

EXERCISE EVALUATION GUIDE – HEC FUNCTIONAL EXERCISE 2015

<p>Exercise Name: Coastal Tempest</p> <p>Exercise Date: August 26, 2015</p>	<p>Organization/Jurisdiction:</p> <p>New York State Department of Health</p>	<p>Venue:</p> <p>Healthcare Facility Evacuation Center</p> <p style="background-color: black; color: black;">[REDACTED]</p>
Response		
<p>Exercise Goal: Assess the capability of the Healthcare Facility Evacuation Center (HEC) staff to access and utilize the HEC Application, to arrange appropriate bed matches and transportation for evacuating patients. The scenario is a Category 3 Hurricane affecting the five boroughs of New York City and Long Island.</p>		
<p>Core Capabilities</p> <p>Information Sharing:</p> <p>Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.</p> <p>Healthcare System Preparedness:</p> <p>Healthcare system preparedness is the ability of a community's healthcare system to prepare to, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:</p> <ul style="list-style-type: none"> • Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community • Provide timely monitoring and management of resources • Coordinate the allocation of emergency medical care resources • Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders <p>Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.</p>		

Emergency Operations Coordination:

Emergency Operations Coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).

Medical Surge

The Medical Surge capability is the ability to provide adequate medical evaluations and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Objective 1: Establish a staffing plan with NYSDOH and other HEC partners to activate and provide coverage for two 12-hour shifts for seven days (Information Sharing, Emergency Operations Coordination)

- ***Critical Task 1:*** HEC Director alerts appropriate NYSDOH staff and partners of HEC activation via phone, email and IHANS.
- ***Critical Task 2:*** HEC Director and Administration Lead review information received for a staffing schedule for one week.
- ***Critical Task 3:*** Administration Lead coordinates with all leads to ensure immediate staffing is established for seven days, 12 hour operational shifts, and identify any shortcomings.

Source(s): Healthcare Facility Evacuation Center Manual

Objective 2: Evaluate the use of call scripts by Reception Staff, and appropriate triaging of calls (Information Sharing, Emergency Operations Coordination)

- ***Critical Task 1:*** Reception Staff thoroughly review JAS and call script.

- **Critical Task 2:** Reception staff receives all incoming calls to the HEC.
- **Critical Task 3:** Reception staff obtains the following information: Name and Phone number of caller and the facility name, type of facility, county, and overall need.
- **Critical Task 4:** Reception staff documents the information in a **new** Call Log in the HEC Application.
- **Critical Task 5:** Reception staff routes calls to the appropriate domain Coordination Team.
- **Critical Task 6:** If call is related to an item or supply (food, fuel generator, other), Reception staff documents the request in the **Call Log Comments** field, and routes the call to the ESF-8 liaison.
- **Critical Task 7:** If the call is for need for any assistance unrelated to evacuation of patients, transportation, or receipt of evacuating patients, Reception staff documents the need in the Call Log comments field and redirects the request to the Administration Lead for assistance.
- **Critical Task 8:** Reception staff prioritizes calls if one position is receiving multiple calls at the same time.

Source(s): Healthcare Facility Evacuation Center Manual – Job Action Sheet and Reception Staff Call Script

Objective 3: Evaluate the use of call scripts by hospital, nursing home and adult facility bed coordinators in the HEC to obtain input, and coordinate healthcare facility information using the HEC application, resulting in a successful transportation mission (Information Sharing, Emergency Operations Coordination, Healthcare System Preparedness).

