

09/14/22 Montesano Health and Rehabilitation Center
Fire & Evacuation response
Panel Presentation

On November 14th 2022, NWHRN facilitated a panel discussion to hear from many of those involved in the Montesano Health and Rehabilitation Center Fire & Evacuation response, allowing for these partners to share some lessons learned and provide the opportunity other healthcare colleagues across the coalition to ask further questions. Nearly 200 partners attended the call from across the state, with attendance that spanned many sectors of healthcare.

Background on the response:

On September 14, 2022, at approximately 17:30, a fire broke out at Montesano Health and Rehabilitation Center (MHRC). The Montesano Fire Department was dispatched to a fire in the kitchen area, with reports from the facility and area residents that smoke was coming from the building. The Fire Department arrived on scene at 17:36 and observed heavy smoke and flames coming from the roof at the north end of the building. Staff at MHRC had already begun evacuating patients to a nearby parking lot away from the structure. At 18:16, an administrator from MHRC called the NWHRN Duty Officer to advise of the situation, alerting to a full evacuation, and requesting support for patient relocation and logistics support for water, food, and portable oxygen. Shortly after, at 18:20, additional outreach began to the broader healthcare response partners and supporting agencies. By 19:21, the local Disaster Medical Coordination Center was alerted and a plan for Teams Virtual EOC was established for a 20:00 starting time. At 22:25, patient data and transportation information input began by NWHRN into WATrac patient tracking, with all patients reconciled and placed at the receiving locations by 01:00. In total, there were 77 displaced patients requiring various levels of care, all of which were successfully transferred to appropriate facilities and/or discharged home where possible. Eleven (11) Long Term Care Facilities supported relocation and received patients from MHRC, alongside numerous response partners who rapidly came to the aid of this facility and community by offering resources, staff, and expertise.

This panel came nowhere near capturing the magnitude of responders to this incident. On behalf of all who were involved, we want to thank each one for the support provided to one another as response colleagues and the incredible care exhibited for these patients!

Panel participants:

- Andrea Moeun, Montesano Health and Rehabilitation Center
- Chris Patti, McLane Black Lake Fire
- Elena Madrid, Washington Healthcare Association
- Elya Baltazar, NWHRN, District Manager, WATrac Support during response
- Kara Welchel, NWHRN, WATrac Specialist
- Laura Hofmann, LeadingAge Washington
- Leonard Johnson, McLane Black Lake Fire
- Mariah Pede, NWHRN West District Coordinator, Duty Officer during response
- Nick Falley, Grays Harbor County Emergency Management
- Rick Leo, Olympia Fire
- Steve Brooks, Lacey Fire
- Shawn Crimmins, Tumwater Fire

09/14/22 Montesano Health and Rehabilitation Center
Fire & Evacuation response
Panel Presentation

Lessons learned: (by no means an expansive list, just a few critical ones that were noted)

- This response was a massive collaboration between agencies that rarely, if ever, have worked together. Without each one being willing to say 'yes' when they got that call, this would not have gone nearly as well as it did.
- Contacting Leading Age and Washington Healthcare Association was critical in finding facilities in the area who were willing to take patients. Again, the fact that each of these accepting facilities said yes made all the difference in how quickly these patients could be moved / transferred.
- Montesano HRC staff worked directly alongside the Incident Command and Emergency Operations Center to support patient care in the holding area, provide critical patient information, support appropriate placement based on needs, and verify accuracy on transportation.
- The sooner additional partners are looped in, the better the response, including those that might be needed for patient care such as oxygen providers.
- Having all the partners on a virtual call together was highly effective and provided clear communication and coordination. No delay in partners responding due to drive time or traffic from the incident. Critical to use this option moving forward.
- Facilities/agencies/organizations need to have contact information ahead of a response. It is optimal to meet or be part of coalition or community conversations before working alongside each other during stress/crisis. Additionally, make sure you have 24/7 contacts or cell numbers.
- Utilizing WATrac was key for all the agencies involved in patient movement and care. Many of the fire departments and long-term care facilities involved had not previously used this platform, so it took some additional time/manpower to input them into the system. Reach out to the Network to get added to WATrac before you have the need to use it.
- Many response partners are prepared for mass casualty incidents, not necessarily mass evacuation where immediate transportation to the hospital or rapid triage is not needed. This meant a large staging area was needed for all the resources as they came in and waited for direction, which depending on the location, can highly affect the surrounding community.
- This was the first time WATrac was used for a LTC evacuation/relocation/patient tracking incident. It was highly useful in family reunification and coordination with all the receiving partners and command post on site.