After-Action Report/Improvement Plan for:

Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise: Northern Sub-Region

Draft Date: 2/20/2017

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise
Exercise Date	October 25, 2017
Scope	This exercise was a functional exercise with tabletop elements, planned for four hours at multiple locations throughout the Northeastern Tri-County area of Washington Region 9. Exercise play was limited to healthcare evacuation operations and supporting activities between the identified players.
Core Capabilities	Public Health, Healthcare, and Emergency Medical Services
Healthcare Preparedness and Response (HPR) Capabilities	Healthcare and Medical Response Coordination Medical Surge
Objectives	1. **Patient Placement** Hospitals and relevant response partners will utilize the Region 9 Disaster Medical Coordination Center (DMCC) Plan to support hospital evacuation processes and coordinate patient placement with external partners throughout the Tri-County area of Region 9 without diminishing patient quality of care. 2. **Patient Transportation** Hospitals and supporting organizations will coordinate patient transportation requirements with appropriate transportation resources. 3. **Situational Awareness** Region 9 Healthcare Coalition members will demonstrate the ability to collect and share timely situational awareness information, prioritize that information, and share a common operational picture between internal and external partners within two hours of receiving the request.

Exercise Name	Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise
Threat or Hazard	Winter Weather
Scenario	Ferry County Memorial Hospital and Newport Hospital and Health Services (NHHS) located within the Northern Tri-County area of Washington Region 9 are experiencing issues with their Heating, Ventilation & Air Conditioning (HVAC) systems. With a cold front moving in, patient room temperatures are currently at 55 degrees, and dropping 5 degrees every hour. External temperatures are expected to be in the single digits for the next two or three weeks. Fixing the two HVAC systems or providing alternative heating methods are not options at this point.
Sponsor	Washington Region 9 Healthcare Coalition
Participating Organizations	Players include hospitals, skilled nursing facilities, county emergency management offices, emergency medical service agencies, a local health jurisdiction, and healthcare coalition. A complete list of exercise participants is in Appendix B.
Point of Contact	Casey Schooley Training and Exercise Coordinator Region 9 Healthcare Coalition (509) 324-1538 cschooley@srhd.org

ANALYSIS OF CAPABILITIES

The Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise was designed to evaluate three objectives centered on patient placement, patient transportation, and situational awareness. Evaluations in this AAR are specifically focused on the objectives created by the exercise planning team. However, there were additional strengths and areas for improvements identified that were either facility specific or were not within the scope of objectives defined by the exercise planning team, and therefore will not receive a full analysis in this AAR. It is still important to acknowledge these strengths and areas for improvements that were outside the exercise objectives.

There were three strengths that fell outside of the objectives: (1) two firsts for our region were achieved through this exercise. We have never exercised Holy Family Hospital (HFH) as back-up to Deaconess for Region 9 DMCC or as lead for the northern 3 counties (Ferry, Stevens, and Pend Oreille). In addition, our region had never conducted an evacuation exercise using the DMCC. Good job to the exercise design team and exercise participants supporting these 'firsts.' (2) Evacuating and receiving healthcare facilities activated their internal Emergency Operations Plans (EOPs) and used their notification processes to activate the hospital incident command system and assemble their incident command teams. (3) Although evacuation was the primary goal, evacuating facilities had great discussions on whether they could maintain operations in the emergency department if they evacuated. Outcomes of these discussion were not clear, but demonstrating the understanding that the community still would need emergency department service is admirable.

A few notable areas to improve that will not be covered specifically in the AAR/IP because they fall outside of the exercise objectives were: (1) One of the hospitals used internal patient tracking methods, but there was no way to determine if this was effective during a regional event. (2) Evacuating hospitals found that contact information used in their staff notification system was outdated. (3) Use of the WATrac Command Center for sharing information and situational awareness was not widely used within exercise play. Users included exercise controllers, evaluators, and players.

The following pages are an analysis of capabilities specifically for the exercise objectives defined by the exercise planning team.

Objective 1: Patient Placement

Hospitals and relevant response partners will utilize the Region 9 DMCC Plan to support internal evacuation processes and coordinate patient placement with external partners throughout the Tri-County area of Region 9 without diminishing patient quality of care.

Capabilities

Core: Public Health, Healthcare, and Emergency Medical Services

HPR: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery and Medical Surge

Strengths

The partial capability level can be attributed to the following strengths:

- Initially, evacuating hospitals either discharged or identified local healthcare facilities who could accept patients using existing internal plans or community relationships.

- Ferry County Memorial Hospital (FCMH) focused on placing their LTC patients themselves, but had the DMCC place their acute care patients.

