

Big Bend Healthcare Coalition After Action Report/Improvement Plan.

Response to Hurricane Michael

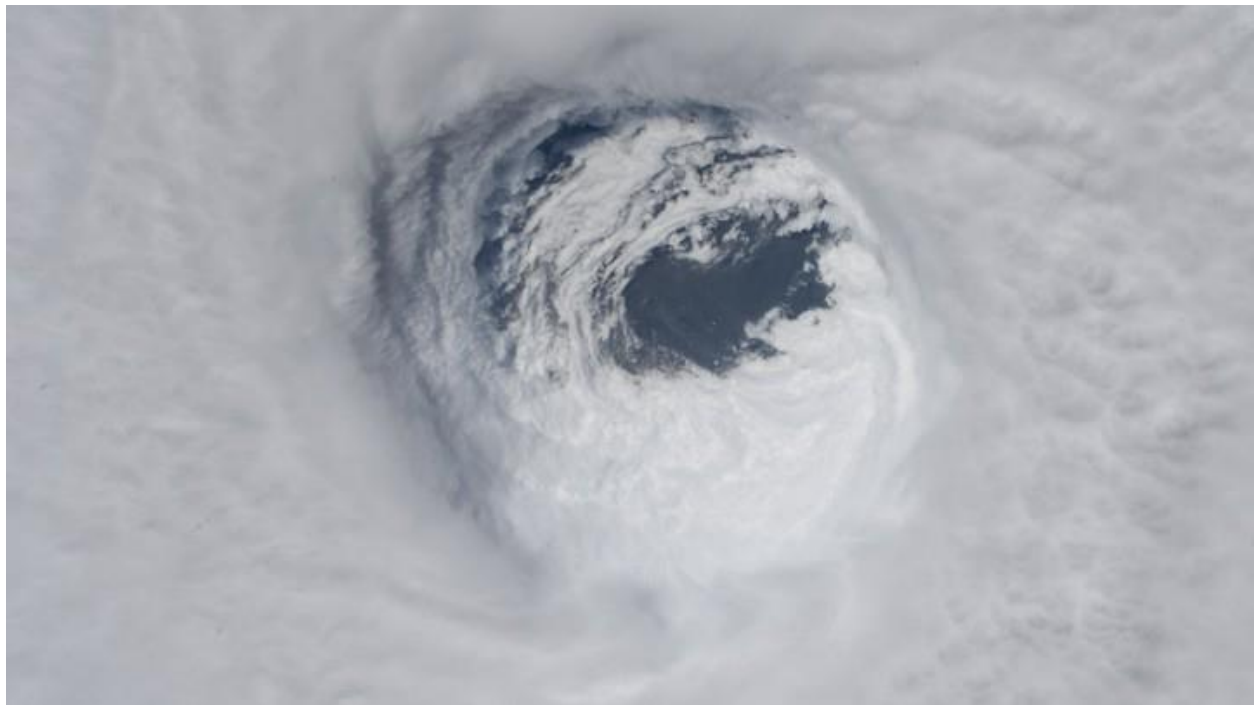


Table of Contents

Section 1: Executive Summary

Section 2: Analysis of Preparedness Capabilities

Appendix A: Participants

Appendix B: Improvement Plan

Section 1: Executive Summary

On Wednesday, October 10, 2018, Hurricane Michael made landfall on the coast of the Florida Panhandle. Hurricane Michael presented many problems for the Florida panhandle towns and residents. The focus of local officials was in maintaining essential services and critical infrastructure and assuring public safety.

Initially, Michael was rated as a Category 4 storm with 155 miles per hour winds as it touched down near Mexico Beach. It was downgraded to a Category 3 as it moved through the Panhandle inland toward Georgia and Alabama. Due to rapid intensification as it came ashore, the storm was later reclassified as a Category 5 storm, the third strongest storm ever to come ashore in the continental United States

More than 2.1 million residents in at least 20, mostly rural, Florida counties had been asked to evacuate the area. The National Hurricane Center had deemed Michael an extremely dangerous storm with life threatening storm surge and dangerous high winds. Not only was the strength of Michael devastating but the size of the storm was unusually dangerous.

Immediate damage assessments from Michael revealed massive destruction to buildings, infrastructure and loss of power to millions of residents. The healthcare systems in many affected counties had been devastated due to infrastructure damage, power outage and medical surge and were no longer able to care for the many individuals with blue sky type emergencies or needing treatment for storm injuries. It became necessary to facilitate a major evacuation of individuals from hospitals, long term care and for those individuals without shelter in the area.

The complexity of this response and coordination effort was further exacerbated by the fact the storm had taken out almost all communication capability across the area. Many cell phone towers in the area were destroyed and satellite phones were sketchy at best. Many first responders had little or no communication capability in the area as well.

