



After Action Review

Chippenham Hospital Power Outage and Evacuation



Introductions

Context of the AAR Conference

- Evaluate the regional healthcare response to the incident.
- Guide and improve regional response to future incidents.
- AAR does not grade success or failure of the response.
- Identify strengths to sustain and weaknesses to improve.
- No right/wrong answers.
- Active participation in discussion is key.
- Everyone's views have equal value.
- Be open to new ideas.

Discussion Questions

- The following questions will guide our evaluation of regional plans/response to the incident:
 - What was expected to happen?
 - What actually occurred?
 - What went well and why?
 - What can be improved and how?

What was expected to happen?

- Early notification/activation of the RHCC.
- Communication of nature of event and resource requests.
- Facility, with assistance of coalition members, maintains continuity of care of all patients.
- Provide ongoing updates about response activities.
- Track location of all patients during the emergency
- RHCC responsible for:
 - Incident alerting of all CVHC hospitals.
 - Obtaining real time bed availability and hospital status
 - Establishing reliable communications with the facility.
 - Ongoing situational awareness updates to all hospitals & partners.
 - Alerting/notification/coordination of public health.
 - Support processes to ensure continuity of patient care.
 - Coordinating patient tracking system

What actually occurred?

- Take a moment to think about your organization's actions.
- Be specific – avoid generalizations.
- Stick to facts
- Follow event chronology whenever possible.

Regional Timeline

- Chippenham goes on full diversion – 1429 hrs
- Chippenham notifies RHCC Communications– 1435 hrs
- RHCC Comms notifies on-call staff – 1441 hrs
- RHCC Duty Officer contacts Chippenham EM to confirm incident, begins notifying partners and moving assets – 1443hrs
- VHASS Event Activated – 1519 hrs
- First RHCC Situation Report emailed to region – 1528hrs
- RHCC receives unconfirmed report of pending evac – 1615 hrs
- RHCC confirms evac of 10 critical care patients – 1628 hrs
- Regional conference call – 1730hrs
- Partial power restored – 1730hrs
- Regional conference call - 2000hrs
- Commercial Power Restored – 2100hrs

What went well and why?

- What had the greatest impact on the successes achieved?
- What best practices should be sustained in the future?
- Consider healthcare coalition capability areas:
 - Healthcare & Medical Response Coordination
 - Healthcare organization multi-agency coordination during response.
 - Incident validation / utilize information sharing platforms & procedures (including patient tracking)
 - Identify and coordinate resource needs during an emergency
 - Coordinate incident action planning during an emergency
 - Communicate with the public during an emergency
 - Continuity of Healthcare Service Delivery
 - Maintain access to non-personnel resources during an emergency
 - Coordinate healthcare evacuation and relocation
 - Develop and implement evacuation transportation plans
 - Facilitate recovery assistance and implementation

What can be improved, and how?

- Given information known at the time, what could we have done better?
- Given information we know now, what are we going to do differently in future to ensure success?
- Consider healthcare coalition capability areas:
 - Healthcare & Medical Response Coordination
 - Healthcare organization multi-agency coordination during response.
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Additional Discussion?