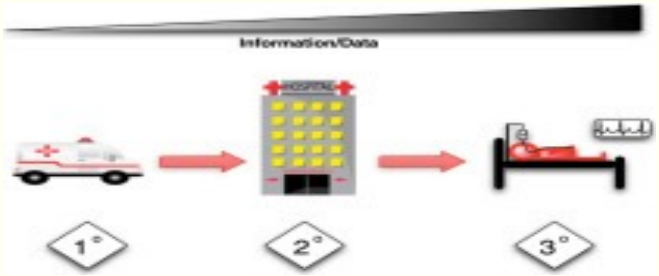


HOSPITAL SURGE TABLETOP EXERCISE

Workshop on Preparedness in a Pandemic

Gallup Indian Medical Center Trauma Program – December 8, 2021

Introductions

- Exercise Facilitators:
  - Dr. Chayanin Musikasinthorn
  - Dr. Jack Fralinger
  - Devon McCabe, RN
  - Tracy Denet, RN
- Exercise Evaluators:
  - Dr. Alexandra Weir
  - Dr. Safia Rubaii
  - Ona Fralinger, RN
  - Dr. Warner “Butch” Anderson

Tabletop Exercise Overview

Purpose: Provide GIMC Hospital an opportunity to discuss and evaluate current preparedness, response, and recovery capabilities while operating in a COVID-19 environment.

Scope:

- This is a multi-departmental discussion-based workshop/exercise
- Following an overview of the current situation, participants engage in a discussion based on "COVID-19 Pandemic Operational Guidance – All-Hazards Incidents Response and Recovery"
- Discussion questions are organized based on three discussion themes: **Preparedness**, **Response**, and **Recovery** considerations.

Emergency Management – Emergency Response Exercise Requirements During the COVID-19 Public Health Emergency

Requirements: Documentation addressing 6 critical areas from facility-based standpoint

1. Communication – what worked well and what did not
2. Resources and assets – what resources were abundant, adequate or lacking
3. Safety and security – what issues arose and how were they resolved
4. Staff responsibilities – what issues arose and how were they resolved
5. Utilities – what issues arose and how were they resolved
6. Patient clinical and support activities – what were abundant, adequate or lacking

The Joint Commission Emergency Management Chapter on Hospital Accreditation Requirements

Coronavirus (COVID-19) Guidance and Resources

Exercise Objectives:

Exercise Objectives	Capability
Test the ability of GIMC Emergency Department to handle a surge of trauma patients (20% and up to 75% of the average daily census) in the setting of recent COVID-19 surge (20% positivity) and would strain current resources	Crisis Standard of Care – Red HPP Capability: Hospital Surge
Discuss and review GIMC All Hazards Plan, Code Green Hospital Surge Plans and Procedures and Crisis Standards of Care	Crisis Standard of Care – Red HPP Capability: Hospital Surge

https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

Exercise Guidelines

This exercise will be held in an open, low-stress, no-fault environment.

Responses based on knowledge of current plans and capabilities.

Exercise-based decisions are not precedent setting.

Problem-solving efforts should be the focus.

This exercise is an opportunity to discuss and present multiple options and possible solutions.

