



HOSPITAL EXERCISES: PLANS,
CHALLENGES AND SOLUTIONS
HOSPITAL BREAK-OUT SESSION

K. Joanne McGlown, RN, MHHA, PhD, FACHE
McGlown-Self Consulting LLC

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HVA

- **Is no “required” HVA template.**
- **Examples of widely-used templates can be accessed at:**
<http://www1va.gov/emshg/page.cfm?>
(Department of Veterans Affairs) or
<http://www.gnyha.org/eprc/general/>
(Kaiser Permanente)

One Size Does NOT Fit All!



HAZARDS VULNERABILITY ASSESSMENT (HVA) NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		STAFF & PT IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Hurricane/Windstorm								0%
Tornado								0%
Severe Thunderstorm								0%
Snow Fall								0%
Dust/Sandstorm								0%
Ice Storm/Blizzard								0%
Earthquake								0%
Tidal Wave/Tsunami/Avalanche								0%
Temperature Extremes								0%
Drought								0%
Flood, External								0%
Wildfire								0%
Landslide								0%
Dam Inundation								0%
Volcano								0%
Epidemic								0%
AVERAGE SCORE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY

0.00 0.00 0.00

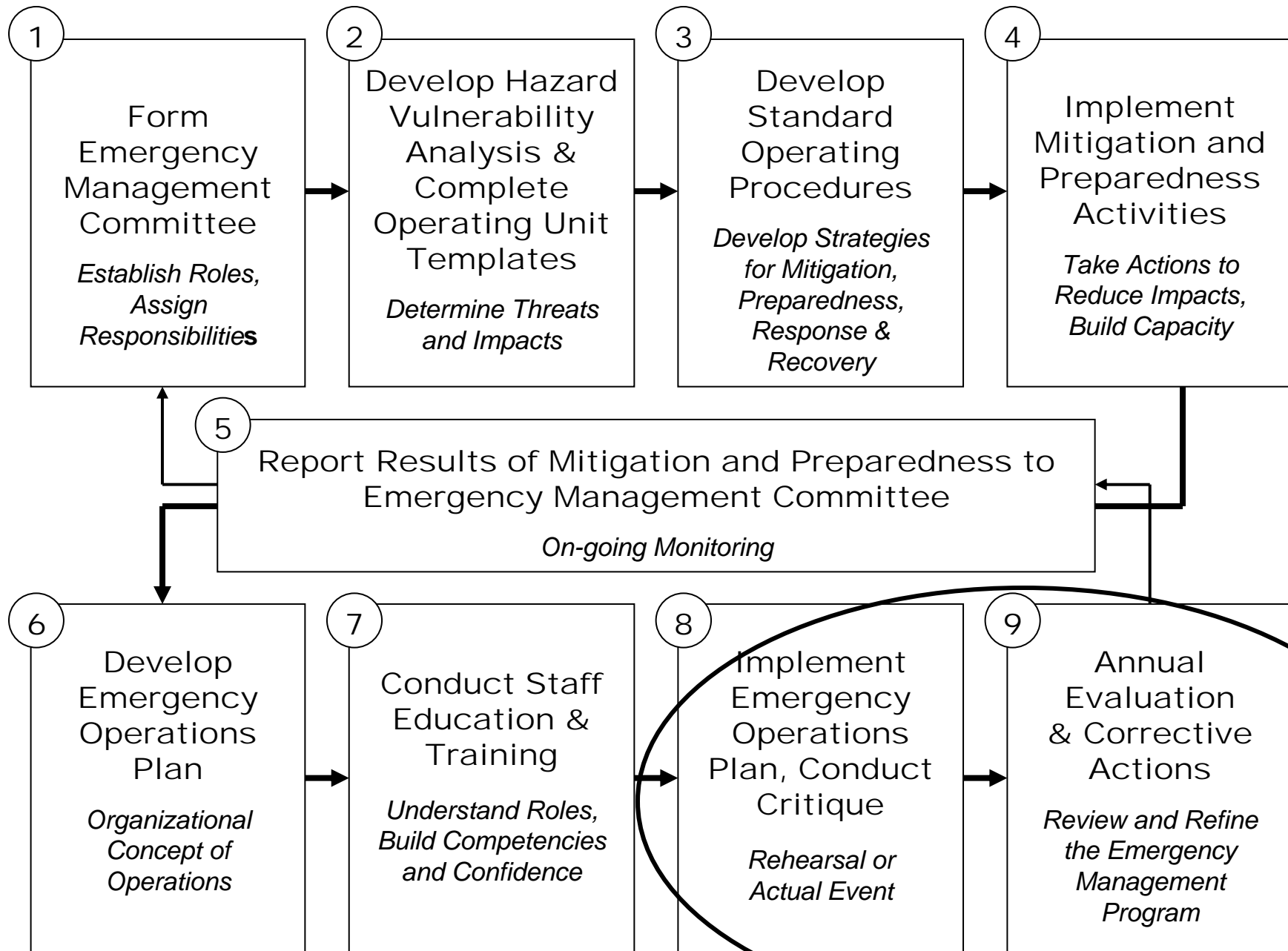
Planning Assumptions: Health Care

US Population 2005: 295,507,000*

- **50% of ill persons will seek medical care****
- **Hospitalization and deaths will depend on the virulence of the virus**

	Moderate (1957-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9,900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	745,500
Deaths	209,000	1,903,000

Source: * Census data
** CDC



Nine Step Process

6.) Develop Emergency Operations Plan (EOP)

- Apply ICS/IMS concepts throughout.**
- EOP focus is on response and early stages of recovery phase.**
- Includes a 5-6 tab sections that complement the Federal Response Framework**

Nine Step Process

7. Conduct Staff Education and Training

- **All staff should be trained on potential roles in competency-based emergency management. (Also— All should be familiar with EOP, location of procedures, activation processes, etc.)**
- **Those expected to perform ICS/IMS functions should take IS 100, 200, 700 (NIMS) and 800 (revised) (NRF).**
- **Access these and other training:
<http://www.fema.gov> and through local / State departments of health and emergency management agencies.**

Nine Step Process

8. Implement EOP; Conduct Critique