- Once contact had been made between the DMCC and evacuating hospitals, the DMCC was able to collect patient numbers and identify healthcare facilities to place evacuated patients.

- Upon activation, and per the WA R9 DMCC Plan, the DMCC sent an alert through WATrac to nineteen hospitals in WA Region 9 asking them to update bed status and agency status.

- Four regional hospitals (Garfield County Memorial Hospital, Providence St. Joseph's Hospital, Newport Hospital and Health Services (NHHS), and Pullman Regional Hospital) updated WATrac within fifteen minutes of receipt with the requested information.

- In response to the WATrac alert, St. Joseph's Hospital activated their Hospital Command Center in anticipation of a surge, and began briefing their Incident Commander based on the scenario.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Upon notification from the evacuating hospitals, the DMCC did not efficiently activate.

Reference: Region 9 Healthcare Coalition DMCC Plan

Analysis: Efficiently activating of the DMCC is dependent on variety of factors. During this exercise, five factors contributed to delay and confusion around Holy Family Hospital activating the DMCC.

1. The DMCC Plan indicates that activation should occur within five minutes of notification. Originally, DMCC activation times are based on mass casualty incident responses. In the exercise, evacuating hospitals called the DMCC at or around 9:30 a.m. The DMCC activation was indicated by a WATrac Alert sent at 9:46 a.m. Although, activation occurred in/around fifteen minutes, there is still room to improve efficiency.

2. Evacuating hospitals did well at placing patients using partner facilities and other community relationships, and then contacting the DMCC only when they needed assistance beyond their capabilities. However, because the evacuating facilities first communication to the DMCC occurred at the moment they needed assistance, the DMCC had to activate from a "cold" start. If the DMCC had been notified earlier, then when it came time to activate, they could have done so from a "warm" start and potentially been more successful in the activation and arguably their operations later on in the event.

3. During the initial call to the DMCC, both evacuating hospitals stated that they were evacuating and needed to place patients in other healthcare facilities. This specific phrasing was not effective in triggering the DMCC to activate, as the DMCC representative's response to the evacuating facility's representative was that they (Holy Family Hospital) could accept some of their patients rather than activating the DMCC and coordinating patient placement.

4. There was a discrepancy between the number provided in the DMCC plan to activate the DMCC and the internal protocols for how calling the number leads to DMCC activation. For example, when FCMH called the DMCC number, they were transferred to a charge nurse who was knowledgeable about the DMCC activation and the exercise, however she stated she could not play because the ED was too busy. She did provide the number for the staff person who would be running the DMCC., however, no one answered the phone for the number provided.

Area for Improvement 2: Nineteen hospitals received the WATrac alert sent from the DMCC, but some hospitals either did not update WATrac, did update but not within an adequate timeframe, or did not update with appropriate information.

Reference: Region 9 Healthcare Coalition DMCC Plan

Analysis: The R9 DMCC plan indicates that upon sending a WATrac alert, hospitals and other healthcare agencies are to complete the requests in the alert within 15 minutes. One factor that may have contributed to hospitals not updating WATrac in an appropriate timeframe is that the DMCC did not define a timeframe for hospitals to update their status in the alert. The following bullets and table depict that WATrac participation during the exercise varied across the region.

- Four out of nineteen hospitals updated beds and agency status within 15 minutes of the alert being sent.

- Five out of nineteen hospitals did not participate at all.

- Seven out of nineteen hospitals participated fully by updating both beds and agency/diversion status.

- Seven out of nineteen hospitals partially participated by updating one field, but not both fields (i.e. only updated beds, did not update diversion/agency status).