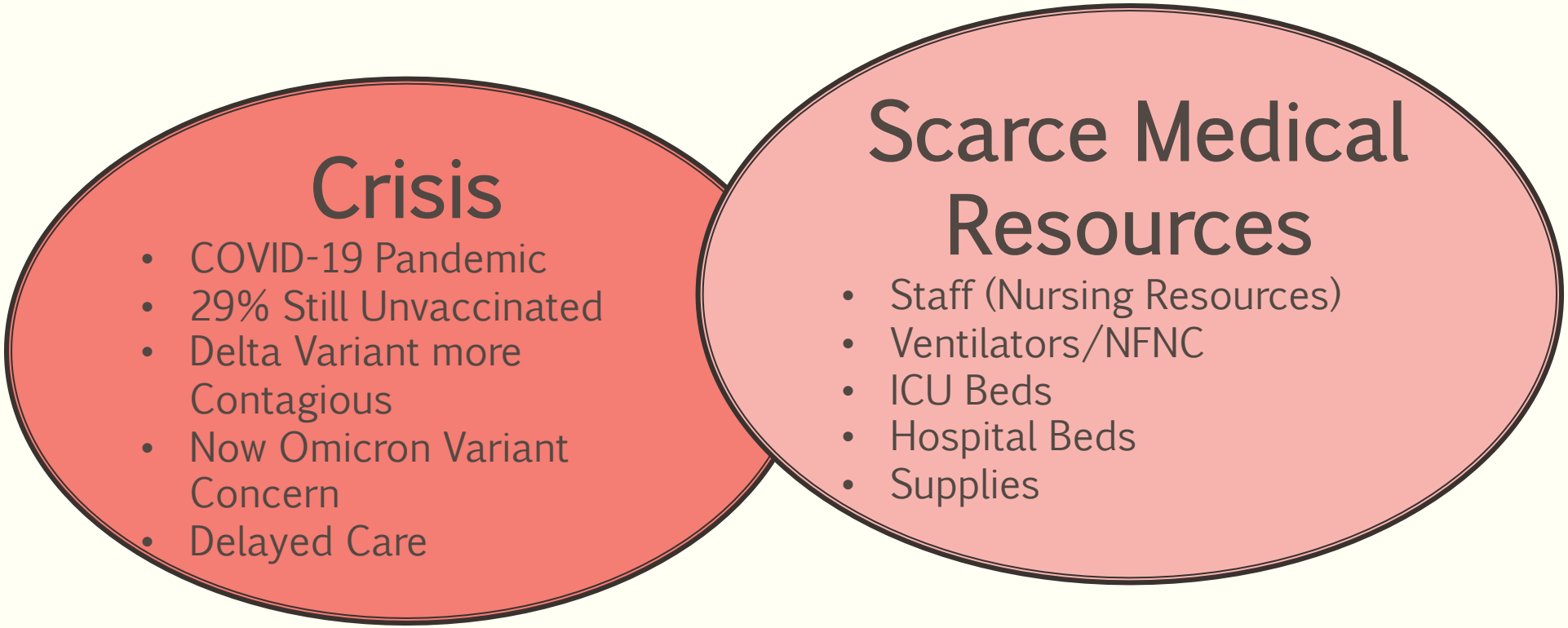
Use the chat button or raise hand to insert comments

Current Situation:

- National plateau and rising case rates of COVID-19 in many states including NM
- NM 7-day positivity rate 12.7%
- GIMC 7-day positivity rate 20%
- Cumulative rate: 2.0% breakthrough cases in fully vaccinated people 12+ from Feb 1 – Nov 16, 2021
- Rising incidence of COVID-19 among children in New Mexico
  - 17% of cases are pediatrics (overall), 25.4% of cases are pediatrics (last 7-days)
- Hospitalization:
  - NM and GIMC currently at crisis standards of care
  - Unvaccinated people make up vast majority of NM Covid-19 hospitalizations

Current Situation:

Ongoing COVID 19 pandemic has led to the shortage of critical medical resources



Crisis standards of care are peer-reviewed guidelines that help health care providers and health care systems decide how to deliver the best care possible under the extraordinary circumstances of a disaster or public health emergency when there are not enough resources.

Definition of Crisis Standards of Care:

- **Represents a substantial change** in usual healthcare operations and the **level of care it is possible to deliver**, made necessary by a pervasive (e.g. COIVD19 pandemic pandemic) or catastrophic disaster (i.e. flooding, earthquake)
- **Is justified by specific circumstances and is a formal declaration** by a state government in recognition that crisis operations will be in effect for a sustained period
- **Provides a pathway** for allocating scarce resources
- **Provides legal protections** in New Mexico for healthcare providers who are working out of their normal scope of work

Find Documents Here

Resources

- Public Health Order: Crisis Standards of Care Update 10/25/2021
- NM Statewide Acute Care Medical Surge Plan for COVID19 Pandemic (10/2021)
- NM Statewide Acute Care Medical Surge Plan for COVID19 Pandemic – Appendix E. Triage Protocol (10/2021)
- NM Statewide Acute Care Medical Surge Plan for COVID19 Pandemic – Appendix F. Patient Care Strategies for Scarce Resource Situations (10/2021)

