

Data Gathering and Analysis
Pediatric Wildfire Exercise
July 2008

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Pediatric Wildfire Exercise

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I. Introduction

The evaluation of exercises is a relatively new process to healthcare exercises. The concept of hospital exercise evaluation was introduced in Alaska during the Alaska Shield Northern Edge exercise in August, 2005. Since then, the idea has gained momentum and enthusiasm and hospitals are beginning to understand the value of receiving outside objective feedback on their patient care processes.

The MEP-P project has at its core several objectives that were to be addressed through grant funding. The Wildfire smoke inhalation exercise of June 26, 2008 served as the opportunity to evaluate strengths and weaknesses of Pediatric care for multiple Pediatric casualties in the state of Alaska. The MEP-P objectives were set by the project directors prior to receipt of the grant funding.

II. Evaluation Tool Design

Several objectives for the MEP-P project were identified by the project coordinator as key elements for assessment. Evaluation questions were written with intent to gain further understanding of the strengths and weaknesses of these particular objectives. The questions were then sent to the project coordinator for review and suggestions for improvement were provided by the coordinator and the questions were changed accordingly. Further suggestions for change were received by grant funding administrators but were not able to be incorporated into the evaluation tool due to the limited time available immediately prior to the exercise.

The questions were then sent to a statistical research groupⁱ for editing, content clarification and formatting of questions into a 'user friendly' format. This format was primarily a question followed by an option for answering 'yes', 'no', 'don't know' or 'not applicable'. The other question format was a scaling type of question where the evaluator answered on a scale of 'strongly agree', 'somewhat agree', 'somewhat disagree', 'strongly disagree', 'unsure' or 'not applicable'. The answer to each question was assigned a value to indicate the success, or degree of success, for each objective.

Additional areas on the evaluation forms were provided for evaluator comments. Sections also offered an option to answer "other" to questions that may have unanticipated responses in sections of the tool wherever applicable.

¹Craciun Research Group, Statistical design and analysis

III. Evaluators and Hospital Participation

The evaluators for this exercise were selected by the project coordinator. The areas within three hospitals that were considered for evaluation included the Emergency Department response, Pediatric surge area response and Incident Command. Only one of the three hospitals was able to provide evaluator information in all three areas. Two of the three hospitals engaged the Emergency Department for the exercise, and one of these Emergency Departments was completely overwhelmed with ‘real’ patient care during the exercise and was able to engage to a limited degree during the exercise. Two of the three hospitals permitted an outside evaluator in the Incident Command Center. Hospital evaluations for the various areas are listed in the table below.

Hospital	Incident Command	Emergency Department	Pediatric Surge Area
ARH	YES	YES	YES
ANMC	X	L	YES
PAMC	YES	X	YES

YES = evaluation was provided in this area

X = evaluation was not provided in this area

L = limited evaluation was provided in this area

Evaluators were selected and assigned by the MEP-P project coordinator as follows:

Alaska Regional Hospital (ARH)

Pediatric Surge Area: Public Health Nursing, Preparedness Nursing

Incident Command: Accreditation Manager (History in corporate QA)

Emergency Department: Respiratory Therapist

Alaska Native Medical Center (ANMC)

Pediatric Surge Area: Physician Ethicist/E.D. physician

Incident Command: Internal evaluation only; No external evaluator (per hospital request)

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Emergency Department: Emergency physician/ Public Health Nursing, Registered Nurse,
Preparedness Division

Providence Alaska Medical Center (PAMC)

Pediatric Surge Area: Public Health Nurse; RN

Incident Command: Emergency Manager, Public Health, Preparedness Division

Emergency Department: None (hospital Emergency Department did not participate in exercise)

IV. Data Entry and Analysis

Two primary types of questions were asked of the evaluators for each objective. The first type was a simple 'yes' or 'no' answer. For example, "This facility increased bed capacity by discharging as many patients as possible." The answer options were 'yes' or 'no.' The response to the question was given a zero score for 'no', and a score of one for an answer of 'yes.'

The second type of question asked was a graded response. For example, "The decision to discharge patients early is made by which of the following [individuals] in your evaluation area?" A list of individuals was then provided and answer options were graded as strongly agree, somewhat agree, somewhat disagree, strongly disagree or unsure/not applicable. The point system for this type of question was zero to five points. One point was applied to questions answered unsure or not applicable, two points for strongly disagree, 3 points for somewhat disagree, 4 points for somewhat agree and 5 points for strongly agree. All questions were worded in the 'positive' format such that negative answers indicating inability to achieve the objective received the least amount of points.

The data was identified by Objectives. A total number of possible points were tallied for each objective. The total points for each objective obtained by the evaluators were tallied. The total number achieved was then compared to the total number possible and a percentage of success was then provided for each objective.



V. Statistical Results and Evaluators Comments

ALASKA REGIONAL HOSPITAL (ARH)

ARH INCIDENT COMMAND EVALUATION STATISTICAL RESULTS

Objective 1 Communications External to the Hospital

Question	Points
----------	--------

Q1 - Community mass disaster notification system	
Q2 - Primary communications landline	
Q3 - Primary communications cellular	N/A
Q4 - Integrated communications with community	No

0 1

Scoring: Communications External to the Hospital	
Earned Points	2
Possible Points	3
Percentage	67%

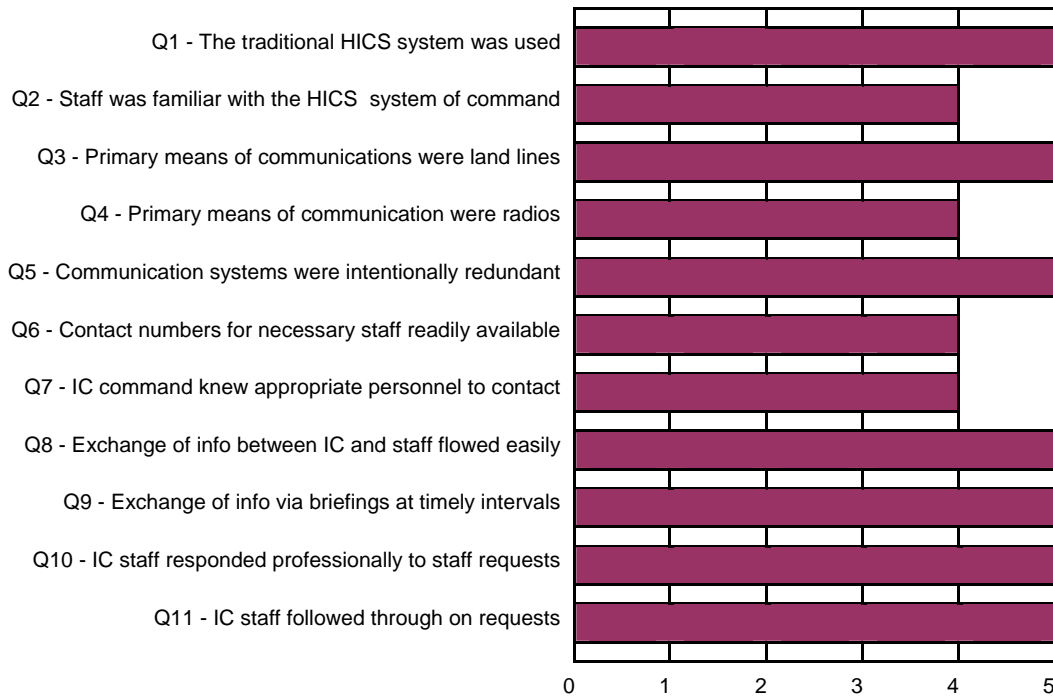
Objective 2 Communications with the Municipality Emergency Operations Center (EOC)

Question	Points
Q1 - Emergency Contact numbers EOC members available	5
Q2 - Contact numbers resulted in successful contact	5
Q3 - Contact resulted in effective transfer of information	5
Q4 - Professional interactions occurred between IC & EOC	5
Q5 - EOC staff followed through on tasks promised	5
Q6 - IC staff followed through on tasks promised	5
Q7 - Request forms for equipment or other readily available	N/A

Scoring: Communications with the Municipality Emergency Operations Center (EOC)	
Earned Points	30
Possible Points	30
Percentage	100%

Objective 3 Communications within the Hospital

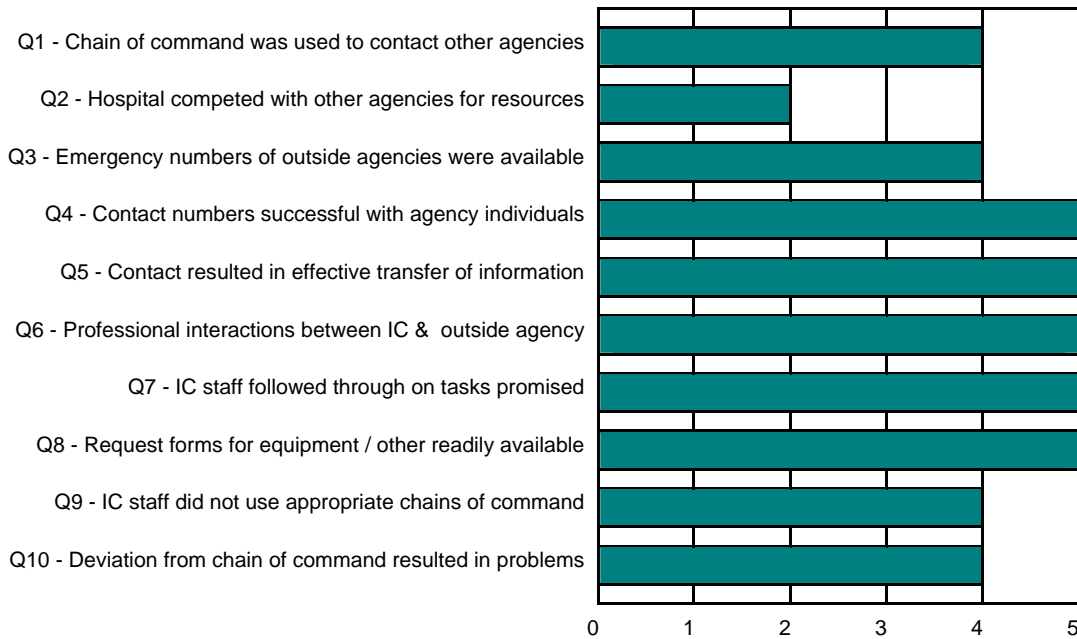
Question	Points
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Scoring: Communications within the Hospital	
Earned Points	51
Possible Points	55
Percentage	93%

