

**Capital Area Public Health and
Medical Preparedness Coalition**

**December 9, 2008
Regional Hospitals Exercise**

**After Action Report
and
Corrective Action/Improvement Plan**

[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EXERCISE AFTER ACTION REPORT

AFTER ACTION REPORT

Submitting Jurisdiction:	<u>Capital Area Public Health and Medical Preparedness Coalition (CAPHMPC)</u>
Exercise Hazard Scenario	<u>A former disgruntled employee with St. David's called with a bomb threat to all of the St. David's hospitals. A bomb explosion occurred at St. David's Main which took out the hospital infrastructure causing patients to be transferred to other facilities. The scenario also tested water and ventilation at the participating hospitals. A decon scenario was included for St. David's Georgetown Hospital. An underlying assumption for the exercise was that Seton Network Hospitals were at capacity from hurricane evacuated patients.</u>
Exercise Level	<u>Functional</u>
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EXECUTIVE SUMMARY:

Overview:

The exercise subcommittee of the Capital Area Public Health and Medical Preparedness Coalition (CAPHMPC) planned a regional exercise for nine of the hospitals located within the 11-county area of Capital Area Trauma Regional Advisory Council (TSA-O). The CAPHMPC is a collaborative forum of several related efforts by the Travis County/City of Austin Office of Emergency Management (Travis-Austin OEM), Capital Area Council of Governments (CAPCOG), Capital Area Trauma Regional Advisory Council (CATRAC), and Austin/Travis County Health & Human Services (ATCHHS) with a regional focus on preparedness and response planning. The goal for the exercise was to conduct a regional drill while testing the components of emergency management planning requirements as established by The Joint Commission which accredits and certifies health care organizations in the United States. The lead agencies in organizing the exercise included St. David's Georgetown Hospital, Capital Area Council of Governments, Capital Area Regional Trauma Advisory Council, and Williamson County and Cities Health District. The exercise occurred at nine participating hospitals including St. David's Medical Center, St. David's South Austin Medical Center, St. David's North Austin Medical Center, St. David's Round Rock, St. David's Georgetown Hospital, Austin Surgical Hospital, Heart Hospital of Austin, Northwest Hills Surgical Hospital, and Llano Memorial Hospital. Exercise Control and the established EOC were located at the Austin/Travis County Combined Transportation, Emergency and Communications Center (CTECC).

The exercise was functional with each of the nine hospitals activating their incident command. The scenario for the exercise began with a former disgruntled employee with St. David's called with a bomb threat to all of the St. David's hospitals. A bomb explosion occurred at St. David's Main which took out the hospital infrastructure causing patients to be transferred to other facilities. The scenario also tested water and ventilation at the participating hospitals. A decon scenario was included for St. David's Georgetown Hospital. An underlying assumption for the exercise was that Seton Network Hospitals were at capacity from hurricane evacuated patients.

Major Strengths Demonstrated:

Controller/Evaluators were located at each of the nine participating hospitals and the same evaluation form was used during the exercise. The major strengths of the exercise included:

- the use of the regional 800MHz radio system implemented through CATRAC;
- the link with Amateur Radio Emergency Services (ARES) for communication during a disaster;
- the amount of participation and interest in the planning and execution of the exercise;
- commitment from the hospitals within the region;
- development of the exercise to include MSEL, exercise objectives, exercise evaluation tool, and controller/evaluator orientation workshop.

Areas that Require Improvement:

The exercise identified areas for improvement on a regional level and also on an individual hospital level. The regional recommendations include:

- additional training on the radios and development of a regional protocol;
- ongoing training of NIMS and integration of the NIMS/HICS documentation;
- addressing hospital decontamination;
- identifying hospital evacuation equipment and needs and how evacuation processes would occur in the region;
- assessing the type of the disaster codes used in each of the hospital in the region and review for standards;
- implementation of a regional patient tracking system through EMTrack and also develop patient tracking standards using the ARES group.

Recommendations on individual hospital level include:

- ongoing training of NIMS and integration of the NIMS/HICS documentation;
- practicing hospital evacuation procedures;
- reviewing and addressing staffing, security, infrastructure, internal communications, training, and documentation.

SECTION 1: EXERCISE OVERVIEW:

1.1. Exercise Name/Designation: Capital Area Public Health and Medical Preparedness Coalition (CAPHMPC) 12/09/08 Regional Hospitals Exercise

1.2. Exercise Date(s): December 9, 2008 (0900-1200)

1.3. Exercise Type: Functional

1.4. Exercise Scenario: A former disgruntled employee with St. David’s called with a bomb threat to all of the St. David’s hospitals. A bomb explosion occurred at St. David’s Main which took out the hospital infrastructure causing patients to be transferred to other facilities. The scenario also tested water and ventilation at the participating hospitals. A decon scenario was included for St. David’s Georgetown Hospital. An underlying assumption for the exercise was that Seton Network Hospitals were at capacity from hurricane evacuated patients.

1.5. Location(s): The exercise play/activity took place in five St. David Healthcare Partnership Hospitals in Travis and Williamson Counties to include St. David’s Medical Center, St. David’s South Austin Medical Center, St. David’s North Austin Medical Center, St. David’s Round Rock Medical Center, St. David’s Georgetown Hospital. The remaining four sites included Llano Memorial Hospital in Llano County and Northwest Hills Surgical Center, Austin Surgical Center, Health Hospital of Austin located all in Austin. Exercise Control and the established EOC was at the Austin/Travis County Combined Transportation, Emergency and Communications Center.

1.8. Organizations & Participants:

Agency / Organization	# Of Participants
St. David’s Medical Center (Main)	60
St. David’s South Austin Medical Center	309
St. David’s North Austin Medical Center	28
St. David’s Round Rock Medical Center	55
St. David’s Georgetown Hospital	40
Llano Memorial Hospital	37
Northwest Hills Surgical Hospital	10
Austin Surgical Hospital	23
Heart Hospital of Austin	30
Austin Police Department	1
Austin/Travis County EMS	1
Georgetown Police Department	1
Round Rock Police Department	1
Williamson County HazMat	2
Austin/Travis County EOC	4
Travis County Sheriff’s Office	2
Seton Family of Hospitals including Seton University	18

Medical Center at Brackenridge, Seton Northwest Hospital, Seton Medical Center, Seton Southwest Hospital, Seton Highland Lakes Hospital, and Seton Edgar B. Davis Hospital	
Cedar Park Medical Center	1
Johns Community Hospital	1
Scott & White University Medical Campus Round Rock	6
Volunteers playing mock patients (Georgetown High School (9), City of Austin CERT (10), Blanco County Disaster Response Group (4), Round Rock High School and Westwood High School (19)	52
Llano Police Department and Llano EMS	3
Travis County ARES (17) and Williamson County ARES (4)	21
Capital Area Council of Governments	2
Capital Area Trauma Regional Advisory Council	1
Williamson County & Cities Health District	2
Hays Personal Health Department	1
Texas Department of State Health Services Region 7	2
Marble Falls Area EMS	1
Williamson County Fire and Emergency Management	2
Private Industries-CHR Solutions	1
TOTAL Participants:	718

