**CVHC Coalition Surge Test – Exercise Information**

**Exercise Date/Time:** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Participating Agencies:** Regional Healthcare Coordination Center (RHCC), all CVHC acute care hospitals, Virginia Department of Health, and Emergency Medical Services.

**Hospital Staff Participation:** Minimum incident management team staffing for a major surge event. Potential/recommended personnel include: Emergency management, nurse manager/house supervisor, environment of care, plant operations, patient throughput, administrator on call.

**Exercise Overview:** The federally-mandated Coalition Surge Test (CST) uses an evacuation scenario to help health care coalitions assess how well their members can work together to respond to a sudden health care crisis. It is designed to test a coalition’s functional *inpatient* surge capacity and to identify gaps in surge planning. Specific details of this year’s exercise scenario will be disclosed at the outset of the exercise.

**Exercise Sequence:**

1) On the \_\_\_\_\_ of \_\_\_\_\_\_\_, hospitals will receive a VHASS alert and email message stating that the Coalition Surge Test exercise will begin in 60 minutes. Notify participating staff of start time.

2) After the 1 hour notification, the RHCC is activated, VHASS event is launched, and area hospitals are notified of an incoming surge of patients due to an evacuation. Hospital incident management team will spend the next 90 minutes working through immediate bed availability processes and responding to requests for information from the RHCC.

3) All VHASS deliverables are due to the RHCC asap. All exercise play will stop after 90 mins.

4) 20 minute facilitated regional discussion/hot wash via WebEx conference call on \_\_\_\_\_\_.

**Minimum Hospital Participation/Exercise Deliverables:**

* Activate hospital emergency operations plan.
* Skeleton/minimum ICS staffing (make available key decision makers for surge management).
* Update VHASS Hospital Status Board with accurate inpatient bed availability at the time of the exercise.
* Post updates on hospital activity in the VHASS Event Log and respond to requests for information from the RHCC (in the Event Log).
* Participate in the [facilitated discussion/hot wash conference call](https://cvhc.webex.com/cvhc/j.php?MTID=m90aab57b0071f373aa6a216909f6b917) immediately following the 90-minute exercise. Password is: Surge .

**Suggested Hospital Discussion Points During Exercise**

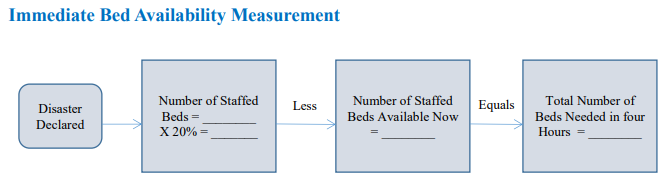
**Activation of Emergency Operations Plan:**

* What are your facility’s trigger points for activating its Emergency Operations Plan (EOP)?
* Who has the authority for activation of the EOP?
* What specific information in this scenario would prompt activation of your EOP?
* Which hospital decision-makers would be needed to marshal an effective response to this scenario?

**Information Sharing/Situational Awareness:**

* Where does your hospital obtain external information regarding a healthcare facility evacuation/catastrophic surge? What communications platforms are used?
* How do you communicate with the healthcare coalition/RHCC during an emergency?
* How would your hospital *internally* disseminate information to staff, suppliers, and key stakeholders during a scenario such as this?
* What internal communications would be needed during the first 90 minutes of a no-notice inpatient surge event such as this?