Hospitals that Participated in WATrac Alert
on October 25, 2017

Hospitals participated partially 37%

Hospitals that did not participate 26%

Hospitals the participated fully 37%

■ Hospitals that did not participate ■ Hospitals the participated fully ■ Hospitals participated partially
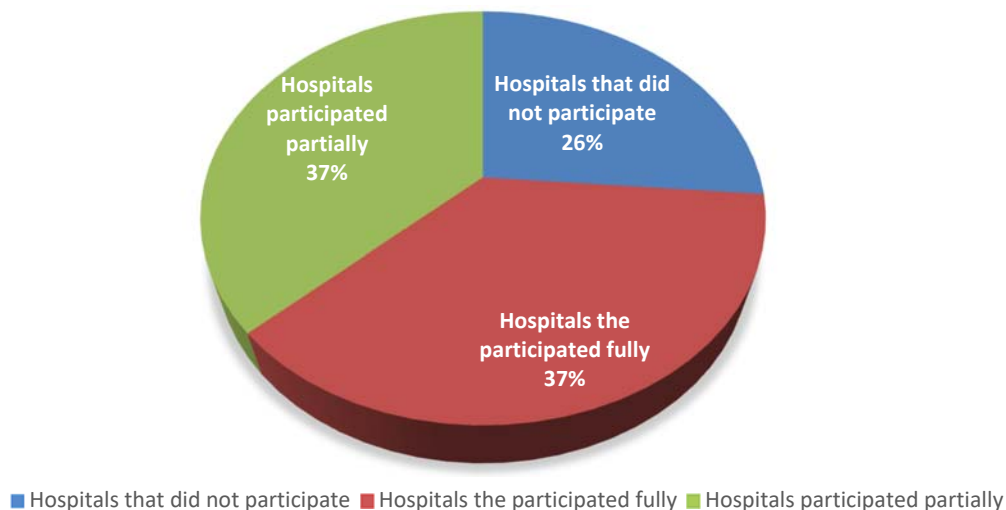
*It is assumed when a WATrac alert is sent, all hospitals within Region 9 should respond to the alert whether it be during an exercise or real event.

Area for Improvement 3: Initially, patients were placed within Holy Family without identifying hospitals closer to the evacuating facilities that were capable of providing adequate patient care.

Reference: Region 9 Healthcare Coalition DMCC Plan

Analysis: FCMH coordinated patient placements through the DMCC and patients were initially placed at the DMCC facility, even though there was another hospital with enough space half the distance from the evacuating facilities. Placement decisions at Holy Family, the DMCC facility, were done at two points during the exercise:

- During the initial attempt to activate the DMCC when evacuating hospitals failed to specify they wish to activate the DMCC, and only indicated they were evacuating and needing to place patients.

- During second attempts, when evacuating facilities specified they needed to activate the DMCC.

The R9 DMCC plan states that the DMCC system attempts to place patients at the healthcare facility most appropriately able to care for them in the most efficient amount of time. There may be times were the DMCC itself fits the criteria. For example, normal patient transfers from Newport Hospital may be to Holy Family (i.e. northern sub-regional DMCC), which occurred during the exercise. When there are hospitals closer to the event or evacuating facility that can

provide the appropriate level of care, those hospitals should be utilized when possible and practical. This not only affects patient care, but travel distances for family members as well.

Objective 2: Patient Transportation

Hospitals and supporting organizations will coordinate patient transportation requirements with appropriate transportation resources.

Capabilities

Core: Public Health, Healthcare, and Emergency Medical Services

HPR: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge

Strengths

The partial capability level can be attributed to the following strengths:

- The two evacuating hospitals found and arranged patient transportation. However, the two hospitals achieved this in different ways.

  - FCMH relied heavily on personal relationships to identify transportation resources. They directly called the person they knew to arrange transport. Effective, but could cause problems when there is staff turnover.

  - NHHS utilized the Pend Oreille County Dispatch Center to contact the County Emergency Manager. The County Emergency Manger and Dispatch Center found the needed transportation resources from the Kalispell Tribe. The tribe supplied a variety of busses and wheel chair transport vehicles.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 4: FCMH utilized personal relationships that are not reflected in their Emergency Operations Plan to arrange patient transportation for long-term care patients.

Reference: Ferry County Memorial Hospital Emergency Response Plan

Analysis: Although FCMH was effective in finding and arranging transportation resources for their long-term care patients, they did so through personal relationships. This could cause issues when there is staff turnover. They called the school, but were told the school would get back to them. They did not know how long that would take. The phone number of the school bus garage was available in the Emergency Response plan, but that number wasn't tried. Instead they directly called the person they knew to arrange transport. The school buses were to be used for transport of long-term care patients.

Objective 3: Situational Awareness

Region 9 Healthcare Coalition members will demonstrate the ability to collect and share timely situational awareness information, prioritize that information, and share a common operational picture between internal and external partners within two hours of receiving the request.

Capabilities

Core: Intelligence and Information Sharing

HPR: Health Care and Medical Response Coordination

Strengths

The partial capability level can be attributed to the following strengths:

- The R9 HCC notified the following agencies of the activities occurring in the two northern hospitals: Northeast Tri-County Health District, Greater Spokane Emergency Management, and Washington State Department of Health.

- The R9 HCC sent an e-mail to collect situational awareness information from regional partners at 1:10 p.m. This was done roughly ninety minutes after the request (simulated) to do so was made.

- The R9 HCC staff aggregated situational information collected from regional partners into a situation report which was sent out to the regional distribution list by 5:30 p.m. To view the situation report from the exercise, see Appendix C.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 5: Thirty-four of fifty-five healthcare organizations completed the situational awareness survey.