- **Critical Task 1:** Bed Coordination Leads and Teams thoroughly review JASs and call scripts.
- **Critical Task 2:** Bed Coordination Staff are able to utilize the Call Out Guidelines for **sending facilities** (Guidelines attached to EEG).
- **Critical Task 3:** Bed Coordination are able to utilize the Call Out Guidelines for **receiving facilities** (Guidelines attached to EEG).
- **Critical Task 4:** Ensure facility status tab reflects either Sending Facility information (72 Hour CENSUS) OR receiving facility information (72 hour available beds).
- **Critical Task 5:** Confirm and update the Facility Status tab of the HEC Application in communication with appropriate domains (hospital, NH, ACFs)
- **Critical Task 6:** Identify available beds for sending facilities using the Bed Availability tab of the HEC Application.
- **Critical Task 7:** If directed by Lead, follow up when there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue.

- **Critical Task 8:** Forward bed transfer requests requiring transportation assistance to transportation unit using the HEC Application or indicate that no transportation assistance is required.

Source(s): Healthcare Facility Evacuation Center Manual – Job Action Sheet and Bed Coordination Teams Call Out Guidelines

Objective 4: Assess the ability of the hospital, nursing home, and adult care facilities coordination teams and Leads to access and review current bed census data for the region (Information Sharing, Emergency Operations Coordination, Medical Surge).

- **Critical Task 1:** Staff in the HEC have Health Commerce Accounts to access the HEC Application and HERDS data.
- **Critical Task 2:** Staff are able to utilize the HEC Application.
- **Critical Task 3:** HEC Director, Transportation Lead, and Hospital, Nursing Home and ACF Leads review SF1 data and HERDS data to estimate numbers of patients and residents who will need assistance.
- **Critical Task 4:** The HCF Lead works with the OPCHSM Hospital, Nursing Home and Adult Care Leads to provide assignment lists to coordination staff.
- **Critical Task 5:** The OPCHSM Lead and the HCF Lead work together to mitigate send and receive issues, monitor changes for SiP facilities, and ensure priorities are updated for the coordination staff.

Source(s): Healthcare Facility Evacuation Center Manual, Job Action Sheets

Objective 5: Assess the ability of the HEC to obtain and maintain situational awareness about the status of evacuating/receiving facilities (Information Sharing, Emergency Operations Coordination, Medical Surge, Healthcare System Preparedness).

- **Critical Task 1:** HEC Director, in conjunction with HCF Leads, OPS Lead, Data and Planning Lead, and Transportation Lead determine mission, objectives and priorities.
- **Critical Task 2:** HEC Director instructs Hospital, ACF and NH Leads to assign facilities to coordinators.
- **Critical Task 3:** HEC Director briefs the HEC staff on the mission, objectives, and priorities for the event, and establishes a briefing schedule.
- **Critical Task 4:** Situation reports are generated within time periods determined by the HEC Director.

- **Critical Task 5:** If directed by Lead, follow up when there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue.

Source(s): Healthcare Facility Evacuation Center Manual, Job Action Sheets

Objective 6: Using the HEC application, evaluate the ability of the HEC and regional partners to identify the beds needed to accommodate those patients/residents who need HEC assistance in order to be evacuated (Information Sharing, Emergency Operations Coordination, Medical Surge).

- **Critical Task 1:** Bed Coordination Team initiates calls with the sending and receiving facilities to begin bed matching process.
- **Critical Task 2:** Bed Coordination Teams confirms numbers reported in the previous HERDS survey with sending facilities, and updates in the Facility Status Tab of the HEC Application.
- **Critical Task 3:** Bed Coordination Teams identify available beds for sending facilities use the Bed Availability tab in the HEC Application.
- **Critical Task 3:** Bed Coordination Teams direct send and receive facilities to confirm arrangements with each other.
- **Critical Task 4:** Bed Coordination Teams await responses from the sending facilities.
- **Critical Task 6:** If directed by Team Lead, Bed Coordination staff follow-up with facility if there has been no confirmation with a sending or facility after four hours to determine if there is an issue.
- **Critical Task 5:** Bed Coordination Teams confirm Transportation Assistance Levels (TALs) needed by category: 1, 2 or 3.

