

2014 Knox/East Tennessee Healthcare Coalition Full Scale Exercise

After-Action Report
November 21, 2014

EVENT OVERVIEW

Event Name	Knox/East Tennessee Healthcare Coalition Full Scale Exercise
Event Date	November 4, 2014
Scope	This Regional exercise ultimately involved many local, regional, and state organizations and resources and involved the following counties: Anderson, Blount, Campbell, Claiborne, Cocke, Cumberland, Hamblen, Jefferson, Knox, Loudon, Monroe, Putnam, Roane, Sevier and Scott. The exercise involved all of EMS Region 2 and a portion of EMS Region 4
Mission Area(s)	Response and Recovery
Core Capabilities	HPP Capabilities 1 (Healthcare System Preparedness) 3 (Emergency Operations) 6 (Information Sharing) 10 (Medical Surge) 14 (Responder Safety and Health)
Objectives	<p>The exercise planning team selected objectives that focus on evaluating emergency operations/ procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following objectives:</p> <ol style="list-style-type: none">1. Evaluate the participating hospitals' ability to process a surge of patients to exceed staffed bed capacity.2. Evaluate the hospitals', RMCC, and other participating agencies use of the incident command system to manage the incident.3. Evaluate the hospitals' internal and external communications systems - along with the RMCC and local Emergency Operation Centers.4. Evaluate the ability of participating agencies to evaluate available resources and request additional support if required.5. Evaluate the ability to rapidly communicate capabilities with EMS partners and coordinate pre-hospital needs.6. Evaluate the ability of participating implementation of Ebola triage, treatment, and response protocols. <p><i>(Res.C1c 3.1 Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the incident action plan (IAP); Res.C1c 3.3.1 Process and manage requests for additional medical supply personnel or equipment;</i></p>

Res.C1c 3.2 Provide logistics support for medical supplies management and distribution; Res.C1c 4.1 Establish medical supplies warehouse management structure; Res.C1c 4.2 Activate warehousing operations for receipt of medical assets; Res.C1c 4.3 Identify needed transportation assets for medical supplies; Res.C2a 1.2 Develop procedures for obtaining mass prophylaxis supplies from the receipt, staging, and storage (RSS) sites in coordination with the Medical Supplies and Distribution Capability; Res.C2a 1.3 Develop plans, procedures, and protocols for mass prophylaxis dispensing operations; Res.C2a 1.3.1 Develop procedures for the distribution and dispensing of mass prophylaxis; Res.C2a 2.1 Develop and implement training for mass prophylaxis operations; Res.C2a 3.3.4 Coordinate with law enforcement to provide security to protect medicines, supplies, and public health personnel)

Event Overview

The 2014 Knox/East Tennessee Healthcare Coalition (KET Healthcare Coalition) exercise was designed to address Ebola and infectious disease preparedness and management for the healthcare community. The exercise scenario involves each hospital operating on a full census during a time that influenza activity is high. During this time, a surge of patients present to the hospitals with varying symptoms. One patient at each facility will be designated to be Ebola positive. Patient symptomologies will require each facility and community participants to be familiar with correct geographic areas where travel could indicate the Ebola disease. Hospitals will test community processes for Ebola transport, Ebola confirmation and treatment during a surge event and full census. For exercise purposes, no transport will be available to other facilities.

Pre-Exercise

- November 6, 2014. 2:00pm Evaluator meeting and facility exercise packet pick up.

Times for the following omitted as each varied for individual facility start times (as determined by facility)

- November 13 Pre-Exercise Communication Provided by Controller/Evaluator –
 - On November 8, 2014: Average Joe, a local man, travels from Sierra Leone to Knoxville. He makes it through all International Travel Screenings. He is NOT sick while flying. Influenza activity is increasing throughout the region.
 - On November 9, 2014: It is confirmed late in the evening by CDC that the patient does have Ebola.
 - On November 9-12, 2014:
 - Due to increased concern in the community, hospitals are inundated with worried individuals that feel that they are at risk or sick with Ebola.
 - Hospitals are also seeing more influenza patients as the

season is ramping up in the local communities.

- Average Joe's close contacts are in quarantine and are being monitored by public health
- On November 13th, 2014: All hospitals have a full census.
- On November 13th, 2014: Media states that Average Joe's wife has reported to Hospital X with a fever.

Exercise Start with emergency room walk ins.

Hospital Resource Tracking System activated and TN Health Alert Network system utilized to send alert to each facility.

**Participating
Organizations**

Blount Memorial Hospital
Claiborne County Hospital
Claiborne Emergency Medical Services
Covenant Health Corporate
District 2 Homeland Security
East Tennessee Children's Hospital
East Tennessee Regional Health Office
Fort Loudon Medical Center
Fort Sanders Regional Medical Center
Jefferson County Emergency Management
Jefferson County Fire
Jefferson Memorial Hospital
Jellico Community Hospital
Knox County Health Department
Knoxville/Knox County 911 Center
Knoxville/Knox County Emergency Management Agency
Knoxville Fire Department
Lafollette Medical Center
Lakeway Regional Medical Center
Leconte Medical Center
Medlink 2, Regional Medical Communications Center
Methodist Medical Center of Oak Ridge
Morristown Hamblen Healthcare
Newport Medical Center
North Knoxville Medical Center
Parkwest Medical Center
Peninsula Psychiatric Hospital
Physicians Regional Medical Center
Pioneer Community Hospital of Scott County
Roane Medical Center
Rural/Metro Emergency Medical Service
Sweetwater Hospital Association
Sevier County Emergency Medical Services
Tennessee Department of Health
Turkey Creek Medical Center

