



# **Triad Healthcare Preparedness Coalition**

## **Operation Fragile Harvest: Evacuation Exercise**

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**After Action Report  
February 2019**

## EXERCISE OVERVIEW

<b>Exercise Name</b>	Operation Fragile Harvest– Evacuation Exercise
<b>Exercise Dates</b>	February 18-19, 2019
<b>Scope</b>	This community-based functional exercise was a two part exercise consisting of a 90-minute exercise utilizing the THPC regional support cell and a full scale move of patient from one facility to another. The exercise focused on implementation of regional notification system, bed availability and transportation plans to evacuate a Skilled Nursing Facility as well as the actual move of patients using the regional transportation assets. One goal of the exercise was to evaluate the surge capabilities of the THPC and regional partners. Participants included a myriad of coalition members, but activity focused around LTC and Hospital operations. As well as, EMS transportation assets.
<b>Mission Area(s)</b>	Preparedness and Response
<b>Healthcare Preparedness Capabilities</b>	Capability 2. Health Care and Medical Response Coordination Capability 4: Medical Surge
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. To test inter-communication between the coalition, hospitals, LTC, hospices and emergency medical services.</li> <li>2. To assess bed availability of long term care facilities and hospitals during a medical surge.</li> <li>2. To determine the appropriate transportation and placement of evacuating residents.</li> </ol>
<b>Threat or Hazard</b>	Infrastructure impacted by fire resulting in an evacuation.
<b>Scenario</b>	Autumn Care Skilled Nursing Facility sustains a fire in the kitchen area. Residents evacuate from the immediate area and moved into an area of the structure not impacted by the fire or smoke. However, there is significant smoke damage to the remainder of the building. The building sustained major structural damage and renovations could take more than six months. It has been determined that they will need to relocate residents and staff until all repairs are complete due to the extent of damage and the construction necessary to repair the structure.

**Sponsor**

The Triad Healthcare Preparedness Coalition (THPC)

**Point of Contact**

**Corey D. Roberts**  
Regional Healthcare Preparedness Planner  
Triad Healthcare Preparedness Coalition  
315 Bethel Church Rd. Mocksville, NC 27028  
cdrobert@wakehealth.edu  
336-528-9625

## EXERCISE DESIGN

### Purpose:

As part of the current Assistant Secretary for Preparedness and Response (ASPR) grant funding the Triad Healthcare Preparedness Coalition (THPC) must successfully complete a multi-year exercise series for the THPC region. This region includes 18 counties. The exercise series will test the immediate bed availability during a medical surge across the Triad Region. The goal of this exercise series is to quickly provide patient care during a disaster with no additional space, personnel or equipment. The THPC must be able to demonstrate, through exercise or real incident, its ability to successfully place patients with appropriate transportation, no less than 20% immediate bed availability from regional stakeholder's acute-care beds, within four- hours of activation.

This exercise was sponsored and facilitated by THPC regional staff. THPC staff and Autumn Care Skilled Nursing Facility facilitated planning conferences and coordinated exercise design through a collaborative process. The Planning Team established objectives and designed the overall format of both Part I and Part II of this exercise.

### Scenario Selection:

The Planning Team reviewed the regional HVA, along with appropriate regional knowledge, to select a realistic scenario that would generate a large patient surge to the Triad Region. This particular scenario was chosen not only to stress the capacity of the collation, but also to provide the opportunity for stakeholders to collaborate through notification and communication during a regional surge.

### Scenario Description:

On February 18<sup>th</sup>, 2019 at 6:00AM Autumn Care Skilled Nursing Facility sustained a fire in the kitchen area. Residents were evacuated from the immediate area and moved into an area of the structure not impacted by the fire or smoke. Fire damage was contained to the kitchen area. However, there is significant smoke damage to the remainder of the building. The building sustained major structural damage and renovations could take more than six months. County Emergency Management, Fire Marshal, Department of Public Health, Department of Health Service Regulations, Centers for Medicare/Medicaid Services and the Facility administration has determined that they will need to relocate residents and staff until all repairs are complete due to the extent of damage and the construction necessary to repair the structure. The administration for Autumn Care along with the Triad Healthcare Preparedness Coalition has worked together to determine an alternate care facility to move all residents to.

