

# ***Danielle's Dilemma***

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2016 Tabletop Exercise (TTX)



Northeast Florida  
**Healthcare**  
COALITION  
For Disaster Preparedness

**After-Action Report/Improvement Plan**

April 27, 2016

## HEALTHCARE COALITION OVERVIEW

### Healthcare System Overview

A Healthcare Coalition (HCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners. Together, they serve as a multi-agency coordination group to assist Emergency Management, through ESF8, with preparedness, response and recovery activities related to health and medical disaster operations.

Healthcare Coalitions help improve medical surge capacity and capability, further enhancing a community's health system preparedness for disasters and public health emergencies.

A Healthcare Coalition also augments local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event. This is achieved by engaging and empowering all parts of the healthcare community, and by strengthening the existing relationships to understand and meet the actual health and medical needs of the whole community.

### Healthcare Coalition Objectives

Healthcare Coalition objectives are aimed at:

- Building a better community-based, disaster healthcare system;
- Strengthening the local healthcare system by fully integrating disaster preparedness into the daily delivery of care;
- Capitalizing on the links between private healthcare providers and public agencies and groups; and,
- Using evidence informed approaches to improving health and medical preparedness and response.

### Northeast Florida Healthcare Coalition

It is important to note the **Northeast Florida Healthcare Coalition is not considered a response organization but rather a preparedness organization.** It is expected that many of the members of the Northeast Florida Healthcare Coalition will be in a separate agency response role during a disaster.

## EXERCISE OVERVIEW

|   |  |
|---|--|
| <b>Exercise Name</b>                        | <b>Danielle's Dilemma - 2016 Tabletop Exercise</b>   |
| <b>Exercise Date</b>                        | <b>April 27, 2016</b>  |
| <b>Scope</b>                                | This was a Tabletop Exercise (TTX) planned for 3.5 hours in Duval County, Florida for organizations and agencies associated with the Northeast Florida Healthcare Coalition. Exercise play was limited to facilitated discussion of issues arising from a scenario based on a Hurricane event in the Northeast Florida region. This TTX specifically addressed issues pertaining to continuity of operations, information sharing, and medical surge.  |
| <b>Healthcare Preparedness Capabilities</b> | #2 – Healthcare System Recovery (Continuity of Operations)<br>#3 – Emergency Operations Coordination<br>#6 – Information Sharing<br>#10 – Medical Surge  |
| <b>Objectives</b>                           | See Exercise Objectives and Healthcare Preparedness Capabilities (page 2).   |
| <b>Threat/ Hazard</b>                       | Hurricane and Storm Surge  |
| <b>Scenario</b>                             | There are multiple hospitals located in the region that would sustain impacts from a hurricane and associated storm surge. Hurricane Danielle will require hospitals and other healthcare facilities (nursing homes, assisted living facilities, independent living facilities, adult day cares, etc.) in addition to transportation providers, emergency management, and health departments to coordinate and work together to address problems associated to evacuation, sheltering, patient tracking, and transportation. |
| <b>Sponsors</b>                             | Northeast Florida Healthcare Coalition (NEFLHCC)   |
| <b>Participants</b>                         | Participants from the following disciplines:<br>County Emergency Management, County Health Department, Hospitals, EMS & Transportation Providers, Healthcare (non-hospital facilities).  |
| <b>Point of Contact</b>                     | Eric Anderson, Senior Regional Planner<br>Northeast Florida Regional Council<br>904-279-0880<br><a href="mailto:eanderson@nefrc.org">eanderson@nefrc.org</a>   |

## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Table 1 includes the exercise objectives, aligned healthcare preparedness capabilities, and performance ratings for each healthcare preparedness capability as observed during the exercise and determined by the evaluation team.

| Objective   | Healthcare Preparedness Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|---|------------------------------------|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Assess & evaluate the plans & procedures to evacuate & transport people during an evacuation, particularly those in medical facilities or with special needs                          | Healthcare System Recovery         |                                  |                                    | <b>M</b>                            |                            |
| Evaluate & assess communications & coordination with Emergency Support Function 8 (Health and Medical) at the County level  | Emergency Operations Coordination  |                                  | <b>S</b>                           |                                     |                            |
| Assess & evaluate the Healthcare Coalition's new Communications Plan for notification, which will provide regional situational awareness & updates to member organizations & agencies | Information Sharing                |                                  | <b>S</b>                           |                                     |                            |
| Assess & evaluate immediate bed availability of staffed beds for patients suffering from severe medical conditions within four (4) hours of a disaster                                | Medical Surge                      |                                  | <b>S</b>                           |                                     |                            |

### Ratings Definitions:

- **Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **Performed with Major Challenges (M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Unable to Perform (U):** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s)

**Table 1. Summary of Healthcare Preparedness Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated healthcare preparedness capability, highlighting strengths and areas for improvement.