Reference: R9 HCC EEI Summary

Analysis: The R9 HCC requests information to be gathered from a list of contributors. The data is collected through an online survey and is sent via e-mail with a two-hour deadline. During the exercise, some EEI contributors did not respond to the survey as they were not aware of the e-mail. Some EEI contributors were not checking e-mail during the two-hour time period when the request was active. These EEI contributors could have potentially responded if there were redundant communications to notify them of the e-mail. For the contributors who missed the deadline, they expressed a text message with the link to the survey would be helpful.

Appendix A - AAR for:

(Place your facility's AAR-IP behind this page, if there is anything specific that didn't get included above.)

APPENDIX B: IMPROVEMENT PLAN

This IP has been developed specifically to address regional or systematic areas for improvements as a result of Region 9 Healthcare Coalition Evacuation Situational Awareness Exercise conducted on October 25, 2017.

*Some of these corrective actions are targeting specific hospitals, but may also be applicable for other healthcare facilities.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core: Public Health, Healthcare, and Emergency Medical Services HPR: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery and Medical Surge	1. Upon notification from the evacuating hospitals, the DMCC did not efficiently activate.	Implement a reoccurring operational DMCC training for Holy Family Hospital staff.	Training	Providence Holy Family	Darrell Ruby and Mark Sheldon	2/1/18	6/15/18
		Update the DMCC Plan to emphasize the steps for external partners to request DMCC activation.	Planning	Providence Holy Family and R9 HCC	Darrell Ruby, Mark Sheldon, and Heidi Wilson	2/1/18	6/15/18
	2. Nineteen hospitals received the WATrac alert sent from the DMCC, but some hospitals either did not update WATrac, did update but not within an adequate timeframe, or did	Reassess who received WATrac alerts at hospitals that did not update WATrac on October 25th during the exercise.	Planning	R9 HCC with All hospitals	Carolyn Cartwright along with hospital WATrac contacts (5 participating hospitals)	2/1/18	5/1/18

		not update with appropriate information.					
	3.	Initially, patients were placed within Holy Family without identifying hospitals closer to the evacuating facilities that can provide adequate patient care.	Implement a reoccurring operational DMCC training for Holy Family Hospital staff.	Training	Providence Health Services	Darrell Ruby and Mark Sheldon	2/1/18	6/30/18
Core: Public Health, Healthcare, and Emergency Medical Services	4.	FCMH utilized personal relationships that are not reflected in their Emergency Operations Plan to arrange patient transportation for long-term care patients.	Incorporate transportation agency contact information into the Emergency Operations Plan.	Planning	Ferry County Memorial Hospital	Aaron Edwards	2/1/18	6/30/18
HPR: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge			Within EOPs, include county partner notifications, such as County Emergency Management and Public Health.	Planning	Ferry County Memorial Hospital	Aaron Edwards	2/1/18	6/30/18
	5.	Thirty-four of fifty-five healthcare organizations completed the situational awareness survey.	Explore additional redundant outreach methods, including text messaging, for use in the R9 Situational Awareness Process.	Planning	R9 HCC	Hannah Cylkowski and EEI participants	2/1/18	6/30/18

Appendix C: Situation Report

The following is the Situation Report that contains information collected from coalition partners who were signed up for the Region 9 Healthcare Coalition Situational Awareness Process. The Situation Report was distributed by the Region 9 Healthcare Coalition during the exercise October 25, 2017.

EXERCISE

Region 9 Healthcare Coalition
Evacuation Situational Awareness Exercise Update

Evacuation Situational Awareness Exercise Situation Update #1
Date: 10/25/2017
Time: 5:00pm

This report is intended to gather essential elements of information about affected healthcare providers to create situational awareness and assist with development of a coordinated response. This report should be used in conjunction with WATrac for timely agency and bed availability status.

Exercise Scenario: Ferry County Memorial Hospital (FCMH) and Newport Hospital and Health Services (NHHS) are experiencing issues with their HVAC systems and have evacuated. With a cold front moving in, patient room temperatures are currently at 55 degrees, and dropping 5 degrees every hour. External temperatures are expected to be in the single digits for the next two or three weeks. Disaster Medical Coordination Center (DMCC) has placed patients appropriately, but with the potential for long term weather impacts the Region 9 Situational Awareness Response Process has been activated.