## EXERCISE DESIGN

### Evaluation Overview:

The exercise was evaluated by members of the Planning Team, as well as, an evaluator provided by the THPC Staff.

A hotwash was performed immediately after the conclusion of the exercise part I, providing the opportunity for participants to debrief their experiences and capturing exercise data and lessons learned.

### Exercise Participants Organizations:

#### Hospitals

- Alleghany Memorial Hospital
- Ashe Memorial Hospital
- Cone Health - Annie Penn Hospital
- Cone Health - Moses Cone
- Cone Health - Wesley Long Hospital
- Caldwell Memorial Hospital
- Davis Regional Medical Center
- Frye Regional Hospital
- Iredell Memorial Hospital
- Morehead Memorial Hospitals
- Northern Hospital of Surry County
- Novant Health - Clemmons Medical Center
- Novant Health - Forsyth Medical Center
- Novant Health - Kernersville Medical Center
- Novant Health - Rowan Medical Center
- Novant Health - Thomasville Medical Center
- Randolph Hospital
- Watauga Medical Center
- W.G Hefner VA Medical Center
- WFBMC - Wilkes Medical Center

## Long Term Care Facilities

- Ashton Place Health & Rehab
- Autumn Care of Davie County/ Davie Nursing and Rehab
- Camden Place Health & Rehab
- Greenhaven Health & Rehab
- Clapps Nursing Center
- Countryside Manor
- Guilford Health Care Center
- Maple Grove Health & Rehab
- Pennybyrn at Maryfield
- Westchester Manor at Providence Place
- Clapps Convalescent Nursing Home
- The Graybrier Nursing & Rehab Center
- Universal Healthcare/Ramseur
- Liberty Commons Nursing & Rehab Center of Rowan County
- Abbotts Creek Center
- Brian Center Health & Rehab-Eden
- Jacob's Creek Nursing & Rehab
- Penn Nursing Center
- Brookdale Winston-Salem
- C.R.T Golden Lamb Rest Home
- Countryside Manor
- Creekside Manor
- The Bradford Village of Kernersville
- Trinity Elms Assisted Living
- Verra Springs at Heritage Woods
- Vienna Village Assisted Living
- PACE of the Triad
- Oak Forest Health
- Genesis Healthcare Alleghany Center Sparta, NC

## Long Term Care Facilities con't.

- Brightmoor Nursing Center
- Trinity Oaks
- Salisbury Center
- Accordius Health at Salisbury
- The Laurels of Salisbury
- Magnolia Estates Skilled Care Facility
- Liberty Commons Nursing and Rehab Center of Rowan County
- Big Elm Retirement and Nursing Centers Term Care Facilities
- Saber Healthcare facilities outside of the Triad Region participating were: Autumn Care of Cornelius, Wadesboro Health and Rehab, Autumn Care of Waynesville, Autumn Care of Drexel, Autumn Care of Marion, Autumn Care of Marshville, Autumn Care of Salisbury, Saber Healthcare administrative staff

\*All Long Term Care Facilities in the Triad Region were contacted. If the LTC facility is not indicated above they did not want to participate or could not be contacted.\*

## Hospice

- Hospice Home at High Point
- Hospice and Palliative Care of Iredell County
- Caldwell Hospice & Palliative Care
- Novant Health Hospice
- Hospice of the Piedmont
- Hospice of Davidson County/ Hinkle Hospice House
- Mountain Valley Hospice and Palliative Care
- The Randolph Hospice House
- Trellis Supportive Care
- Mountain Valley Hospice and Palliative Care
- Hospice of Rockingham County, Inc.
- Caldwell Hospice and Palliative Care, Inc.
- Hospice and Palliative Care of Greensboro-Beacon Place
- Kate B. Reynolds Hospice Home
- Gordon Hospice Home