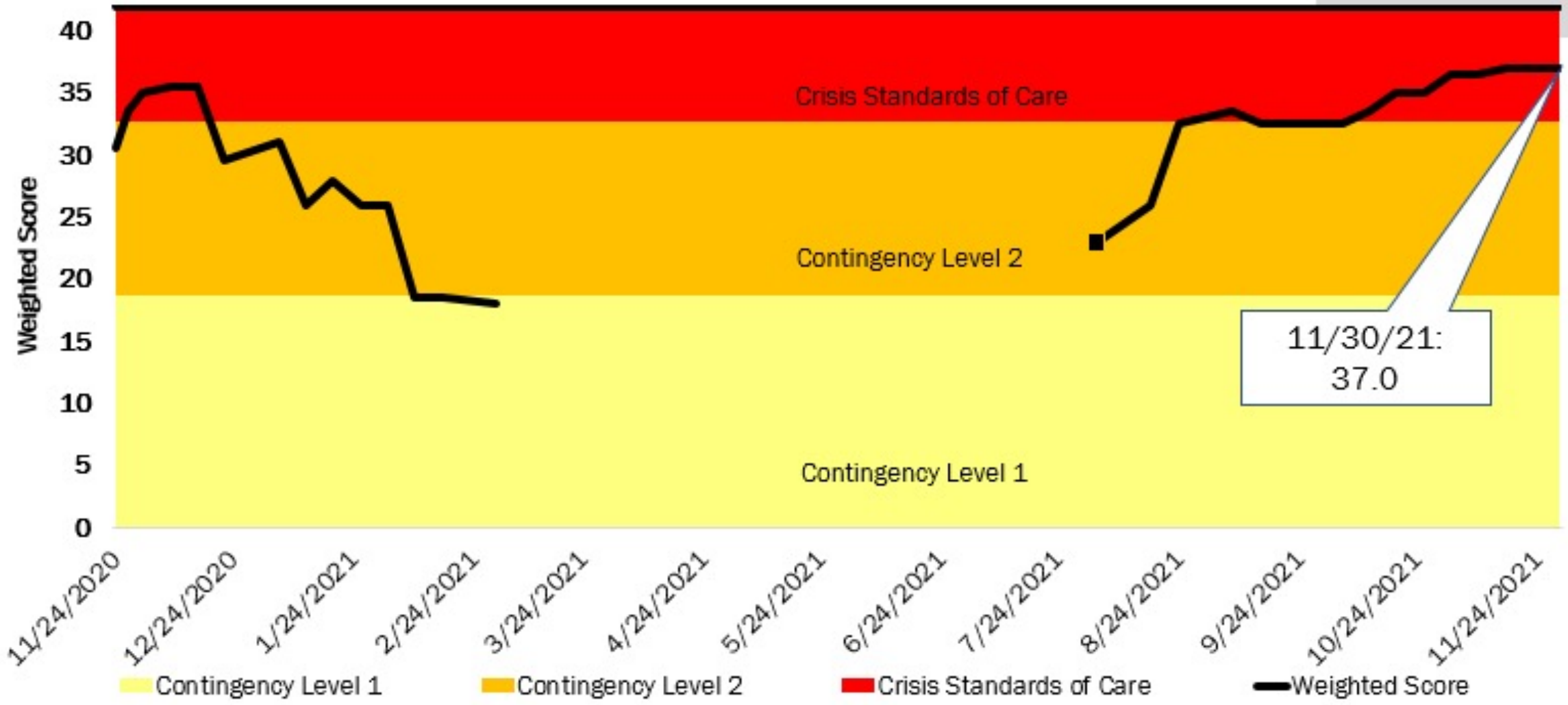
Credentialing

A Credentialed physician or credentialed advanced practice clinician will be considered a public employee for the purpose of the Tort CLaims Act to the limited extent and in the limited circumstances in which the credentialed practitioners provide medical care outside fo their normal privileged scope of practice and/or are serving as a Triage Officer or Triage Board Member in a hospital acute care setting.

To begin your application, click here.

For Credentialing Click Here

NM Hospital Systems Capacity Self-Evaluation



Self-evaluation data not collected between 3/3/21 and 8/17/21.

HOSPITAL SURGE TABLETOP EXERCISE

MODULE 1

Scenario

- A car has plowed through a grandstand and multiple bystanders at the local community Holiday Parade in Downtown Gallup. GIMC is the closest hospital to the scene. Patients start to arrive via EMS and personal vehicles. Shortly after patients begin to arrive, staff in the Emergency Department determine that there will likely be a surge of trauma patients.