Objective 4 Interagency Communications

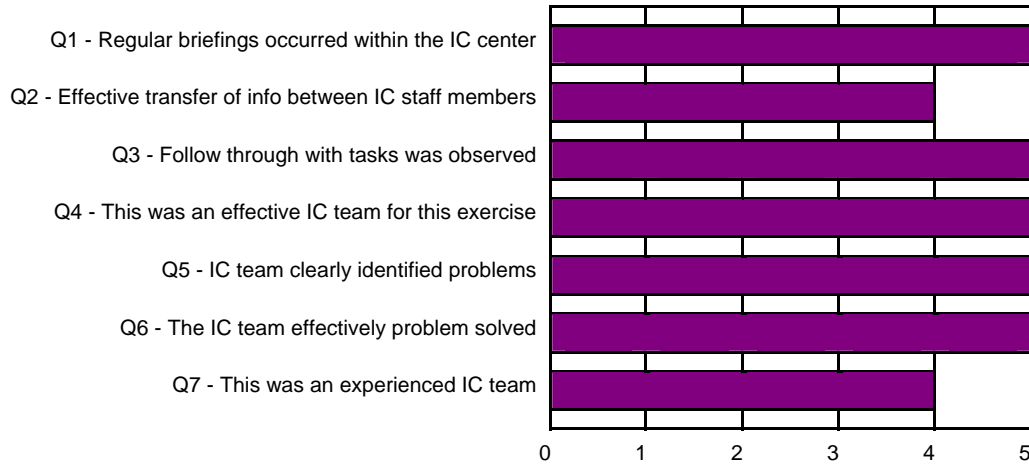
Question	Points
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Scoring: Interagency Communications	
Earned Points	43
Possible Points	50
Percentage	86%

Objective 5 Communications within the Incident Command Center

Question	Points
----------	--------



Scoring: Communications within the Incident Command Center	
Earned Points	33
Possible Points	35
Percentage	94%

Objective 6 Communications within the Incident Command Center

Question	Points
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Q1 - Provided info to team members about duties of the PIO					
Q2 - PIO offered narration/explanation during the exercise					
Q3 - PIO performed pre- & post-exercise public affairs duties					
Q4 - PIO handled sensitive info in a professional manner					
Q5 - PIO handled media information professionally	N/A				
Q6 - PIO interacted with the Joint Information Center	N/A				

0 1 2 3 4 5

Scoring: Communications within the Incident Command Center	
Earned Points	20
Possible Points	20
Percentage	100%

Objective 7 Policies and Procedures

Question	Points
----------	--------

Q1 - IC had policy in place for transfer of patients					
Q2 - IC adhered to this transfer policy					
Q3 - IC developed a policy during this exercise for transfer					
Q4 - IC recognized cases requiring higher level of care					
Q5 - IC assisted with transfer of Pediatric patients					
Q6 - Memorandum of Agreement exists for transfer					
Q7 - If memorandum of agreement exists, utilized effectively					
Q8 - If memorandum of agreement did not exist, was created	N/A				
Q9a - IC had policy about internal communications					
Q9b - IC had policy about external agency communications					
Q9c - IC had policy about municipality EOC communications					
Q10a - IC adhered to internal communication policy					
Q10b - IC adhered to external agency communication policy					
Q10c - IC adhered to municipal EOC communication policy					
Q11a - IC revised internal communication policy					
Q11b - IC revised external agency communication policy					
Q11c - IC revised municipality EOC communication policy					
Q12a – Adhered to existing policy to increase bed capacity					
Q12b – Created effective policy to increase bed capacity	N/A				
Q12c - New policies/procedures recorded for future exercises					
Q13 - IC recognized needs surpassed available staffing	N/A				
Q14a – Adhered to existing policy to increase available staff					
Q14b – Created effective policy to increase available staff	N/A				
Q14c - New policies/procedures recorded for future exercises	N/A				

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0 1 2 3 4 5

Question	Points
----------	--------

Q15a – Adhered to existing policy to acquire supplies					
Q15b – Created effective policy to acquire supplies	N/A				
Q15c - New policies/procedures recorded for future exercises	N/A				
Q16 - IC had established Emergency Response Plan (ERP)					
Q17 - IC referred to the ERP throughout the exercise					
Q18 - The ERP was useful to this exercise					
Q19 - Additional policies/procedures recorded/added to ERP	N/A				
Q20 - IC facilitated transfer of patients between hospitals					
Q21 - IC staff were able to track patients through the system					
Q22 - IC successfully increased overall surge capacity 100%					

0 1 2 3 4 5

Scoring: Policies and Procedures	
Earned Points	117
Possible Points	130
Percentage	90%

Objective 8 Evaluate Surge Capacity

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds	
Total # staffed Peds Beds	8
Total # General Peds Beds	8
Total # PICU beds	0
Total # NICU beds	0
Other types of Peds beds	0

Pediatric Bed availability	
Beds occupied	2
PICU beds occupied	0
NICU beds occupied	4

What is the total number of un-staffed Pediatric beds?

Answer: unknown

What is the nurse to Pediatric patient staffing ratio?

Answer: unknown

What methods will your facility use to increase the total number of treatment beds for Pediatric patients?

Discharge as many patients as possible? Yes

Utilizing beds designated for other patient care purposes? Unknown

How many Pediatric Nurses are credentialed in your hospital?

Answer: unsure/N/A

Was there a Policy and Procedure in place for emergency credentialing of nursing staff during an emergency?

Answer: Unsure/N/A

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Evaluator Comments on Incident Command at Alaska Regional Hospital

“Unfamiliar with how to use [the community mass disaster notification system]; resulted in negative contact initially – o.k. with second contact.”

“New patient tracking system, but could not use computer monitor in IC center – room did not have wireless capabilities.”

“No dates of when lists were last updated for contact lists.”

“New Incident Commander”

“Floors do not have updated Emergency Procedures”

“New Incident Commander: lack of some knowledge/experience. However, very willing for feedback/suggestions.”

“Hospital Operations section Chief and Medical Branch Director both bringing current patient/family status, but often there were discrepancies.”

“Good communication with EOC and this was new for ARH. IC team identified ways to improve communication and updates during the drill – good recognition of improvement needs.”

“Documentation (transparent) of event status – used large white chalk board, but it was confusing...what was the latest information? How many, what types of patients currently in house and # transferred?”

“No defined times for briefings – decided on the fly – but did have them once.”

“Have a designated person to count /report #/status of patients to IC

VI. Statistical Results & Evaluators Comments Section

ALASKA REGIONAL HOSPITAL STATISTICAL RESULTS

ARH EMERGENCY DEPARTMENT EVALUATION

Objective 1 Evaluate Surge Capacity of Anchorage Area Hospitals

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds	
Total # staffed Peds Beds	7
Total # PICU beds	0
Total # NICU beds	0
Other types of Peds beds	0

Pediatric Bed availability	
Beds occupied	2
PICU beds occupied	0
NICU beds occupied	4

Question: What is the total number of un-staffed Pediatric beds?

Answer: unknown

Question: What is the nurse to Pediatric patient staffing ratio?

Answer: unknown

Objective 2 Increase Pediatric Bed Capacity in Anchorage

Question: What methods will your facility use to increase the total number of beds for Pediatric patients? (Use today’s exercise to assist in deciding the total number of increased beds)

Answer: (Please see the table below for summation of information)

Methods to increase Pediatric bed capacity

Question	Yes	No	Number of beds
Discharge as many patients as possible?	X		20
Utilize beds in other patient care areas	X		50
Increase the number of beds in room	X		Unknown
Move more beds in from storage	X		Unknown
Purchase or rent beds	X		Unknown
Transfer patients to other facilities	X		Unknown
Increase number of beds in ER	X		Unknown
Total	100%	0%	70 bed increase

Question: A policy exists to assist with early discharge of patients?

Answer: strongly agree

Question: The decision to discharge patients early is made by which of the following in your evaluation area?

Answer: strongly agree that it is the physician caring for the patient.

[No answer or unsure about clinical director, house supervisor, nurse supervisor, administration]

Objective 3 Pediatric Patient Transfer Policies and Procedures

Question	Points
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Q1 - Discussion of a patient transfer policy to other facilities	5
Q3 - Staff aware policy of transfer patients to other facilities	5
Q4 - Staff aware procedure of transfer patients to other facilities	5
Q4a.1 - Access of local transportation	5
Q4a.2 - Notification to administration	5
Q4a.3 - Notification procedures to the receiving hospital	5
Q4a.4 - Notification procedures to the receiving nursing staff	5
Q4a.5 - Notification procedures to the receiving physician staff	5
Q4a.6 - Inclusion of a patient health summary or Physical exam	5
Q4a.7 - A list of diagnoses	5
Q4a.8 - Laboratory values	5
Q4a.9 -X-ray studies	5
Q4a.10 - A Discharge summary of care	5
Q4a.11 - A list of medications	5
Q4a.12 -Dosages of medications for the next 6-12 hours	5
Q4a.13 - A list of family members with contact phone numbers	5
Q4a.14 - A checklist of items to accompany patient	5
Q4a.15 - A list of the patient's personal effects	5
Q5 - Consider transfer of patients to 'alternative treatment area'	5
Q6 - Staff aware procedure for transfer to alternative area	5
	5
	5
0 1 2 3 4 5	

Scoring: Pediatric Patient Transfer Policies and Procedures	
Earned Points	100
Possible Points	100
Percentage	100%

Questions left blank, unsure/not applicable:

Question

1e. How many beds available in Orthopedics, Adult Medical Surgical, OB/GYNE, Adult ICU, Post Anesthesia recovery, Day Surgery and “other.”

1h. How many beds can be rented or purchased.

Objective 4 Provision of Pediatric Clinical Care

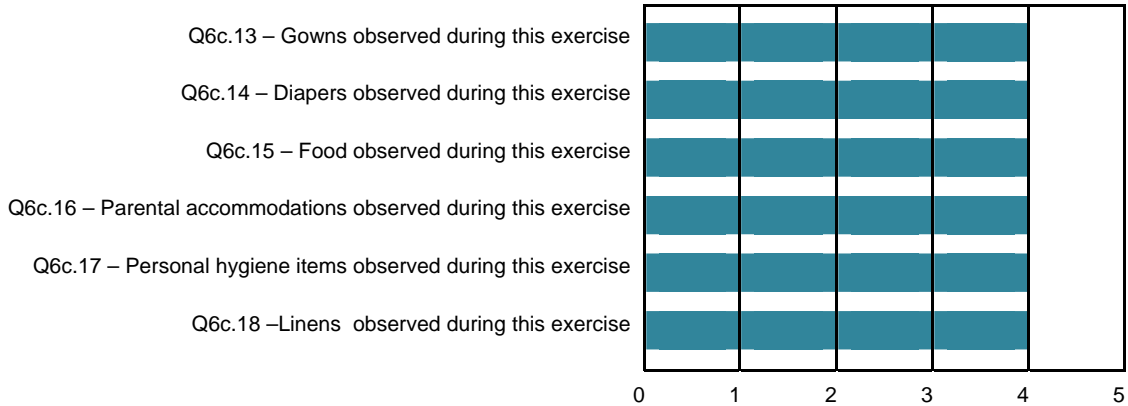
Question	Points
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Question 1: What is the current nurse to Pediatric patient ratio? Answer: 2:1

Q1a - Ratio maintained with 100% increase in bed capacity	N/A				
Q2a - All HCW are able to identify abnormal parameters					
Q2b - HCW monitored to assure appropriate interpretation					
Q2c - HCW able to project equipment needs for patients					
Q2d - HCW able to procure equipment to meet increased needs					
Q2e - HCW able to utilize supplies acquired with proficiency					
Q4a - A written procedure exists to increase staffing	N/A				
Q4b - A procedure to increase staffing exists and was used	N/A				
Q4c - Procedure does not exist but increased staffing accomplished	N/A				
Q5a - Requires experience in pediatric nursing to increase staffing	N/A				
Q6c.1 - Respiratory equipment observed during this exercise					
Q6c.2 – Suction observed during this exercise					
Q6c.3 - Gloves observed during this exercise					
Q6c.4 - Personal protection equipment observed during exercise					
Q6c.5 - Oxygen tubing observed during this exercise					
Q6c.6 - Oxygen cylinders observed during this exercise					
Q6c.7 - Intubation equipment observed during this exercise					
Q6c.8 - Carbon Monoxide test kits observed during this exercise					
Q6c.9 - Braslow tape observed during this exercise					
Q6c.10 - Pediatric dosing charts observed during this exercise					
Q6c.11 - Pediatric vascular access observed during this exercise					
Q6c.12 - Ventilators observed during this exercise					

Pediatric Wildfire Exercise

Question	Points
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Scoring: Provision of Pediatric Clinical Care	
Earned Points	94
Possible Points	115
Percentage	82%

Number of Questions left unanswered, unsure or not applicable: 5 [The vast majority of questions here applied to staffing issues such as cross training, and sources of additional staffing both short and long term.]