1.7. Overview:

The exercise subcommittee of the Capital Area Public Health and Medical Preparedness Coalition (CAPHMPC) planned a regional exercise for nine of the hospitals located within the 11-county area of Capital Area Trauma Regional Advisory Council (TSA-O). The CAPHMPC is a collaborative forum of several related efforts by the Travis County/City of Austin Office of Emergency Management (Travis-Austin OEM), Capital Area Council of Governments (CAPCOG), Capital Area Trauma Regional Advisory Council (CATRAC), and Austin/Travis County Health & Human Services (ATCHHS) with a regional focus on preparedness and response planning. The goal for the exercise was to conduct a regional drill while testing the components of emergency management planning requirements as established by The Joint Commission which accredits and certifies health care organizations in the United States. The lead agencies in organizing the exercise included St. David's Georgetown Hospital, Capital Area Council of Governments, Capital Area Regional Trauma Advisory Council, and the Williamson County and Cities Health District. The nine participating exercise hospitals include St. David's Medical Center, St. David's South Austin Medical Center, St. David's North Austin Medical Center, St. David's Round Rock, St. David's Georgetown Hospital, Austin Surgical Hospital, Heart Hospital of Austin, Northwest Hills Surgical Hospital, and Llano Memorial Hospital. Exercise Control and the established EOC were located at the Austin/Travis County Combined Transportation, Emergency and Communications Center (CTECC). Many other representatives from other agencies assisted to provide guidance in planning of the exercise and also in

contributing as controller/evaluators at each of the nine hospital locations. These agencies include Austin/Travis County Health and Human Services, City of Austin Office of Emergency Management and Homeland Security, Travis County Sheriff's Office, City of Austin Police Department, Austin/Travis County EMS, Williamson County and Cities Health District, Travis County ARES, Williamson County ARES, Scott & White University Medical Campus Round Rock, Cedar Park Medical Center, Johns Community Hospital, Texas Department of State Health Services Health Service Region 7, Hays County Health Department, Marble Falls EMS, and the Seton Family of Hospitals including Seton University Medical Center at Brackenridge, Seton Northwest Hospital, Seton Medical Center, Seton Southwest Hospital, Seton Highland Lakes Hospital, and Seton Edgar B. Davis Hospital.

The CAPHMPC Exercise Subcommittee followed the planning guidance and used materials from the Homeland Security Exercise and Evaluation Program (HSEEP). The exercise tested the emergency communications and interoperability, internal hospital call down notification, hospital evacuation, surge capacity, facility lockdown and security, incident command structure, public information, decontamination, emergency physician credentialing, patient clinical support activities, and facility infrastructure sustainment. Refer to the exercise objectives in Section 3 of this document.

1.8. Exercise Evaluation:

The CAPHMPC Exercise Subcommittee created an evaluation tool based on the exercise objectives and the hospitals 96 hour sustainability requirements as established by The Joint Commission, the accrediting body for the health care organizations (refer to exercise objectives in Section 3 of this document). On the exercise evaluation form, evaluators marked whether the objectives were met, not met, or were not applicable. Additional questions were listed on the evaluation tool as well as an area for comments and additional observations.

Exercise evaluator/controllers were located at each of nine participating hospitals (St. David's Medical Center, St. David's South Austin Medical Center, St. David's North Austin Medical Center, St. David's Round Rock, St. David's Georgetown Hospital, Austin Surgical Hospital, Heart Hospital of Austin, Northwest Hills Surgical Hospital, and Llano Memorial Hospital). Stakeholders from the region volunteered to exercise evaluators. A Controller/Evaluator Orientation was held the day before the exercise. Some of the hospitals also had internal hospital evaluators observing and critiquing after the exercise. A hotwash was conducted at each of the hospitals and at exercise control at the conclusion of the exercise. A regional hotwash was held on December 16. Each facility involved in this drill will develop their own action plan based on specific issues identified during the drill. Some of these may coincide with the regional goals but may include more facility specific issues noted during the exercise.

The exercise showed many strengths and weaknesses both on a regional level and hospital level. The use of the recently implemented regional interoperability 800MHz radios for the hospitals was a substantial benefit to the exercise. This CATRAC initiative provides a level of communication for hospitals to talk one another as well as other responding agencies during a disaster. With some minor exceptions, the system worked extremely well and allowed

communication between the hospitals and CTECC/Exercise Control but allowed communication between the Controller/Evaluators at the hospitals. This helped to keep the exercise organized and on track. Llano Memorial Hospital was the only hospital that did not have the 800Mhz radios available.

Use of the radio system showed that development of operational guidelines, establishment of a monthly test program, and ongoing training are needed. From the feedback from the all involved, this was a major win for the TSA-O emergency preparedness program. A few minor equipment issues need to be resolved but the system is very robust and will afford the region with real time, dependable and redundant communication that will allow not only the hospitals to talk to each other and directly to CTECC but also to other agencies as needed on the regional interop talk groups.

One theme we will be addressing is a better integration of the NIMS process and documentation to ensue we are compatible with any agency that might become involved in a disaster event. All of the hospitals have had training on the NIMS 100, 700, 200 and 800 courses. However, additional integration from a local and regional perspective is needed. As a region we will be working toward participation in the ICS 300 and ICS 400 classes as one way to better integrate this into our processes. It is obvious to us that this will need to be practiced on a more routine basis to ensue staff are comfortable with this process.

Most of the past drills have focused on hospitals taking in mass casualty victims and testing their surge capacity. This drill did both in that we tested the evacuation process of one facility and surge ability at other facilities in accepting a different type of patient. Each hospital was assigned specific patients as developed by the exercise planning team. A disaster symptomology/triage patient tag was created to provide information as the patients being transferred. The patients in this exercise varied from ones that had just had surgery to those that had been in the hospital for several days, which created a somewhat different mindset for the triage staff at the receiving hospitals. This will need to be tested again and to address tracking of the patients that are evacuated.

Involving the Amateur Radio Emergency Service (ARES) group in this drill identified some capabilities that could be helpful to communication and in patient tracking. If each facility has a scanner, they can scan patient lists and send them by secure, digital HAM radio links to the facilities or CTECC as needed. By involving ARES more in the planning and execution of this drill, they were able to test to a level that they had not achieved before. One other process tested (as a parallel project but not involved directly in the drill) was the EMTrack patient tracking system from EMResouce. EMTrack uses a bar coded technology and a web based system to aid in tracking of evacuated patients which is a regional project being implemented.

Even though St. David's Medical Center was selected to simulate an evacuation of the entire facility, each facility received an inject to evacuate at least one person from an upper level or some area of their facility to the outside using an evacuation device such at the Stryker Stair Chair or ParaSlide. The exercise showed that evacuation needs additional focus and this inject was to help draw attention to this need and expose staff to the process.

The exercise also showed the need to develop address hospital decontamination issues from a regional level as well as credentialing of medical professionals during an emergency.

Each hospital will be addressing their internal issues related to internal communication, internal hospital call down notification, surge capacity, facility lockdown and security, incident command structure, public information, decontamination procedures, emergency physician credentialing, patient clinical support activities, and facility infrastructure sustainment.

SECTION 2: EXERCISE EVENTS

The master scenario events list below provides the event play including the time and locations each inject was provided.