Key Issues:

- GIMC will be experiencing a surge of trauma patients over the next few hours.
- The ED is already overwhelmed with a large number of patients still awaiting transfer due to no available beds at GIMC.
- It is unknown at this time how many patients may present to GIMC.

Module 1 Questions:

1. How would staff in the ED learn that there is going to be a surge of trauma patients once initial patients begin to present?
2. What immediate actions are taken in preparation for a surge event?
3. Who outside of the ED would be contacted?
   a. How are they contacted?
   b. Are any outside partners notified at this time?
4. Facing a medical surge of an unknown number of patients. What initial actions would be taken at GIMC overall?
5. What are the triggers for activating hospital incident command center (HICC) and medical surge plan (code "Mass Casualty Incident") – Code "Green"?
   a. Would the scenario push you to activate the HICC or Code MCI at this time?

Code MCI: Mass Casualty Incidents (Trauma)

- MCI = Number of casualties exceed the normal medical infrastructure
  - Small MCI – influx of 6 patients with Emergency Severity Index (ESI) Levels > 90% of 1 or 2
  - Large MCI – influx of 10 or more patients with ESI Levels > 90% of 1 or 2
- Activation
  - ED Supervisor and/or Administrator On-Call in consultation with Tour Supervisor (TSCN) have the authority to active Trauma or Chemical MCI
  - Tour Supervisor initially assume the Incident Commander role and initiate notification process to critical staff, neighboring hospitals, city/county first responders and Emergency Management
  - Code Activation:
    - Level 3 (standby)
    - Level 2 (partial activation/on-call staff to staging areas/ED)
    - Level 1 (Full activation in response to large MCI – all hands on deck)
  - Create Triage and ED space: Relocating current ED patients to floor, temporarily suspend clinics and elective procedures
  - Determine availability of clinicians/nurses that can assist with patient care (contingency staffing)
  - Determine availability of monitoring beds on ICU, med-surg floors, Pre-op/Day Surgery, PACU, WHU
  - Patient registration preparing a temporary patient record (Form IHS-505) for patient tracking purposes
  - Notify logistical support for anticipation of clinical supplies/equipments

HOSPITAL SURGE TABLETOP EXERCISE

MODULE 2

Scenario Update

- At this point in time, more patients have begun to arrive at the Emergency Department. Many of the patients arriving will need some type of emergency surgery. As the ED staff begin to gather more information from patients and EMS it seems as though you could see as many as 50 patients arrive at GIMC ED over the next several hours.

Key Issues:

- The anticipated 20% -75% surge of patients will strain and potentially overwhelmed the already overwhelmed GIMC Hospital.

Module 2 Questions:

1. Upon activating the HICC, what positions of the Hospital Incident Command System (HICS) would be filled?
   a. Is this outlined in the hospital Emergency Operations Plan (EOP)?
   b. Has the EOP been modified to align with COVID-19 guidance, to include social distancing limitations, mask requirements and travel restrictions?
2. What mechanism would the ED staff use to notify the HICS of the number of potential trauma patients?
3. How would the HICS communicate the situation update to the following departments?
   a. Intensive Care Unit (ICU)
   b. Medical/Surgical Units
   c. Perioperative Services
   d. Ambulatory Care/Clinics
   e. Support/Ancillary Care Services

Elements of the Emergency Operations Plan

- General Requirements
  - Mitigation, preparedness, response and recovery and the four phases of Emergency Management
  - The hospital uses its hazards vulnerability analysis (HVA) as a basis for defining the preparedness activities that will organize and mobilize essential resources
  - EOP should be comprehensive but flexible and adaptable to a variety of emergencies
- Specific Requirements
  - Communications
  - Resources and Assets
  - Security and Safety
  - Staff
  - Utilities
  - Patients
  - Disaster Volunteers
  - *** Covid-19 Pandemic mitigation efforts

EOP must identify the hospital's capabilities and establish response procedures in the effort to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours.

