NORTHWEST HEALTHCARE Response Network

Regional Surge and Regional Surge Squared Functional Exercises

After-Action Report/Improvement Plan

January 2018

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the ASPR National Guidance for Healthcare Preparedness and the Hospital Preparedness Program (HPP) Capabilities. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

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EXERCISE OVERVIEW

Exercise Name	Regional Surge and Regional Surge Squared Functional Exercises
Exercise Dates	August 1-4, 2017
Scope	The initial exercise was a facility specific, full scale exercise, conducted in conjunction with the Puget Sound Federal Coordinating Center (PSFCC) as a part of a National Disaster Medical System (NDMS) Patient Reception Area (PRA) exercise at McChord Field from August 1-4, 2017. The purpose of the NDMS PRA exercise was to test the receipt and distribution of hospitalized patients being transferred from a disaster-struck zone. The additional regional surge exercise utilized patients from the NDMS exercise augmented with additional paper patients so as to demonstrate a true surge for each participating hospital. Pierce County hospitals received a mix of live and paper NDMS patients, while King County hospitals received only paper patients. The regional surge exercise was limited to demonstration of a hospital's ability to receive emergently transferred patients from other healthcare organizations, to accept those patients into their clinical care, and share situational awareness about their facility with partners and the Northwest Healthcare Response Network (NWHRN). The receiving hospitals had no underlying disaster impact; they were be under normal, daily operational status. The Regional Surge Squared portion tested the ability of non-hospitals (long-term care, surgery centers, outpatient clinics, etc.) to assess and report their actual, current capability and capacity to provide healthcare services and resources needed to increase capacity in anticipation of a surge of patients. Facilities then shared the information with NWHRN.
Mission Area(s)	Response
HPP Capabilities	Capability 1: Foundation for Health Care and Medical Readiness Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery Capability 4: Medical Surge
Objectives	**Regional Surge Objectives**: 1: Hospitals are able to receive and provide care for short-notice, emergently transferred in-patients from another healthcare facility according to their hospital surge plan.

2: Participants utilize an incident command/incident management system that is consistent with the National Incident Management System (NIMS).

3: Hospital staff are able to gather situational awareness information about their facility before and after receiving a surge of patients and promptly communicate that information, through a variety of communication platforms, to the Disaster Medical Control Center (DMCC) and the Northwest Healthcare Response Network in order to contribute to the development of a common operating picture.

4: Hospitals are able to identify resource needs due to the influx of patients and to either source those needs themselves, per standard operating procedures or request resourcing support from the Northwest Healthcare Response Network.

5: Hospitals are able to promptly enter the newly received patients into the WATrac patient tracking module to help facilitate overall patient tracking and family reunification according to the WATrac Patient Tracking plan.

6: The Northwest Healthcare Response Network demonstrates the ability to gather situational awareness information from area healthcare organizations receiving an influx of emergently transferred in-patients and share that information with public health and other emergency response partners as outlined in the NWHRN Response and Situational Awareness plans

7: Hospitals are able to promptly respond to a loss of a utility that occurs concurrently with the receipt of patients so as to minimally impact the delivery of patient care for the short term and establish a plan for longer term recovery.

8: Healthcare coalition partners are able to work together to respond to a regional, medical surge according to the Regional Healthcare Coalition Response plan.

Surge Squared Objectives:

1: Healthcare staff demonstrate knowledge of their facility emergency operations plan and are able to identify their facility's essential patient care capabilities, including staff, stuff and space.

2: Healthcare facility staff are trained and able to gather information for the facility related to capabilities, capacity and resource needs for providing care to a surge of new patients based on analysis of actual, current patient census or population.

	3: Healthcare facility staff are trained and able to locate emergency contact information for their partners and the Northwest Healthcare Response Network and to send situational assessment information to them. 4: Healthcare facilities are trained and able to list and utilize a variety of communications pathways (i.e., phone, radio, internet, etc.) in order to share their situational awareness with partners and the Northwest Healthcare Response Network.
Threat or Hazard	Medical Surge
Scenario	NDMS is evacuating hospitalized patients from a disaster-struck zone to the Puget Sound region for continued hospital care. Pierce County NDMS receiving hospitals prepare to receive this surge of patients and incorporate them into their current hospital census. King County hospitals are receiving hospitalized patients from Pierce County hospitals to open space for NDMS patients in Pierce County. King & Pierce County non-hospital healthcare facilities are assessing their capability to accept additional patients/residents/clients to assist in absorbing the surge of patients to the region.
Sponsor	Northwest Healthcare Response Network
Participating Organizations **(Appendix B for full list)**	1 Healthcare Coalition 15 Hospitals 2 DMCCs 23 Non-Hospital Healthcare Facilities (LTC, Surgery Centers, Clinic, etc.) 2 Regional Health Departments Puget Sound Federal Coordinating Center
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SUMMARY