University of Tennessee Medical Center

Major Strengths (with a focus on operations from the RHC and Hospital)

- Communities worked together well to appropriately address the diversity of issues associated with the care of a suspect Ebola patient or any other potentially infectious patient within the healthcare setting. This community level of participation in planning and exercising will ensure as many established guidelines and procedures can be identified before an incident occurs, mitigating the number of issues at the time of an occurrence. This also allows individual communities to identify local processes in place that are strong and need improvement beyond the walls of the hospital. Especially noted was the strong learning partnership between local EMS and hospitals in regard to measures that would be taken from transport to admission of an infectious patient.
- Staff at all participating agencies showed a high level of knowledge of the Ebola virus and preventative measures recommended to treat and prevent spread.
- Knox county and the region utilize existing processes and resources very effectively (such as Regional Hospital Coordinators, Hospital Resource Tracking System, Tennessee Health Alert Network, Regional Medical Communication Center) with a working knowledge of how these resources are meant to enhance community preparedness.

Areas of Improvement

- Security needs to be activated earlier in the event and needs to be increased at most facilities to ensure proper care and continuity of operations are able to be provided.
- There were internal and external communication issues. External issues occurred between hospitals and appropriate Department of Health notification channels. Some hospitals were given incorrect notification numbers, and other hospitals notified the wrong facility within the Department of Health, be it metro or regional.
- Specific process guidance needed for clarification, such as possible temporary EMS diversion from facility treating suspect case, blood draw for suspect case, waste material management and equipment sterilization/incineration and EMS protocol facility specific when delivering suspect Ebola case.
- All facilities noted lack of appropriate Personal Protective Equipment (PPE) and appropriate training and staff levels to accommodate long term care of a suspect Ebola case.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically from the findings of the 2014 Knox/East Tennessee Healthcare Coalition Full Scale Exercise. The below mentioned are a compilation from regional findings from all participants as a whole. They are not reflective of any one facility and facility specific information is not contained in this Improvement Plan unless it has region wide implications.

Core Capability		Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
1	Healthcare System Preparedness	There were internal and external communication issues. External issues occurred between hospitals and appropriate Department of Health notification channels. Some hospitals were given incorrect notification numbers, and other hospitals notified the wrong facility within the Department of Health, be it metro or regional.	Individual healthcare facilities need to re-evaluate current security staffing plans and realistic demands for security personnel in regard to the treatment of a suspect infectious patient. In doing so, attention must be given to re-actions from the public, media and continuity of care for other patients.	Planning/ Training	Facility Specific	Facility Emergency Manager	1 December 2014	28 February 2015
3	Emergency Operations							
10	Medical Surge							

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

**After-Action Report/
Improvement Plan (AAR/IP)**

Core Capability		Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
1	Healthcare System Preparedness	There were both internal and external communication issues throughout the region. External issues occurred between hospitals and appropriate Department of Health notification channels. Some hospitals were given incorrect notification numbers, and other hospitals notified the wrong facility within the Department of Health, be it metro or regional.	Both the Regional and Knox County RHC will send correct notification system (number and correct department) to each Emergency Manager for distribution to appropriate healthcare facility personnel	Planning/ Training	Knox County Health Department	Charity Menefee, Knox RHC	1 December 2014	15 December 2014
3	Emergency Operations				East Tennessee Regional Health Office	Wanda Roberts, East RHC		
6	Information Sharing				Facility Specific	Facility Emergency Manager		
10	Medical Surge		Healthcare facilities and partners need to continue to practice with both internal and external communication methods, implementing lessons learned and training for correct usage of equipment	Planning/ Training/ Exercise			1 December 2014	28 June 2015

² Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

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Core Capability		Issue/Area for Improvement	Corrective Action	Capability Element ³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
1	Healthcare System Preparedness	Specific process guidance needed for clarification, such as possible temporary EMS diversion from facility treating suspect case, blood draw for suspect case, waste material management and equipment sterilization/incineration and EMS protocol facility specific when delivering suspect Ebola case.	Guidance will be shared as it is provided by the CDC or State. Emergency managers will be encouraged to check TNHAN Ebola folders for the most current guidance and updates.	Planning	Knox County Health Department	Charity Menefee, Knox RHC	1 December 2014	On Going
3	Emergency Operations				East Tennessee Regional Health Office	Wanda Roberts, East RHC		
10	Medical Surge							
14	Responder Safety and Health				Hospital Emergency Managers			

³ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

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Core Capability		Issue/Area for Improvement	Corrective Action	Capability Element ⁴	Primary Responsible Organization	Organization POC	Start Date	Completion Date		
1	Healthcare System Preparedness	All facilities noted lack of appropriate Personal Protective Equipment (PPE) and appropriate training for proper donning and doffing procedures. Facilities also acknowledged staff levels would not be adequate to accommodate long term care of a suspect/confirmed Ebola case.	The Knox/East Tennessee Healthcare Coalition will continue to try to purchase PPE equipment, as hospitals are doing as well. Currently, there is a nationwide shortage on this equipment.	Planning/ Training/ Equipment	Knox County Health Department	Charity Menefee, Knox RHC	1 December 2014	On Going		
3	Emergency Operations								East Tennessee Regional Health Office	Wanda Roberts, East RHC
10	Medical Surge								Facility Specific	Facility Emergency Manager
14	Responder Safety and Health	Regional PPE Train the Trainers will provide training opportunities to participating facilities. Any training opportunities will be shared with the Healthcare Coalition.								

⁴ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.