Source(s): Healthcare Facility Evacuation Center Manual

Objective 7: Assess the ability of the HEC and regional partners to make patient placement decisions for patients/residents who need to be evacuated, with confirmation verified between sending and receiving facilities (Information Sharing, Emergency Operations Coordination, Medical Surge).

- **Critical Task 1:** Bed Coordination Teams continue calls with the sending and receiving facilities to assess additional needs of facilities.
- **Critical Task 2:** Special category patients are identified and noted as necessary (these categories include but are not limited to the following: transmission-based precautions [contact, droplet, and airborne]; maternity with child; pediatric with guardian; behavioral health; incarcerated; language barrier; cognitive or sensory disability; dementia).

- **Critical Task 2:** Bed Coordination Teams recommend clinical consultation between facilities for specific patients, as needed, and follow up to ensure appropriate bed and clinical care are successfully matched.

Source(s): Healthcare Facility Evacuation Center Manual

Objectives	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
<p>Objective 1: Establish a staffing plan with NYSDOH and other HEC partners to activate and provide coverage for two 12-hour shifts for seven days</p>	<ul style="list-style-type: none"> • Critical Task 1: HEC Director alerts appropriate NYSDOH staff and partners of HEC activation via phone, email and IHANS. • Critical Task 2: HEC Director and Administration Lead review information received for a staffing schedule for one week. • Critical Task 3: Administration Lead coordinates with all leads to ensure immediate staffing is established for seven days, 12 hour operational shifts, and identify any shortcomings. 		
<p>Objective 2: Evaluate the use of call scripts by Reception Staff, and appropriate triaging of calls</p>	<ul style="list-style-type: none"> • Critical Task 1: Reception Staff thoroughly review JAS and call script. • Critical Task 2: Reception staff receives all incoming calls to the HEC. • Critical Task 3: Reception staff obtains the following information: Name and Phone number of caller and the facility name, type of facility, county, and overall need. • Critical Task 4: Reception staff documents the information in a new Call Log in the HEC Application. • Critical Task 5: Reception staff routes calls to the appropriate domain Coordination Team. • Critical Task 6: If call is related to an item or supply (food, fuel generator, other), Reception staff documents the request in the Call Log Comments field, and routes the call to the ESF-8 liaison. 		

	<ul style="list-style-type: none"> • Critical Task 7: If the call is for need for any assistance unrelated to evacuation of patients, transportation, or receipt of evacuating patients, Reception staff documents the need in the Call Log comments field and redirects the request to the Administration Lead for assistance. • Critical Task 8: Reception staff prioritizes calls if one position is receiving multiple calls at the same time. 		
<p>Objective 3: Evaluate the use of call scripts by hospital, nursing home and adult facility bed coordinators in the HEC to obtain input, and coordinate healthcare facility information using the HEC application, resulting in a successful transportation mission</p>	<ul style="list-style-type: none"> • Critical Task 1: Bed Coordination Leads and Teams thoroughly review JASs and call scripts. • Critical Task 2: Bed Coordination Staff are familiar with Call Out Guidelines for <i>sending facilities</i> (Guidelines attached to EEG). • Critical Task 3: Bed Coordination are familiar with Call Out Guidelines for <i>receiving facilities</i> (Guidelines attached to EEG). • Critical Task 4: Ensure facility status tab reflects either Sending Facility information (72 Hour CENSUS) OR receiving facility information (72 hour available beds). • Critical Task 5: Confirm and update the Facility Status tab of the HEC Application in communication with appropriate domains (hospital, NH, ACFs) • Critical Task 6: Identify available beds for sending facilities using the Bed Availability tab of the HEC Application. • Critical Task 7: If directed by Lead, follow up when there has been no confirmation with a sending or 		