In August 2017, the Northwest Healthcare Response Network (NWHRN) conducted a facility-specific, full-scale exercise in conjunction with the Puget Sound Federal Coordinating Center (PSFCC) as a part of a National Disaster Medical System (NDMS) Patient Reception Area (PRA) exercise at McChord Field. The purpose of the NDMS PRA exercise was to test the receipt and distribution hospitalized patients being transferred from a disaster-struck zone. NWHRN conducted two exercises conducted in conjunction with the NDMS PRA exercise: the Regional Surge exercise and the Regional Surge Squared exercise. The Regional Surge exercise utilized patients from the NDMS exercise augmented with additional paper patients so as to demonstrate a true influx for each participating hospital. Pierce County hospitals received a mix of live and paper NDMS patients and King County hospitals received hospitalized paper patients. The Regional Surge exercise was limited to demonstration of a hospital's ability to receive emergently transferring patients from other healthcare organizations, to accept those patients into their clinical care, and share situational awareness about their facility with partners and NWHRN. The receiving hospital had no underlying disaster impact; they were operate under normal status. The Regional Surge Squared portion tested the ability of non-hospital (long-term care, surgery centers, outpatient clinics, etc.) to assess and report their actual, current capability and capacity to provide healthcare services and resources needed to increase capacity in anticipation of a surge of patients. Facilities then shared the information with NWHRN. Exercise participants were from King and Pierce counties representing hospitals, non-hospital healthcare facilities, regional health departments, and Disaster Medical Control Centers (DMCCs).

Both exercise components utilized a scenario requiring NDMS to evacuate hospitalized patients from a disaster-struck zone to the Puget Sound region for continued hospital care. Pierce County NDMS received hospitals prepare to receive this surge of patients and incorporate them into their current hospital census. King County hospitals received hospitalized patients from Pierce County hospitals to open space for NDMS patients in Pierce County. King & Pierce County non-hospital healthcare facilities assessed their capability to accept additional patients/residents/clients to assist in absorbing the surge of patients to the region. The exercise focused on all four Healthcare Preparedness capabilities and 12 objectives testing: regional/partner coordination, hospital surge, facility preparedness, patient tracking, situational awareness, continuity of services, incident management system, and communications pathways.

Overall, the exercise achieved the outlined objectives with some challenges. The exercise presented a valuable opportunity for hospitals and non-hospital healthcare providers to practice gathering situational awareness; requesting resources from partners; sharing information with partners; registering patients into the WATrac system; and continuing operations with limited utility. Several facilities also indicated that staff are becoming more familiar with the National Incident Management System (NIMS) and Hospital Incident Command System (HICS); for example, some facilities indicated that their Hospital Command Center provided much needed support to Operations personnel, and many healthcare staff members in non-hospital facilities demonstrated familiarity with their incident command structure, emergency response procedures, admissions process for receiving surge patients, and triage area set-up procedures. Additionally, healthcare facilities appreciated the availability of multiple forms of communication with partners, including the HECC. Finally, several hospitals indicated great teamwork within their emergency departments, particularly when receiving, admitting, and managing patients. Hospitals easily surged to absorb surge patients, and felt that they could surge more should in response to scenarios with more patients. Non-hospital healthcare staff demonstrated confidence and worked well under pressure.

There were several key learnings that were identified throughout this exercise. Overall, hospitals and non-hospital healthcare facilities indicated a need for various types of training for all staff, including leadership, command staff, and frontline staff. Training needs were identified for using and inputting patient tracking information in WATrac; requesting resources; as well as further improving staff familiarity with NIMS and HICS. Additionally, more planning around bed availability assessment procedures, as well as internal resource requesting procedures, is needed.

ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness 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 Regional Surge exercise. Table 2 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the Regional Surge Squared exercise.

