

**Findings from the 2019 Statewide  
Coalition Surge Test Evacuation  
Exercise:  
A Long-term Care Perspective**

**NHHCA Fall Conference & Trade  
Show**

**September 18, 2019**

# Agenda

- Introduce the Granite State Health Care Coalition
- Provide an overview of the Coalition Surge Test and 2019 findings
- Share Evacuating Facility experiences
- Share plans for the 2020 Coalition Surge Test



# The Granite State Health Care Coalition

The Granite State Health Care Coalition is an initiative of the Foundation for Healthy Communities financed under a contract with the State of New Hampshire, Department of Health and Human Services, with funds in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.



Foundation *for*  
Healthy Communities



## *What we do*

The GSHCC supports coalition members by

- Assisting organizations to meet State and Federal emergency preparedness requirements
- Identifying gaps, training needs, and resources
- Providing assistance in emergency preparedness, planning, response, and recovery with a primary focus on support and coordination functions.
- Providing connection to relevant resources, webinars, and guidance on changing State and Federal requirements.



## *Service Area*

This Granite State Health Care coalition serves *all* New Hampshire communities and is a support for State ESF#8 – Health and Medical to provide these services.



## *GSHCC Vision*

The vision of the GSHCC is to work with partners to improve the readiness of NH's health care system by:

- Assessing the state of health care system readiness in New Hampshire;
- Encouraging and supporting members in all-hazards planning, coordination, and capacity development (including training);
- Sharing promising practices and lessons learned; and
- Promoting the value and importance of health care readiness.



## *What's in it for me??*

What are the benefits of a coalition model versus existing systems? You will receive:

- Technical assistance
  - CMS Emergency Preparedness Final Rule guidance
  - Continued guidance on developing State and Federal requirements
- Training and Exercise opportunities
- Expanded regional planning
- Access to a broader base of community partners
- A liaison between coalition partners and the State
- Access to subject matter experts



# *2019 GSHCC General Meeting*

**October 29, 2019**

- The NH Fire Academy Auditorium- 98 Smokey Bear Blvd, Concord, NH
  - 9:00am-12:30pm
- We will discuss the current status of GSHCC projects, provide information on upcoming trainings and exercises, and provide a networking opportunity for participants.
- We will break off into healthcare sectors to discuss emergency preparedness initiatives and best practices.
- We are looking for your feedback on how we can better serve your organization!
- A tour of the NH State EOC will be offered.

Free to attend- contact GSHCC Program Coordinator, Shaylin Deignan to register at [sdeignan@healthynh.org](mailto:sdeignan@healthynh.org)

# *2019 GSHCC Conference*

**Save-the-date: May 19, 2020!**

Leaders in healthcare emergency preparedness from NH and across the country will discuss recent real-world events, lessons learned, and best practices and how they can be applied to your organization.



# **Coalition Surge Test Overview**

# CST Specs

- Simulated evacuation of 20% of acute care bed capacity (~512 beds)
  - Evacuations from hospitals and long term care facilities
- No Notice:
  - Two-week window
  - Exercise during normal business hours
- Evacuating facilities:
  - Agreed to potentially serve as an evacuating facility prior to the exercise
  - Given 60 minutes notice to stand up their command centers
- 90 minutes of exercise play

# CST Objectives

- Develop and strengthen health care system evacuation/surge capability
- Evaluate NH's overall ability to communicate and coordinate quickly to find and match available beds and transportation resources with those needing to be evacuated
- Evaluate efficacy of State of NH Disaster Transportation Decision Guide
- Engage broader array of health care system partners

# How Does It Work?

- Facility contacts receive notification that the facility has been designated as an evacuating facility for today's CST exercise
- Instructed to stand up Command Center and get a census
- Controllers/Evaluators arrive and provide a briefing to Command Center staff

# Evacuating Facility Briefing

- This is an exercise
- It has been determined that this facility must be evacuated
- There will be no movement of actual patients and there should be no impact to patient/resident care
- You need to identify appropriate space in other facilities and transportation options for all patients/residents needing evacuation

# Assumptions and Artificialities

- There are no infrastructure issues that would present obstacles to your ability to evacuate
- State Emergency Operations Center is activated
- NH Health Care Licensing is aware and supportive of your need to evacuate
- Players are introduced to ASPR data collection forms and exercise play begins after any questions on the briefing are answered