(Time Sequenced Master Scenario Events List)

Event No.	Real Time	Time/Date Compression	Start EX Interval	Source	Event	Location	Notes
			Day before		Meeting of controllers	TBA	Identify main controller at each facility
			(-) 60m		Controllers/Observers arrive at appropriate hospital location	Varies	
			(-) 30m		Conduct exercise briefing	Varies	
			(-)		Begin exercise		
1	9:00am	12/9/2008 9:00am	0	Exercise Control	Start Ex: St. David's Partnership Office receives a phone call that bombs have been placed at all St. David's facilities as well as possible disruption of water and air contamination. Corporate phones can receive calls but can not call out.	St. David's Corporate	

Event No.	Real Time	Time/Date Compression	Start EX Interval	Source	Event	Location	Notes
2	9:01am	9:10am	(+10)	Exercise Control	St. David's Main (Central Plant Red River Side) has been blown up.	St. David's Main	
3	9:15am		(+15)	Exercise Control	Five injuries from employees in the area of the explosion - these patients will be tagged.	St. David's Main	
4	9:15am		(+15)	Exercise Control	Each facility (other than SDMC) has a suspicious package requiring evacuation of a specific area. Packages are determined to be non-threatening. (Evac at least one person to outside)	All St. David's Hospital	Each facility create a package and put in a appropriate area within the hospital.
5	9:30am		(+30)	Exercise Control	Building is non-functional and must be evacuated.	St. David's Main	SDMC will go through the process of triaging for evacuation, documenting and grouping the patients for transport. Because we will not physically transport the patients, the names of the evacuees (made up) will be placed on the volunteer victims that show up at the receiving hospitals to see if the transfers can be reconciled once received at their destination.

Event No.	Real Time	Time/Date Compression	Start EX Interval	Source	Event	Location	Notes
6	9:30am		(+)30	Exercise Control	Seton Family of Hospitals are full with Hurricane victims and can not take any patients. Patient's will need to go to St. David's facilities first.	Seton	
7	9:45am		(+)45	Exercise Control	SAMC, NAMC, RR and Georgetown can repatriate buildings after completion of evacuation		
8	10:00am		(+)60	SAMC	SAMC to receive 40	SAMC	5 patients will be from St. David's Main tracked through EMTrack & internally
9	10:00am		(+)60	NAMC	NAMC to receive 26 patients	NAMC	5 patients will be from St. David's Main tracked through EMTrack & internally
10	10:00am		(+)60	RRMC	RRMC to receive 20 patients	RRMC	5 patients will be from St. David's Main tracked through EMTrack & internally
11	10:00am		(+)60	Austin Surgical Center	Austin Surgical Center to receive 4	ASH	
12	10:00am		(+)60	Georgetown	SDGH to receive 10 patients	SDGH	5 patients will be from St. David's Main tracked through EMTrack & internally
13	10:00am		(+)60	Llano Memorial	LMC to receive 15 patients	LMC	
14	10:00am		(+)60	Northwest Hills Surgical	NWHS - surge of 3 patients	NWHS	

Event No.	Real Time	Time/Date Compression	Start EX Interval	Source	Event	Location	Notes
14	10:00am		(+)60	Heart Hospital of Austin	HHA - surge of 8 patients	HHA	
15	10:05am		(+)65	Georgetown	Truck delivering dilute sodium hydroxide to St. David's Georgetown spills and contaminates 6 people.	Region Wide	Decon for St. David's Georgetown
16	10:15am		(+)75	Exercise Control	Information from CTECC reports that family members are going to the other hospitals to look for patients. Crowd control could be an issue.	Region Wide	
17	10:30am		(+)90	Exercise Control	News media arrives at each facility to determine extent of disaster and what each hospital is doing.	Region Wide	
18	11:00am		(+)100	Exercise Control	Extra physicians show up at Each hospital after call to the Travis County Medical Society had been alerted to the need for additional help.	Region Wide	

Event No.	Real Time	Time/Date Compression	Start EX Interval	Source	Event	Location	Notes
19	11:15am		(+)115	Exercise Control	On paper, have facilities director report how they would handle the report of potential release of unknown gas by each facility in conjunction with the vehicle accident.	Region Wide	
20	11:30am		(+)130	Exercise Control	On paper, have facilities and dietary director report how they would handle the loss of the water main serving the facility: Llano Hospital will also lose vacuum	Region Wide	
21	11:50am		(+)150	Exercise Control	Surge completed	Region Wide	
22	12:00pm		(+)180	Exercise Control	End of Exercise	Region Wide	

SECTION 3: EXERCISE OBJECTIVE REVIEW

The exercise objectives are provided in bold text below. The bulleted information under each objective provides information about how the objective was met during the exercise.

CAPHMPC 2008 REGIONAL HOSPITALS EXERCISE December 9, 2008 - Exercise Objectives

I. Communications

Objective #1A- Radio (prior to December 9th)

No later than December 8, 2008, ensure that 800MHz interoperability radios are in place and operational for hospitals in Williamson and Travis Counties to demonstrate interoperability.

- Goals met with 100% of the facilities in Williamson/Travis County able to use the interop radios for this drill.
- Issues identified for need of additional training on how to operate the radio and one antenna issue was noted in Williamson County which has been corrected.
- Recommendation for additional training and development of SOP's as well as monthly test schedule of the radios.

Objective #1B Call Tree Activation

#1B.1. Facilities to demonstrate ability to send the notification of emergency recall list to 90% of all the off duty staff within 30 minutes.

- Partially met. 78% of the facilities met this objective.
- Some recall list were not up to date and we will need to decide on an appropriate time frame for emergency notifications.
- Recommendation is for group to decide on how best to approach this issue and come up with some standard expectations for notification.

#1B.2. Facilities to confirm that 80% of all the off duty staff received the message.

- Partially met with 78% meeting objective. See note above.

#1B.3. Facilities to demonstrate that 50% of those that received the message will be able to respond to the incident.

- Partially met with 78% meeting objective. See note above.

II. Resources

Objective #2A – Staff Resources

Facilities will demonstrate effective distribution of staff from the labor pool as evidenced by documentation on the HICS form #213.

- Partially met with 56% of the facilities meeting this goal.
- Many not familiar with this form
- Recommendation: Additional staff education on NIMS forms and useage as well as attending ICS 300 and ICS 400 courses.

Objective #2B – Evacuation

Facilities will successfully evacuate a minimum of at least one person from an upper floor of the building or suitable alternative area within 5 minutes of receipt of notification from Incident Command.

- Partially met with 83% of the facilities with multiple floors performing a physical evacuation of at least one person.
- Evident that more training is needed in this area for staff to demonstrate effective competencies on a large scale evacuation.
- Recommend that this be a focus of up coming drills and training in the coming year.

Objective #2C - Decon

Facilities with decon scenario will demonstrate the ability to dress out a minimum of 6 staff members plus a safety officer by utilizing onsite staff or by utilization of shared staff with another facility within 30 minutes of notification of decon situation.

- This was specific to SDGH and the goal was not met. The simulated patient were deconed but not in a timely manner.
- Recommendation; Work with local Haz Mat teams to develop a plan for support of hospital decon and to help facilities address training issues associated with developing and maintaining proficient staff to effectively perform decon. Also look at the possibility of a regional decon strike team that could respond to hospitals if needed.

Objective #2D – Resource Request

Facilities will demonstrate ability to make a formal resource request for public safety needs within 15 minutes of notification from incident command.

- This was not met with only 44% of the facilities meeting this goal; however, from the feedback forms it appears that some may not have seen this as a need at their facilities for the scenario during this drill.
- Recommendation: Pole the facilities to find out if this is part of their plan and how they would accomplish this task during an event.

III. Safety and Security

Objective #3A – Lockdown of facility

Exterior doors will be secured and monitored within 10 minutes of notification of lockdown.

- This was partially met with 89% of the facilities meeting this objective.
- Some facilities identified the need for additional security at the doors of the facility but overall, there were only some minor issues noted.
- Recommendation: Each hospital is to review the security portion of their plan. Each hospital should educate the security process to the staff and drill on this issue yearly outside of a functional drill.

Objective #3B – Outside Media

Within 15 minutes of incident command activation, the public information officer (PIO) will implement the media policy for the facility.