Exercise Region 9 HCC Evacuation Situational Awareness Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Agency Name	County	Provider Type	ED Status	Critical Care Unit Status	Staff Concerns	Resource Needs	Power Status	Phone	Internet	Sewer Status	Water Status	Access Status
Tri State Memorial Hospital	Asotin	Hospital	Open	Open	None	Yes	City	Operational	Operational	Operational	Operational	Clear
Dayton General Hospital	Columbia	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational	Clear
Ferry County Public Hospital District #1 - Region 9 Healthcare Coalition	Ferry	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational	Clear
Kindred at Home – Coeur d'Alene, ID	Idaho	Home Health				None	City	Operational	Operational	Operational	Operational	Clear
Kindred at Home – Pullman, WA	Other	Home Health			None	None	Generator	Operational	Operational	Operational	Operational	Clear
Aging and Long Term Care of Eastern	Spokane	Not Listed			None	Yes	City	Operational	Operational	Operational	Operational	Clear
Columbia Surgical Specialists/Columbia Surgery Center	Spokane	Ambulatory Surgery Center			None	None	City	Operational	Operational	Operational	Operational	Clear
Deaconess Hospital	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational	Clear
Horizon Hospice	Spokane	Hospice			None	None	City	Operational	Operational	Operational	Operational	Clear
Kindred at Home	Spokane	Home Health			Low	None	City	Operational	Operational	Operational	Operational	Clear

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Exercise Region 9 HCC Evacuation Situational Awareness Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Kindred At Home, Home Health Liberty Lake	Spokane	Home Health			None	None	City	Operational	Operational	Operational	Operational		Clear
Kootenai Health	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational		Clear
Mann-Grandstaff VA Medical Center, Spokane	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational		Clear
Manor care	Spokane	Skilled Nursing			None	Yes	Generator	Operational	Operational	Operational	Operational		Clear
Maxim Healthcare	Spokane	Home Health			None	None	City	Operational	Operational	Operational	Operational		Clear
MultiCare Valley Hospital	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational		Clear
NEOS Surgery Center	Spokane	Ambulatory Surgery Center			None	None	Generator	Operational	Operational	Operational	Operational		Clear
Providence Health Care and St. Luke's Rehab Institute	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational		Clear
Providence Visiting Nurses Association	Spokane	Home Health			None	None	City	Operational	Operational	Operational	Operational		Clear
Rockwood Clinic	Spokane	Not Listed			None	None	Generator	Operational	Operational	Operational	Operational		Clear
Rockwood Eye Surgery Center	Spokane	Ambulatory Surgery Center			None	None	City	Operational	Operational	Operational	Operational		Clear

Exercise Region 9 HCC Evacuation Situational Awareness Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Name	County	Type										
Royal Park Health and Rehabilitation	Spokane	Skilled Nursing			None	None	City	Operational	Operational	Operational	Operational	Clear
Shriners Hospitals for Children - Spokane	Spokane	Hospital	Open	Open	None	None	City	Operational	Operational	Operational	Operational	Clear
Spokane Digestive Center	Spokane	Ambulatory Surgery Center			None	None	Generator	Operational	Operational	Operational	Operational	Clear
Spokane Eye Surgery Center	Spokane	Ambulatory Surgery Center			None	None	City	Operational	Intermittent	Operational	Operational	Compromised
Sunshine Home Health Care	Spokane	Home Health			None	None	Generator	Operational	Operational	Operational	Operational	Clear
Unify Community Health	Spokane	Public Health			None	None	City	Operational	Operational	Operational	Operational	Clear
Buena Vista Healthcare	Stevens	Skilled Nursing			None		Generator	Operational	Operational	Operational	Operational	Clear
Colville Community Health Center	Stevens	Public Health				Yes	City	Operational	Operational	Operational	Operational	Clear
NEW Health Programs Chewelah Community Health Clinic	Stevens	Clinic			Low	Yes	City	Down	Down	Operational	Operational	Compromised
Northeast Washington Health Programs	Stevens	Clinic			None	None	Out	Operational	Operational	Operational	Operational	Clear

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Exercise Region 9 HCC Evacuation Situational Awareness
Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

SITUATION UPDATE DETAILS

Agency Name: Tri State Memorial Hospital
Address: 1221 Highland Ave
Update Date: 2017-10-25 20:27:12
Updated by: Christy Boyd Director of Emergency
Phone Number: 509-758-5511
Resource Explanation: All Critical Care beds are full with no immediate anticipation of discharge.

Agency Name: Dayton General Hospital
Address: 1012 South 3rd St.
Update Date: 2017-10-25 20:27:42
Updated by: Tom Anderson, Manager Cardiopulmonary Dept.
Phone Number: 509-832-0760

Agency Name: Ferry County Public Hospital District #1 - Region 9 Healthcare Coalition
Address: 36 Klondike Avenue, Republic, WA 99166
Update Date: 2017-10-25 20:19:34
Updated by: Aaron Edwards, CEO
Phone Number: 509-207-9208
R9 HCC Note: DMCC, EMS and R9 HCC have been in touch with Ferry County Memorial Hospital and have no further needs at this time.