Regional Surge:

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Hospitals are able to receive and provide care for short-notice, emergently transferred in-patients from another healthcare facility according to their hospital surge plan.	**Medical Surge**		**S**		
Participants utilize an incident command/incident management system that is consistent with NIMS.	**Foundation for Health Care and Medical Readiness**		**S**		
Hospital staff are able to gather situational awareness information about their facility before and after receiving a surge of patients and promptly communicate that information, through a variety of communication platforms, to the Disaster Medical Control Center (DMCC) and the Northwest Healthcare Response Network in order to contribute to a development of a common operating picture.	**Health Care and Medical Response Coordination**		**S**		
Hospitals are able to identify resource needs due to the influx of patients and to either source those needs themselves, per standard operating procedures or request resource sourcing support from the Northwest Healthcare Response Network.	**Health Care and Medical Response Coordination**		**S**		

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Hospitals are able to promptly enter the newly received patients into the WATrac patient tracking module to help facilitate overall patient tracking and family reunification according to the WATrac Patient Tracking plan.	**Health Care and Medical Response Coordination**		**S**		
The Northwest Healthcare Response Network demonstrates the ability to gather situational awareness information from area healthcare organizations receiving an influx of emergently transferred in-patients and share that information with public health and other emergency response partners as outlined in the NWHRN Response and Situational Awareness Plans.	**Health Care and Medical Response Coordination**		**S**		
Hospitals are able to promptly respond to a loss of a utility that occurs concurrently with the receipt of NDMS patients so as to minimally impact the delivery of patient care for the short term and establish a plan for longer term recovery.	**Continuity of Health Care Service Delivery**		**S**		
Healthcare coalition partners are able to work together to respond to a regional, medical surge according to the Regional Healthcare Coalition Response plan.	**Medical Surge**		**S**		

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
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 healthcare preparedness capability were not performed in a manner that achieved the objective(s).					

Table 1. Summary of Healthcare Preparedness Capability Performance for the Regional Surge Exercise.

Regional Surge Squared:

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Healthcare staff demonstrate knowledge of their facility emergency operations plan and are able to identify their facility's essential patient care capabilities, including staff, stuff and space.	**Health Care and Medical Response Coordination**		**S**		
Healthcare facility staff are trained and able to gather information for the facility related to capabilities, capacity and resource needs for providing care to a surge of new patients based on analysis of actual, current patient census or population.	**Medical Surge**		**S**		
Healthcare facility staff are trained and able to locate emergency contact information for their partners and the Northwest Healthcare Response Network and to send situational assessment information to them.	**Health Care and Medical Response Coordination**		**S**		
Healthcare facilities are trained and able to list and utilize a variety of communications pathways (i.e.,; phone, cell, radio, internet) in order to share their situational awareness with partners and the Northwest Healthcare Response Network.	**Health Care and Medical Response Coordination**		**S**		

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness capability were not performed in a manner that achieved the objective(s).

Table 2. Summary of Healthcare Preparedness Capability Performance for the Regional Surge Squared Exercise.

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

Core Capability 1

HPP Capability 1: Foundation for Health Care and Medical Readiness

The community's health care organizations and other stakeholders – coordinated through the health care coalition (HCC) – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Objective 1

Participants utilize an incident command/incident management system that is consistent with the NIMS.

Strengths

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

Strength 1: Several facilities indicated that their Hospital Command Centers provided much needed support to responding personnel.

Areas for Improvement

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

Area for Improvement 1: ICS/HICS Training

> **Analysis:** Several facilities indicated that many staff were not familiar with incident command system (ICS) or Hospital ICS (HICS) terminology, which inhibited effective communication. Newer staff, in particular, had not received HICS upon hire. Several facilities also indicated that staff members, including those in leadership positions, were unfamiliar of the scope of their roles and responsibilities within a HICS structure.

Core Capability 2

HPP Capability 2: Health Care and Medical Response Coordination

Health care organizations, the HCC, their jurisdiction(s), and the emergency support function (ESF) 8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinated strategies to deliver medical care to all populations during emergencies and planned events.

Objective 1

Hospital staff are able to gather situational awareness information about their facility before and after receiving a surge of patients and promptly communicate that information, through a variety of communication platforms, to the Disaster Medical Control Center (DMCC) and NWHRN in order to contribute to a development of a common operating picture.