General Questions: Familiarity with HICS

Question	Points
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Q1a - Nurse familiar with HICS guidelines	0	1	2	3	4	5
Q1b - Nurse supervisor familiar with HICS guidelines						
Q1c - Clinical director familiar with HICS guidelines						
Q1d - Respiratory therapist familiar with HICS guidelines						
Q2a - Nurse knows who to report to under HICS						
Q2b - Nurse supervisor knows who to report to under HICS						
Q2c - Clinical director knows who to report to under HICS						
Q2d - Respiratory therapist knows who to report to under HICS						

Scoring: Familiarity with HICS	
Earned Points	0
Possible Points	0
Percentage	N/A

General Questions: Respiratory Therapy

Questions For Respiratory Therapy	#
How many total ventilators in facility	17
How many ventilators capable of use For Pediatric patients	17
How many ventilators available for Use in newborns or premies	17

Total # vents

17

ARH Evaluator Comments

“Trouble contracting RTs (Respiratory Therapists)”

“No RN with ventilated patients”

“No equipment went to the ER, I.V.s, etc.”

“Stretchers and ER stuff good”

“RT response slow”

V. Statistical Results and Evaluator Comments

ALASKA REGIONAL HOSPITAL STATISITCAL RESULTS
PEDIATRIC SURGE TREATMENT AREA EVALUATION

Objective 1 Evaluate Surge Capacity of Anchorage Area Hospitals

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds	
Total # staffed Peds Beds	8
Total # PICU beds	0
Total # NICU beds	0
Other types of Peds beds	0

Pediatric Bed availability	
Beds occupied	2
PICU beds occupied	0
NICU beds occupied	4

Objective 2 Increase Pediatric Bed Capacity in Anchorage

Question: What methods will your facility use to increase the total number of beds for Pediatric patients? (Use today’s exercise to assist in deciding the total number of increased beds)

Answer: (Please see the table below for summation of information)

Methods to increase Pediatric bed capacity

Question	Yes	No	Number of beds
Discharge as many patients as possible?	X		20
Utilize beds in other patient care areas	X		50
Increase the number of beds in room	X		Unknown
Move more beds in from storage	X		Unknown
Purchase or rent beds	X		Unknown
Transfer patients to other facilities	X		Unknown
Increase number of beds in ER	X		Unknown
Total	100%	0%	70 bed increase

Question: A policy exists to assist with early discharge of patients?

Answer: strongly agree

Question: The decision to discharge patients early is made by which of the following in your evaluation area?

Answer: strongly agree that it is the physician caring for the patient.

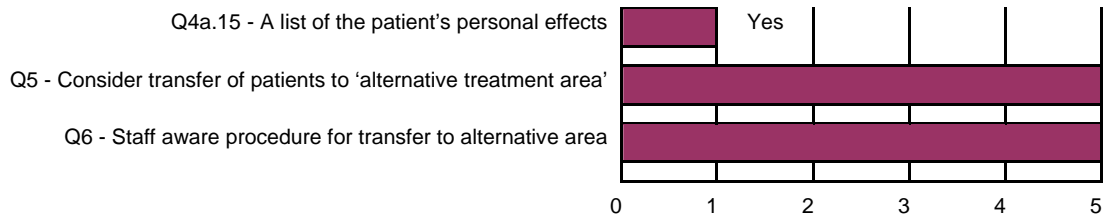
[No answer or unsure about clinical director, house supervisor, nurse supervisor, administration]

Objective 3 Pediatric Patient Transfer Policies and Procedures

Question	Points
----------	--------

Q1 - Discussion of a patient transfer policy to other facilities					
Q3 - Staff aware policy of transfer patients to other facilities					
Q4 - Staff aware procedure of transfer patients to other facilities					
Q4a.1 - Access of local transportation	Yes				
Q4a.2 - Notification to administration	Yes				
Q4a.3 - Notification procedures to the receiving hospital	Yes				
Q4a.4 - Notification procedures to the receiving nursing staff	Yes				
Q4a.5 - Notification procedures to the receiving physician staff	Yes				
Q4a.6 - Inclusion of a patient health summary or Physical exam	Yes				
Q4a.7 - A list of diagnoses	Yes				
Q4a.8 - Laboratory values	Yes				
Q4a.9 -X-ray studies	Yes				
Q4a.10 - A Discharge summary of care	Yes				
Q4a.11 - A list of medications	Yes				
Q4a.12 -Dosages of medications for the next 6-12 hours	Yes				
Q4a.13 - A list of family members with contact phone numbers	Yes				
Q4a.14 - A checklist of items to accompany patient	Yes				

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Scoring Objective 3 Pediatric Patient Transfer Policies and Procedures	
Earned Points	34
Possible Points	34
Percentage	100%

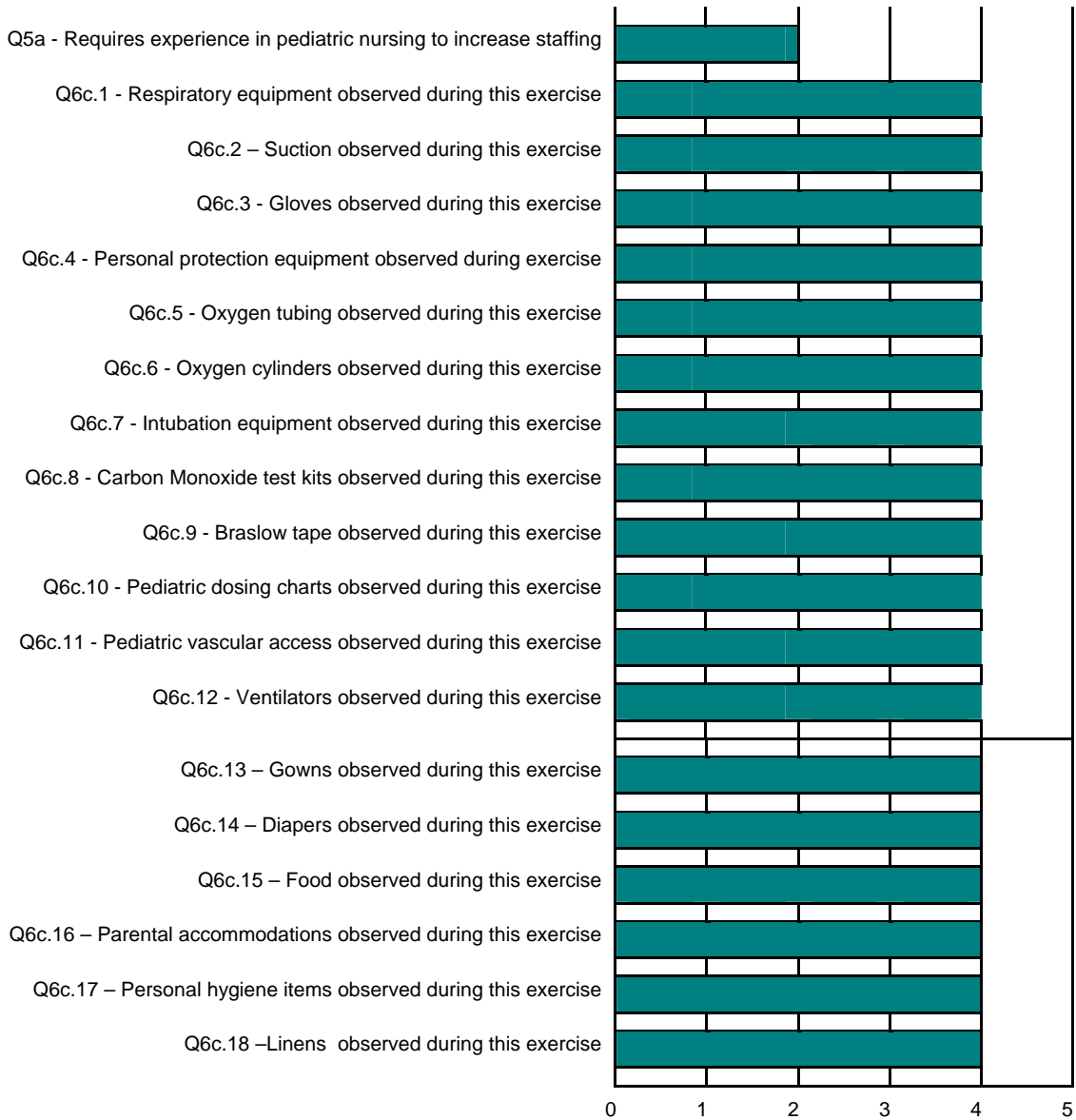
Objective 4 Provision of Pediatric Clinical Care

Question 1: What is the current Nurse to Pediatric patient staffing ratio?

Answer: 1:4

Q1a - Ratio maintained with 100% increase in bed capacity	N/A				
Q2a - All HCW are able to identify abnormal parameters for Peds pt	N/A				
Q2b - HCW monitored to assure appropriate interpretation	N/A				
Q2c - HCW able to project equipment needs for patients	N/A				
Q2d - HCW able to procure equipment to meet increased needs	N/A				
Q2d.1 If yes, this equipment came promptly upon request	N/A				
Q2e - HCW able to utilize supplies acquired with proficiency	N/A				
Q4a - A written procedure exists to increase staffing	N/A				
Q4b - A procedure to increase staffing exists and was used	N/A				
Q4c - Procedure does not exist but increased staffing accomplished	N/A				

Pediatric Wildfire Exercise



Scoring: Provision of Pediatric Clinical Care	
Earned Points	74
Possible Points	95
Percentage	78%

General Questions: Familiarity with HICS

Question	Points
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Q1a - Nurse familiar with HICS guidelines	N/A				
Q1b - Nurse supervisor familiar with HICS guidelines					
Q1c - Clinical director familiar with HICS guidelines					
Q1d - Respiratory therapist familiar with HICS guidelines	N/A				
Q2a - Nurse knows who to report to under HICS	N/A				
Q2b - Nurse supervisor knows who to report to under HICS					
Q2c - Clinical director knows who to report to under HICS					
Q2d - Respiratory therapist knows who to report to under HICS					
	0	1	2	3	4

Scoring	
Earned Points	25
Possible Points	25
Percentage	100%

General Questions: Respiratory Therapy

Questions For Respiratory Therapy	#
How many total ventilators in facility	17
How many ventilators capable of use For Pediatric patients	17
How many ventilators available for Use in newborns or premies	17
Total # vents	17

ARH: EVALUATOR COMMENTS on Pediatric Surge Areas

“Ops Room: Communication confusion initially but got better as disaster progressed.”