Agency Name: Kindred at Home – Coeur d'Alene, ID
Address: 1230 Northwood Center Court Suite C, Coeur D'Alene, ID 83854
Update Date: 2017-10-25 20:38:39
Updated by: Karma Gooch RN, Manager of Clinical Practice
Phone Number: 208-667-5470

Agency Name: Kindred at Home – Pullman, WA
Address: 1610 NE Eastgate Blvd #850
Pullman, WA 99163
Update Date: 2017-10-25 20:29:45
Updated by: Dave Winstead, Executive Director
Phone Number: 509-332-9958
Other: We may be able to provide 1-2 nurses if needed

Agency Name: Aging and Long Term Care of Eastern
Address: 1222 N. Post Spokane, WA 99201
Update Date: 2017-10-25 20:45:46
Updated by: Jennifer Lichorobiec Title XIX Case Management Manager
Phone Number: 5094582509

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Infrastructure Details: We…have no impact, we can assist with resource gathering and communications. We can also be a place for staff to use computers and phones from those counties, if needed.

Agency Name: Columbia Surgical Specialists/Columbia Surgery Center
Address: 217 West Cataldo
Spokane, WA 99201
Update Date: 2017-10-25 20:44:28
Updated by: Kristie Sudderth, RN, BSN, ASC Manager
Phone Number: 509-842-8784

Agency Name: Deaconess Hospital
Address: 800 w. 5th Avenue Spokane, WA
Update Date: 2017-10-25 20:45:10
Updated by: Erika Abdnor, Director of Clinical Operations
Phone Number: 509-720-6343

Agency Name: Horizon Hospice
Address: 123 Cascade Way
 Spokane, WA 99208
Update Date: 2017-10-25 21:36:48
Updated by: Shep Speight
Phone Number: 509-489-4581
Infrastructure Details: EXERCISE - HVAC for facility not operational.
R9 HCC Note: we have connected with Horizon Hospice who verified that they resolved the issue after activation of their EOP and implemented mitigation measures.

Agency Name: Kindred at Home
Address: 8502 N Nevada St St Suite 2 Spokane WA 99208
Update Date: 2017-10-25 22:01:54
Updated by: Robert Woodside
Phone Number: 509-464-4970

Agency Name: Kindred At Home, Home Health Liberty Lake
Address: 22820 E Appleway Ave, Suite A, Liberty Lake WA 99019
Update Date: 2017-10-25 21:44:57
Updated by: Kathryn Soady Executive Director
Phone Number: 509-998-4646

Agency Name: Kootenai Health
Address: 2003 Kootenai Health Way
Update Date: 2017-10-25 20:16:52
Updated by: Ken Mitchell
Phone Number: 208-625-4325

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Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Agency Name: Mann-Grandstaff VA Medical Center, Spokane
Address: 4815 N. Assembly Street, Spokane, WA 99205
Update Date: 2017-10-25 20:59:20
Updated by: Chris Jaklitsch, Emergency Manager
Phone Number: 509-434-7426

Agency Name: Manor care
Address: 6025 n assembely Spokane wa
Update Date: 2017-10-25 22:03:24
Updated by: nate stearns maintenance director
Phone Number: 509-998-3911

Agency Name: Maxim Healthcare
Address: 1500 W. 4th Ave Suite 200 Spokane WA 99201
Update Date: 2017-10-25 21:06:10
Updated by: Katie Lowderback Director of Clinical Services
Phone Number: 509-324-6421

Agency Name: MultiCare Valley Hospital
Address: 12606 Mission Ave Spokane Valley
Update Date: 2017-10-25 21:08:34
Updated by: Richard G Ferraro
Phone Number: 9167578698

Agency Name: NEOS Surgery Center
Address: 626 S. Sheridan St.
Update Date: 2017-10-25 20:26:28
Updated by: Christina Enger, RN--Clinical Director
Phone Number: 5092792176

Agency Name: Providence Health Care and St. Luke's Rehab Institute
Address: Representing Sacred Heart, Holy Family, Mount Carmel, St. Joe's, St. Luke's and our PMG Clinics
Update Date: 2017-10-25 20:26:21
Updated by: Darrell Ruby
Phone Number: 509-499-2861
Other: Available for patient transfer to support the simulated evacuation, as appropriate