- **Exercise or actual event.**
- **Successful exercise includes:**
 - ✓ **Assessment of need (HVA, regulatory guidance, past After-Action Reviews (AARs), external involvement, EOP review, personnel/facility change)**

Nine Step Process

9. Annual Evaluation and Corrective Actions

- **Review and refine the emergency plans**
- **Address exercise (or actual event) AARs, training programs, competencies, HVA, SOPs, EOPs, interface with community and external agencies, formal agreements, staff roles and HC mission and roles.**



Exercise Types

- **Discussion based:** familiarize participants
 - Seminar: informal discussion; to orient
 - Workshop: to build specific products
 - Tabletop Exercise (TTX): key personnel discussing simulated scenarios in an informal setting
 - Games: simulation of operations in competitive environment
- **Operations based exercise:** Hands on
 - Drill: tests a single, specific operation, function within a single entity
 - Functional Exercise (FE): examines/validates coordination, command and control between various multi-agency coordination centers (NOT involve responders)
 - Full-Scale Exercise (FSE):



EXERCISE APPROACH – *A PROPOSAL*

Break-out into 4 groups (at least one larger facility, one smaller or isolated facility and one specialty representative per group)

Have 3 “issue sessions” of 25-30 minutes each.

- Issue slide posted
- Group discussion – address questions

Group report-outs of 5-8 minutes each.

4 sessions:

1. Facility experience; multi-year planning; planning process
2. Challenges in developing and conducting exercises
3. Challenges in translating findings into action / Improvement Process

- Organize tables for discussion.
- Scribe records group discussion.
- Reporter presents findings to group.
- Full group feedback and suggestions.



EXERCISE PLANS- I

1. What is the history of exercise and evaluation in your facility? (When did you start? How has assessment progressed? Where are you now re: HSEEP compliance?)
2. What challenges do you face in your facility / community?
 - a. What exercises did you conduct in the past 12 months?
 - b. What exercises will you conduct in the next 12 months? 24 months? Multi-year plan?
 - Type?
 - Who participates in the planning process?
 - What process do you go through to develop an exercise?