“Need an update board in the OPS – need clipboard info to reflect status board – needed someone in charge of OPS unit.”

“Good use of walkie talkies”

“It probably would have been helpful to have job action sheets handed out ahead of time.”

“Communications: some overlap, sometimes there was conflicting information.”

“Family support was in place – 6 staff – 3 social workers, 3 volunteers (1 in ER, 1 roaming, 1 in waiting room). Safety officers provided food and blankets (should they have been in logistics?).”

“Were able to get nurses for the ER. Used first from cafeteria for patients waiting to be discharged. Need a system for figuring to keep track of color code. Lots of changes.”

“Peds Dept: Nurses couldn’t hear announcements about things – poor microphone.”

“Peds Emergency Plan needs to be updated – no surge capacity in this exercise.”

“Peds nurses need more training in disaster exercise, probably should have been briefed before the exercise. Hospital plans to educate all staff in disaster preparedness.”

“IC needs to know what beds are available and where. This didn’t get communicated to them.”

“The drill went generally very well. The triage group did a super job – could hear this in OPS room. The staff thought that this was the best drill they had had. Had great ideas for improving their disaster system.”

V. Statistical Results and Evaluator Comments

ALASKA NATIVE MEDICAL CENTER (ANMC)

EMERGENCY DEPARTMENT

Objective 1 Evaluate Surge Capacity of Anchorage Area Hospitals

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds: ER*	
Total # staffed Peds Beds	6
Total # PICU beds	2
Total # NICU beds	2
Other types of Peds beds	4

Pediatric Bed availability*	
Beds occupied	all
PICU beds occupied	all
NICU beds occupied	all

*Please note that ANMC ER was completely full and could engage in exercise only in limited capacity. All ER beds were full, but ED Attending physician stated that in a ‘real world’ disaster, they would be able to clear about 6 beds, 2 of which could be used for PICU or NICU level patients.

Objective 2 Increase Pediatric Bed Capacity in Anchorage

Question: What methods will your facility use to increase the total number of beds for Pediatric patients? (Use today’s exercise to assist in deciding the total number of increased beds)

Answer: (Please see the table below for summation of information)

Methods to increase Pediatric bed capacity

Question	Yes	No/unk	Number of beds
Discharge as many patients as possible?	X		Unknown
Utilize beds in other patient care areas	X		Unknown
Increase the number of beds in room	X		Unknown
Move more beds in from storage		X	Unknown
Purchase or rent beds		X	Unknown
Transfer patients to other facilities	X		Unknown
Increase number of beds in ER	X		Unknown
Total	100%	0%	Unknown bed increase*

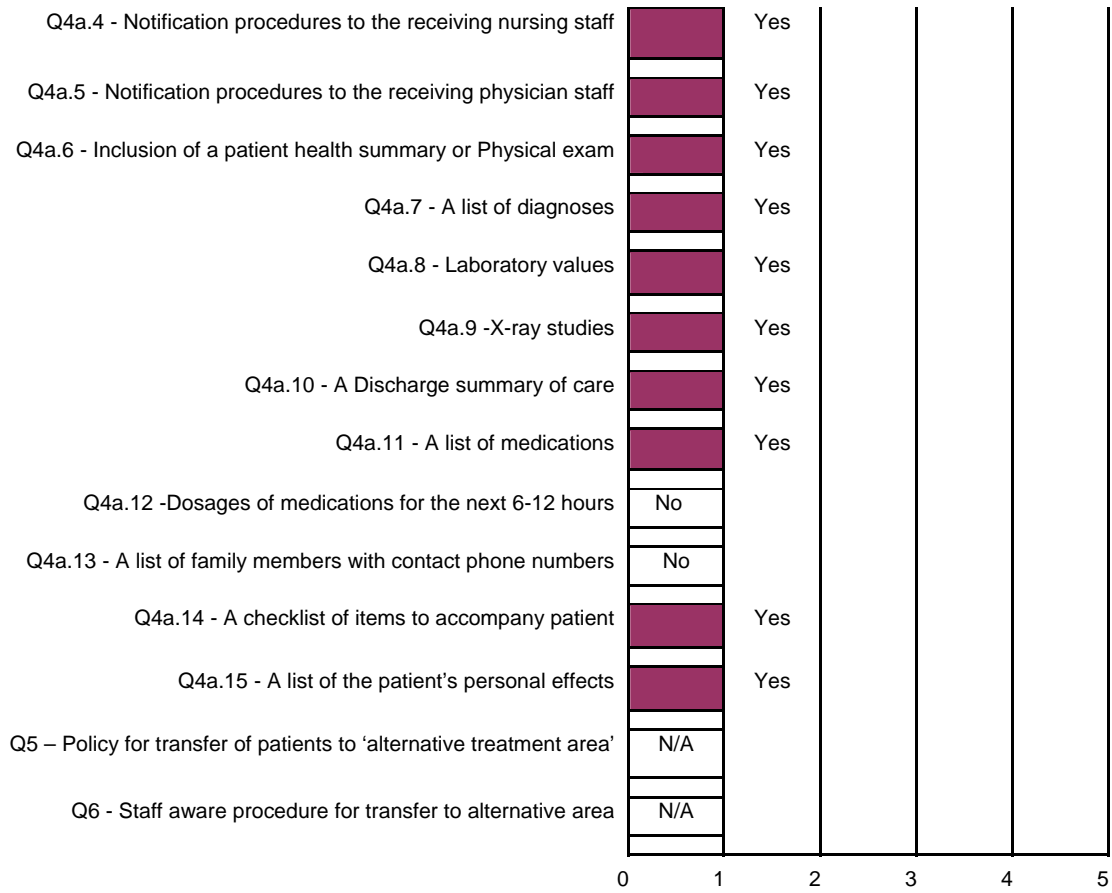
*This facility stated that in a ‘real world disaster’ they would clear the Waiting Room and use this space for further treatment areas. They would also use hallway space. They projected an increase of 20-30 gurney patients and twice that number for seated patients.

Objective 3 Pediatric Patient Transfer Policies and Procedures

Question	Points
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Q1 - A patient transfer policy to other facilities exists					
Q3 - Staff aware policy of transfer patients to other facilities					
Q4 - Staff aware procedure of transfer patients to other facilities					
Q4a.1 - Access of local transportation	Yes				
Q4a.2 - Notification to administration	No				
Q4a.3 - Notification procedures to the receiving hospital	Yes				

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Scoring	
Earned Points	26
Possible Points	32
Percentage	81%

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a.

Objective 4 Provision of Pediatric Clinical Care

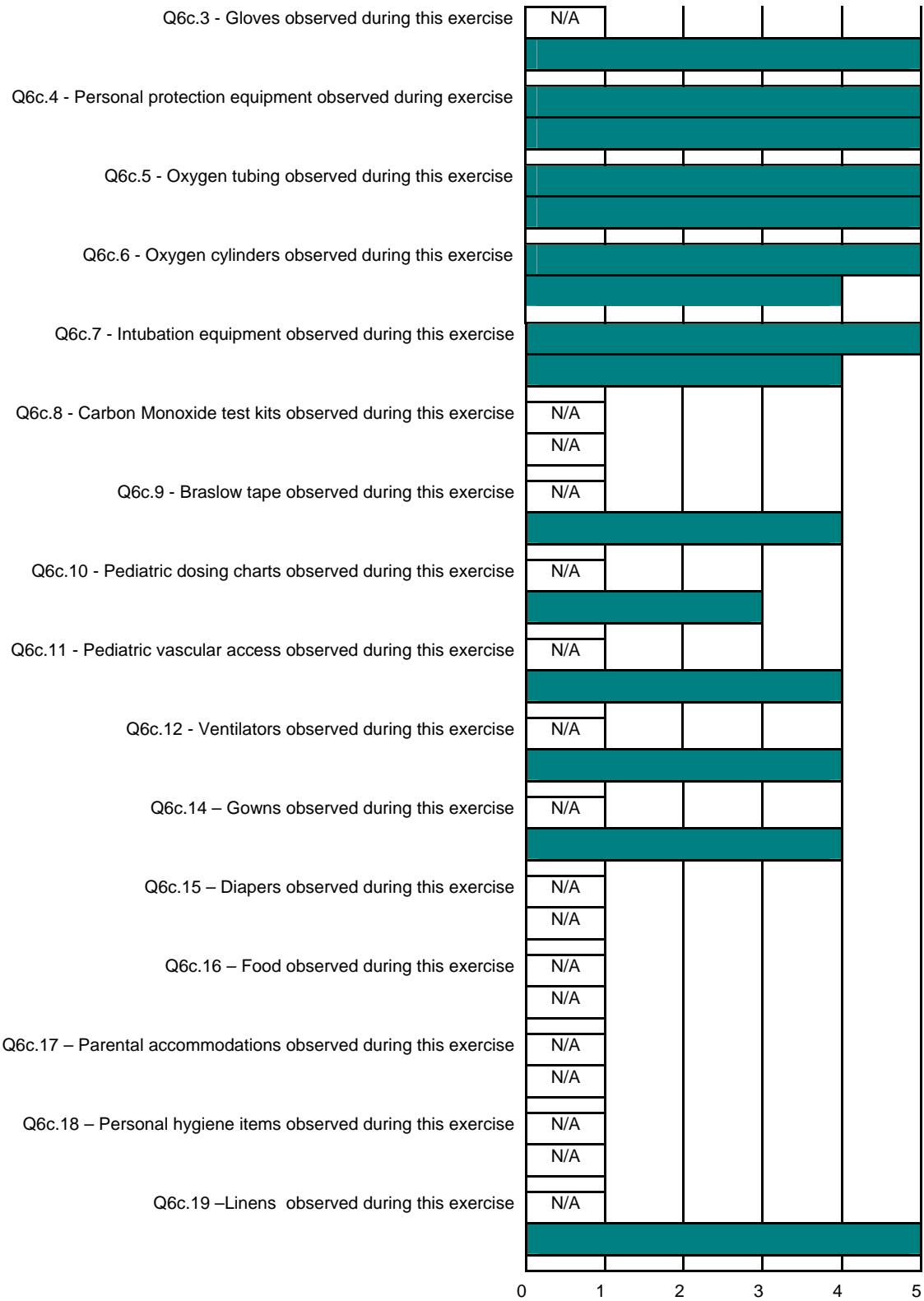
Question*	Points
*This question was answered by two observers. The two lines represent their answers.	

Question: What is the current nurse to Pediatric patient ratio?