GIMC Emergency Operations Plan (EOP)

- The CEO or designee has the authority to activate the EOP and/or declare an emergency on behalf of GIMC or THC
- The designated Emergency Management Point of Contact (EMPOC) is responsible for all components of the Emergency Management activities, including: mitigation, preparedness/prevention, response, and recovery
- GIMC and THC will use the All Hazards Emergency Operations Plan to manage any emergency/non-emergency situation using the National Incident Management System (NIMS) / Incident Command System (ICS)

Elements of GIMC Emergency Operations Plan (EOP)

1. Communications – what, who and how?
    1) Annex C (communications plan with updated phone numbers), internal paging system/landlines/health services portal

2. Resources and Assets – supplies, equipment, and facilities (obtain/replenish)
    1) Under Resource Management and mutual aid agreements but does not describe how GIMC will obtain and replenish medications and related supplies (medical and non-medical, including PPE, beds, linens, fuel). Transportation, medical equipment that will be required throughout the response and recovery phases of an emergency
    2) Also, needs to describe how to share resources and assets with other health care organizations within the community and outside the community (in the event of a regional or prolonged disaster) and how GIMC will monitor quantities of its resources and assets during an emergency
    3) What is GIMC's arrangements for transporting some/all of the patients, their information, medications, supplies, equipment and staff to an alternate care site, if required.

3. Security and Safety – access and movement of staff, personnel, visitors/patients
    1) Under Situation Awareness, Staging Area(s) and Helispot – but also needs to describe GIMC's arrangements for internal security and safety
    2) Also, what roles do community security agencies (police, sheriff, FBI, national guard) have in event of emergency and how GIMC will coordinate security activities with these agencies
    3) How will GIMC manage hazardous materials and waste and provide for radioactive, biological and chemical isolation and decontamination (COVID-19 isolation)
    4) How will GIMC control entrance into and out of the hospital and within the hospital facility along with traffic control

Elements of GIMC Emergency Operations Plan (EOP)

4. Staff
   1) The paging system shall be used for internal incidents to inform staff (day notification) and Emergency Contact Listing (during night/holiday/weekend)
   2) All phone numbers of key staff and first responders along with various communication systems are contained within the Communications Plan.
   3) GIMC activates ICS; an incident commander (designated by the CEO) assumes command and oversee the management of the incident.
   4) All activated personnel will report to the Incident Command Post, sign in on the ICS Form 211 (Sign-In Sheet) and receive an assignment.
   5) Coordination with multidisciplinary psychosocial support team (consider use of virtual platform during COVID pandemic)

5. Utilities
   1) Memorandum of Understanding (MOU) with other organization (RMCH, Zuni, Crownpoint) for alternative services
   2) Expect potential loss of utilities required for care, treatment, services, and building operations (i.e., medical gas, fuel, generators)

6. Patients
   1) How GIMC will manage the activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, and discharge, along with patient hygiene and sanitation needs, along with mortuary services
   2) How GIMC will manage a potential increase in demand for clinic services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions, or high infection risks (such as COVID-19)
   3) Documentation and tracking of patients' clinical information during an emergency
   4) The name and location of receiving facilities or alternate sites may be defined in the EOP, formal transfer agreements or other accessible documents.

Elements of GIMC Emergency Operations Plan (EOP)

7. Volunteers
    1) Are safeguards in place to assure that volunteer practitioners are competent to provide safe and adequate care, treatment or services (process of verification of licensure, certification, or registration)
    2) COVID-19 pandemic disaster privileges granted to volunteer licensed independent practitioners currently in place for COVID-19 pandemic (as per medical staff bylaws), cannot carry over to other emergencies – will this need to be modify in the current bylaws or EOP in case of MCI.

8. Disasters/Pandemic consideration – Crisis Standards of Care
    1) See "*State of New Mexico Department of Health: Patient Care Strategies for Scarce Resource Situations*" Version 1.0, October 20, 2021
    2) See "*NM Triage Protocol for Allocation of Scarce Resources Under COVID-19 CSC*" Version 1.0, October 25, 2021
    3) Precautions in place for testing additional patients and managing potentially infected COVID-19 patients of a secondary disaster

Code MCI: Mass Casualty Incidents (Trauma)

- Response
  - Large MCI Organization Structure – Gallup Incident Command System already in place
  - Staff notification and communication with External Organization
  - Initial triage and testing of COVID-19 will be imperative to keep patients and personnel safe
    - Patient screening/triage will need to be done rapidly and there may not be enough time to screen all patients for COVID-19 symptoms, particularly those with critical injuries
    - All patients will need to treated as PUI, have their temperature taken and provided a mask if feasible
    - Healthcare providers must wear adequate PPE including N-95 masks
  - Patient tracking and reunification plan – are there rules barring visitors due to current COVID surge?