# 2019 CST Findings

# Overview

- 2 hospitals and 2 LTCFs simulated evacuation
  - Catholic Medical Center
  - Cheshire Medical Center
  - Hanover Terrace Health and Rehabilitation Center
  - Mt. Carmel Rehabilitation and Nursing Center
- 8 hospitals and 16 LTCFs within the state took at least 1 patient from an evacuating facility
  - 1 LTCF utilized stopover points
- 4 out-of-state hospitals took patients

# Patient/Resident Placement

	CMC	Cheshire	Hanover Terrace	Mt. Carmel
Census at start of exercise	295	98	92	109
# discharged	70	46	17	66
# to be transferred to other facility	225	52	75	43

- At EndEx, 3 of 4 facilities had found alternative locations for patients/residents

# NH Receiving Facilities

## Hospitals

- Concord Hospital
- DHMC
- Elliot
- Huggins
- LRGH
- Monadnock
- NH Hospital
- Southern NH

## LTCFs

- Claremont:
  - Elm Wood
- Dover
  - St Ann
- Goffstown:
  - Hillsborough County
- Hanover:
  - Kendal at Hanover
- Jaffrey:
  - Good Shepherd
  - Westwood
- Keene:
  - Cedarcrest
  - Langdon Keene
  - Keene Center
- Manchester:
  - Courville
  - Hanover Hill
  - Maple Leaf
  - St. Joseph's
- Peterborough:
  - Pheasant Wood
- Winchester:
  - Applewood
  - Maple Wood