Answer: variable

Q1a - Ratio maintained with 100% increase in bed capacity	N/A				
Q2a - All HCW are able to identify abnormal parameters	N/A				
Q2b - HCW monitored to assure appropriate interpretation	N/A				
Q2c - HCW able to project equipment needs for patients	N/A				
Q2d - HCW able to procure equipment to meet increased needs	N/A				
Q2e - HCW able to utilize supplies acquired with proficiency	N/A				
Q4a - A written procedure exists to increase staffing	N/A				
Q4b - A procedure to increase staffing exists and was used	N/A				
Q4c - Procedure does not exist but increased staffing accomplished	N/A				
Q5a - Requires experience in pediatric nursing to increase staffing	N/A				
Q6c.1 - Respiratory equipment observed during this exercise					
Q6c.2 – Suction observed during this exercise	N/A				

Pediatric Wildfire Exercise



Scoring Provision of Pediatric Clinical Care	
Earned Points	127
Possible Points	140
Percentage	91%

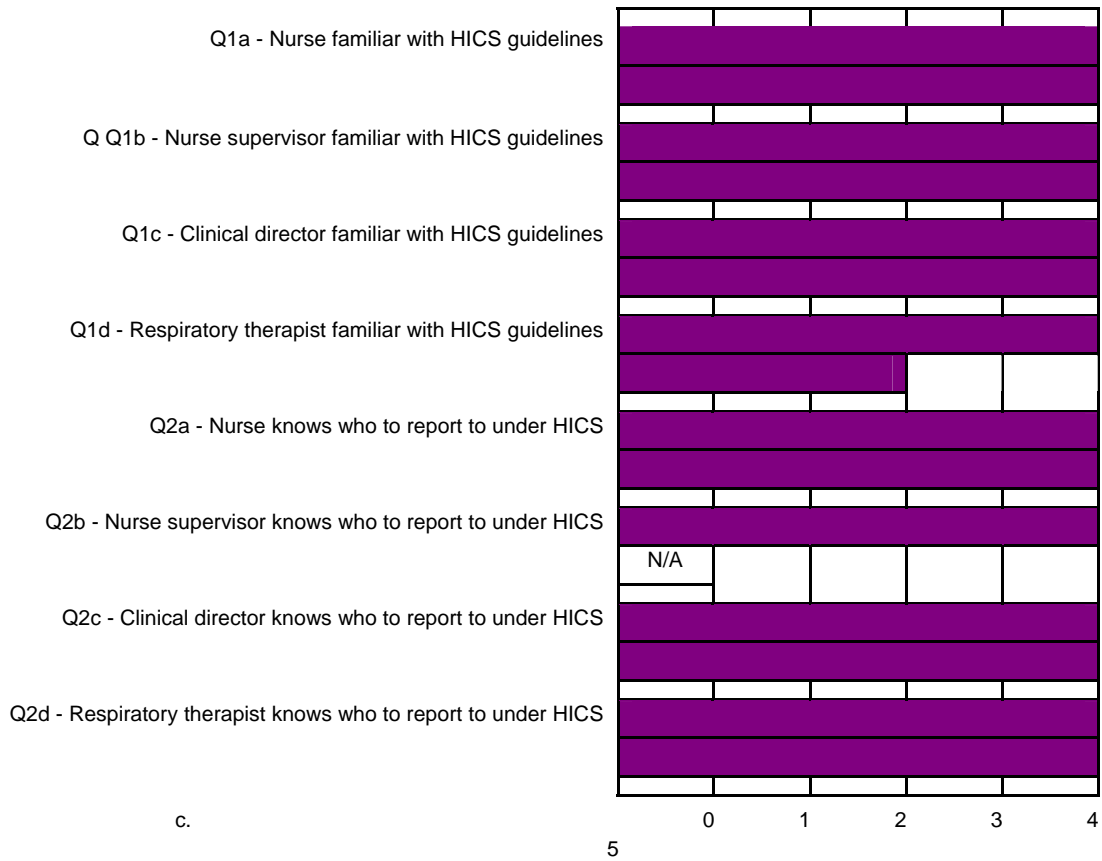
General Questions: Respiratory Therapy

Questions For Respiratory Therapy	#
How many total ventilators in facility	21
How many ventilators capable of use For Pediatric patients	7
How many ventilators available for Use in newborns or premies	3
Total # vents	21

b.

General Questions: Familiarity with HICS

Question*	Points
*This question was answered by two observers. The two lines represent their answers.	



c.

d.

Scoring	
Earned Points	73
Possible Points	75
Percentage	97%

ANMC EMERGENCY DEPARTMENT Evaluators Comments

“The Emergency Department was close to cancelling the exercise due to extremely busy and full ER.”

“All beds were occupied including hallway beds.”

“The checklist was pulled and signed “(referring to a question on policy under which the decision to transfer patients to other health care facilities has been established).

“Just in Time Training” (referring to a question on what specific tasks has this facility done to prepare this treatment area for this Pediatric Disaster).

“We are way short on Respiratory Therapists for something like this” (comment made to evaluator by R.T. who had just simulated an intubation of a critically ill patient and was called to assist with another patient).

“The ER was packed with patients in every bed and in additional beds in the hallway. If this was a real emergency, there would have been a great deal of difficulty finding and creating bed space. Many patients were ‘sleeping off’ effects of too much alcohol from the prior evening, but were still too intoxicated to move without close observation. This problem should be addressed so that more acute patient care can take place.”

“There is no Pediatric crash cart outside in the Ambulance bay triage and treatment area.”

“There isn’t very good communication from outside triage to inside treatment areas. It might help treatment areas to prepare if they could get a brief report on what patients are coming their way.”

“A Pediatric dosing chart for commonly used medications during this exercise could be developed by Pharmacy in short order, copied and used in all the treatment areas and triage.”

“The children who were less ill became restless quickly and required a sitter to keep them from wandering off or causing problems. No sitters were there and several of these children distracted from patient care issues because of their behaviors. Some sort of play area or sitting area could be developed for children who can be discharged but do not have parental caretakers readily available.”

V. Statistical Results and Evaluator Comments

ALASKA NATIVE MEDICAL CENTER

PEDIATRIC SURGE AREA

Objective 1 Evaluate Surge Capacity of Anchorage Area Hospitals

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds: ER*	
Total # staffed Peds Beds	28
Total # PICU beds	4
Total # NICU beds	6-8
Other types of Peds beds	ER

Pediatric Bed availability*	
Beds occupied	all
PICU beds occupied	all
NICU beds occupied	all

*Please note that this exercise was designed so that the Pediatrics beds were completely full.

Objective 2 Increase Pediatric Bed Capacity in Anchorage

Question: What methods will your facility use to increase the total number of beds for Pediatric patients? (Use today’s exercise to assist in deciding the total number of increased beds)

Answer: (Please see the table below for summation of information)

Methods to increase Pediatric bed capacity

Question	Yes	No/unk	Number of beds
Discharge as many patients as possible?	X		Unknown
Utilize beds in other patient care areas	X		28
Increase the number of beds in room	maybe		Unknown
Move more beds in from storage		X	Unknown
Purchase or rent beds		X	Unknown
Transfer patients to other facilities	X		Unknown
Increase number of beds in ER	X		12
Total	100%	0%	40 bed increase*

This facility plans to use Day surgery, PACU, endoscopy suites and pre-op holding if necessary to increase beds.

Objective 3 Pediatric Patient Transfer Policies and Procedures

Question*	Points
This question was answered by two observers. The two lines represent their answers.	

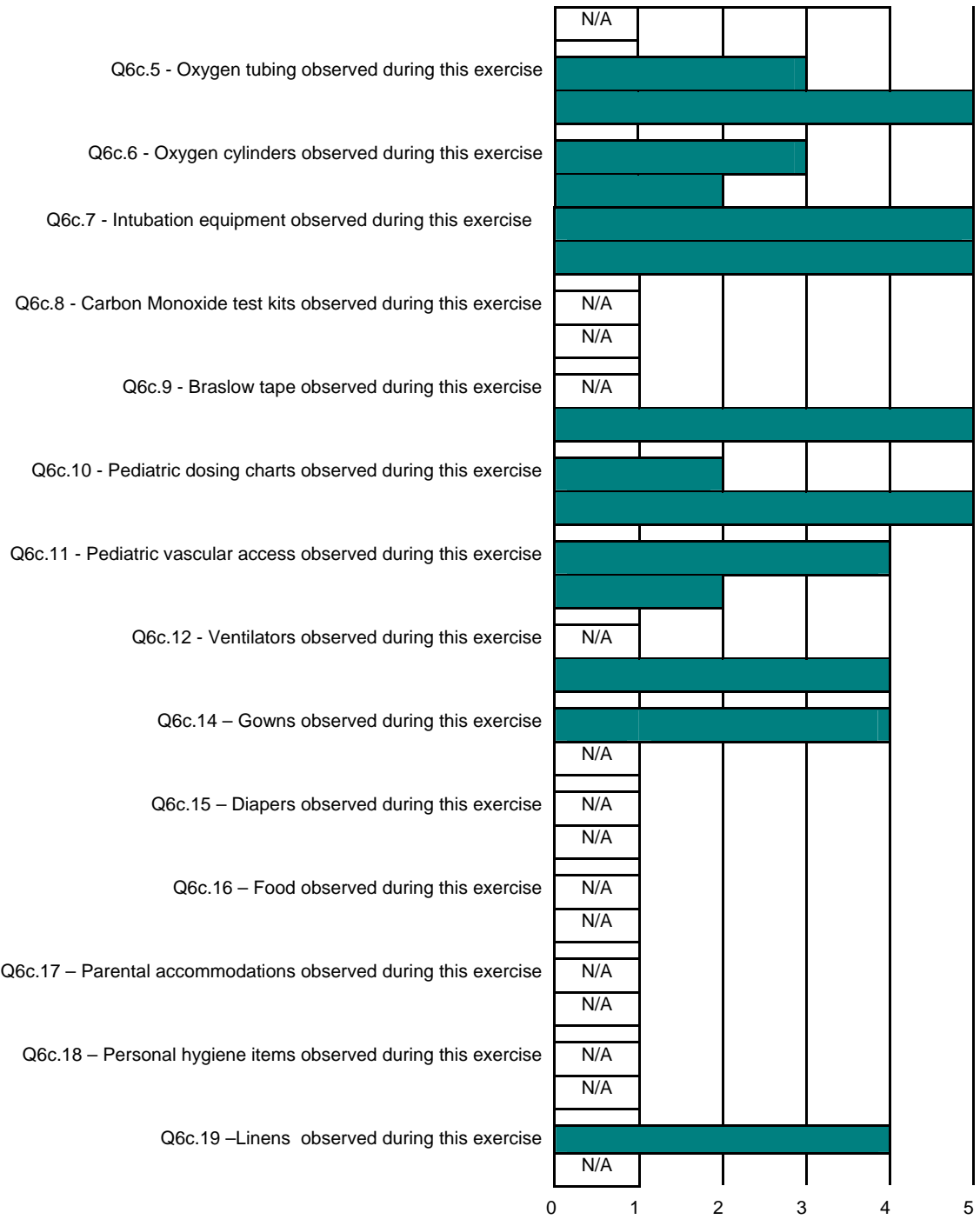
Q1 - Discussion of a patient transfer policy to other facilities					
Q3 - Staff aware policy of transfer patients to other facilities					
Q4 - Staff aware procedure of transfer patients to other facilities	N/A				
Q4a.1 - Access of local transportation		Yes			
Q4a.2 - Notification to administration	No	Yes			
Q4a.3 - Notification procedures to the receiving hospital		Yes			
Q4a.4 - Notification procedures to the receiving nursing staff		Yes			
Q4a.5 - Notification procedures to the receiving physician staff		Yes			
Q4a.6 - Inclusion of a patient health summary or Physical exam		Yes			
Q4a.7 - A list of diagnoses		Yes			
Q4a.8 - Laboratory values	No	Yes			
Q4a.9 - X-ray studies	No	Yes			
Q4a.10 - A Discharge summary of care		Yes			

Objective 4 Provision of Pediatric Clinical Care

Question	Points
This question was answered by two observers. The two lines represent their answers.	