- This was partially met with 78% of the facilities meeting this objective.

- All facilities have a plan for addressing the media but there was some confusion on how best to accomplish this and where the media would be staged.
- Recommendations: Review this part of the NIMS/HICS system and educate the PIO staff on how to effectively handle this process.

IV. Staff Responsibilities

Objective #4A – Departmental Roles

Facility staff will demonstrate knowledge of appropriate bomb threat code (i.e., Code Black for St. David’s facilities) procedures by immediately (not more than 15 minutes) transitioning to appropriate bomb threat code operations (i.e., Code Black for St. David’s facilities) upon hearing the PA announcement establishing appropriate bomb threat code ((i.e., Code Black for St. David’s facilities).

- This objective was met at all St. David’s facilities.
- Some issues noted on process for searching, documenting areas that had been searched and communications to the IC during the process.
- Recommendations: This is a process that needs to be routinely practiced with the staff at each facility and establish a way to track areas searched, including areas that may be under construction, or closed at the time of the bomb threat.

Objective #4B – Credentialing

Credentialing Coordinator will demonstrate appropriate physician emergency credentialing by completion of credentialing forms before the end of the exercise.

- This was partially met with 89% of the facilities addressing this issue.
- One positive thing that came out of this drill is that it alerted to the need to have additional people trained to perform this task as all of the regular staff that performs this task at the St. David’s facilities were out for training on the day of the drill.
- Recommendations: Ensure adequate staff trained to perform this function.

V. Utilities

Objective #5A – Air Handling Systems

Facilities will demonstrate ability to isolate building from outside air within 20 minute from notification of possible contamination.

- Partially met with 78% of the facilities able to demonstrate ability to address this objective.
- Some performed this very well and other need additional practice to ensure proficiency in this task.
- Recommendations: Conduct at least yearly test of air handler shut down process so engineering staff is proficient in this task.

Objective #5B – Water Utilities

Facilities will effectively respond to loss of water as evidenced by requests made to Incident Command utilizing appropriate reporting process within 30 minutes of notification of loss of water.

- 89% met this objective.

- Each facility needs to ensure of how this will be performed at their facility and review plans relevant to The Joint Commission 96 hour sustainability requirements.
- Recommendations: Facilities to review and drill this process yearly.

VI. Patient Clinical and Support Activities

Objective #6A – ED Triage

Facilities will demonstrate appropriate request of staff from the labor pool as evidenced by documentation on the HICS form #253.

- This goal not met with only 44% of the facilities utilizing the appropriate HICS/NIMS form.
- Many of the facilities have not fully updated their systems to the HICS IV (which is the Hospital Incident Command System IV that fully integrates the NIMS process and documentation).
- Recommendation: As soon as possible, each facility needs to incorporate the HICS IV Job Action Sheets and the associated documentation. Each Job Action Sheet lists the documents required for a given position.

Objective #6B – Lab

The lab will demonstrate ability to maintain 1 hour turnaround on test with call-in of additional staff as needed.

- Partially met with 78% of the facilities meeting this objective.
- This objective may need some revision to better be able to test labs ability to sustain services in a surge type drill.
- Recommendations: Develop a sub-group of lab personnel to come up with viable goals for testing the lab. Each facility to review internal policies.

Objective #6C – Dietary

Within one hour of the initial incident, Dietary will report to Incident Command the status of food, supplies, staff, and their ability to handle additional customers (patients and staff) throughout the emergency.

- Partially met with 67% meeting the objective.
- Communications between dietary and the IC seemed to be the common theme for this objective.
- Recommendations: Have each facility on a quarterly basis, review supplies on hand and look at what it would take to respond to a moderate surge event and do so with the 96 hour sustainability requirement of The Joint Commission.

Objective #6D – Patient Tracking

Demonstrate the ability of tracking patients using the appropriate HICS paper form throughout the entire incident.

- Partially met with 67% meeting this objective.
- Staff familiarity with the HICS/NIMS process limits this process. Communications within the hospitals and between hospitals and CTECC impacted this as well in coordinating the information.
- Recommendation: Improved SOP's for use of the interop radios as well as integration of new ARES technology for transmitting patient lists will greatly impact this area.

SECTION 4: CONCLUSIONS

Overall, this regional drill with nine participating hospitals was planned and executed without significant variations to the plan. There were no “show stoppers” and the event demonstrated several strengths and areas for improvement, some that we expected and some we did not, which is the underlying purpose of such an event. For this exercise, the scenario of the bomb explosion at St. David’s Main which took out the hospital infrastructure causing patients to be transferred to other facilities set the stage for much of the patient flow. The exercise also tested the emergency communications and interoperability, internal hospital call down notification, hospital evacuation, surge capacity, facility lockdown and security, incident command structure, public information, decontamination, emergency physician credentialing, patient clinical support activities, and facility infrastructure sustainment. The decontamination scenario was specific to St. David’s Georgetown Hospital.

One of the most significant positive outcomes of this drill was the amount of unity and dedication of the regional drill planning team, including the staff from various hospitals and other agencies that acted as Controller/Evaluators. This was truly a regionally developed exercise and broke ground on many new concepts.

The exercise demonstrated the benefit and importance of:

- the regional interoperability 800MHz radio system implemented through CATRAC
- the link with ARES for communication during a disaster
- the regional exercise planning

The exercise identified several key lesson learned that will enable the CAPHMPC, CATRAC, and the hospitals to address. These recommendations include:

- Ongoing training of NIMS and integration of the NIMS/HICS documentation
- Addressing hospital decontamination
- Practicing hospital evacuation procedures
- Implementation of a regional patient tracking system
- Addressing particular challenges from an individual hospital level including staffing, security, infrastructure, internal communication, training, and documentation.

In summary, the exercise was an overall success and showed that the region has the capacity to address issues on a large scale.

CORRECTIVE ACTION/ IMPROVEMENT PLAN

[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective 1A: **Communications/Radio:** No later than December 8, 2008, ensure that 800MHz interoperability radios are in place and operational for hospitals in Williamson and Travis Counties to demonstrate interoperability.

Issue: The radios were implemented just a few weeks prior to the exercise; therefore not everyone had ample training for the radios. All of the radios had the correct templates stored in them. The “Regional All Call” talk group did not work across the counties. Also, there was confusion whether hospitals were using the equipment at their facility or the regional radios including the role in which the radios should be used during the exercise. The antenna at St. David’s Georgetown Hospital was not adequate.

Corrective Action Recommendation:

Address the issue of the antenna at St. David’s Georgetown Hospital. Protocols (SOG) will be established for the region in order for the hospitals to understand the use of the system. Conduct additional training. Also a quick reference guide will be established for both base and handhelds for people who are unfamiliar with using the radios. A monthly test schedule will also be adopted. Eventually the radios will be upgraded during the rebanding which will occur in Austin/Travis County in 2010.