## Emergency Services

- Ashe/Watauga County
- Alexander County
- Alleghany County
- Caldwell County
- Davie County
- Forsyth County
- Iredell County
- Randolph County
- Rockingham County
- Rowan County
- Stokes County
- Surry County
- Wilkes County
- Yadkin County



## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Ensure communications between hospital, Long term care facilities, hospices and emergency medical services during an incident impacting a LTC facility.	Capability 2. Health Care and Medical Response Coordination		<b>X</b>		
To assess bed availability of long term care facilities and hospitals during a medical surge.	Capability 3. Continuity of Health Care Service Delivery	<b>X</b>			
Ensure proper transportation of patients from one facility to another within the exercise timeframe.	Capability 3. Continuity of Health Care Service Delivery		<b>X</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 be Performed (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 Core Capability Performance**

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

## **OBJECTIVE: 1. ENSURE COMMUNICATIONS BETWEEN HOSPITAL, LONG TERM CARE FACILITIES, HOSPICES AND EMERGENCY MEDICAL SERVICES DURING AN INCIDENT IMPACTING A LTC FACILITY.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Core Capability: Health Care and Medical Response Coordination**

Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.

#### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** There were multiple methods to communicate among players. The Healthcare Coalition staffs were on site at evacuating facility to assist as subject matter experts and to coordinate transportation assets.

**Strength 2:** The varied group of participants ranging from hospitals to hospices recognized their individual opportunities to participate to create capacity.

**Strength 3:** Participants gained a greater understand of the role of the coalition and the opportunity of information sharing and available resources.

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** The Coalition did not have sufficient written plans as the activation stood up. Defined staff roles for activation were unclear and duplicate efforts were noted.

**Area for Improvement 2:** Hospital bed availability notification system, Continuum, was faulty and unresponsive to certain commands.

**Area for Improvement 3:** There was no method utilized for mass communication to the regions emergency service partners for an emergency activation.

**Area for Improvement 4:** Updated contacts list for hospital administration is needed to expedite bed availability data.

**Reference:** EEG's and Hot Wash

## **OBJECTIVE 2: TO ASSESS BED AVAILABILITY OF LONG TERM CARE FACILITIES AND HOSPITALS DURING A MEDICAL SURGE.**

### **Core Capability: Continuity of Health Care Service Delivery**

Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.

#### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** Majority of facilities were able to quickly ascertain current census.

**Strength 2:** The support cell was able to record bed availability throughout the region for acute care beds and decompression beds:

Long Term Care/Hospice beds: 398  
Hospital: 114

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** There needs to be more educational outreach for hospitals in the region regarding bed reporting and the Continuum operations.

**Area for Improvement 2:** Contacts lists need to be updated with correct number and personnel responsible for bed reporting and census data.

**Area for Improvement 3:** Formal documentation process for collecting available beds from long term care facilities.

**Area for Improvement 4:** In this exercise there was no consideration for additional staff required to accept med surge patients.

**Area for Improvement 5:** Improvement in decompression plans to other facilities needs to be sounder with a consideration of patient transport.

**Reference:** EEG's and Hot Wash

## **OBJECTIVE 3: ENSURE PROPER TRANSPORTATION OF PATIENTS FROM ONE FACILITY TO ANOTHER WITHIN THE EXERCISE TIMEFRAME.**

### **Core Capability: Continuity of Health Care Service Delivery**

#### **Strengths**

The partial capability level can be attributed to the following strengths:

**Strength 1:** The RHSC was able to solidify moving all 74 patients with appropriate EMS transportation to suitable facilities.

**Strength 2:** Participation from the emergency service partners was collaborative and effective

**Strength 3:** Patient tracking and assignments were completed based on available EMS transportation.

**Strength 4:** The RHSC was able to arrange:

- EMS: 19 ALS ambulances with crew
- 2 BLS ambulances with crew
- 2 ambulance buses

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** RHSC should define plan for finding transportation and appropriate placement for decompressed patients.