Agency Name: Providence Visiting Nurses Association
Update Date: 2017-10-25 20:48:29
Updated by: Neil Wahlstrom--Director
Phone Number: 509-534-4300

Agency Name: Rockwood Clinic
Address: 400 E 5th Ave Spokane 99202

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Exercise Region 9 HCC Evacuation Situational Awareness
Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Update Date: 2017-10-25 20:42:05
Updated by: Gail J. Callas, MS, BSN, RN Chief Nurse Executive
Phone Number: 509-342-3138

Agency Name: Rockwood Eye Surgery Center
Address: 842 S. Cowley St; Suite 3; Spokane, WA
Update Date: 2017-10-25 20:29:44
Updated by: Sylvia Folkins, RN; ASC Nurse Supervisor
Phone Number: 509-724-4265
Other: We are available as a warming/respite center as needed

Agency Name: Royal Park Health and Rehabilitation
Address: 7411 North Nevada Street
Spokane, WA, 99208
Update Date: 2017-10-25 21:26:09
Updated by: Robin Abt
Assistant Executive Director
Phone Number: 5094892273

Agency Name: Shriners Hospitals for Children - Spokane
Address: 911 W 5th Ave Spokane, WA 99204
Update Date: 2017-10-25 21:21:53
Updated by: Sarah Older, Performance Improvement Manager & Mark Knapp, Director of
Facilities
Phone Number: 509-744-1233

Agency Name: Spokane Digestive Center
Address: 105 W. 8th Ave. Ste. 6010
Update Date: 2017-10-25 21:54:17
Updated by: Cathleen Johnston,RN
Phone Number: (509)838-5950
Other: We have space available if needed

Agency Name: Spokane Eye Surgery Center
Address: 427 S. Bernard st. Suite 200
Update Date: 2017-10-25 21:18:44
Updated by: Tom Alderson Director of Nursing
Phone Number: 509-456-8150
Infrastructure Details: We are currently running on City power, but have a Generator if needed.
Our interoffice server will be down tonight starting at 8 pm
Construction in the lot next to the facility will occasionally close the road next to the surgery
center.
R9 HCC Note: we have verified that the operational challenges are based on current internet and
infrastructure access challenges and do not need additional support for resolution.

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Agency Name: Sunshine Home Health Care
Address: 10410 E 9th, Spokane Valley, WA 99206
Update Date: 2017-10-25 20:56:24
Updated by: Gretchen Anderson, Administrator
Phone Number: 509-321-9050
Other: If patients are relocated to Spokane County to stay with family, we can provide home health needs and potentially keep them from needing to go to a hospital

Agency Name: Unify Community Health
Address: 120 W Mission Ave
Update Date: 2017-10-25 21:41:48
Updated by: Kai Nevala
Phone Number: 509.326.4343

Agency Name: Buena Vista Healthcare
Address: 151 Buena Vista Drive
Update Date: 2017-10-25 21:50:59
Updated by: Tyson Luu
Phone Number: 5096844539

Agency Name: Colville Community Health Center
Address: 358 N. Main Street Colville, WA 99114
Update Date: 2017-10-25 21:39:03
Updated by: Tina Welsh, LPN Office Manager
Phone Number: 509-684-1440
Resource Explanation: Concern is having the necessary supplies to maintain any patients transported to us. We have 12 rooms with lab tables and plenty of space that beds/floor space could be used
Other: trained providers and nursing staff on sight, could handle less critical patients with current staffing and supplies

Agency Name: NEW Health Programs Chewelah Community Health Clinic
Address: 518 E. Clay Ave, Chewelah WA 99109
Update Date: 2017-10-25 21:01:58
Updated by: Brenda Johnston, Clinic Manager
Phone Number: 509-935-8424
Resource Explanation: Immunization storage could be a problem if power is lost during the storm.
Infrastructure Details: Power outage we have no back up generator for power. Phones and internet would be compromised due to power outage. Our servers at our Administration building is on a backup generator so files would not be compromised.
R9 HCC Note: we have verified that there are no immediate needs, generator available to stabilize immunization storage if power challenges materialized.