	<p>receiving facility after four hours to determine if there is any issue.</p> <ul style="list-style-type: none"> • Critical Task 8: Forward bed transfer requests requiring transportation assistance to transportation unit using the HEC Application or indicate that no transportation assistance is required. 		
<p>Objective 4: Assess the ability of the hospital, nursing home, and adult care facilities coordination teams and Leads to access and review current bed census data for the region</p>	<ul style="list-style-type: none"> • Critical Task 1: Staff in the HEC have Health Commerce Accounts to access the HEC Application and HERDS data. • Critical Task 2: Staff are able to utilize the HEC Application. • Critical Task 3: HEC Director, Transportation Lead, and Hospital, Nursing Home and ACF Leads review SF1 data and HERDS data to estimate numbers of patients and residents who will need assistance. • Critical Task 4: The HCF Lead works with the OPCHSM Hospital, Nursing Home and Adult Care Leads to provide assignment lists to coordination staff. • Critical Task 5: The OPCHSM Lead and the HCF Lead work together to mitigate send and receive issues, monitor changes for SiP facilities, and ensure priorities are updated for the coordination staff. 		
<p>Objective 5: Assess the ability of the HEC to obtain and maintain situational awareness about the status of evacuating/receiving facilities</p>	<ul style="list-style-type: none"> • Critical Task 1: HEC Director, in conjunction with HCF Leads, OPS Lead, Data and Planning Lead, and Transportation Lead determine mission, objectives and priorities. • Critical Task 2: HEC Director instructs Hospital, ACF and NH Leads to assign facilities to coordinators. 		

	<ul style="list-style-type: none"> • Critical Task 3: HEC Director briefs the HEC staff on the mission, objectives, and priorities for the event, and establishes a briefing schedule. • Critical Task 4: Situation reports are generated within time periods determined by the HEC Director. • Critical Task 5: If directed by Lead, follow up when there has been no confirmation with a sending or receiving facility after four hours to determine if there is any issue. 		
<p>Objective 6: Using the HEC application, evaluate the ability of the HEC and regional partners to identify the beds needed to accommodate those patients/residents who need HEC assistance in order to be evacuated</p>	<ul style="list-style-type: none"> • Critical Task 1: Bed Coordination Team initiates calls with the sending and receiving facilities to begin bed matching process. • Critical Task 2: Bed Coordination Teams confirms numbers reported in the previous HERDS survey with sending facilities, and updates in the Facility Status Tab of the HEC Application. • Critical Task 3: Bed Coordination Teams identify available beds for sending facilities use the Bed Availability tab in the HEC Application. • Critical Task 4: Bed Coordination Teams direct send and receive facilities to confirm arrangements with each other. • Critical Task 5: Bed Coordination Teams await responses from the sending facilities. • Critical Task 6: If directed by Team Lead, Bed Coordination staff follow-up with facility if there has been no confirmation with a sending or facility after four hours to determine if there is an issue. • Critical Task 7: Bed Coordination Teams confirm Transportation Assistance Levels (TALs) needed by category: 1, 2 or 3. 		

<p>Objective 7: Assess the ability of the HEC and regional partners to make patient placement decisions for patients/residents who need to be evacuated, with confirmation verified between sending and receiving facilities.</p>	<ul style="list-style-type: none"> • Critical Task 1: Bed Coordination Teams continue calls with the sending and receiving facilities to assess additional needs of facilities. • Critical Task 2: Special category patients are identified and noted as necessary (these categories include but are not limited to the following: transmission-based precautions [contact, droplet, and airborne]; maternity with child; pediatric with guardian; behavioral health; incarcerated; language barrier; cognitive or sensory disability; dementia). • Critical Task 3: Bed Coordination Teams recommend clinical consultation between facilities for specific patients, as needed, and follow up to ensure appropriate bed and clinical care are successfully matched. 		
		Final Core Capability Rating	

Evaluator Name _____

Evaluator E-mail _____

Phone _____

Ratings Key
P – Performed without Challenges
S – Performed with Some Challenges
M – Performed with Major Challenges
U – Unable to be Performed

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 be Performed (U)	The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).