- Recovery
  - Normal Business
    - The goal of recovery is for the responding departments to get back to normal operations. The ED Supervisor, TSCN or the Lead Clinical Nurse can stand down from the code when:
      - All patients have been seen:
        - Patient admissions
        - Patient discharges
        - Patient transfers
      - Departments are preparing the clinics/work areas for normal operations:
        - Staff are released from the MCI incident
        - Restore equipment and supplies
        - Conduct terminal cleaning
        - Continue to provide patient care
  - Hotwash with Incident Command and department supervisors and responding personnel right after MCI is concluded.
    - Incident summary and successes, improvement areas and corrective actions will be discussed
  - Incident number is then created along with AAR (After Action Report) with input from responding personnel to ensure corrective action measures are addressed

Scenario Update

- At this point in the scenario, you receive a notification from the scene that the grandstand has further collapsed, causing 15-25 more trauma victims ranging in acuity that will likely be transported to GIMC.

Module 2 Questions:

4. Now that the scope of the incident is better understood, would this change any actions for the following departments?
   a. Intensive Care Unit (ICU)
   b. Medical/Surgical Units
   c. Perioperative Services
   d. Ambulatory Care/Clinics
   e. Support/Ancillary Care Services
5. Would the HICC be reaching out to any external partners?
   a. If so, who would you be reaching out to and what would the message be?
6. Would there be any type of triage unit set up outside/external to the ED?
   a. If so, who is in charge of setting this up?
7. What are your overall concerns moving into a potentially extended surge event on top of an existing pandemic surge, and what would be done to minimize the strain on your facility and staff?

HOSPITAL SURGE TABLETOP EXERCISE

MODULE 3

Scenario Update

- The majority of victims have been transported from the scene of the incident to GIMC, although many are still waiting in the ED to be triaged and placed in a bed. As the surge event continues it becomes evident that staffing levels may become an issue. Also, there has been a cold front approaching the area with expected snow storm in the early afternoon and wind chill -14◦C into the evening/night.

Key Issues:

- Most victims have been transported to GIMC
- Many are waiting in the ED to be triaged and placed in a bed
- There is concern with impending suspension of aeromedical evacuation due to severe incoming weather delays

Module 3 Questions:

1. What actions are taking place in each of the following departments to make bed space and support the overall effort to care for the surge of patients?
   a. Intensive Care Unit (ICU)
   b. Medical/Surgical Units
   c. Perioperative Services
   d. Ambulatory Care/Clinics
   e. Support/Ancillary Care Services
2. How are patients tracked once they arrive at GIMC?
3. Does the triage process change during a surge event from normal day-to-day operations (conventional), contingency, or crisis standards of care?
   a. Is the ED flow disrupted with new construction/layout of the ambulance bay?
4. How rapidly is GIMC able to decompress patients to open up bed space?
5. What is the trigger for requesting additional staff to report to work?
6. Discuss and develop 2-3 objectives for GIMC for the next 8 hours.

