the last evacuating patient?"***

    Time to identify transport for the last patient:   [   m ]

**Read:**   ***"Evacuating facility #1, please briefly walk through each transportation agency that agreed to transport patients. For each, list of the number of BLS and ALS vehicles provided, along with any other non-ambulance vehicles (such as buses, helicopters, etc.). The RHCC and receiving facility staff should listen closely to the report and note any discrepancies you find."***

   [NOTE: In coalitions where a regional- or coalition-level command center plays an active role in bed-finding, you may need to prompt those players to participate in this dialogue. However, you should begin by asking the evacuating facilities.]

## Table B1: Vehicles Provided for Patient Transportation

| Name of transportation organization | Ambulances provided | | | Other vehicles provided and description | Number of Patients Matched to Transport |
|---|---|---|---|---|---|
| | # ALS | # BLS | Total | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| **Total** | **0** | **0** | **0** | | **0** |

* Ask any transportation providers who are on the call, as well as the RHCC (if relevant), to listen to these numbers and see if they agree with their numbers.
* If there is more than one evacuating facility, be sure to check with transportation providers to make sure that ambulances were not double-counted—i.e., the same ambulance wasn't promised to more than one hospital.

Was there a second evacuating facility? If so, please press this button -->     YES

## Collect Data:  Evacuating Facility # 2

**Read**   *"Evacuating Facility #2, from the start of the exercise, how long did it take to identify an available and appropriate mode of transport for the last evacuating patient?"*

Time to identify transport for the last patient:  [          ] m

*"Please list each transportation agency that agreed to transport patients, as well as their availability of type and number of vehicles."*

### Table B2:  Vehicles Provided for Patient Transportation

| Name of transportation organization | Ambulances provided | | | Other vehicles provided and description | Number of Patients Matched to Transport |
|---|---|---|---|---|---|
| | # ALS | # BLS | Total | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| **Total** | **0** | **0** | **0** | | **0** |

\* Ask any transportation providers who are on the call, as well as the RHCC (if relevant), to listen to these numbers and see if they agree with their numbers.
\* If more than one evacuating facility, be sure to check with transportation providers to make sure that ambulances were not double-counted, i.e., the same ambulance wasn't promised to more than one hospital.

Was there a third evacuating facility? If so, please press this button -->      ( YES )      [          ]

## Collect Data:  Evacuating Facility # 3

**Read**    *"Evacuating Facility #3, from the start of the exercise, how long did it take to identify an available and appropriate mode of transport for the last evacuating patient?"*

Time to identify transport for the last patient: [          ] m

*"Please list each transportation agency that agreed to transport patients, as well as their availability of type and number of vehicles."*

| Name of transportation organization | Ambulances provided | | | Other vehicles provided and description | Number of Patients Matched to Transport |
|---|---|---|---|---|---|
| | # ALS | # BLS | Total | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| | | | 0 | | |
| **Total** | **0** | **0** | **0** | | **0** |

* Ask any transportation providers who are on the call, as well as the RHCC (if relevant), to listen to these numbers and see if they agree with their numbers.
* If more than one evacuating facility, be sure to check with transportation providers to make sure that ambulances were not double-counted, i.e., the same ambulance wasn't promised to more than one hospital.

## Facilitated Discussion on Transportation

## Discussion Topics for Evacuating Facilities

Ask the evacuating facilities about their experience reaching out to transportation organizations.

**Discussion Topics:**

1. What went well with procuring patient transportation? What was difficult or challenging? What could have been better?
   a. What transportation organization did they call first, and why?
   b. Were there any organizations they tried to contact but couldn't reach?
   c. Were the organizations reached as responsive as they could have been?
   d. Was there anybody who they should have tried to contact but didn't?
2. Does the RHCC have anything to add about reaching out to transportation organizations?
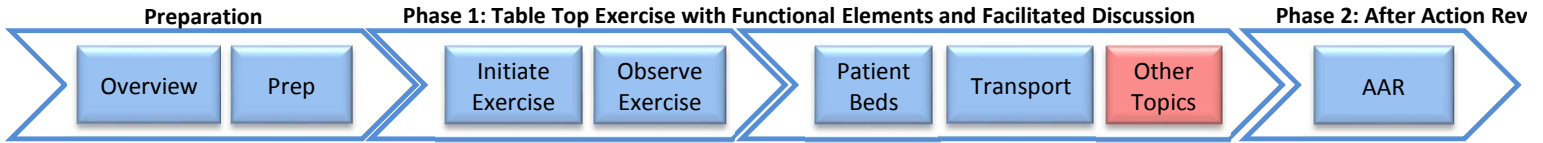
## Discussion Topics for Everyone

Ask everyone on the call if they have anything to add to the previous conversation.

**Discussion Topics:**

1. Was the coalition able to find enough vehicles to evacuate its patients?
   a. Given the distances involved, about how long would each trip take?
   b. How many trips would each vehicle have to take to complete the evacuation?
       Is this feasible?
   c. How did they determine the number and type of vehicles needed?
   d. Which types of patients are hardest to transport? How would they handle them?
2. Would there be enough capacity left in the system to handle the usual 911 traffic and other emergencies?

# Facilitated Discussion: Other Topics

Preparation | Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion | Phase 2: After Action Rev

| Overview | Prep | Initiate Exercise | Observe Exercise | Patient Beds | Transport | Other Topics | AAR |

## Overview

### Instructions:

* This worksheet will help you lead the remainder of the facilitated discussion. The discussion topics provided below cover patient tracking, communication, at-risk populations, continuity of operations, and a final wrap-up.