## Exercise Objective #1:

Assess and evaluate the plans and procedures to evacuate and transport people during an evacuation, particularly those in medical facilities or with special needs.

### Capability: Healthcare System Recovery

**Strength 1:** County EMS, throughout the region, has plans in place to increase staffing and put additional units in place prior to an evacuation.

**Strength 2:** There is a State Ambulance Deployment Plan that can provide additional medical transportation resources if needed.

**Area for Improvement 1:** Enhanced regional coordination and communication is needed for EMS and private medical transportation providers during an evacuation or response.

**Analysis:** Private medical transportation providers work throughout the region during normal day-to-day operations. To operate in a County and within the State, the providers must have both a CON, Certificate of Need, and a medical transport license issued from the State Department of Health. During a disaster, Duval County's CON addresses the use of medical transport resources. The other counties within the region lack this type of language requiring the use of medical transport resources during times of disaster. This could substantially delay evacuation of those with medical conditions or with special needs due to an overall reduction of medical transportation resources in the remaining counties of the region.

**Area for Improvement 2:** Understanding the State Ambulance Deployment Plan and the Statewide Patient Movement Plan.

**Analysis:** Since private medical transportation providers have contracts in place during an evacuation, most counties in the region would be resource deficient for evacuating those with medical conditions or special needs. Alternative transportation resources could be requested as part of the State Ambulance Deployment Plan and moved within the state as part of the Statewide Patient Movement Plan. Unfortunately, most people are not familiar with the content of these plans, nor have they been tested on a functional or full scale level. At the current time, reliance on the resources and patient movement guidance in these Plans would delay evacuations due to the time difference between the resource request and delivery of the resource.

**Area for Improvement 3:** Need for updates to County Hospital Evacuation Plans and Healthcare Facility Evacuation Plans.

**Analysis:** Hospitals and healthcare facilities must be proactive in transporting and evacuating people with medical conditions or special needs in advance of an official evacuation notice. Coordination and communication between hospitals, healthcare facilities, and emergency management need to take place on how long and when evacuations will occur.

**Area for Improvement 4:** The need for a Regional Evacuation Plan. This plan would have an annex specifically designated for the healthcare system, which includes transportation of people with medical conditions or with special needs.

**Analysis:** This annex of a larger regional evacuation plan would solve some of the issues discussed and highlighted in Areas for Improvement 1-3 above. What are current regional public and private medical transportation assets? What processes and plans are in place to request additional medical transportation resources in case of an evacuation? What coordination efforts and decision timelines must be used to effectively and safely evacuate this population ahead of general evacuation notice?

**Area for Improvement 5:** Hospital and Healthcare Facility Evacuation Plans need to be updated to the current lettered evacuation zones versus the older Category 1 through 5 zones.

**Analysis:** The National Weather Service decoupled storm surge from winds several years ago. The older Category 1 through 5 methodology was not a good indicator of the evacuation that may need to occur associated to a storm and its surge. Hospitals and healthcare facilities should coordinate with their local County emergency management office on incorporating the new lettered evacuation zones into their evacuation decision making and plans.

## Exercise Objective #2:

Evaluate and assess communications and coordination with Emergency Support Function 8 (Health and Medical) at the County level.

### Capability: Emergency Operations Coordination

**Strength 1:** ESF-8 (Health & Medical) has a strong presence at the local Emergency Operations Centers, and has robust coordination processes in place. Other participating disciplines said they had good coordination and information sharing with their ESF-8 representative.

**Strength 2:** Counties are familiar with the requirement for AHCA to inspect medical facilities prior to occupancy, and would coordinate with each facility through ESF-8.

**Strength 3:** Department of Health and Emergency Management continue to encourage hospital and healthcare participation with their ESF-8 representative. This is particularly important to ensure flow of communication prior to, during, and after an evacuation or storm.

**Area for Improvement 1:** Coordination through ESF-8 between hospital and healthcare facilities on re-entry protocols for staff trying to access work or clients.

**Analysis:** A local or regional database does not exist that would have a medical worker disaster identification system to allow for quick identification and re-entry into their

facility. (This is different from the MRC, this is current workers). Re-entry processes and procedures vary in each county. Hospitals and healthcare facilities need to coordinate with their local emergency management office on appropriate credentials and actions for staff trying to access areas restricted from the general public.