Primary Agency: CATRAC

Point of Contact & Phone: Ron Weaver (512) 942-4792

Support Agencies:	Contact & Phone #:
CATRAC	Contact & Phone #: Dave Reimer, (512) 926-6184
	Contact & Phone #:
	Contact & Phone #:

Steps / Timeline for Completion:

Step 1: Repair the antenna at St. David’s Georgetown Hospital.	Completion Date: 12/30/08
Step 2: Conduct assessment of radio operability at each hospital facility	Completion Date: 3/31/09
Step 3: Develop protocols/SOG for use of the radio system	Completion Date: 4/30/09
Step 4: Update a quick reference guides for use of the radios	Completion Date: 4/30/09
Step 5: Upgrade radios during regional communication rebanding process	Completion Date: 12/31/10
Step 6: Conduct trainings.	Completion Date: Ongoing

Implementation of Corrective Action/Improvement Completion Date:

Refer to the Steps/Timeline for Completion above.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 1B:	<p>Call Tree Activation:</p> <ul style="list-style-type: none"> • #1B.1 - Facilities to demonstrate ability to send the notification of emergency recall list to 90% of all the off duty staff within 30 minutes. • #1B.2 - Facilities to confirm that 80% of all the off duty staff received the message. • #1B.3 - Facilities to demonstrate that 50% of those that received the message will be able to respond to the incident.
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Issue:	Each of the nine facilities needed to conduct the call tree activation in order for staff to assist during a disaster. Each facility uses their call down process differently therefore it was a difficult objective to implement and measure in this type of exercise.
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Corrective Action Recommendation:
Each hospital has a specific call down process; therefore each facility will need to revise accordingly. However, CATRAC will request that hospitals show compliance with this objective and also discuss this issue at a future CATRAC Regional Preparedness and Response meeting. When planning future exercises, we will look at a more realistic timeframe for call tree activations.

Primary Agency:	CATRAC
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Point of Contact & Phone:	Dave Reimer (512) 926-6184
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Other Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:		
Step 1:	Poll the hospital for compliance.	Completion Date: 4/30/09
Step 2:	Discuss call tree activations at a future CATAC RPRC meeting	Completion Date: 7/31/09
Step 3:	Each hospital listed above to revise call tree notification as necessary in their facility.	Completion Date: 7/31/09
Step 4:	_____	Completion Date: _____
Step 5:	_____	Completion Date: _____
Step 6:	_____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date: _____

Refer to the Steps/Timeline for Completion above.

Signature of Primary Agency Contact: _____

Date: _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 2A: **Staff Resources :** Facilities will demonstrate effective distribution of staff from the labor pool as evidenced by documentation on the HICS form #213.

Issue: HICS forms and NIMS forms are to be used during an incident in order to track the disaster management. Many of the hospitals were unfamiliar with how to use the forms and did not have them available for the exercise. Also facilities that are knowledgeable about the forms are not using them.

Corrective Action Recommendation:
CATRAC to coordinate ongoing education to improve familiarity with usage and awareness of NIMS/HICS documentation as well as training on the concept of NIMS. Each of the participating hospitals in the exercise will also promote and integrate use of the forms.

Primary Agency: CATRAC

Point of Contact & Phone: Dave Reimer (512) 926-6184

Other Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figuereroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: CATRAC to provide website of HICS forms to all regional hospitals	Completion Date: 2/28/09
Step 2: CATRAC to coordinate training on NIMS/HICS to all hospitals. Training to include usage of forms.	Completion Date: 9/30/09
Step 3: Each hospital to integrate use of forms at their facility.	Completion Date: Ongoing
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
See Steps/Timeline for Completion above. During the next exercise, the region and hospitals will also use the NIMS/HICS forms.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 2B:

Evacuation: Facilities will successfully evacuate a minimum of at least one person from an upper floor of the building or suitable alternative area within 5 minutes of receipt of notification from Incident Command.

Issue:

During the exercise hospitals demonstrated moving a patient. It was determined that the hospitals needed to revise their procedures for this activity. Some of the staff was not able to move a patient because it was either difficult to carry the patient because of weight or the equipment they were using would not fit in the stairwell. A need is to test annually.

Corrective Action Recommendation:

Training and testing of each hospital’s evacuation plan and equipment is needed in order to show appropriate competency for use. The corrective action will be implemented on an individual hospital and regional level. Also hospitals will review and revise individual protocols. Hospitals will develop a competency plan for utilizing the equipment.
On a regional level, CATRAC will coordinate an assessment of type of equipment for all the hospitals located in the region and will assist with training opportunities as needed.
A need was should to test annually.

Primary Agency:

CATRAC

Point of Contact & Phone:

Dave Reimer (512) 926-6184

Other Agencies:	St. David’s Main	Contact & Phone #:	Matthew Weilert (512) 544-5904
	St. David’s South Austin	Contact & Phone #:	Carl Craddock (512) 448-7190
	St. David’s North Austin	Contact & Phone #:	Robert Haugland (512) 901-2678
	St. David’s Round Rock	Contact & Phone #:	Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David’s Georgetown	Contact & Phone #:	Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #:	Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #:	Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #:	Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #:	Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1:	CATRAC to conduct assessment of current evacuation equipment and equipment needs	Completion Date:	7/31/09
Step 2:	CATRAC to assist with training opportunities as needed.	Completion Date:	8/31/2010
Step 3:	CATRAC to develop training documentation competency form to be implemented by each hospital.	Completion Date:	12/31/09
Step 4:	Each hospital to update their evacuation plan	Completion Date:	7/31/09
Step 5:		Completion Date:	
Step 6:		Completion Date:	

Implementation of Corrective Action/Improvement Completion Date: _____

Refer to the Steps/Timeline for Completion above.

Signature of Primary Agency Contact: _____

Date: _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 2C: **Decon:** Facilities with decontamination scenario will demonstrate the ability to dress out a minimum of 6 staff members plus a safety officer by utilizing onsite staff or by utilization of shared staff with another facility within 30 minutes of notification of decon situation.

Issue: This objective was specific to St. David’s Georgetown Hospital (SDGH). The goal was to test how decon would be activated and conducted during an incident. SDGH simulated patients going through the decon process. Issues were that the patients were not deconed in a timely manner.

Corrective Action Recommendation:
SDGH to work with local Haz Mat teams to develop a plan for support of hospital decon and to help facilities address training issues associated with developing and maintaining proficient staff to effectively perform decon. CATRAC to explore the possibility of a regional decon strike team that could respond to hospitals if needed.

Primary Agency: St. David’s Georgetown Hospital and CATRAC

Point of Contact & Phone: SDGH: Ron Weaver (512) 942-4792; CATRAC: Dave Reimer (512) 926-6184

Support Agencies:	Contact & Phone #:
	Contact & Phone #:

Steps / Timeline for Completion:	
Step 1: SDGH to set up meeting with regional HazMat teams for assistance in establishing a decon processes for the hospitals including an effective training program.	Completion Date: 7/31/09
Step 2: CATRAC to research the need for regional hospital decon strike teams.	Completion Date: 12/31/09
Step 3:	Completion Date:
Step 4:	Completion Date:
Step 5:	Completion Date:
Step 6:	Completion Date:

Implementation of Corrective Action/Improvement Completion Date:
By 7/31/09, SDGH to set up meeting with regional HazMat teams for assistance in establishing a decon processes for the hospitals including an effective training program
By 12/31/09, CATRAC to research the need for regional hospital decon strike teams.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 2D: **Resource Request:** Facilities will demonstrate ability to make a formal resource request for public safety needs within 15 minutes of notification from incident command.

Issue: There was misinterpretation with this objective. Some of the hospitals did not see this objective as applicable to their facility during the exercise. As the objective is written, the timeframe may not be realistic. Only 44% of facilities reported meeting this objective.

Corrective Action Recommendation:
CATRAC to conduct a survey of all the hospitals to identify how requesting public safety is part of their plan and how they would accomplish this task during an event. Evaluate the timeframe this would realistically occur.