Q1a - Ratio maintained with 100% increase in bed capacity	[Redacted]
N/A	[Redacted]
Q2a - All HCW are able to identify abnormal parameters	[Redacted]
Q2b - HCW monitored to assure appropriate interpretation	[Redacted]
Q2c - HCW able to project equipment needs for patients	[Redacted]
Q2d - HCW able to procure equipment to meet increased needs	[Redacted]
Q2e - HCW able to utilize supplies acquired with proficiency	[Redacted]
Q4a - A written procedure exists to increase staffing	[Redacted]
N/A	[Redacted]
Q4b - A procedure to increase staffing exists and was used	[Redacted]
N/A	[Redacted]
Q4c - Procedure does not exist but increased staffing accomplished	[Redacted]
N/A	[Redacted]
Q5a - Requires experience in pediatric nursing to increase staffing	[Redacted]
N/A	[Redacted]
Q6c.1 - Respiratory equipment observed during this exercise	[Redacted]
Q6c.2 – Suction observed during this exercise	[Redacted]
N/A	[Redacted]
Q6c.3 - Gloves observed during this exercise	[Redacted]
Q6c.4 - Personal protection equipment observed during exercise	[Redacted]

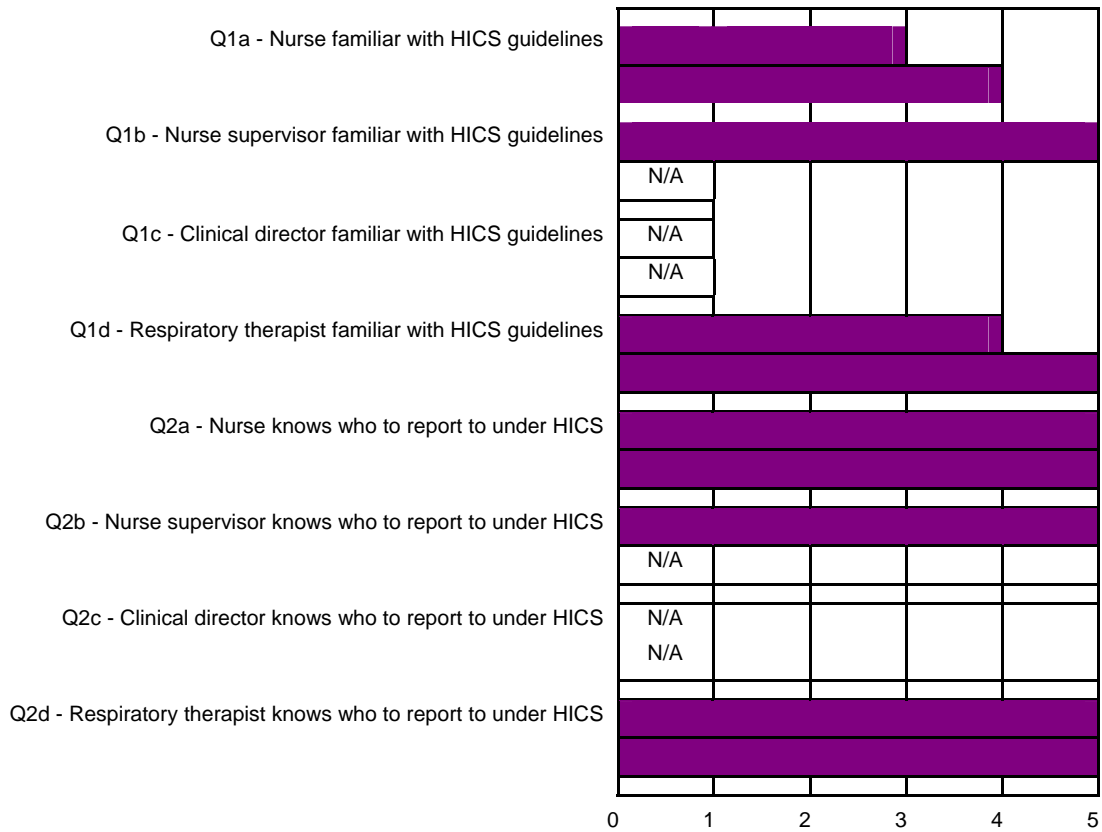
Pediatric Wildfire Exercise



Scoring: Provision of Pediatric Clinical Care	
Earned Points	139
Possible Points	175
Percentage	79%

General Questions Familiarity with HICS

Question	Points
*This question was answered by two observers. The two lines represent their answers.	



Scoring	
Earned Points	46
Possible Points	50
Percentage	92%

ANMC PEDIATRIC SURGE Evaluators Comments

“Pediatric care nurses were not comfortable caring for children outside their scope of care. For example, NICU nurses were not comfortable with larger/older pediatric patients and vice versa. Cross training of these nurses should be considered.”

“There isn’t very good communication from outside triage to inside treatment areas. It might help treatment areas to prepare if they could get a brief report on what patients are coming their way.”

“They need Pediatric dosing charts. Many of the Pediatric care nurses were not used to caring for either such ‘big’ patients or such ‘small’ patients since their area of expertise was with a different age group. Cross training would assist to some degree with this problem.”

“They could use the Q-house if needed for patients.”

“They had trouble contacting the house supervisor. The line was always busy.”

“They need a Central Supply representative [dedicated to assisting with disaster needs].”

“There was no radio in the Peds section. We needed to reach Dr. Paris (medical commander) and had no idea how to do this.”

“No administration showed up on Peds to see how it was going.”

“They could not reach labor pool and did not know how to access this asset.”

“Hallways needed to be kept clear so they could move patients better.”

V. Statistical Results & Evaluators Comments Section

**PROVIDENCE ALASKA MEDICAL CENTER (PAMC)
INCIDENT COMMAND**

Objective 1 Communications External to the Hospital

Question	Points
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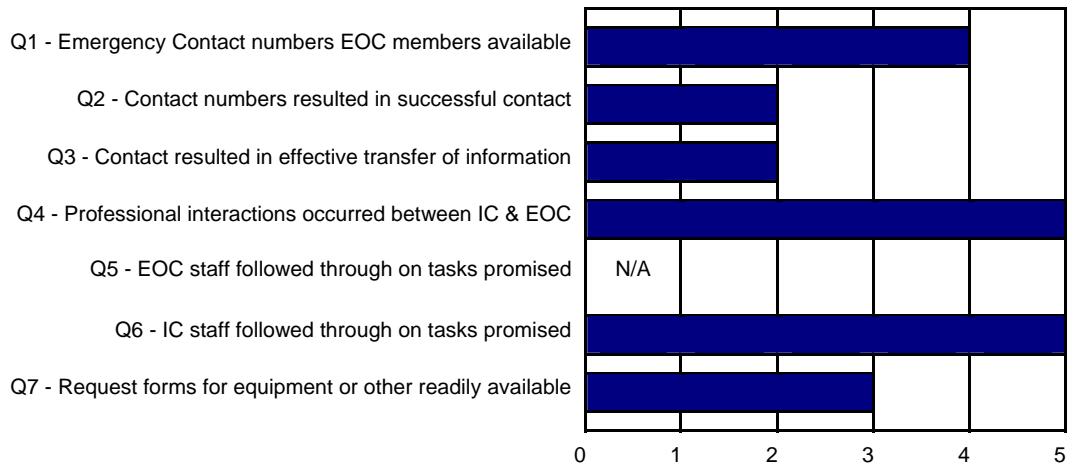
Q1 - Community mass disaster notification system used	1
Q2 - Primary communications landline	1
Q3 - Primary communications cellular	N/A
Q4 - Integrated communications with community	No

0 1

Scoring Communications External to the Hospital	
Earned Points	2
Possible Points	3
Percentage	67%

Objective 2 Communications with the Municipality Emergency Operations Center (EOC)

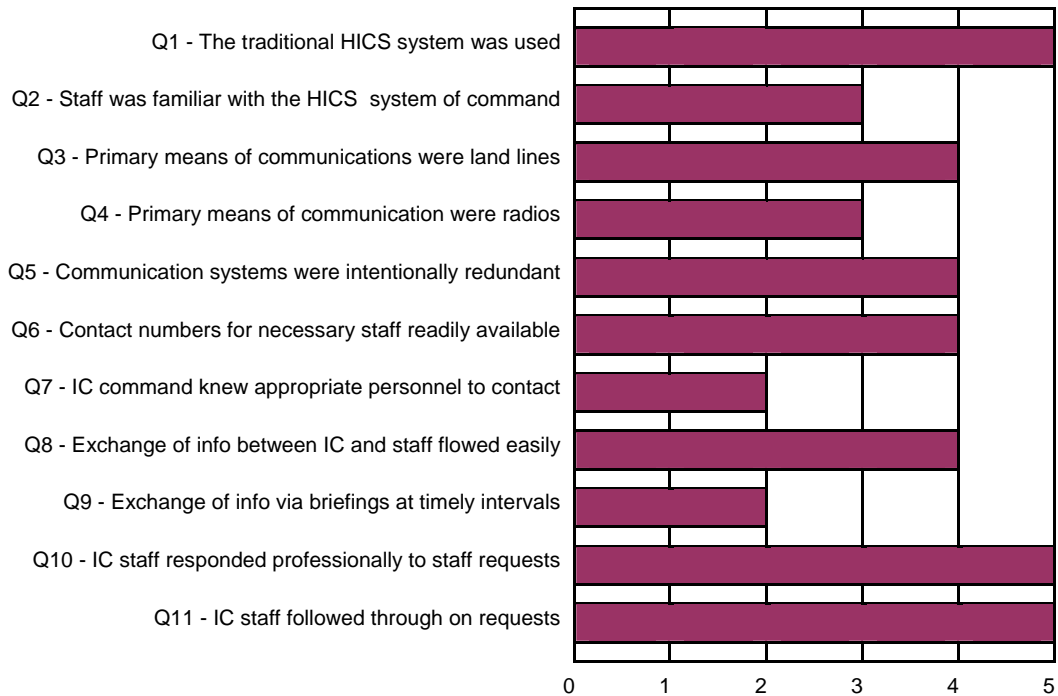
Question	Points
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Scoring Communications with the Municipality Emergency Operations Center (EOC)	
Earned Points	21
Possible Points	30
Percentage	70%