**Area for Improvement 2:** Coordination between ESF-8 counterparts in other regional counties during an evacuation or in post-storm activities.

**Analysis:** In this hurricane scenario, hospitals in Nassau and St. Johns Counties evacuated their hospitals to sister facilities in Duval County. ESF-8s in those counties would need to closely coordinate with Duval County on their needs.

### **Exercise Objective #3:**

Assess and evaluate the Healthcare Coalition's new Communications Plan for notification, which will provide regional situational awareness and updates to member organizations and agencies.

#### **Capability: Information Sharing**

**Strength 1:** The Healthcare Coalition has in place a notification system for their member organizations and agencies (Everbridge).

**Area for Improvement 1:** The need for a more diverse membership distribution list.

**Analysis:** While the Coalition has a notification system, the list is not fully representative of the entire healthcare system in Northeast Florida. Outreach activities will continue to attract other partners.

### **Exercise Objective #4:**

Assess and evaluate immediate bed availability of staffed beds for patients suffering from severe medical conditions within four (4) hours of a disaster.

#### **Capability: Medical Surge**

**Strength 1:** The hospitals and healthcare facilities that were present all advised that they have adequate staffing and surge plans to get them through the storm period.

**Strength 2:** The use of a tracking spreadsheet on regional bed counts provided the groups a better understanding of impacts from the evacuation of medical facilities, as well as on where we can locate those that have evacuated.

**Strength 3:** Hospitals census numbers (bed counts) were reduced by more than 31% in advance of Hurricane Danielle.

| COUNTY    | HOSPITAL                  | LICENSED BEDS | CENSUS on 4/27/16 | REDUCED BED COUNTS |            |                |
|-----------|---------------------------|---------------|-------------------|--------------------|------------|----------------|
|           |                           |               |                   | DISCHARGE          | TRANSFER   | UPDATED CENSUS |
| Baker     | Ed Frasier Memorial       | 25            | 25                | 3                  | -          | 22             |
| Clay      | Orange Park MC            | 297           | 290               | 87                 |            | 203            |
|           | St. Vincent's - Clay      | 64            | 52                |                    |            | 52             |
|           | <b>CLAY COUNTY TOTAL</b>  | <b>361</b>    | <b>342</b>        | <b>87</b>          | <b>-</b>   | <b>255</b>     |
| Duval     | Baptist - Beaches         | 146           | 132               | 50                 | 82         | -              |
|           | Baptist - Jacksonville    | 691           | 384               | 96                 |            | 336            |
|           | Baptist - Wolfsons        | 180           | 171               | 43                 |            | 128            |
|           | Baptist - South           | 269           | 216               | 108                |            | 190            |
|           | Mayo Clinic               | 304           | 232               | 47                 |            | 184            |
|           | Memorial                  | 418           | 330               | 83                 |            | 247            |
|           | NAS JAX                   | 46            | 46                |                    | 46         | -              |
|           | St. Vincent's - Riverside | 528           | 341               | 85                 | 85         | 170            |
|           | St. Vincent's - Southside | 117           | 98                |                    |            | 98             |
|           | UF Health - Jacksonville  | 695           | 518               | 155                |            | 363            |
|           | <b>DUVAL COUNTY TOTAL</b> | <b>3,394</b>  | <b>2,468</b>      | <b>667</b>         | <b>213</b> | <b>1,716</b>   |
| Flagler   | Florida Hospital Flagler  | 99            | 80                |                    |            | 80             |
| Nassau    | Baptist - Nassau          | 62            | 48                |                    | 48         | -              |
| St. Johns | Flagler Hospital          | 335           | 325               | 81                 | 82         | -              |
|           | <b>REGIONAL TOTAL</b>     | <b>4,276</b>  | <b>3,288</b>      | <b>838</b>         | <b>343</b> | <b>*2,073</b>  |

*\*Updated Census Numbers include patients who were transferred from other hospital facilities. Some transfers went out of the region to sister facilities.*

**Area for Improvement 1:** The need for hospital and healthcare facilities to exercise reducing census numbers in advance of a storm or for post-disaster.

**Analysis:** Hospitals and healthcare facilities need to have a better understanding of discharge rates prior to a storm. There also needs to be more awareness on the exact number of “surge” bed space available above the number of licensed beds at each facility.