Strengths

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

Strength 1: Hospitals had the opportunity to practice gathering situational awareness information about their facility. Hospitals also practiced sharing this information with the DMCC and NWHRN.

Areas for Improvement

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

Area for Improvement 1: Bed Availability Process

> **Analysis:** Several hospitals indicated that the internal process for determining bed availability needs review.

Objective 2

Hospitals are able to identify resource needs due to the influx of patients and to either source those needs themselves, per standard operating procedures, or request resource sourcing support from the NWHRN.

Strengths

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

Strength 1: Hospitals had the opportunity to practice requesting resource sourcing support from NWHRN.

Areas for Improvement

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

Area for Improvement 1: Internal Resource Request Process

> **Analysis:** Several hospitals indicated that the process for requesting resource sourcing support from NWHRN began prior to reviewing the status of internal resource needs.

Objective 3

Hospitals are able to promptly enter the newly received patients into the WATrac patient tracking module to help facilitate overall patient tracking and family reunification according to the WATrac Patient Tracking plan.

Strengths

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

Strength 1: Hospital staff indicated that the WATrac patient tracking feature supported internal response activity.

Strength 2: Hospital registration staff found entering patient tracking information into WATrac to be relatively simple and straightforward.

Areas for Improvement

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

Area for Improvement 1: Incomplete WATRAC Data

> **Analysis:** Patient tracking data entered into WATrac was incomplete and, in several cases, duplicate patients had been entered into the system.

Objective 4

The NWHRN demonstrates the ability to gather situational awareness information from area healthcare organizations receiving an influx of emergently transferred in-patients and share that information with public health and other emergency response partners as outlined in the NWHRN Response and Situational Awareness Plans.

Strengths

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

Strength 1: HECC staff disseminated a situational awareness survey to healthcare facilities in a reasonable time.

Areas for Improvement

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

Area for Improvement 1: HECC Survey Submission

Analysis: Many hospitals completed situational awareness surveys incorrectly. Responses were requested through a provided survey tool. Several hospitals completed the survey on paper and faxed or e-mailed responses to NWHRN. This process required Hospital Emergency Coordination Center (HECC) staff to have to re-enter data into the survey tool for analysis.

Objective 5

Healthcare staff demonstrate knowledge of their facility emergency operations plan and are able to identify their facility's essential patient care capabilities, including staff, stuff and space.

Strengths

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

Strength 1: Healthcare staff demonstrated familiarity with their incident command structure, emergency response procedures, admissions process for receiving surge patients, and triage area set-up procedures.

Strength 2: Healthcare staff demonstrated confidence and worked well under pressure.

Areas for Improvement

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

Area for Improvement 1: Surge Paperwork

Analysis: Registration staff at healthcare facilities preparing to receive surge patients identified difficulty locating correct paperwork to support patient intake.

Objective 6

Healthcare facility staff are trained and able to locate emergency contact information for their partners and the NWHRN and to send situational assessment information to them.

Strengths

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

Strength 1: Healthcare facilities had the opportunity to test communication pathways with NWHRN to share situational awareness information.

Areas for Improvement

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

Area for Improvement 1: Disseminating Alerts

Analysis: Several facilities indicated that they did not receive alerts from NWHRN through multiple channels (i.e., e-mail, texting, etc.).

Objective 7

Healthcare facilities are trained and able to list and utilize a variety of communications pathways (i.e., phone, cell, radio, internet) in order to share their situational awareness with partners and the Northwest Healthcare Response Network.

Strengths

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

Strength 1: Healthcare facilities appreciated the availability of multiple forms of communication with partners.

Areas for Improvement

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

Area for Improvement 1: Healthcare Facility Radios

Analysis: Several facilities indicated that they did not have radio equipment.

Core Capability 3

HPP Capability 3: Continuity of Health Care Services Delivery

Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or, ideally, improved operations.

Objective 1

Hospitals are able to promptly respond to a loss of a utility that occurs concurrently with the receipt of NDMS patients so as to minimally impact the delivery of patient care for the short term and establish a plan for longer term recovery.

Strengths

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

Strength 1: Hospitals had the opportunity to practice continuing operations during a simulated loss of utility.

Areas for Improvement

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

Area for Improvement 1: Generator Services Area

> **Analysis:** Some hospital staff indicated that they did not know which areas/units could be served by a back-up generator in the event of a loss of power.