**Immediate Bed Availability/Surge Management:**



* What is the *licensed* bed capacity of your hospital?
* What is the *staffed* bed capacity of your hospital?
* How many staffed beds are available right now?
* Due to the pending hospital evacuation in an adjoining region, your facility has been told to expect a patient surge equaling *20% of your STAFFED bed capacity* within 4 hours (e.g., If your hospital has a staffed bed capacity of 300, you are planning to receive up to 90 patients from the evacuation). Given this information, consider the following:
* **Emergency Rapid Discharge Plan:**
  + What is your hospital’s Emergency Rapid Discharge Plan/Procedures? Who has the authority to activate this plan? Who would be responsible for *implementing* this plan?
  + What discharge options would your facility use under this plan (home, long term care, home health, etc.)? How can you identify available long-term care beds on a mass scale?
  + Which patient populations *currently in your facility* would fall under the scope of the rapid discharge plan? What is the approximate number of patients currently in your facility that would be eligible for rapid discharge? Where could discharged patients be placed while awaiting transportation in order to free up a bed?
  + What internal and external stakeholders are needed to accomplish a rapid discharge of patients (social work, EMS, etc.)?
  + Does your hospital have rapid discharge packets for this type of situation? Where can these packets be found? Are staff appropriately trained on their usage?
  + What are your facility’s discharge transportation needs? How would discharges be accomplished if your primary EMS contract is not able to fully accommodate your needs? What secondary transportation mechanisms might be available during an emergency?
  + How could your hospital expedite patient transports/transfers to other healthcare facilities?
* **Cancellation of Elective Procedures:**
  + Who has the authority to cancel elective procedures at your hospital due to a catastrophic surge event?
  + What are the considerations/triggers for making this decision?
  + What staff would be involved in notifying patients that their elective procedures are being rescheduled?
  + What types of patients from the surge event could be placed in the beds freed up through elective surgery cancellation (regular med-surg, step-down, ICU conversion, etc.).
* **Staff Recall:**
  + Who has the authority to recall off-duty staff at your hospital?
  + What is the trigger(s) for recalling off-duty staff?
  + What is a realistic number of staff that could be recalled within 4 hours?
  + Considering that that this surge event may impact your hospital for the next 7-10 days, what are the long-term staffing considerations for your hospital? Would your hospital revise staff work hours?
  + Does your hospital’s health system have a mechanism to obtain clinical staff from an unaffected hospital in your network? What is the process for requesting that assistance?
  + What are the roles, responsibilities, and needs of social workers in your facility during this?
* **Clinical Supplies & Pharmaceuticals:**
  + Given the pending situation, what are your potential supply chain needs for clinical supplies and pharmaceuticals?
  + How does your hospital access your 96-hour supply of critical resources? What are those critical resources on hand/immediately accessible?
  + What are other potential sources for any needed resources? How do you contact those entities?
  + Are there any emergency pharmacy plans or protocols that would be used in this situation (either for patient discharges or in-house needs)?
  + Are there any other potential needs or issues related to clinical supplies or pharmaceuticals?
* **Environment of Care, Space Utilization, and Facilities:**
  + Are there any private rooms that could be converted to semi-private/double occupancy rooms for lower-acuity patients? What staff, supplies, and “stuff” would be needed to accomplish this? Are there any gaps for obtaining these items?
  + Are there any closed areas of your facility that could be temporarily re-opened due to a catastrophic surge event?
  + Are there any step-down units that could be converted to temporary ICU beds?
  + What are your hospital’s designated “healthcare facility surge” areas/on-site alternate-care treatment areas that could be used in this scenario?
  + How can room sanitation processes be expedited? Are there any rapid processes/systems available to help immediately identify when a bed becomes available?
  + What are food service considerations and needs for this type of surge event?

**Exercise Participation Checklist for Hospitals**

* Ensure key staff/incident management team is assembled in time for STARTEX. Timelines must be strictly adhered to.
* Usage of VHASS (Hospital Status Board and Event Log) will be a critical component to exercise play. Ensure that VHASS is available in your hospital command center and that the Event Log is monitored throughout the 90 minute exercise.

* Provide updates on your activities in the Event Log throughout the exercise and respond to requests for information from the RHCC (you’ll need to be able to answer clarification questions about bed availability).
* Work through as many of the suggested discussion questions as you can during the 90 minutes of exercise play. Take notes on identified strengths and weaknesses. You will need this information to complete your AAR following the exercise.
* Participate in the 20 minute facilitated discussion/hot wash conference call immediately following the exercise (webex password is “Surge”). At least 1 hospital representative is required for the call in order to receive exercise credit.   
  Dial-in #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Access Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_