Agency Name: Northeast Washington Health Programs

hcc@srhd.org

srhd.org/programs-and-services/HCC

Exercise Region 9 HCC Evacuation Situational Awareness Exercise Situation Update #1
Date: 10/25/2017 Time: 5:00pm

Address: 5952 Blackstone Way Nine Mile Falls, WA 99026
Update Date: 2017-10-25 20:30:29
Updated by: Maureen Painter, Safety Manager
Phone Number: 509-464-3627

hcc@srhd.org

srhd.org/programs-and-services/HCC

APPENDIX D: PARTICIPANT FEEDBACK

Feedback provided from Holy Family (5 respondents), Ferry County Memorial Hospital (8), and Newport Hospital (7)

Participants responded to the survey included:

Observer – 3
Evaluator – 2
Facilitator/Controller – 2
Players – 13

Questions	Ratings: 1-5 1 = Strongly Disagree 5 = Strongly Agree
The exercise scenario was plausible and realistic.	93/20 = 4.65
I felt adequately informed about the exercise purpose at the beginning of the exercise.	89/20 = 4.45
The exercise adequately tested our plans, policies and/or procedures.	45.5/10 = 4.55
My participation in the exercise was appropriate given my level of experience/training.	59/13 = 4.54
My participation in the exercise was appropriate given my position at my agency/organization/facility.	89/20= 4.45
Exercise participants included the right people in terms of level and mix of disciplines.	91/20= 4.55
Participants were actively involved in the exercise.	95/20=4.75
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	95/20=4.75
The exercise provided the opportunity to address significant issues related to a hospital evacuation scenario.	95/20=4.75
After this exercise, I feel better prepared to deal with the issues raised during the exercise.	87/20 = 4.35

Comments on the exercise from players included:
- First experience with the drill. I felt it went as well as it could given my level of training (very minimal). I learned lots related to: appropriate questions to ask, contacting additional hospitals or facilities, the importance for correct phone numbers, the need for a common language, I need to study region 9 area.
- I unfortunately was unable to participate in the entire event, missed some of the discussion. Event was very good, realistic for our facility
- Communication pass the word, don't assume everybody's on board and knows what's going on, talk about it round everybody up in your location be onboard

- Phone numbers were an issue, more knowledge around WATrac expectations when DMCC Activated, for the HFH: need generic paper track.
- This ran good!

Comments from Facilitator/controller/Observer included:

- Less Paperwork
- CST tool included a table EVAC facilities can use to track types of beds evacuating. This may help for command centers/ DMCCs to use this tool to track during eval (I'm looking to see how we could incorporate this tool in our procedures in W. WA)
- Scenarios are always difficult to realistically devise. This was a good one, though we probably would not have evacuated.
- This was a great internal exercise – logistics
- Nixle training for Admin and Staff (scripting)
- Staff education re: disaster/evacuation policy
- Revise the Evacuation Document/Language/Nixle
- Include DMCC component
- Drill lockdown signage not placed everywhere
- Should have used radios.
- Mini-training to staff prior to drill
- Nixel training prior to drill to assure access is available to program

APPENDIX E: EXERCISE PARTICIPANTS

Participating Organizations
Regional
Northeast Tri-County Public Health
Panhandle Health District
Spokane Regional Heath District
Washington Region 9 Healthcare Coalition
County
Ferry County Dispatch Center
Ferry County Emergency Management
Pend Oreille County Dispatch Center
Pend Oreille County Emergency Management
Stevens County Emergency Management
Tribal
Colville Tribe
Non-Governmental
Aging and Long-Term Care of Eastern
Buena Vista Healthcare
Columbia Surgical Specialists/Columbia Surgery Center
Colville Community Health Center
Dayton General Hospital
Ferry County EMS
Ferry County Memorial Hospital
Horizon Hospice
Kindred at Home
Kindred at Home – Coeur d'Alene, ID
Kindred at Home – Pullman, WA
Kindred at Home, Home Health Liberty Lake
Kootenai Health
Life Care Center of Sandpoint
Mann-Grandstaff VA Medical Center, Spokane
Manor Care
Maxim Healthcare
MultiCare Deaconess Hospital
MultiCare Valley Hospital
NEOS Surgery Center
NEW Health Programs Chewelah Community Health Clinic
Newport Hospital and Health Services
North Valley Hospital and Nursing Home

Northeast Washington Health Programs
Parkview Senior Living
Prestige Care and Rehabilitation - Pinewood Terrace
Providence Health Care, Ambulatory Surgery Center
Providence Holy Family Hospital
Providence Mount Carmel Hospital
Providence Sacred Heart Medical Center and Children's Hospital
Providence St. Joseph's Hospital
Providence Visiting Nurses Association
Quail Hollow Assisted Living
Republic School District
Rockwood Clinic
Rockwood Eye Surgery Center
Royal Park Health and Rehabilitation
Royal Park Health and Rehabilitation
Rural Resources (Republic office)
Shriners Hospitals for Children - Spokane
Spokane Digestive Center
Spokane Eye Surgery Center
St. Luke's Rehabilitation Institute
Sunshine Home Health Care
Tri State Memorial Hospital
Unify Community Health
Valley Vista Care Center