Primary Agency: CATRAC

Point of Contact & Phone: Dave Reimer (512) 926-6184

Support Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: CATRAC to conduct survey with the hospitals	Completion Date: 7/31/09
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
CATRAC to conduct a survey to the hospitals by 7/31/09. Each hospital to review in their emergency management plan annually.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 3A: **Lockdown of facility:** Exterior doors will be secured and monitored within 10 minutes of notification of lock down.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response. Some hospitals noted that additional security was needed at some of the doors.

Corrective Action Recommendation:
Each hospital is to review the security portion of their plan. Each hospital should educate the security process to the staff and drill on this issue yearly outside of a functional drill.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
Each hospital is to review and update security section in emergency plan and education hospital by 7/31/09. Test security procedures yearly.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 3B: **Outside Media:** Within 15 minutes of incident command activation, the public information officer (PIO) will implement the media policy for the facility.

Issue: This objective was tested individually at each of the hospitals. This was partially met with 78% of the facilities meeting this objective. All facilities have a plan for addressing the media but there was some confusion on how best to accomplish this and where the media would be staged.

Corrective Action Recommendation:

Each hospital is to review the media and public information section in their hospital emergency plan and make changes as necessary. Annually, each hospital to review this part of the NIMS/HICS system and educate the PIO staff on how to effectively handle the media process.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:

Each hospital is to review the media and public information section in their hospital emergency plan and make changes as necessary by 7/31/09. Each hospital is to review public information process annually as well as train staff.

Signature of Primary Agency Contact: _____ **Date:** _____

[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective 4A:

Departmental Roles: Facility staff will demonstrate knowledge of Code Black (bomb threat for St. David’s facilities) procedures by immediately (not more than 15 minutes) transitioning to Code Black operations upon hearing the PA announcement establishing Code Black.

Issue:

Each hospital uses different disaster codes. The St. David’s Facilities use Code Black and all of them met this objective. Each hospital reported a different response but there were no major issues except that some of the controller/evaluators did not know the hospital codes. Some issues noted on process for searching, documenting areas that had been searched and communications to the IC during the process.

Corrective Action Recommendation:

A bomb threat is a process that needs to be routinely practiced with the staff at each facility and establish a way to track areas searched, including areas that may be under construction, or closed at the time of the bomb threat. Each hospital is to review the policies and procedures for bomb threat in their hospital emergency plan and make changes as necessary annually. Each hospital should educate staff on this section of the plan. During future drill planning, provide the appropriate codes to the controller/evaluators.

Primary Agencies:	St. David’s Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David’s South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David’s North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David’s Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David’s Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:

Each hospital is to review their emergency management plan for bomb threat and make changes by 7/31/09. Annually test of bomb threat and review the plan.

Signature of Primary Agency Contact: _____

Date: _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 4B: **Credentialing:** Credentialing Coordinator will demonstrate appropriate physician emergency credentialing by completion of credentialing forms before the end of the exercise.

Issue: This objective was tested individually at each of the hospitals with 89% addressing this issue. Each hospital was given specific physician names to look up as provided by the Travis County Medical Society. Each hospital reported a different response but there were no major issues with this exercise, except that they realized that more staff needed to be trained in this activity should their credentialing coordinator be unavailable during an emergency.

Corrective Action Recommendation:

Annually, each hospital is to review this section of their hospital emergency plan and make changes as necessary. Each hospital to identify and train additional staff to assist with credentialing.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figurerora (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1:	_____	Completion Date:	_____
Step 2:	_____	Completion Date:	_____
Step 3:	_____	Completion Date:	_____
Step 4:	_____	Completion Date:	_____
Step 5:	_____	Completion Date:	_____
Step 6:	_____	Completion Date:	_____

Implementation of Corrective Action/Improvement Completion Date:

Annually, each hospital is to review and make changes to their plan regarding credentialing and identify and train additional staff to perform this function.

Signature of Primary Agency Contact: _____ **Date:** _____

[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective 5A: **Air Handling Systems:** Facilities will demonstrate ability to isolate building from outside air within 20 minute from notification of possible contamination.

Issue: This objective was tested individually at each of the hospitals and was partially met with 78% of the facilities being able to demonstrate the ability to address this objective. Those hospitals performed well.

Corrective Action Recommendation:
 Each hospital is to review this section in their hospital emergency plan and make changes as necessary. Each hospital should conduct a yearly test of air handler shut down process for proficiency in this task.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
 Each hospital is to review this section in their hospital emergency plan and make changes as necessary by 12/31/09 and conduct an annual test of the air handler system.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 5B: **Water Utilities:** Facilities will effectively respond to loss of water as evidenced by requests made to Incident Command utilizing appropriate reporting process within 30 minutes of notification of loss of water.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response with 89% meeting this objective. No major issues were noted.

Corrective Action Recommendation:

Each hospital facility needs to ensure of how loss of water will be performed according to The Commission 96 hour sustainability requirements. Each hospital to review this section in their hospital emergency plan, make changes as necessary, and test annually.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1:	_____	Completion Date:	_____
Step 2:	_____	Completion Date:	_____
Step 3:	_____	Completion Date:	_____
Step 4:	_____	Completion Date:	_____
Step 5:	_____	Completion Date:	_____
Step 6:	_____	Completion Date:	_____

Implementation of Corrective Action/Improvement Completion Date:

Each hospital is to review is section for the 96 hour sustainability requirements and in their hospital emergency plan by 5/31/09. Facilities are to conduct test annually along with plan review and changes.

Signature of Primary Agency Contact: _____

Date: _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 6A: **ED Triage:** Facilities will demonstrate appropriate request of staff from the labor pool as evidenced by documentation on the HICS form #253.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response but a common theme was noncompliance with using the HICS forms.

Corrective Action Recommendation:
As soon as possible, each facility needs to incorporate the HICS IV Job Action Sheets and the associated documentation. Each Job Action Sheet lists the documents required for a given position. Each hospital is to review this section of their plan and make changes as necessary. Each hospital should educate staff on this section of the plan. Corrective action is also correlated to Objective 2A: Staff Resources, in training of NIMS/HICS form.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figuereroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
Each hospital is to review this section in their hospital emergency plan and make changes as necessary by 7/31/09. Hospitals are to educate staff on use of forms. Refer to objective 2A: Staff Resources for reference of training for NIMS/HICS forms.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 6B: **Lab:** The lab will demonstrate ability to maintain 1 hour turnaround on test with call-in of additional staff as needed.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response but there were no major issues.

Corrective Action Recommendation:
Regionally develop a sub-group of lab personnel to come up with viable goals for testing the lab if used in another exercise. Each hospital is to review internal procedures within their hospital emergency plan and make changes as necessary and test internal procedures.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:
Each hospital is to review internal procedures within their hospital emergency plan and make changes as necessary and test internal procedures annually. If objective is using in another regional exercise, develop a sub-group of lab personnel to come up with viable goals for testing the lab.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 6C: **Dietary:** Within one hour of the initial incident, Dietary will report to Incident Command the status of food, supplies, staff, and their ability to handle additional customers (patients and staff) throughout the emergency.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response but there were no major issue noted for regional significance.

Corrective Action Recommendation:

Have each facility on a quarterly basis, review supplies on hand and look at what it would take to respond to a moderate surge event and do so with the 96 hour sustainability requirement of The Joint Commission. Each hospital is to review this section in their hospital emergency plan that addresses these components and make changes as necessary.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figuereroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:

If not already being done, each hospital is to review their 96 hour sustainably plan by March 31, 2008 (quarterly basis by calendar year). Plan to be reviewed quarterly thereafter.