Core Capability 4

HPP Capability 4: Medical Surge

Health care organizations – including hospitals, emergency medical services (EMS), and out-of-hospital providers – deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Objective 1

Hospitals are able to receive and provide care for short-notice, emergently transferred in-patients from another healthcare facility according to their hospital surge plan.

Strengths

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

Strength 1: Several hospitals indicated great teamwork within their emergency departments, particularly when receiving and managing patients.

Strength 2: Hospitals easily surged to absorb surge patients, and felt that they could surge more in response to scenarios with more patients.

Areas for Improvement

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

Area for Improvement 1: Simulated Patient Load

> **Analysis:** Many hospitals indicated that they easily surged to absorb the simulated number of patients arriving at their facility. While this factor, alone, is a strength, this feedback indicated that the scenario did not stress hospital resources enough.

Objective 2

Healthcare coalition partners are able to work together to respond to a regional, medical surge according to the Regional Healthcare Coalition Response plan.

Strengths

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

Strength 1: Healthcare coalition partners had the opportunity to practice communicating with each other in response to a medical surge scenario. Partners could reach the HECC with questions when necessary.

Areas for Improvement

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

Area for Improvement 1: HECC Data Management

> **Analysis:** The HECC had some equipment incompatibility issues with regard to shifting information between Question Pro, Adobe PDF, and DataCracker. The PDF file generated from Question Pro was illegible, and Question Pro data does not export directly to DataCracker.

Area for Improvement 2: Documenting Surge Patients

> **Analysis:** Some hospital staff had difficulty differentiating between patients arriving at the hospital from a Mass Casualty Incident (MCI) rather than patients transferring from an evacuating facility. This confusion lead to patients being held in Emergency Departments unnecessarily when they could have been admitted directly to inpatient floors. This confusion also lead to some hospitals entering duplicate patients in WATrac. Those responsible for inputting patient information into WATrac should search for all patients before inputting their information to ensure that the patient is not already in the system. This precaution will avoid duplicating patients in WATrac.

Objective 3

Healthcare facility staff are trained and able to gather information for the facility related to capabilities, capacity and resource needs for providing care to a surge of new patients based on analysis of actual, current patient census or population.

Strengths

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

Strength 1: Many facilities indicated that staff had received training to gather capabilities, capacity, and resource needs information for their facilities in support of a patient surge scenario.

Areas for Improvement

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

Area for Improvement 1: 213 Resource Request (RR) Form

> **Analysis:** Several resource requests were not submitted using the 213 RR form. Facilities should complete the 213 RR form when submitting a resource request through the HECC. The 213 RR form is the document used to push resource requests to local emergency management agencies, if necessary. The 213 RR form also standardizes how information regarding resource requests between health care facilities and the HECC.

Area for Improvement 2: Facility Emergency Preparedness Plans

Analysis: Staff need to be familiar with their own Emergency Preparedness Plans in order to respond quickly during a high stress scenario. Emergency Preparedness Plans should also include what type of information should be gathered and shared with coalition partners, as well as the HECC.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for NWHRN coalition partners as a result of Regional Surge and Regional Surge Squared Functional Exercises conducted on August 1-4, 2017.

Issue/Area for Improvement	Corrective Action	Capability Element[1]	Recommended Responsible Organization	Target Completion Date
Core Capability 1: Foundation for Health Care and Medical Readiness				
1. ICS/HICS Training	Continue to offer and connect health care staff to NIMS, ICS, HICS training to ensure familiarity with NIMS terminology, as well as the HICS structure. Ensure NIMS, ICS, and HICS training is included in onboarding training for appropriate staff.	**Training**	All	Continuous
Core Capability 2: Healthcare and Medical Response Coordination				
1. Bed Availability Process	Hospitals should review and update, if necessary, internal procedures for conducting bed availability assessments.	**Planning**	Hospitals	August 2018
	Hospitals should ensure that bed availability assessment procedures include communication process for sharing the outcome of bed availability assessments.	**Planning**	Hospitals	August 2018
2. Internal Resource Request Process	Ensure hospital internal resource needs assessments have been documented and updated in emergency procedures.	**Planning**	Hospitals	August 2018