Objective 3 Communications within the Hospital

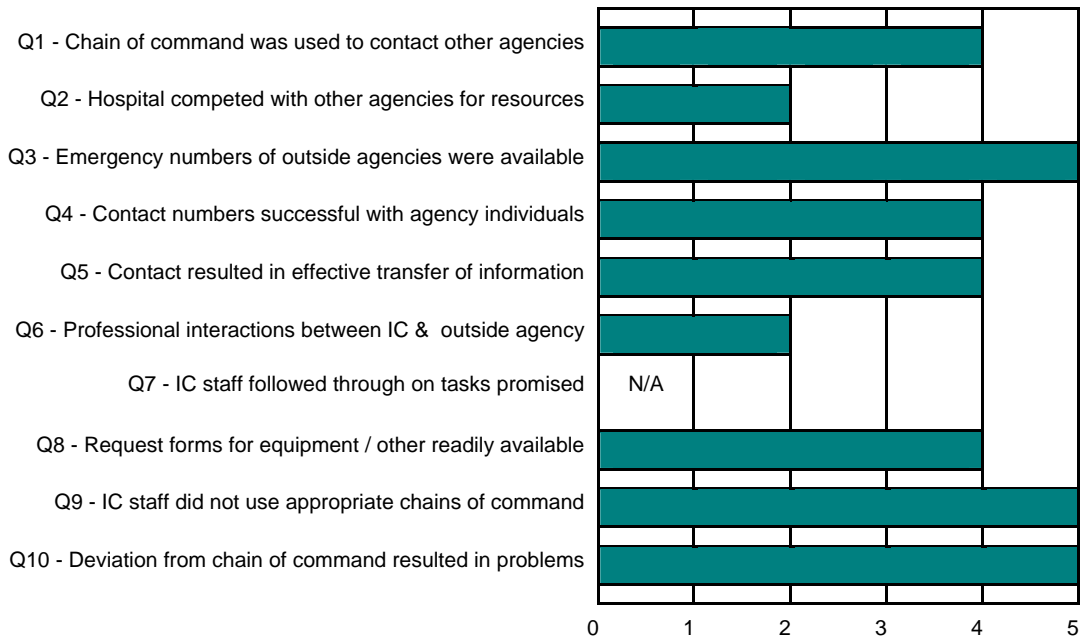
Question	Points
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Scoring Communications within the Hospital	
Earned Points	41
Possible Points	55
Percentage	75%

Objective 4 Interagency Communications

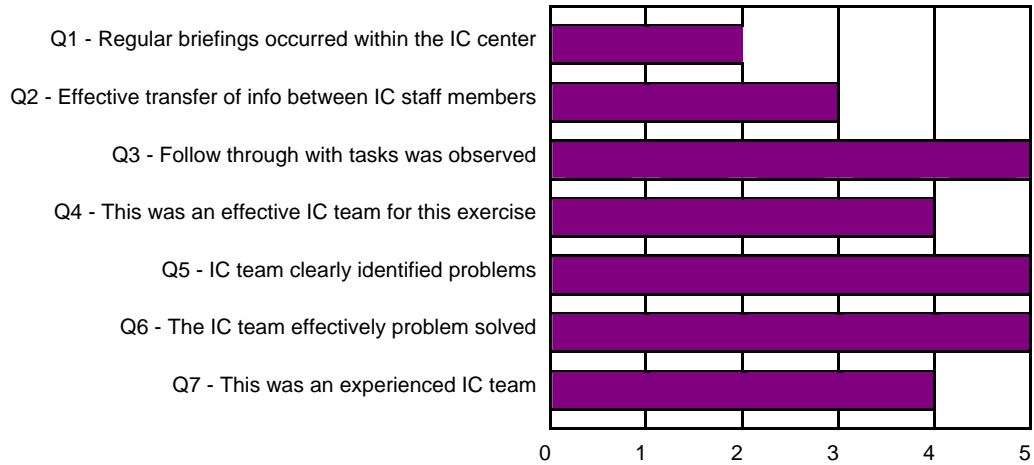
Question	Points
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Scoring Interagency Communications	
Earned Points	35
Possible Points	45
Percentage	78%

Objective 5 Communications within the Incident Command Center

Question	Points
----------	--------



Scoring Communications within the Incident Command Center	
Earned Points	28
Possible Points	35
Percentage	80%

Objective 6 Communications within the Incident Command Center

Question	Points
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Q1 - Provided info to team members about duties of the PIO					
Q2 - PIO offered narration/explanation during the exercise					
Q3 - PIO performed pre- & post-exercise public affairs duties	N/A				
Q4 - PIO handled sensitive info in a professional manner					
Q5 - PIO handled media information professionally					
Q6 - PIO interacted with the Joint Information Center	N/A				

0 1 2 3 4 5

Scoring Communications within the Incident Command Center	
Earned Points	19
Possible Points	20
Percentage	95%

Objective 7 Policies and Procedures

Question	Points
----------	--------

Q1 - IC had policy in place for transfer of patients					
Q2 - IC adhered to this transfer policy					
Q3 - IC developed a policy during this exercise for transfer	N/A				
Q4 - IC recognized cases requiring higher level of care					
Q5 - IC assisted with transfer of Pediatric patients					
Q6 - Memorandum of Agreement exists for transfer					
Q7 - If memorandum of agreement exists, utilized effectively					
Q8 - If memorandum of agreement did not exist, was created	N/A				
Q9a - IC had policy about internal communications					
Q9b - IC had policy about external agency communications					
Q9c - IC had policy about municipality EOC communications					
Q10a - IC adhered to internal communication policy	N/A				
Q10b - IC adhered to external agency communication policy	N/A				
Q10c - IC adhered to municipal EOC communication policy	N/A				
Q11a - IC revised internal communication policy	N/A				
Q11b - IC revised external agency communication policy	N/A				
Q11c - IC revised municipality EOC communication policy	N/A				
Q12a – Adhered to existing policy to increase bed capacity					
Q12b – Created effective policy to increase bed capacity					
Q12c - New policies/procedures recorded for future exercises					
Q13 - IC recognized needs surpassed available staffing					
Q14a – Adhered to existing policy to increase available staff					
Q14b – Created effective policy to increase available staff	N/A				
Q14c - New policies/procedures recorded for future exercises	N/A				

Pediatric Wildfire Exercise

0 1 2 3 4 5

Question	Points
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Q15a – Adhered to existing policy to acquire supplies	4
Q15b – Created effective policy to acquire supplies	N/A
Q15c - New policies/procedures recorded for future exercises	4
Q16 - IC had established Emergency Response Plan (ERP)	5
Q17 - IC referred to the ERP throughout the exercise	5
Q18 - The ERP was useful to this exercise	4
Q19 - Additional policies/procedures recorded/added to ERP	5
Q20 - IC facilitated transfer of patients between hospitals	4
Q21 - IC staff were able to track patients through the system	2
Q22 - IC successfully increased overall surge capacity 100%	N/A

0 1 2 3 4 5

Scoring	
Earned Points	91
Possible Points	110
Percentage	88%

Objective 8 Evaluate Surge Capacity

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds	
Total # staffed Peds Beds	32
General Peds Beds	23
Total # PICU beds	9
Total # NICU beds	unk
Other types of Peds beds	0

Pediatric Bed availability	
Beds occupied	23
PICU beds occupied	9
NICU beds occupied	unk

Question: What is the total number of un-staffed Pediatric beds?

Answer: unknown

Question: What is the nurse to Pediatric patient staffing ratio?

Answer: 1:4

Question: What methods will your facility use to increase the total number of treatment beds for Pediatric patients?

Answer: Discharge as many patients as possible? Yes

Answer: Utilizing beds designated for other patient care purposes? Yes

Question: How many beds can be procured in other treatment areas?

Answer: Unknown

Question: How many Pediatric Nurses are credentialed in your hospital?

Pediatric Wildfire Exercise

Answer: unsure/N/A

Question: Was there a Policy and Procedure in place for emergency credentialing of nursing staff during an emergency?

Answer: Unsure/N/A

Question: What is the current Nurse to Pediatric patient ratio?

Answer: 1:4

EVALUATOR COMMENTS PROVIDENCE ALASKA MEDICAL CENTER INCIDENT COMMAND

“Calls to the EOC went unanswered. PAMC needed to transfer to EAFB. Transfer was coordinated with EAFB directly. Contact eventually made with EOC hospital desk directly.”

“IC staff not staying within assigned HICS roles. Several duties being duplicated and contradictory.”

“Needed to coordinate hospital resources through single info clearinghouse, not everyone calling everyone else at all hospitals.”

“Great individuals, but didn’t work as a team. This is very common and is better than having a team of unknowledgeable individuals. Too many chiefs and not enough workers.”

“PIO activated staff recall roster. PIO for PAMC staff and media relations only.”

“PIO acting without consulting IC for approval.”

“No one was designated to inform victim families.”

“Surge capacity information regarding bed availability is kept on the treatment floors and is not readily available [specifically] to the IC.”

“IC not aware of any emergency procedures for credentialing of nursing staff.”

“IC staff not automatically activated. IC had to use intercom.”

“No set planning schedule or operational period set or discussed.”

“IC staff unsure of how to check credentials of staff augmentees from EAFB.”

“Safety officer assisted with HICS coaching of the IC (in his spare time).” [6 HICS for management training courses is mandatory and is scheduled soon.”

Pediatric Wildfire Exercise

“AOC position vests very helpful for all staff. Also, position manuals were ready.”

“Good use of status boards – until they separated the rooms and separated the IC and command staff from the status boards.”

“Excellent initiative shown by staff to help others if they had a few seconds to spare from their duties.”

Suggested Areas of Improvement:

“IC should call command and general staff brief and set objectives first thing.”

“Overhead intercom unable to be heard in AOC during activities.”

“Need an event log or sitrep template(or if one exists already – use it.)”

“Staff acted on information from phone calls without verifying who it was calling – i.e. vent being delivered but no one knew from who or where.”

“Phones and numbers not readily used by key staff.”

“IC recognized need for IT staff support in AOC and a scribe to write forms.”

“Chain of command not followed – resulted in too much duplication of efforts.”

***“These extremely knowledgeable individuals just need to be formed into a team with clear direction and objectives to increase their efficiency to 100%.”

V. STATISTICAL ANALYSIS AND EVALUATORS COMMENTS PAMC

PROVIDENCE ALASKA MEDICAL CENTER

PEDIATRIC SURGE AREA

Objective 1 Evaluate Surge Capacity of Anchorage Area Hospitals

Question: What is the current total number of staffed beds available to treat Pediatric patients?

Pediatric Beds: ER*	
Total # staffed Peds Beds	7
#General Peds beds	2
Total # PICU beds	5
Total # NICU beds	n/a
Other types of Peds beds	Cots
Adult critical care	5

Pediatric Bed availability*	
Gen Peds Beds occupied	15
PICU beds occupied	2
NICU beds occupied	n/a

*Please note that this exercise was designed so that the Pediatrics beds were completely full.

Question: What is the current nurse to Pediatric patient staffing ratio?

Answer: 1:4 Peds; 1:2 PICU

Objective 2 Increase Pediatric Bed Capacity in Anchorage

Question: What methods will your facility use to increase the total number of beds for Pediatric patients? (Use today’s exercise to assist in deciding the total number of increased beds)

Answer: (Please see the table below for summation of information)

Methods to increase Pediatric bed capacity

Question	Yes	No/unk	Number of beds
*Discharge as many patients as possible?	X		Unknown
**Utilize beds in other patient care areas	X		28
Increase the number of beds in room	maybe		Unknown
Move more beds in from storage		X	Unknown
Purchase or rent beds		X	Unknown
Transfer patients to other facilities	X		21
Increase number of beds in ER		X	Unknown
Total	100%	0%	40 bed increase*

*Only two patients could be discharged. **Use beds in Adult Critical Care areas

Question: A policy exists to assist with early discharge of patients?

Answer: No formal method exists. Discharge can be done by: Clinical Director on duty, Physician caring for patient or Nurse supervisor for Pediatrics.

Objective 3 Pediatric Patient Transfer Policies and Procedures

*This section was evaluated by two different individuals. The double answers reflect each of their responses.