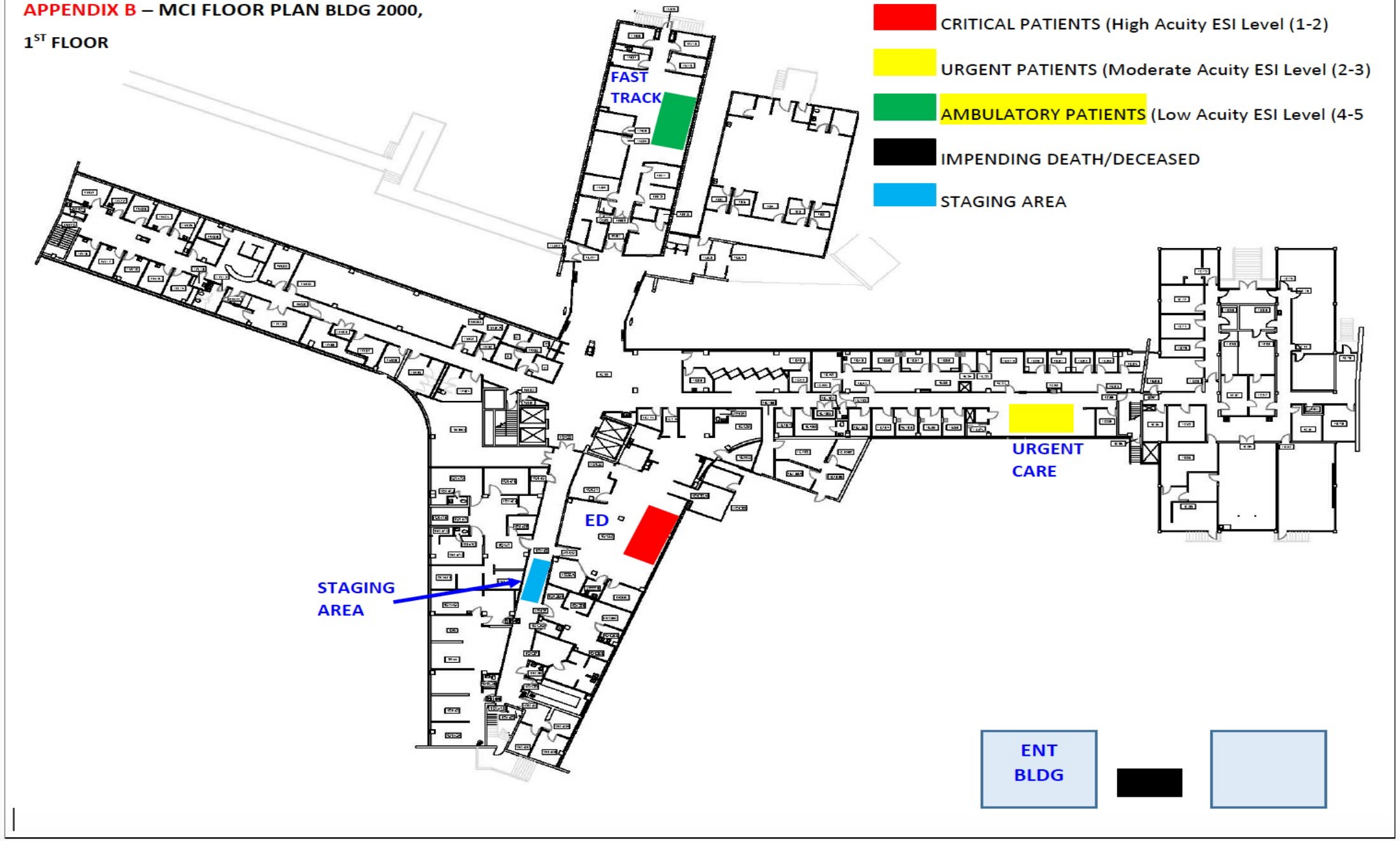
GIMC Patient Triage System

- Perform patient triage:
  - Triage will take place at Government Circle. (needs revising due to construction)
  - A Triage Team Leader will oversee triaging.
  - Patient Registration will assign a temporary patient record, which is to include a patient identification number.
    - DO NOT remove an existing triage tag, ED staff are to continue to using the existing tag for tracking purposes.
  - The Triage Team Leader shall communicate with the Lead Clinical Nurse/ED Supervisor.
- Triage Designation Areas: Based upon the triage color coding system, the following departments shall initially receive patients:

COLOR	INJURY	TREATMENT LOCATION
Red	Critical Cases	Emergency Department
Yellow	Urgent Cases	Emergency Department East (Revised?)
Green	Minor Cases	Walk-In Primary Care Clinic (location?)
Black	Near Death/Deceased	ENT Clinic or outside clinic under covered patio

GALLUP INDIAN MEDICAL CENTER

APPENDIX B – MCI FLOOR PLAN BLDG 2000, 1ST FLOOR



During COVID-19, 5 Key Steps to Expand Hospital Capacity

1. Form an Internal Rapid-Response group to take control of patient flow
2. This group will carefully evaluate and categorize all different types of patients in the near-term caseload (case prioritization non-Covid patients)
    1) Highest priority for admissions (emergent or trauma patients without covid-19 requiring emergency surgeries or C-sections)
    2) Cancel elective surgeries temporarily
3. Put in place new mandatory procedures to speed discharge of patients well enough to leave hospital
4. Consider performing urgent/elective surgeries on weekends
5. Move to “full capacity protocol” which means no more patients can be boarded in EDs

EndEx

Exercise HotWash

- Strengths

- Areas for Improvement

Next Steps

- Complete participant feedback forms and return to a Facilitator or Evaluator
- Facilitator and Evaluator will develop an After Action Report (AAR) / Improvement Plan
- Once complete, this will be shared with exercise participants

Questions?

Thank You!