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

	Ensure internal resource needs are reviewed and assessed prior to making request for support to NWHRN.	**Training**	All Healthcare Facilities	August 2018
3. Incomplete WATrac Data	Continue to conduct WATrac patient data entry training. Sustain regular WATrac training to ensure new staff become familiar with the system.	**Training**	All	Continuous
4. HECC Survey Submission	HECC instructions to healthcare facilities with regard to completing surveys must be more explicit to ensure that responses are received in the appropriate medium.	**Planning/Training**	NWHRN	February 2018
5. Surge Paperwork	Ensure correct paperwork is in place in a common location (e.g., treatment cart) to facilitate access to forms in a rapid response.	**Planning**	All Healthcare Facilities	August 2018
6. Disseminating Alerts	Ensure NWHRN staff disseminated alerts through as many channels as feasible.	**Planning/Training**	NWHRN	February 2018
7. Healthcare Facility Radios	If healthcare facilities cannot purchase and train on radio equipment, ensure as many channels of communication are available to ensure redundancy (e.g., phone, social media, e-mail).	**Equipment**	Non-Hospital Healthcare Facilities	August 2018
	Healthcare facilities can notify local emergency management or NWHRN and inform them that their facility does not possess radio capability; volunteers may be available to relay healthcare facility information to partners during an incident.	**Planning/Training**	Non-Hospital Healthcare Facilities	August 2018
Core Capability 3: Continuity of Health Care Services Delivery				
1. Generator Service Area	Ensure hospital staff communicate with facilities staff so that generator service area is documented in emergency operations plans.	**Planning/Training**	Hospitals	August 2018

Core Capability 4: Medical Surge				
1. Simulated Patient Load	In future exercise, ensure more simulated patients are included in the exercise scenario to adequately stress hospital resources.	**Exercise**	NWHRN	August 2018
2. HECC Information Management	Explore other options for data input and data analysis within the HECC.	**Equipment**	NWHRN	February 2018
3. Documenting Surge Patients	Staff need more training on how to differentiate between patients arriving from a mass casualty incident versus those originating from an evacuating facility.	**Training**	All Healthcare Facilities	August 2018
	Staff need more training regarding initial documentation of surge patients into the WATrac system. Staff must search for new patients in the system prior to entering their information to avoid duplication.	**Training**	All Healthcare Facilities	August 2018
4. 213 RR Form	Staff need more training regarding the completion and submission of resource requests to the HECC using 213 RR forms.	**Training**	All Healthcare Facilities	August 2018
5. Facility Emergency Preparedness Plans	Staff need to be more familiar with their own Emergency Preparedness Plans to ensure they are comfortable with components of the plan when responding during a high stress situation.	**Training**	All Healthcare Facilities	August 2018

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Organization Name	**Organization Type**
CHI FHS St. Anthony Hospital	Hospital
CHI FHS St. Clare Hospital	
CHI FHS St. Joseph Medical Center	
Harborview Medical Center	
Madigan Army Medical Center	
MultiCare Allenmore Hospital	
MultiCare Good Samaritan	
MultiCare Mary Bridge Children's Hospital	
MultiCare Tacoma General Hospital	
Seattle Children's Hospital	
Swedish Medical Center, First Hill	
University of Washington Medical Center	
Valley Medical Center	
Virginia Mason Medical Center	
Western State	
Aesthetic Eye Associates	Non-Hospital
Avamere Heritage Rehabilitation of Tacoma	
Benson Heights Rehabilitation	
Cedar Laser and Surgery Center	
Crista Skilled Nursing and Rehab Center	
Foss Home and Village	
GenesisHCC-Linden Grove	
HealthPoint	
Judson Park Retirement Community	
Olympic Peninsula Kidney Center - Port Orchard	
Pacific Northwest Center for Facial Plastic Surgery	
Providence Home Services	
Providence Marianwood	
Providence Mount St. Vincent	
Providence Sound Home Care and Hospice	
Puget Sound Gastroenterology Kirkland	
Richmond Beach Rehab	
Sea Mar Community Care Center	
Seattle Gastroenterology Associates - Fremont	

Seattle Gastroenterology Associates - Northgate	Non-Hospital
The Polyclinic	
VP Surgery Center of Auburn	
Washington Veterans Home	
Northwest Healthcare Response Network	Healthcare Coalition
Public Health – Seattle & King County	County Agency
Tacoma – Pierce County Health Department	
Puget Sound Federal Coordinating Center	Federal Agency