Developing Exercise Plans

1. Determine purpose (desired goal)
2. Determine objectives (performance expectation from participants)
 - Based on capabilities and their critical tasks
 - SMART objectives (Simple, Measureable, Achievable, Realistic, Task-oriented)
3. Develop timeline and milestones
4. Identify exercise planning team
5. Schedule planning conference
6. Create scenario
 - Tailored toward validating capabilities – based on risk/vulnerability assessment
7. Develop documentation
 - Situation Manual
 - Exercise Plan
 - Master Scenario Events List (MSELs)
 - Controller/Evaluator (C/E) Handbook
 - Exercise Evaluation Guides
8. Conduct pre-exercise briefing and training sessions



CHALLENGES & SOLUTIONS - II

1. What challenges were encountered in developing and conducting your most recent exercise? List as many as possible.
2. Prioritize the challenges in order of risk to the performance of the exercise. List your top 3.
3. How were or might these challenges addressed?
4. Were the results successful?



CHALLENGES AND SOLUTIONS - III

1. What challenges were encountered in translating findings to action (ensuring long-term improvement) for your most recent exercise? List as many as possible.
2. Prioritize the challenges in order of risk to the success of “lessons learned” and continuous improvement? List your top 3 items.
3. How were/might these challenges be addressed?
4. What challenges are you facing, or successes have you experienced in your Improvement Planning process? Future role in your organization?



Improvement Planning

Improvement Planning

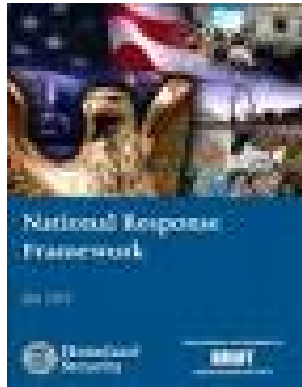
- Measurable
- Specific deadlines and leads
- Assigned to organization and point of contact
- Maintained and reviewed as part of organizational CAP – continually monitored and reviewed



