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Mass Casualty Exercises: Beyond the ED

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Exercises

- ★ Integral to the process of trouble shooting your EOP
 - Assess and validate
 - Clarify roles and responsibilities
 - Measure gaps
- ★ Validates training and practice
- ★ Improve interagency coordination and communication
- ★ After Action Report and Improvement Plan
 - Why?
 - Gain an objective assessment
- ★ Beyond fulfilling requirements



Exercise Goal

Conducted to identify strengths and weaknesses; assess gaps and short falls in plans, policies and procedures; clarify roles and responsibilities among different entities; improve interagency coordination and communications; identify needed resources and opportunities for improvement.



“Exercises in Futility”

Do your exercises achieve this goal?

Probably not.....

Not because they can't, but because we are planning and executing an exercise. We are not using them as real tests.



Deliverable

- ★ AAR

- ★ Improvement Plan

~~DELIVERABLE~~

- ★ We need to change to measurable improvement in actual policy, procedure, capability or technical assistance to support performance.
- ★ Change from planning exercises to exercising plans



Real Action Beyond the ED

Engage

- ★ Staff
- ★ Leadership

Train

- ★ Think on your feet
- ★ Real time decisions
- ★ Take action



Real Action Beyond the ED

- **Diagnosis, procedure and treatment information to simulate moving through the system**
- **How fast can bed management, transportation, and environmental services implement step down and discharge decisions to ready rooms?**
- **It makes sense to go beyond the ED in a hospital or clinical areas in a LTC Facility**
- **Reach into other areas that would be called on during an emergency.**



Challenges and Barriers

- ★ Leadership buy in
 - Extent of play
 - Time of day
- ★ Little to no disruption of services
- ★ Physician participation
- ★ Simulation of critical patients (patient flow)
 - Injuries
 - Large number of role players
- ★ Resource Intensive
- ★ Cost



Hospital X

- ★ Real event resulting in
 - 1 killed
 - Several others injured
 - 8 total to Hospital X
 - 3 to other Community Hospital
 - 1 to Level I Trauma Center
 - Medical Surge on Hospital X
 - Inconsistent scene information
 - Surge of family members
 - System Failures
 - Accountability



Mass Casualty Exercise Hospital X

- ★ Initial Planning October 2015
 - Allowed for time to address challenges and barriers
- ★ Areas for improvement from real world event
 - Beyond the emergency department and hospital EOC
 - Radiology overload
 - Communications Center
 - EOP
 - Patient flow
 - Accountability
 - Safety and Security
 - Access
 - Identification
 - Communications



Overcoming Challenges and Barriers

- ★ Leadership buy in
 - Extent of play
 - **Time of day**
- ★ Little to no disruption of services
 - Hospital
 - Clinic
- ★ Physician participation
- ★ **Community participation**
- ★ Simulation of critical patients (patient flow)
 - Injuries
 - Large number of role players
- ★ Resource Intensive
- ★ Cost



Mass Casualty Exercise

- ★ Over 500 participants
- ★ > 100 role players
 - High School
 - Students in other training classes
 - Students in medical training classes
- ★ Outside agencies
 - Eastern Regional Healthcare Coalition
 - Eastcare
 - South Eastern Regional Healthcare Coalition
 - Onslow Memorial
 - NCOEMS
 - Onslow County Public Health
 - Simcell
 - Media



Mass Casualty Exercise

- ★ Hospital personnel with a primary responsibility in Mass Casualty activation
- ★ Emergency Department
- ★ ICU
- ★ Operating Room
- ★ Blood Bank/Lab
- ★ Radiology
- ★ Biomed
- ★ Labor and Delivery
- ★ Neonatal
- ★ Multi Service Ward
- ★ Family Assistance
- ★ Security
- ★ Communications Center
- ★ Leadership (HCC)
- ★ Physicians
- ★ Patient Administration
- ★ Supply
- ★ Labor Pool



Objectives

- ★ Evaluate Hospital's ability to effectively activate, recall, and staff the Emergency Operations Center (EOC) in accordance with Hospital Emergency Operations Plan (EOP).
- ★ Evaluate Hospital's ability to provide and maintain timely interoperable communications in support of security, situational awareness, and operations by any and all means available among and between affected agencies, responders, and units.
- ★ Evaluate Hospital's and responder's ability to provide feasible, suitable, and medically acceptable triage and treatment of patients and to track patients to treatment facilities, in accordance with Hospital EOP.



Objectives

- ★ Evaluate the mutual aid agreements with state, local and, county agencies to foster interoperability and expand the healthcare capabilities for a mass casualty incident, in accordance with Hospital EOP.
- ★ Evaluate Hospital's ability to respond to a mass casualty incident resulting in a medical surge on the hospital's capacity and capabilities, in accordance with the Hospital EOP.
- ★ Evaluate the Hospital's ability to provide timely and accurate communication of pertinent incident information to the Installation's community, Federal, State, local, the media and members of the general public, in accordance with Hospital EOP.
- ★ Unit specific objectives



Successes

- ★ Role players
- ★ Participation
- ★ Ability to simulate a true medical surge
- ★ Regional Coordination/Relationships
- ★ NC Patient Tracking System
- ★ Ability to test the 6 critical areas
 - Communications
 - Resources and Assets
 - Safety and Security
 - Staff Response
 - Utilities Management





Lessons Learned

- ★ “Train like you fight”
- ★ Importance of testing the full spectrum
 - Departments
 - Equipment
 - Other facilities
 - Staff stressors
- ★ Leadership buy in is critical
- ★ Relationships before an event occurs

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Patient Tracking