**Reference:** Hot Wash

### Hospital Surge Assessment

Facility	Emergency Department	ICU: Adult General	Available Beds
Alleghany Memorial Hospital	0	0	0
*Ashe Memorial	6	1	7
Cone Health- Annie Penn	0	0	0
Cone Health- Moses Cone	0	8	8
Cone Health- Wesley Long	0	2	2
*Caldwell Memorial	2	1	3
*Davis Regional Medical Center	8	0	8
Frye Regional Hospital	27 (surge beds)	4	31
*Iredell Memorial Hospital	0	0	0
*Morehead Memorial Hospital	0	1	1
*Northern Hospital of Surry	5	0	5
*Novant Health- Clemmons Medical Center	2	0	2
*Novant Health- Forsyth Medical Center	0	0	0
*Novant Health- Kernersville Medical Center	6	0	6
*Novant Health- Rowan Medical Center	13	1	14
*Novant Health- Thomasville Medical Center	2	2	4
*Randolph Hospital	4	5	9
Watauga Medical Center	5	3	8
*W.G Hefner VA Medical Center	0	2	2
*WFBMC- Wilkes Medical Center	4	0	4
<b>Total Bed Increase</b>			<b>114</b>
* denotes data pulled from Contium during the exercise timeframe.			

**Methodology:** Hospital participants that provided their bed information through Contium and during the exercise timeframe on February 18, 2019 were included.

### Long Term Care Bed Assessment

Facility	Beds Available
Ashton Place Health & Rehba	4
Camden Place Health & Rehab	4
Greenhaven Health & Rehab	36
Clapps Nursing Center	9
Countryside Manor	12
Guilford Health Care Center	5
Maple Grove Health & Rehab	74
Pennybyrn at Maryfield	0
Westchester Manor at Providence Place	14
Clapps Convalescent Nursing Home	9
The Graybrier Nursing & Rehab Center	15
Universal Healthcare/Ramseur	0
Liberty Commons Nursing & Rehab Center of Rowan County	4
Abbotts Creek Center	2
Brian Center Health & Rehab-Eden	12
Jacob's Creek Nursing & Rehab	23
Penn Nursing Center	4
Brookdale Winston-Salem	38
C.R.T Golden Lamb Rest Home	19
Creekside Manor	10
The Bradford Village of Kernersville	6
Trinity Elms Assisted Living	5
Verra Springs Heritage Woods	0
Vienna Village Assisted Living	0
PACE of the Triad	5
Oak Forest Health	2
Genesis Healthcare Alleghany Center Sparta, NC	23
Hospice Home at High Point	4
Caldwell Hospice & Palliative Care	2
Novant Health Hospice	6
Hospice of Davidson County/ Hinkle Hospice House	3
Mountain Valley Hospice and Palliative Care	2
The Randolph Hospice House	6
Mountain Valley Hospice and Palliative Care	5
Hospice of Rockingham County, Inc.	2
Caldwell Hospice and Palliative Care, Inc.	4
Hospice and Palliative Care of Greensboro-Beacon Place	0
Kate B. Reynolds Hospice Home	8
Gordon Hospice Home	3
Hospice and Palliative Care of Iredell County	2
Hospice of the Piedmont	4
Trellis Supportive Care	8
Liberty Healthcare and Rehab Services	4
<b>Total Bed Increase</b>	<b>398</b>

**Methodology:** Participants that provided their bed information during the exercise timeframe on February 18, 2019 were included.

## Improvement Plan

Information on what acceptable performance levels are and how the gaps are addressed are the responsibility of the Triad Healthcare Preparedness Coalition. All regional gaps identified from this exercise will be addressed in the FY 19-20 Coalition workplan, multi-year exercise plan and future FOA guidelines. The Coalition Steering Committee will manage the progress of improvements and will recommend actions necessary to achieving these goals, such as additional resources or training. Progress will be discussed and evaluated at the quarterly steering committee meetings for reevaluation or concerns. FY 19-20 Coalition workplan will be presented to the coalition stakeholders for approval or denial.