Big Bend HealthCare Coalition (BBHC) had well established emergency operations plans, policies and procedures in place to support its' coalition members in all hazards including hurricanes and evacuations. Plans had been updated, trained and exercised during the past year prior to Hurricane Michael which greatly aided in the coordination efforts. Big Bend Healthcare Coalition was familiar with regional response plans that support this type of incident, such as the Patient Movement, Patient Placement and EMS Strike Team Plans. The potential impacts of Hurricane Michael were well understood by BBHC leadership and members. Members were encouraged to take appropriate measures to ensure staffing, safety and continuity of operations. As the

incident unfolded, appropriate actions and decisions were made to support members in mitigating consequences to the extent possible. BBHC remained aware of the discussion and planning for patient movement/evacuation due to major damage to infrastructure, lack of power and safety of patients and staff throughout the area and activated existing plans to provide support to members and local EM/ESF-8.

Big Bend Health Care Coalition remained embedded within the Leon County Emergency Operations Center to support ESF-8 and to Health Care Coalition members until October X, 2019. BBHC continued to provide situational awareness to HCC members as to affected areas in and outside of the BBHC coverage area. BBHC continued to share information with coalition members as well as response partners on area damage, resource shortages or availability, and member status.

On October X, 2019, BBHC suspended Operations and began supporting coalitions members in recovery efforts.

Section 2: Analysis of Preparedness Capabilities.

This section of the report reviews the performance of the capabilities, activities and tasks. In this section, observations and organized are organized and by core capability. Table 1 includes the objectives, aligned core capabilities, and performance ratings for each core capability as observed during the incident.

<u>Objectives</u>	<u>HPP Capabilities</u>	<u>Performed without Challenges</u>	<u>Performed with some Challenges</u>	<u>Performed with Major Challenges</u>	<u>Unable to be performed</u>
<p>Objective 1: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, including volunteer management support, and coordinate strategies to deliver medical care to all populations during emergencies and planned incidents.</p>	<p>Capability 2: Health Care and Medical Response Coordination</p>			X	
<p>Objective 2: In conjunction with or through ESF 8, local coalition partners can demonstrate the ability to enhance situational awareness by sharing Essential Elements of Information (EIs).</p>	<p>Capability 2: Health Care and Medical Response Coordination</p>		X		
<p>Objective 3: HCCs, in conjunction with ESF 8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.</p>	<p>Capability 2: Health Care and Medical Response Coordination</p>			X	
<p>Objective 4: Health care organizations, and the HCC, in conjunction with ESF 8, will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions</p>	<p>Capability 3: Continuity of Health Care Service Delivery</p> <p>Capability 4: Medical Surge</p>			X	

Ratings Definitions:

Performed without Challenges (P): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

Performed with Some Challenges(S): The critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The critical tasks associated with the capability were complete in a manner that achieved the objective(s), but some or all of the following were observed; demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations and laws.

Unable to be Performed (U): The critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each objective and associated HPP Capability, highlighting strengths, and areas for improvement.

Capability 2: Health Care and Medical Response Coordination

Objective 1: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, including volunteer management support, and coordinate strategies to deliver medical care to all populations during emergencies and planned incidents.

Strength 1.1: Good communication with member healthcare agencies.

Analysis: Big Bend Healthcare Coalition representatives were embedded in the EOC per the request of the Leon County Emergency Manager (EM), on Sunday, October 7, 2018 in preparation for Hurricane Michael. The EM requested the BBHC to assist in supporting the needs of the healthcare facility members and providing the EM with real time status of healthcare agencies. From Sunday, October 7th until Tuesday, October 9th, the HCC representatives maintained high quality communication with members by providing situational awareness reports daily and conducting conference calls twice daily to assess status and determine any unmet needs.

Areas for Improvement: 1:2:

A stronger integration into formal activation processes between local and state emergency management and ESF-8. Some local ESF-8 staff were unsure of the HCC representative role in the EOC and did not utilize HCC capability during the storm.

Recommendations: 1.2.1: Finalize activation process with surrounding county Emergency Managers to allow better working relationships with the HCC representatives who may be assisting ESF-8.

Reference: Big Bend Healthcare Operations Plan

Objective 2:

In conjunction with or through ESF 8, local coalition partners can demonstrate the ability to enhance situational awareness by sharing Essential Elements of Information (EEIs).

Strength 2.1:

Big Bend Healthcare Coalition has an established Essential Elements of Information (EEI) guide for HCC members.

Analysis:

Big Bend Healthcare Coalition had recently developed an Essential Elements of Information (EEI) guide for HCC members to use during an emergency incident. The guide provided instruction on critical EEIs' needed to be shared with the HCC and ESF-8. The HCC had previously conducted a workshop with members on the use of the guide to enhance information sharing and situational awareness during an incident by providing essential information.

The members used the guide to communicate with the HCC representatives embedded at the Leon County EOC which made determination of needs quicker and more efficient.

Area for Improvement: 2:1:1

EEI guide should be integrated into local web EOC boards for easier access and real-time access.

Recommendation: 2:2:1 It would be beneficial to all members to have the EEI guide integrated into local web EOC boards for easier access and real-time access. This also provides a redundancy for the guidance as to information needed to allow ESF-8 and HCC to support healthcare agencies who are responding to the incident.