**Area for Improvement 2:** Communication and coordination on the final destination of discharged hospital patients.

**Analysis:** Hospitals and healthcare facilities can reduce census numbers by transferring or discharging patients. There is a concern that discharged patients will likely end up in special needs shelters, where they may have inadequate care. This would result in patients being transported directly back to the hospital or healthcare facility. Efforts need to be made to verify discharged patients have adequate care (*social workers, home health, DME companies, medication and IV suppliers to deliver*) at their final destination prior to the arrival of tropical storm force winds. The goal is to prevent discharge from hospitals directly to special needs shelters.

**Area for Improvement 3:** Continued training and exercise on EM Resource (or the new statewide accepted system)

**Analysis:** EM Resource is a state platform for monitoring and providing situational awareness on hospital bed availability. There are varying levels of participation by the hospitals in the region, which provides incomplete information.

### General Comments/Observations:

- Hospitals and healthcare facilities have MOUs with private vendors for medical supplies and transportation in case of an emergency. Many of these facilities have MOUs in place with the same vendors. There was speculation on vendor's abilities to actually honor all of the MOU agreements they have in place. Facilities in the region should evaluate their MOUs and determine if additional agreements with secondary vendors is needed.
- Emergency Management and Department of Health discussed major concerns on the low number of registered special needs clients. More training and focus needs to take place with the discharge of patients from home health agencies, dialysis agencies, durable medical equipment providers and the elder care community to ensure that all of the special needs clients within the community are registered.
- With the additional hospitals and healthcare facilities that have flooded, bed space would become increasingly limited. Field hospitals like Alternate Care Sites (ACS) or Alternate Medical Treatment Sites (AMTS) would need to be established. Duval County has an AMTS Plan for the local level, however, not all counties have this type of plan. The state does have an ACS / AMTS Plan that can be requested through county level ESF-8 (Health & Medical) to the State.
- Who maintains coordination of medical staffs from closed or evacuated facilities? This might be an untapped resource for use in shelters or hospitals that have surged up or have medical staffing needs.
- What is the the impact from NAS-Jax Hospital and Clinic if it were to close or evacuate. A tremendous amount of active duty, reservists, family members, and retirees are taken care of and transported to this facility. If it was closed, this community would turn to the Duval and Clay County's hospitals for their healthcare during the storm.
- Many of the hospitals and healthcare facilities are not prepared for citizens that might show up at their doors during the storm. Some of the hospitals said they would lock their doors while others said that they would have taken them into non- patient areas of their facilities. This could be a public relations problem.
- An outcome of conducting the After –Action Report meeting with the Healthcare Coalition membership was identification of an information gap on hospital and

healthcare facility evacuation decision making, particularly in regards to communication and coordination with County Emergency Managers.

There was recognition that hospital and healthcare facility evacuation decision making needs to take place prior to an official evacuation notice for the general public, but there was little understanding of what that means in terms of decision timelines for CEOs.

Emergency Managers from hospitals and healthcare facilities expressed the need for CEOs (or other decision makers) to have a better understanding of communication and coordination needs with their County Emergency Managers in the face of an approaching storm and impending evacuation.

The Coalition will make the findings of this AAR-IP available to its membership as well as county emergency managers, with the hopes of initiating direct dialogue between these groups.

## APPENDIX A: IMPROVEMENT PLAN

| Healthcare Preparedness Capability        | Issue/Area for Improvement   | Corrective Action   | Capability Element | Primary Responsible Organization | POC          | Start Date | Completion Date |
|---|--|---|--------------------|----------------------------------|--------------|------------|-----------------|
| HP Capability: Healthcare System Recovery | 1. Understanding the State Ambulance Deployment Plan & Statewide Patient Movement Plan                       | Conduct a workshop on the contents of the plans, and their application within our region.   | Training           | NEFLHCC                          | Leigh Wilsey | 6/1/2016   | 6/1/2017        |
|   | 2. Regional coordination on transportation resources and patient movement in advance of an evacuation notice | Development of a Regional Evacuation Plan is in its initial stages. HCC staff will continue to participate, so as to assist in the development of a healthcare annex to the Regional Evacuation Plan. | Planning           | NEFLHCC                          | Leigh Wilsey | 6/1/2016   | Ongoing         |
|   | 3. Many hospital and healthcare evacuation plans have outdated data on evacuations zones                     | HCC Staff can provide technical assistance to facilities on updating their plans with the newly lettered evacuation zones, as needed  | Planning           | NEFLHCC                          | Leigh Wilsey | 6/1/2016   | Ongoing         |