## Facilitated Discussion: Additional Topics

### Patient Tracking and Public Communication

**Discussion Topics:**

1. How would patients be tracked as they moved from one location to another? Who, if anyone, can access this information in real time?
2. How would medical records be transferred?
3. How would the facilities or coalition manage calls from families looking for evacuated patients?
4. What can the coalition, RHCC, or EOC do in the midst of an evacuation to help?
5. What should the coalition do now to prepare for a future evacuation?

### At Risk Populations

**Discussion Topics:**

1. Who are considered at-risk populations?
2. In what way are at-risk populations relevant to an evacuation scenario?
3. Aside from the different types of patients in the exercise (e.g., psychiatry, pediatrics, NICU, L&D), are there any other at-risk populations that might be relevant in an evacuation scenario? How did evacuating facilities decide the order in which patients should be evacuated?

### Continuity of Operations and Recovery

**Discussion Topics:**

1. How would patients in the community be cared for during the evacuation and afterwards?
2. Can staff be transferred from one facility to another within the coalition to help? What are the barriers to doing this?
3. Where would facility command staff operate from if the facility were unsafe or unusable?
4. What can the coalition, RHCC, or EOC do in the midst of an evacuation to help?

### Wrap-up

**Discussion Topics:**

1.  What (if any) role did the health care coalition play in facilitating the evacuation? Consider both its real-time role and the role that it played in laying the groundwork for what happened today.
2.  What else could the coalition do now to prepare for a future evacuation?
3.  To all players on this call: If this were a real incident, are there individuals/organizations that would need to be involved in the response who were not on this call?

## After Action Report
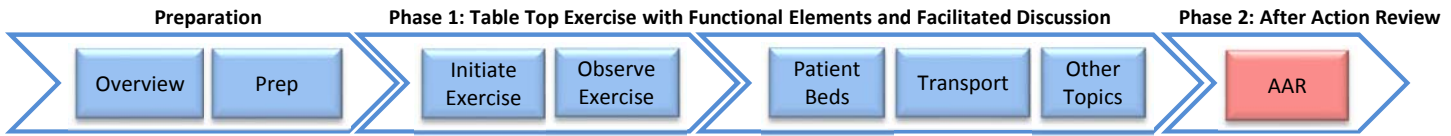
### Leading the After Action Review

## Instructions

Use the script and tables to lead the after action review discussion with everyone involved in the call. The structure of the after action review is as follows:

* Overview summary of the exercise, using the auto-populated table below.
* Discussion of strengths. Begin with the players and then have assessors add their observations.
* Discussion of gaps or weaknesses, prioritizing which are most important to focus on.
* Identifying corrective actions to address the gaps, including who will be responsible for championing changes.

**Read**　*"We are now moving to the after action review, the last portion of the Coalition Surge Test. We will begin with a brief summary of the coalition's performance and strengths in the evacuation scenario, and then identify and discuss and the most important opportunities for improvement."*

Use the table below to summarize the outcomes of the exercise.

### Table C1: Summary of Evacuation Exercise

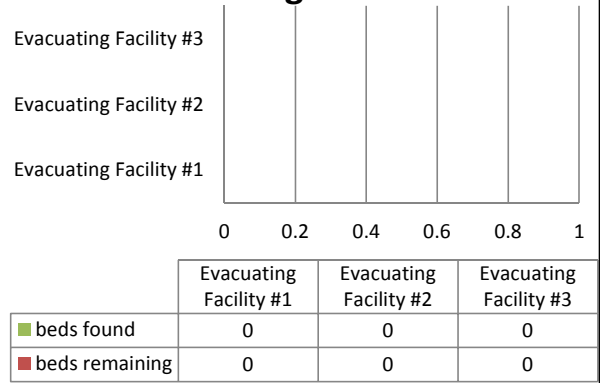| | Patients | | | | | Transportation | |
|---|---|---|---|---|---|---|---|
| | # patients at start | # patients discharge | # patients placed | % patients evacuated | # receiving facilities | Total # ALS & BLS vehicles | # transport orgs |
| Evacuating Facility #1 | 0 | 0 | 0 | N/A | 0 | 0 | 0 |
| Evacuating Facility #2 | 0 | 0 | 0 | N/A | 0 | 0 | 0 |
| Evacuating Facility #3 | 0 | 0 | 0 | N/A | 0 | 0 | 0 |
| Total Coalition | 0 | 0 | 0 | N/A | | 0 | |

Alternatively, you can use the following text to summarize:

*"During today's coalition surge exercise, 0 patients were evacuated. The evacuating facilities were able to discharge 0 patients, find beds for 0 others, and identify 0 vehicles for transporting them. The coalition had successful evacuation rate of N/A percent."*

**Discussion of strengths:**
* Ask players to share the coalition's strengths that they observed during this exercise.
* Add any additional observations that you and the peer assessors noted as outside observers.
* Ask players what strategies they will employ to make sure these areas of strength are continued in the future.

### Coalition Surge Overview

| | Evacuating Facility #1 | Evacuating Facility #2 | Evacuating Facility #3 |
|---|---|---|---|
| ■ beds found | 0 | 0 | 0 |
| ■ beds remaining | 0 | 0 | 0 |

**Discussion of gaps or weaknesses:**
* Ask players to share what gaps they noticed during the coalition surge test exercise.
* Ask peer assessors to add any additional comments.
* Facilitate a discussion of the most important gaps (i.e., had significant impact on performance).
* Prompt players to discuss corrective actions and identify a champion for each.
* Ask players what they will focus on the next time they test the surge capacity of the coalition.

## Congratulations! You have reached the end of the exercise.

Use the buttons below to save the exercise results or reset the tool for a new exercise.

| Save as Excel | Save as PDF | Reset Data |