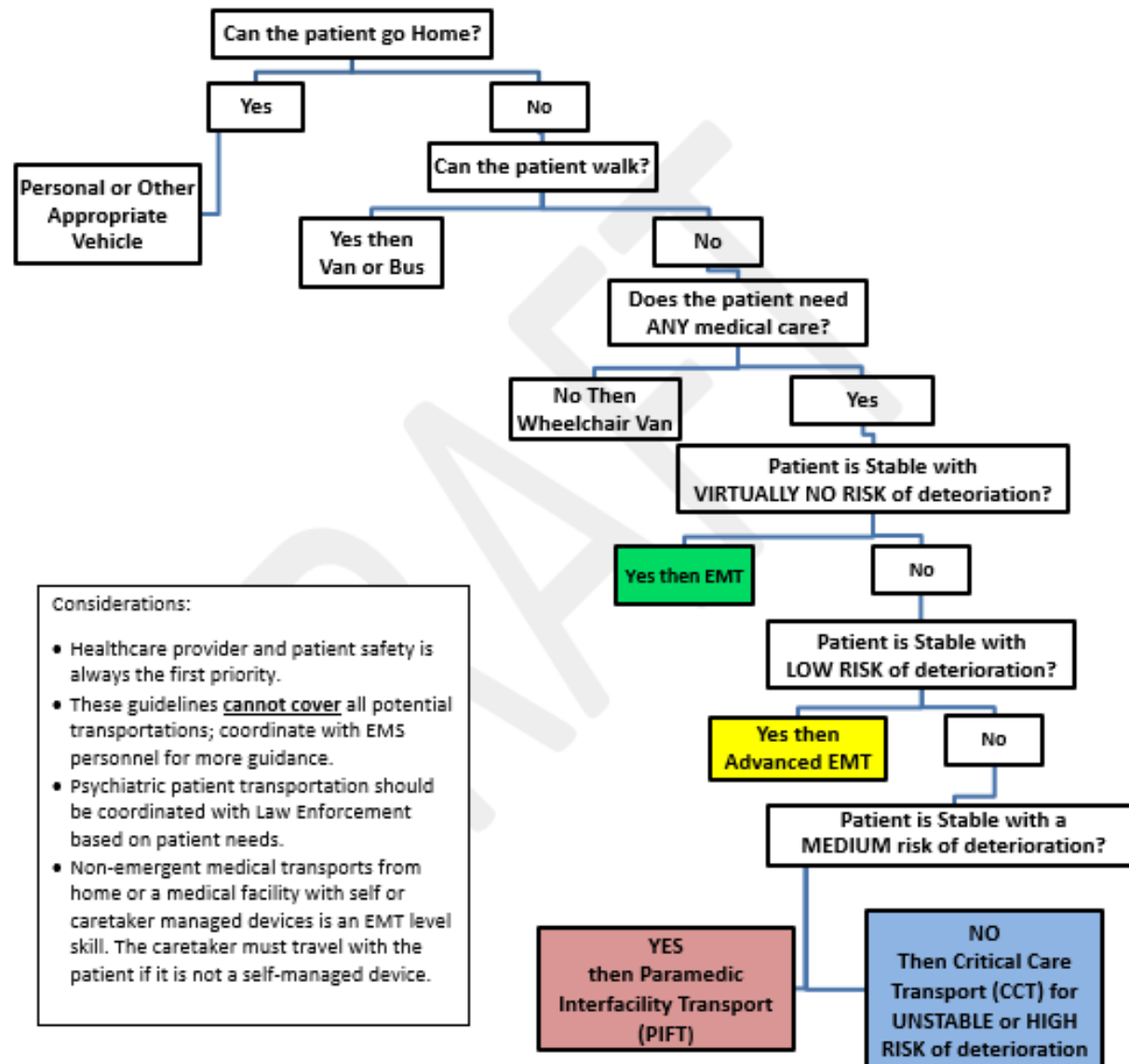
# Transport Assets Recruited

- Ambulances
  - MCI Plan, municipal and private, Dartmouth-Hitchcock Advanced Response Team (DHART) Ground
- Wheelchair vans
- Buses
- Hillsborough/Cheshire County Sheriff's Department
- Air assets
  - DHART, Boston MedFlight
- Car rental

# Strengths

- Rapid staff activation, use of ICS, internal communications
  - School vacation week
- Efficient discharge determinations/procedures
- LTCF engagement of local emergency management
- LTCF use of MOUs for patient placement and transportation
- Use of NH Disaster Transportation Decision Guide

# Guidance: Appropriate Transportation



# Challenges

- ESF-8 (Health and Medical) Desk not notified of all evacuations
- Difficulty reaching decision makers at receiving facilities
  - Multiple outdated contact numbers
  - Unclear emergency procedures for switchboard operators
  - Conflicting placement offers from staff at same facility
- Improvements to NH Disaster Transportation Decision Guide identified

# Recommendations

- Share forthcoming state guidance, “Cross Functional Flowchart of Initial Notification Process from Healthcare Organizations to Local/State.”
- Provide training and guidance on new statewide information and resource sharing platform; exercise using platform.
- Determine what positions should be contacted to provide emergency bed availability information; define and disseminate a process for reaching them.
- Ensure switchboard staff know process for reaching facility emergency contacts and Command Center.

# **The Coalition Surge Test: An Evacuating Facility Perspective**

# Evacuating Facility Perspective

- Introduction: Mt. Carmel Rehabilitation and Nursing Center
- Previous experience with evacuation planning and exercising
- Successes and Lessons Learned from the facility standpoint
  - Quick changes and longer term improvements
- Beneficial aspects of CST participation
- Challenging aspects of CST participation

# Incoming Call Emergency Management Guide

## INCOMING EMERGENCY CALL MANAGEMENT GUIDE

This information is to guide you in how to respond when you receive an emergency call from another nursing home needing help during an emergency or having an emergency exercise/drill.

If you answer an incoming call and the caller identifies themselves as calling from "ABC" facility and "we are having an emergency (exercise/drill) and need to evacuate our facility. How many residents/patients can you take and do you have transportation we can use?"

**THIS CALL IS VERY IMPORTANT AND NEEDS TO BE SENT TO A LIVE PERSON NOT AN EXTENSION (AS ANY ONE OF THE BELOW MAY NOT BE IN THEIR OFFICE TO RECEIVE THE EMERGENCY CALL) CHECK TO SEE IF THEY ARE IN THEIR OFFICE BEFORE TRANSFERRING THE CALL IN TO THEM. IF NOT IN THEIR OFFICE, PAGE THEM OR SEND A RUNNER TO FIND THEM. THIS CALL IS VERY IMPORTANT AND TIME SENSITIVE AND NEEDS TO BE ANSWERED.**