| Healthcare Preparedness Capability | Issue/Area for Improvement   | Corrective Action  | Capability Element | Primary Responsible Organization | POC          | Start Date | Completion Date |
|------------------------------------|--|--|--------------------|----------------------------------|--------------|------------|-----------------|
| HP Capability: Information Sharing | 4. More diversity of healthcare disciplines in the HCC                     | Continued outreach activities to attract more healthcare disciplines to the HCC, and to add them to the HCC Everbridge Notification System | Organization       | NEFLHCC                          | Leigh Wilsey | 6/1/2016   | Ongoing         |
| HP Capability: Medical Surge       | 5. EMResource is not updated or used by all of the hospitals in the region | Training on the use of EMResource (or the new statewide accepted system)   | Training           | NEFLHCC                          | Leigh Wilsey | 6/1/2016   | 6/1/2017        |

## APPENDIX B: EXERCISE PARTICIPANTS

| <b>Participating Organizations</b>  |
|---|
| <b>State</b>  |
| Florida Department of Health  |
| Florida Department of Law Enforcement   |
| Florida Division of Emergency Management  |
| <b>Counties</b>   |
| Department of Health - Baker, Clay, Duval, Flagler, Nassau, & St. Johns           |
| Emergency Management – Baker, Clay, Duval, Flagler, Gilchrist, Nassau & St. Johns |
| Fire/Rescue - Clay, Duval (JFRD), St. Johns                                       |
| <b>Hospitals</b>  |
| Baptist Medical Center - Beaches, Jacksonville, Nassau, South                     |
| Brooks Rehabilitation   |
| Ed Fraser Memorial Hospital   |
| Flagler Hospital  |
| Florida Hospital Flagler  |
| Kindred Hospital  |
| Mayo Clinic   |
| Memorial Hospital   |
| Orange Park Medical Center  |
| St. Vincent's - Clay County, Riverside, Southside                                 |
| UF Health – Jacksonville, North   |
| <b>Other</b>  |
| Atlantic Beach Police Department  |
| Azalea Health   |
| Northeast Florida Healthcare Coalition  |
| Northeast Florida Regional Council  |

## APPENDIX C: EXERCISE EVALUATIONS

The following information provides a general overview of the evaluations received from the Exercise participants.

The following statements were rated on a scale of 1-5, with **1 = strong disagreement with the statement and 5 = strong agreement**. The average scores were:

|  |            |
|--|------------|
| <i>The exercise was well structured and organized</i>  | <b>4.7</b> |
| <i>The exercise scenario(s) was plausible and realistic</i>  | <b>4.7</b> |
| <i>The exercise documentation provided to assist in preparing for and participating in the exercise was useful</i>                   | <b>4.6</b> |
| <i>This exercise helped me to identify strengths and weaknesses in the execution of My agency's plans, protocols, and procedures</i> | <b>4.6</b> |
| <i>After this exercise, I have a better understanding of how the Northeast Florida region would respond to this type of event</i>    | <b>4.6</b> |

The following is a sample of the most common comments that were received from participants regarding the Exercise.

### Exercise Strengths:

- Community support
- Other organizations offered great ideas that we will be looking at
- Excellent networking
- Partners are aware of each other's priorities, resources, and plans
- Strong collaborative relationships
- Excellent opportunity to have regional partners discuss planning issues

### Areas for Improvement:

- Transportation of patients prior to evacuation (bottlenecks or lack of resources)
- Transportation coordination and resources
- Supplies post-storm. Stress the need for forecasting future needs.
- MOU overload and overlap with vendors (particularly transportation providers). Consider involving service providers to another exercise to engage them.
- Leadership buy-in to early evacuation action
- Use of Discharge Planning Teams
- Need for a regional evacuation plan
- More ALF/ILF inclusion and representation.

- How to deal with reduced staff levels for multiple days in a row
- More EMS and transportation involvement

**Recommendations of how the HCC can assist your organization:**

- Helping CEOs to understand the importance of calling for an evacuation of a hospital, if needed (x2)
- More regional type exercises
- Bring together group to plan a regional evacuation and transportation plan. Include healthcare facilities in the process and as part of the discussion.
- Alternative medical treatment sites
- A regional resource list of assets
- Continue filling gaps for agencies through training, financing projects, developing plans, etc.
- Run an exercise for a worst case scenario
- Providing tools to bring more disciplines to the table such as the ability to access contact info at regional healthcare facilities.
- Continue to push out info in blue skies. This is relevant and needed.