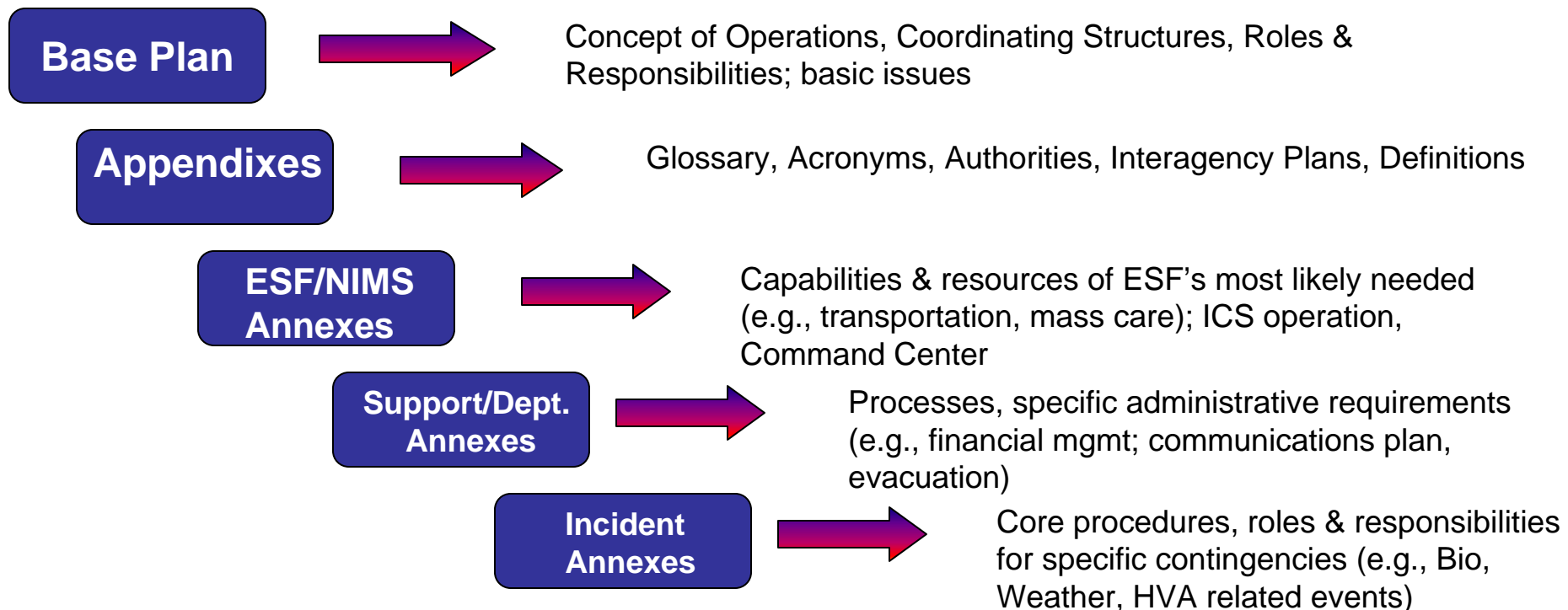
AAR Format

- Executive Summary
- Exercise Goals and Objectives
- Exercise Event Synopsis
- Analysis of Mission Objectives
- Conclusions
- APPENDIX: Improvement Plan Matrix

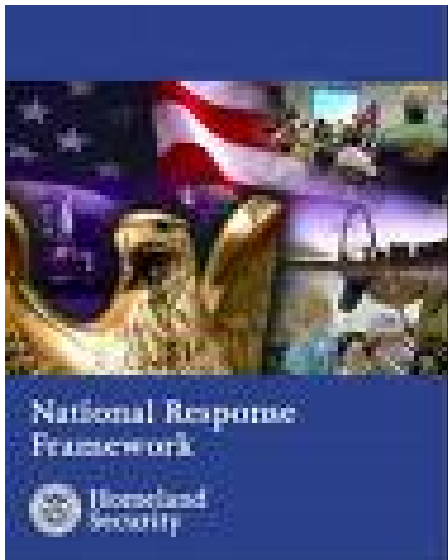
National Response Plan / Framework



A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.



Facility Planning based on the National Response Framework



A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.

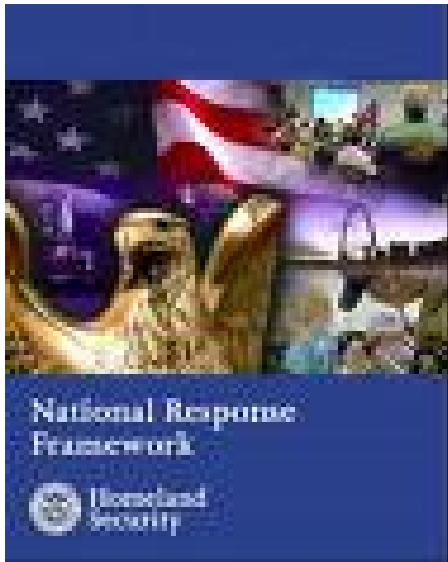
Base Plan



Concept of Operations, Coordinating Structures, Roles & Responsibilities, Definitions

Includes purpose, scope, policies, situation, planning assumptions

Facility Planning based on the National Response Framework



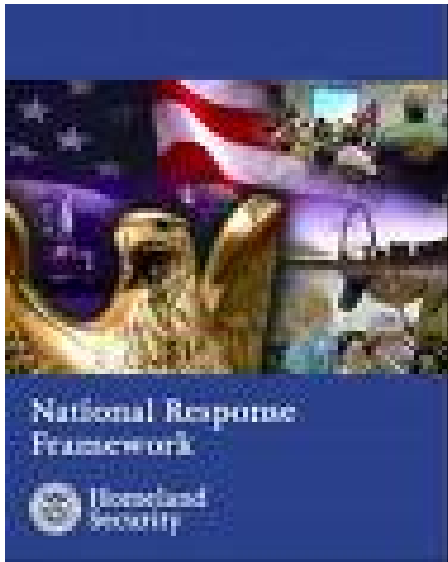
A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.

Appendixes



- Glossary, Acronyms, Authorities, Interagency Plans
- Great place for checklists / templates
- County or regional call-down lists
- Forms for internal and external use

Facility Planning based on the National Response Framework



A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.