ANYONE ONE OF THE FOLLOWING CAN TAKE THIS CALL:

- ADMINISTRATOR EXT.
- DIRECTOR OF NURSING EXT.
- ASSISTANT DIRECTOR OF NURSING EXT.
- NURSING SUPERVISOR PAGE

The caller will want to know how many residents/patients we can take in. They may not be able to tell us Male/Female or type (skilled, LTC, Alzheimer's) at the time of the call. The number of residents/patients we can take are figured out by:

Number of beds in our facility = 20. Minus Today's census 7 = number of empty beds. If they are desperate in finding beds for their residents we should be able to take 10% above our full census number of 20, or an additional 2; however, these would be on inflatable beds in a communal setting.

\*\*\*The caller may also ask if we have transportation available for them to use:

We have a 2 passenger bus; it will accommodate 7 wheelchairs.

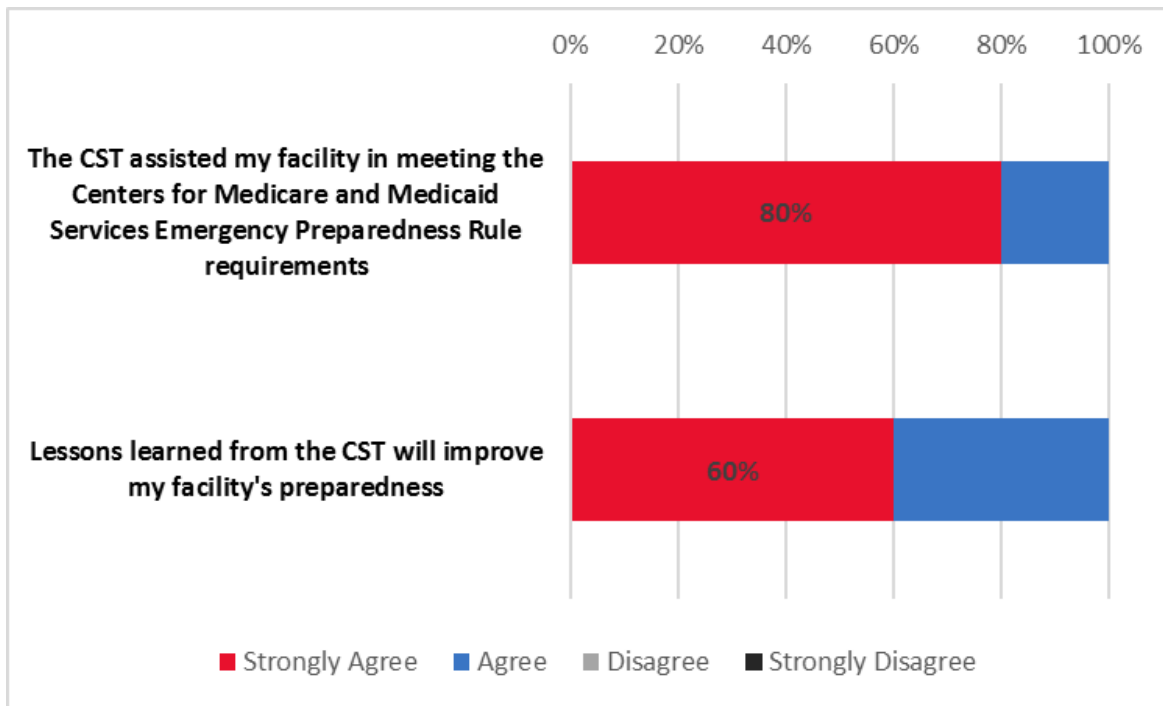
We do/don't have a driver available to help you

We have a pickup truck; if that would help you.

We do/don't have a driver available to help you

- Staff authorized to take call
- Procedure for ensuring live response by authorized person
- Method to determine Mt. Carmel's capacity to assist

# Evacuating Facility Feedback



“Provided me with the opportunity to look at process. Allowed an opportunity to engage leadership and other partners in the process as well.”

“Rip off the bandaid and give it a try. There is never a good time and you should always be prepared for the unexpected.”

# Looking Ahead: 2020 CST!

- Two-week exercise window (March 15-28, 2020)
- Watch for CST participation survey in mid-November
- Contact us with questions!

# Questions?

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