Signature of Primary Agency Contact: _____ **Date:** _____

**[CAPHMPC Exercise Subcommittee – 12/09/08 Regional Exercise]
EMERGENCY MANAGEMENT EXERCISE
CORRECTIVE ACTION / IMPROVEMENT PLAN**

Objective 6D: **Patient Tracking:** Demonstrate the ability of tracking evacuated patients using the appropriate HICS paper form throughout the entire incident.

Issue: This objective was tested individually at each of the hospitals. Each hospital reported a different response. The HICS paper form was not implemented by most of the hospital, however they were keeping a record of the names by writing them down on paper.

Corrective Action Recommendation:

Each hospital is to review their policy for internal patient tracking and make changes as necessary in the hospital emergency plan. Corrective action is also correlated to Objective 2A: Staff Resources, in training of NIMS/HICS form. CATRAC is also developing a patient tracking process by using EMSsystems' EMTrack that will be implemented in the region. Integrate use of ARES technology for transmitting patients lists during exercises and disasters.

Primary Agencies:	St. David's Main	Contact & Phone #: Matthew Weilert (512) 544-5904
	St. David's South Austin	Contact & Phone #: Carl Craddock (512) 448-7190
	St. David's North Austin	Contact & Phone #: Robert Haugland (512) 901-2678
	St. David's Round Rock	Contact & Phone #: Nancy Maschal (512) 341-5528 or Pam Voss (512) 341-5286
	St. David's Georgetown	Contact & Phone #: Rick Yeates (512) 942-4544
	Austin Surgical Hospital	Contact & Phone #: Ann Figureroa (512) 788-0656
	Northwest Hills Surgical Hospital	Contact & Phone #: Chris Freeman (512) 346-1994
	Heart Hospital of Austin	Contact & Phone #: Idailia Mendez (512) 407-7554 or Nancy Hill (512) 401-7512
	Llano Memorial Hospital	Contact & Phone #: Cristy Knapp (325) 247-7890

Steps / Timeline for Completion:

Step 1: _____	Completion Date: _____
Step 2: _____	Completion Date: _____
Step 3: _____	Completion Date: _____
Step 4: _____	Completion Date: _____
Step 5: _____	Completion Date: _____
Step 6: _____	Completion Date: _____

Implementation of Corrective Action/Improvement Completion Date:

Each hospital is to review the internal patient tracking procedures in their hospital emergency plan and make changes as necessary by 12/31/09. CATRAC to continue the implementation plan of regional patient tracking using EMTrack by 12/31/09.

Signature of Primary Agency Contact: _____ **Date:** _____

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CAPHMPC 12/09/08 Regional Hospitals Exercise
CORRECTIVE ACTION / IMPROVEMENT PLAN

Objective 1A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Communications/Radio: No later than December 8, 2008, ensure that 800MHz interoperability radios are in place and operational for hospitals in Williamson and Travis Counties to demonstrate interoperability.</p>	<p>Address the issue of the antenna at St. David's Georgetown Hospital. Protocols (SOG) will be established for the region in order for the hospitals to understand the use of the system. Conduct additional training. Also a quick reference guide will be established for both base and handhelds for people who are unfamiliar with using the radios. A monthly test schedule will also be adopted. Eventually the radios will be upgraded during the rebanding which will occur in Austin/Travis County in 2010.</p>	<ul style="list-style-type: none"> ▪ Address the issue of the antenna at St. David's Georgetown Hospital by 12/30/08. ▪ Develop Protocols/(SOG) by 3/31/09. ▪ Conduct additional training 7/31/09 and ongoing. ▪ Develop quick reference guide for both base and handhelds by 4/30/09. ▪ Establish monthly test schedule 3/31/09. ▪ Upgraded radios during rebanding which will occur in Austin/Travis County in 2010. 	<p>CATRAC</p>	<p>Refer to Corrective/Improvement Action column.</p>

Objective 1B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Call Tree Activations:</p> <p>#1B.1 - Facilities to demonstrate ability to send the notification of emergency recall list to 90% of all the off duty staff within 30 minutes.</p> <p>#1B.2 - Facilities to confirm that 80% of all the off duty staff received the message.</p> <p>#1B.3 - Facilities to demonstrate that 50% of those that received the message will be able to respond to the incident.</p>	<p>Each hospital has a specific call down process; therefore each facility will need to revise accordingly. However, CATRAC will request that hospitals show compliance with this objective and also discuss this issue at a future CATRAC Regional Preparedness and Response meeting. When planning future exercises, we will look at a more realistic timeframe for call tree activations.</p>	<ul style="list-style-type: none"> ▪ Poll the hospital for compliance to be done by CATRAC by 4/30/09. ▪ Discuss call tree activations at future CATRAC RPRC meeting by 7/31/09. ▪ Each hospital to revise call tree notification as necessary in their facility by 7/31/09. 	<p>CATRAC and each hospital</p>	<p>4/30/09; 7/31/09</p> <p>Refer to Corrective/Improvement Action column.</p>

Objective 2A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Staff Resources:</p> <p>Facilities will demonstrate effective distribution of staff from the labor pool as evidenced by documentation on the HICS form #213.</p>	<p>CATRAC to coordinate ongoing education to improve familiarity with usage and awareness of NIMS/HICS documentation as well as training on the concept of NIMS. Each of the participating hospitals in the exercise will also promote and integrate use of the forms.</p>	<p>CATRAC to provide website of HICS forms to all regional hospitals by 2/28/09.</p> <p>CATRAC to coordinate training on NIMS/HICS to all hospitals. Training to include usage of form by 9/30/09.</p> <p>Each hospital to integrate use of forms at their facility on an ongoing basis.</p>	<p>CATRAC; Each Hospital</p>	<p>Refer to Corrective/Improvement Action column.</p>

Objective 2B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Evacuation: Facilities will successfully evacuate a minimum of at least one person from an upper floor of the building or suitable alternative area within 5 minutes of receipt of notification from Incident Command.</p>	<p>Training and testing of each hospital's evacuation plan and equipment is needed in order to show appropriate competency for use. The corrective action will be implemented on an individual hospital and regional level. Also hospitals will review and revise individual protocols. Hospitals will develop a competency plan for utilizing the equipment. On a regional level, CATRAC will coordinate an assessment of type of equipment for all the hospitals located in the region and will assist with training opportunities as needed.</p>	<ul style="list-style-type: none"> ▪ CATRAC to conduct assessment of current evacuation equipment and equipment needs by 7/31/09. ▪ CATRAC to assist with training opportunities as needed with identified trainings conducted by 8/31/2010. ▪ CATRAC to develop training documentation competency form to be implemented by each hospital by 12/31/09. ▪ Each hospital to update their evacuation plan by 7/31/09. ▪ Test evacuation processes annually. 	<p>CATRAC; Each Hospital</p>	<p>Refer to Corrective/ Improvement Action column.</p>

Objective 2C:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Decon: Facilities with decontamination scenario will demonstrate the ability to dress out a minimum of 6 staff members plus a safety officer by utilizing onsite staff or by utilization of shared staff with another facility within 30 minutes of notification of decon situation.</p>	<p>SDGH to work with local Haz Mat teams to develop a plan for support of hospital decon and to help facilities address training issues associated with developing and maintaining proficient staff to effectively perform decon. CATRAC to explore the possibility of a regional decon strike team that could respond to hospitals if needed.</p>	<p>By 7/31/09, SDGH to set up meeting with regional HazMat teams for assistance in establishing a decon processes for the hospitals including an effective training program By 12/31/09, CATRAC to research the need for regional hospital decon strike teams.</p>	<p>SDGH; CATRAC</p>	<p>Refer to Corrective/Improvement Action column.</p>