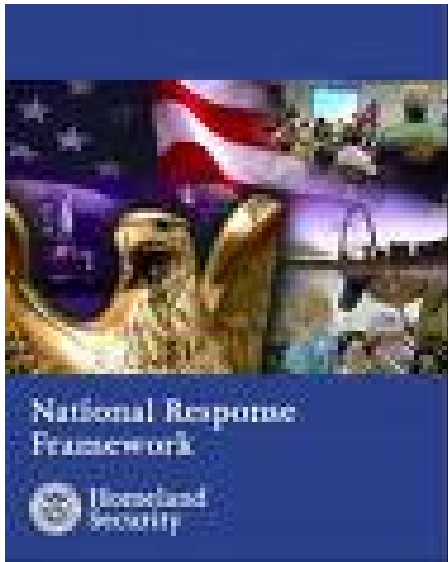
ESF Annexes



Group capabilities & resources into ESF's most likely needed (e.g., transportation, mass care):

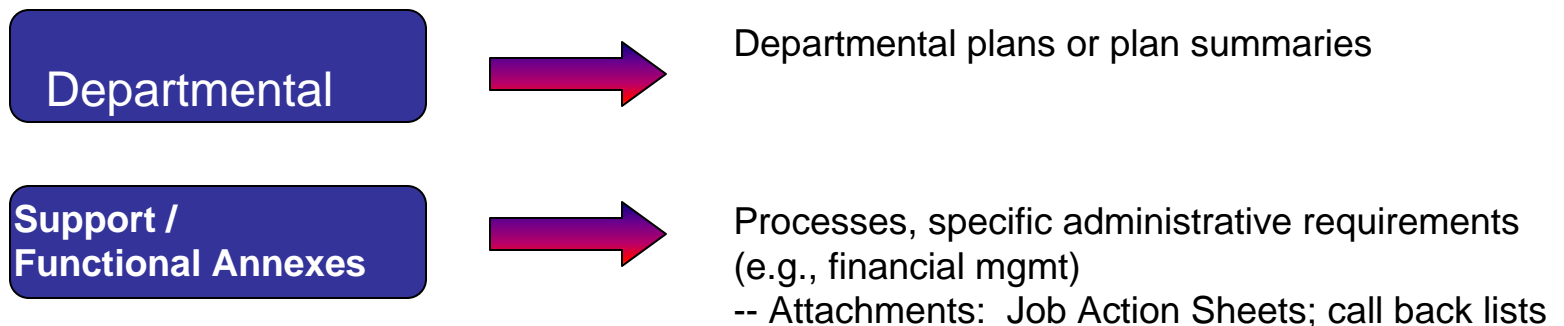
- Your HICS organization
- Command Center set-up
- Communications Plan with EOC
- All ESF #8 contacts and operational relationships
- All other ESF functions

Facility Planning based on the National Response Framework

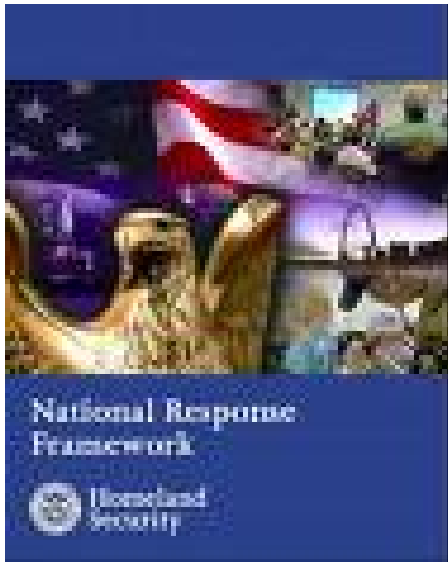


A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.

Include procedures and guidance aligned with ICS/IMS functional areas (management, planning, operations, logistics, finance). Examples: Specific guidance on patient care in a response, or location and set-up of the facility Emergency Operations Center (EOC).



Facility Planning based on the National Response Framework



A comprehensive all-hazards approach to strengthen management of domestic incidents. Basis of how federal departments and agencies will work together, coordinating with state, local and tribal governments and the private sector during incidents.

Based on your HVA:

- Severe Weather Plan
- Terrorism Annex
- Earthquake Annex

Incident Annexes



Core procedures, roles & responsibilities for specific contingencies (e.g., Bio)