Objective 3:

HCCs, in conjunction with ESF 8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.

Strength 3.1

BBHC was in constant communication with health care facilities and other members in the BBHC coverage area prior to the storm.

Analysis:

BBHC used landline, cellphone, email, and text to disseminate to and receive messages from HCC members and local and state response partners. Contact information lists had been updated prior to the storm and additional contact information was added to the contact resource.

Area of Improvement

There is a need for redundancy for Everbridge managers to allow access to the system at all times.

Recommendation:

Provide training to additional HCC members to increase group managers within the HCC. This will allow redundancy and assure a manager will be available to send and receive messaging through Everbridge during an incident.

Capability 3: Continuity of Health Care Service Delivery

Objective 3:

HCCs, in conjunction with ESF 8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.

Strength 3.2

BBHC had developed a plan for redundancy for communication in an attempt to contact many members who were located in the affected areas where communications had become very limited or even non-existent.

Analysis:

BBHC active their communications plan to use multiple methods of communications in order to continue to share information with HCC partners. BBHC used landline, cellphone, email, and text to increase capability of determining HCC member status and needs. The coalition was able to contact and maintain communications with 75% of the members who were in the affected areas. The coalition provided information on needs for oxygen, pharmaceuticals, water, food and generator assistance.

Area of Improvement: There was a need for deployment or utilization of HAM radio operators to expand communication capabilities with HCC members in the areas hit by Michael.

Recommendation:

Determine if there is funding available to purchase HAM radios to be staged in HCC member healthcare agencies and to provide operator training for staff within the hospital to maintain communication capability. Discuss possible MOU with local HAM radio Emergency Response teams.

Objective 4:

Health care organizations, and the HCC, in conjunction with ESF 8, will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions.

Strength: 4.1

BBHC shared information on healthcare facility status across the coalition and surrounding counties.

Strength: 4.2

BBHC assisted in determining unmet needs of coalition members affected by the storm as well as resource availability of those unaffected members.

Analysis:

The HCC had access to ESS and was able to enter any agency into the system who had not previously been entered. BBHC provided a list of those healthcare agencies who were not entered on Emergency Status System (ESS) to be vetted by local planners. This helped to ensure redundant communication between healthcare facilities and HCC representatives.

BBHC employed its resource plan to contact unaffected coalition members to determine availability of supplies, staff and equipment that could be shared with those agencies in the affected areas as well with other agencies experiencing unmet needs due to medical surge.

Capability 4: Medical Surge

Objective 3:

HCCs, in conjunction with ESF 8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information.

Strength:

BBHC shared continuous information with HCC members on affected areas that were evacuating patients to the BBHC coverage area.

Analysis BBHC provided information on the changing status of healthcare facilities that may be evacuating in the region. The information was initially provided to members via landline, cell phone, text and email. After Michael came on shore, communication methods were reduced to cell phone and texting to members in the affected areas.

Need for Improvement

Information on patient or evacuee pick up and arrival times was often inaccurate and caused issues with tracking of patients and relaying essential information to HCC members. The HCC was unable to communicate with EMS transport and receiving facilities to determine if patients had arrived at that facility. There were minor issues with communicating with hospitals in the non-affected areas to determine the numbers of patients who had been discharged due to surge. Inability to maintain consistent communication between hospital and state and regional partners.

Recommendation: Refine regional use of the Electronic Patient Tracking system to include awareness, training, data access and better-defined protocols for system use.

Objective 4:

Health care organizations, and the HCC, in conjunction with ESF 8, will need to respond to a medical surge for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible care under such conditions

Strength:

Receiving healthcare agencies provided appropriate care for surge of patients evacuated from hospitals and long-term care facilities in the affected area.

Receiving hospitals and long-term care facilities in the BBHC coverage quickly decompressed to allow capacity for incoming evacuees from the area affected by Hurricane Michael.

Analysis: Healthcare agencies in the BBHC coverage area used established relationships with the coalition leadership and other coalition members to determine a strategy for assisting healthcare facilities damaged by Michael. Twice daily conference calls were used to determine bed and staff availability for receiving facilities. The facilities discussed needs with the coalition to accommodate.

Conclusion

Lessons learned from a catastrophic incident, such as Hurricane Michael, is directly proportional to the willingness to use the opportunity to improve. All stakeholders in this incident should review this report against their response actions and develop an improvement plan of corrective actions as appropriate for their agency/department.

Ongoing efforts for continuous improvement was facilitated by hosting a hot wash and conducting the After-Action Review process with coalition members to capture all strengths and needs for improvement. The HCC representatives used many established plans and policies to manage as effectively and efficiently considering the devastation brought by Hurricane Michael.

The Big Bend Health Care Coalition will use lessons learned and gaps identified during Hurricane Michael to improve plans and policies to improve the strength of members to sustain during these types of events in the future. This incident has also provided valuable information as to how the coalition can be a better partner to ESF- and local emergency management as well as a good neighbor or to other affected coalitions.