Objective 2D:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Resource Request: Facilities will demonstrate ability to make a formal resource request for public safety needs within 15 minutes of notification from incident command.</p>	<p>CATRAC to conduct a survey of all the hospitals to identify how requesting public safety is part of their plan and how they would accomplish this task during an event. Evaluate the timeframe this would realistically occur.</p>	<p>CATRAC to conduct a survey to the hospitals by 7/31/09. Each hospital to review in their emergency management plan annually.</p>	<p>CATRAC; Each Hospital</p>	<p>CATRAC – 7/31/09 survey; Each Hospital – Annual Review</p>

Objective 3A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Lockdown of facility: Exterior doors will be secured and monitored within 10 minutes of notification of lock down.</p>	<p>Each hospital is to review the security portion of their plan. Each hospital should educate the security process to the staff and drill on this issue yearly outside of a functional drill.</p>	<p>Review and update security section in emergency plan and education hospital. Test security procedures yearly.</p>	<p>Each Hospital</p>	<p>7/31/09; Yearly Test</p>

Objective 3B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Outside Media: Within 15 minutes of incident command activation, the public information officer (PIO) will implement the media policy for the facility.</p>	<p>Each hospital is to review the media and public information section in their hospital emergency plan and make changes as necessary. Annually, each hospital to review this part of the NIMS/HICS system and educate the PIO staff on how to effectively handle the media process.</p>	<p>Each hospital is to review the media and public information section in their hospital emergency plan and make changes as necessary by 7/31/09. Each hospital is to review public information process annually as well as train staff.</p>	<p>Each Hospital</p>	<p>7/31/09; Yearly Review</p>

Objective 4A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Departmental Roles: Facility staff will demonstrate knowledge of Code Black (bomb threat for St. David's facilities) procedures by immediately (not more than 15 minutes) transitioning to Code Black operations upon hearing the PA announcement establishing Code Black.</p>	<p>A bomb threat is a process that needs to be routinely practiced with the staff at each facility and establish a way to track areas searched, including areas that may be under construction, or closed at the time of the bomb threat. Each hospital is to review the policies and procedures for bomb threat in their hospital emergency plan and make changes as necessary annually. Each hospital should educate staff on this section of the plan. During future drill planning, provide the appropriate codes to the controller/evaluators.</p>	<ul style="list-style-type: none"> ▪ Each hospital is to review their emergency management plan for bomb threat and make changes by 7/31/09. ▪ Conduct annual test of disaster code procedures and plan review. 	<p>Each Hospital</p>	<p>7/31/09 – Review of Plan; Test of Bomb Threat and Review of Plan Annually</p>

Objective 4B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Credentialing: Credentialing Coordinator will demonstrate appropriate physician emergency credentialing by completion of credentialing forms before the end of the exercise.</p>	<p>Annually, each hospital is to review this section of their hospital emergency plan and make changes as necessary. Each hospital to identify and train additional staff to assist with credentialing.</p>	<p>Annually, each hospital is to review and make changes to their plan regarding credentialing and identify and train additional staff to perform this function.</p>	<p>Each Hospital</p>	<p>Annual</p>

Objective 5A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Air Handling Systems: Facilities will demonstrate ability to isolate building from outside air within 20 minute from notification of possible contamination.</p>	<p>Each hospital is to review this section in their hospital emergency plan and make changes as necessary. Each hospital should conduct a yearly test of air handler shut down process for proficiency in this task.</p>	<p>Each hospital is to review this section in their hospital emergency plan and make changes as necessary by 12/31/09 and conduct an annual test of the air handler system.</p>	<p>Each Hospital</p>	<p>Annual</p>

Objective 5B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Water Utilities: Facilities will effectively respond to loss of water as evidenced by requests made to Incident Command utilizing appropriate reporting process within 30 minutes of notification of loss of water.</p>	<p>Each hospital facility needs to ensure of how loss of water will be performed according to The Commission 96 hour sustainability requirements. Each hospital to review this section in their hospital emergency plan, make changes as necessary, and test annually.</p>	<ul style="list-style-type: none"> ▪ Each hospital is to review is section for the 96 hour sustainability requirements and in their hospital emergency plan by 5/31/09. ▪ Facilities are to conduct test annually along with plan review and changes. 	<p>Each Hospital</p>	<p>5/31/09, Annual Test and Review</p>

Objective 6A:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>ED Triage: Facilities will demonstrate appropriate request of staff from the labor pool as evidenced by documentation on the HICS form #253.</p>	<p>As soon as possible, each facility needs to incorporate the HICS IV Job Action Sheets and the associated documentation. Each Job Action Sheet lists the documents required for a given position. Each hospital is to review this section of their plan and make changes as necessary. Each hospital should educate staff on this section of the plan. Corrective action is also correlated to Objective 2A: Staff Resources, in training of NIMS/HICS form.</p>	<ul style="list-style-type: none"> ▪ Each hospital is to review this section in their hospital emergency plan and make changes as necessary by 7/31/09. ▪ Hospitals are to educate staff on use of forms. Refer to objective 2A: Staff Resources for reference of training for NIMS/HICS forms. 	<p>Each Hospital</p>	<p>12/31/09</p>

Objective 6B:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Lab: The lab will demonstrate ability to maintain 1 hour turnaround on test with call-in of additional staff as needed.</p>	<p>Regionally develop a sub-group of lab personnel to come up with viable goals for testing the lab if used in another exercise. Each hospital is to review internal procedures within their hospital emergency plan and make changes as necessary and test internal procedures.</p>	<ul style="list-style-type: none"> ▪ Each hospital is to review internal procedures within their hospital emergency plan and make changes as necessary and test internal procedures annually. ▪ If objective is using in another regional exercise, develop a sub-group of lab personnel to come up with viable goals for testing the lab. 	<p>Each Hospital</p>	<p>Annual Review and Test</p>

Objective 6C:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Dietary: Within one hour of the initial incident, Dietary will report to Incident Command the status of food, supplies, staff, and their ability to handle additional customers (patients and staff) throughout the emergency.</p>	<p>Have each facility on a quarterly basis, review supplies on hand and look at what it would take to respond to a moderate surge event and do so with the 96 hour sustainability requirement of The Joint Commission. Each hospital is to review this section in their hospital emergency plan that addresses these components and make changes as necessary.</p>	<p>If not already being done, each hospital is to review their 96 hour sustainably plan by March 31, 2008 (quarterly basis by calendar year). Plan to be reviewed quarterly thereafter.</p>	<p>Each Hospital</p>	<p>Quarterly Per Calendar Year</p>

Objective 6D:	Recommendations	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
<p>Patient Tracking: Demonstrate the ability of tracking evacuated patients using the appropriate HICS paper form throughout the entire incident.</p>	<p>Each hospital is to review their policy for internal patient tracking and make changes as necessary in the hospital emergency plan. Corrective action is also correlated to Objective 2A: Staff Resources, in training of NIMS/HICS form. CATRAC to continue developing a patient tracking process by using EMSystems' EMTrack that will implemented in the region. Integrate use of ARES technology for transmitting patients lists during exercises and disasters.</p>	<ul style="list-style-type: none"> ▪ Each hospital is to review their policy for internal patient tracking and make changes as necessary in the hospital emergency plan by 12/31/09. ▪ CATRAC is also developing a patient tracking process by using EMSystems' EMTrack that is being implemented in the region. ▪ During next exercise, test the ARES technology for transmitting patients. 	<p>Each Hospital and CATRAC for regional EMTrack patient tracking project</p>	<p>12/31/09</p>