Question	Points
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Q1 - Discussion of a patient transfer policy to other facilities	N/A				
	N/A				
Q3 - Staff aware policy of transfer patients to other facilities	N/A				
	N/A				
Q4 - Staff aware procedure of transfer patients to other facilities	N/A				
	N/A				
Q4a.1 - Access of local transportation	Yes				
	Yes				
Q4a.2 - Notification to administration	No				
	N/A				
Q4a.3 - Notification procedures to the receiving hospital	Yes				
	N/A				
Q4a.4 - Notification procedures to the receiving nursing staff	Yes				
	N/A				
Q4a.5 - Notification procedures to the receiving physician staff	Yes				
	N/A				
Q4a.6 - Inclusion of a patient health summary or Physical exam	Yes				
	N/A				
Q4a.7 - A list of diagnoses	Yes				
	N/A				
Q4a.8 - Laboratory values	Yes				
	N/A				
Q4a.9 - X-ray studies	Yes				
	N/A				
Q4a.10 - A Discharge summary of care	Yes				
	N/A				
Q4a.11 - A list of medications	Yes				
	N/A				

Pediatric Wildfire Exercise

Q4a.12 -Dosages of medications for the next 6-12 hours		Yes			
	N/A				
Q4a.13 - A list of family members with contact phone numbers		Yes			
	N/A				

Question	Points
----------	--------

Q4a.14 - A checklist of items to accompany patient		Yes			
	N/A				
Q4a.15 - A list of the patient's personal effects					
	N/A				
	N/A				
Q5 - Consider transfer of patients to 'alternative treatment area'					
	N/A				
	N/A				
Q6 - Staff aware procedure for transfer to alternative area					
	N/A				
	N/A				

0 1 2 3 4 5

Scoring Pediatric Patient Transfer Policies and Procedures	
Earned Points	14
Possible Points	15
Percentage	93%

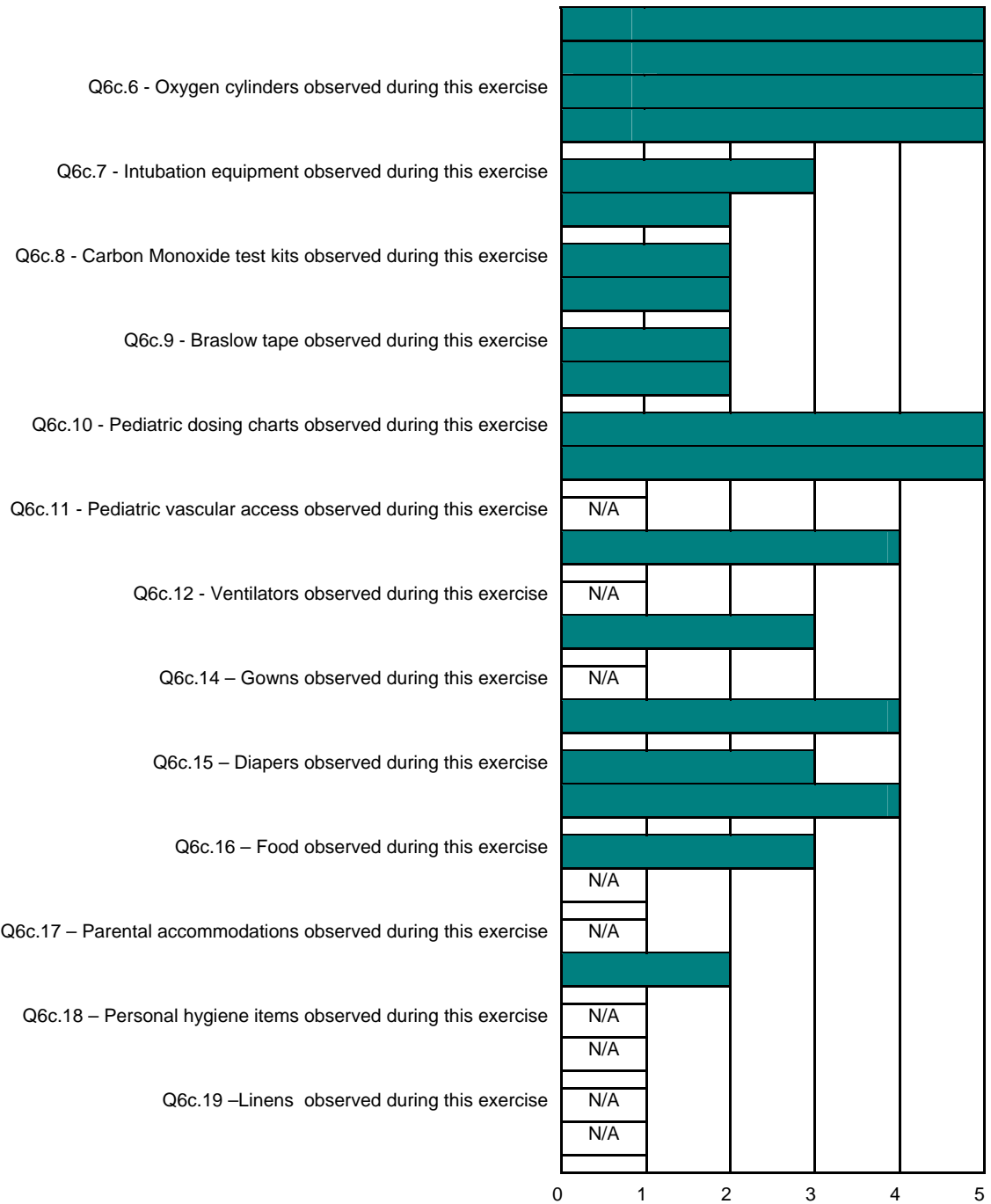
Note: Six of the questions were left blank by both evaluators. This may indicate that they did not observe or were unable to answer these questions based on staff responses.

Objective 4 Provision of Pediatric Clinical Care

Question	Points
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Q1a - Ratio maintained with 100% increase in bed capacity				
Q2a - All HCW are able to identify abnormal parameters				
Q2b - HCW monitored to assure appropriate interpretation	N/A			
	N/A			
Q2c - HCW able to project equipment needs for patients				
Q2d - HCW able to procure equipment to meet increased needs				
Q2e - HCW able to utilize supplies acquired with proficiency				
Q4a - A written procedure exists to increase staffing	N/A			
	N/A			
Q4b - A procedure to increase staffing exists and was used				
Q4c - Procedure does not exist but increased staffing accomplished				
	N/A			
Q5a - Requires experience in pediatric nursing to increase staffing				
Q6c.1 - Respiratory equipment observed during this exercise				
Q6c.2 – Suction observed during this exercise				
Q6c.3 - Gloves observed during this exercise				
Q6c.4 - Personal protection equipment observed during exercise				
Q6c.5 - Oxygen tubing observed during this exercise				

Pediatric Wildfire Exercise

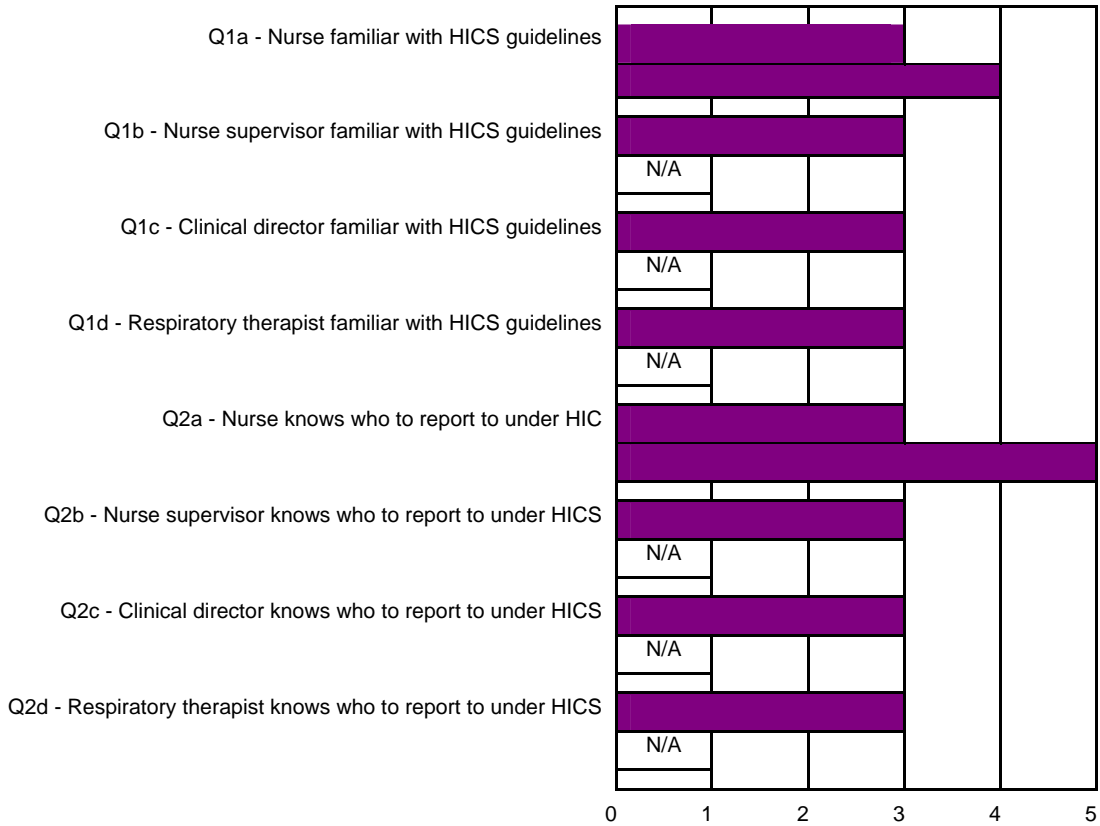


Scoring Provision of Pediatric Clinical Care	
Earned Points	168
Possible Points	210

Percentage	80%
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General Questions Staff Familiarity with HICS

Question	Points
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Scoring	
Earned Points	33
Possible Points	50
Percentage	66%

PAMC Pediatric Surge Area Comments

“Everyone on Peds/PICU had excellent interpersonal skills with the children.”

“Everyone on Peds created and/or contributed to a calm, pleasant environment around all the children.”

“What could be anticipated was prepared for-Examples: 1.) conference room for burn patients; 2.) Dr. Lerner clarified orders/directions about care management such as all serious respiratory distress patients or shock patients go to ICU, PICU beds would be doubled, burn patients with less than 10% total body surface area and otherwise okay, could go to Peds, 3.) In a real scenario the PICU supply cart would have gone to triage; 4.)The charge nurse had already started the call back roster; 5.) Security was on scene.”

“All staff clearly understands the medical needs of the patients based upon the scripted scenario and quickly pretended to order that.”

“By 0940 triage and sorting of the first wave was under way and was done by 0958.”

“Names by location were collected beginning at 0959.”

“Parents began arriving by 1000.”

“They utilized non-medical roles well: the chaplain arrived on scene, parent child coordinator managed hall flow before parents’ arrival; teacher managed completely stable patients in a classroom; float tech ran errands.”

“Medically trained staff was well utilized! The Intensivist ran the situation and did some patient care; transport staff used expanded skills in PICU rooms and was directed to manage their own patients unless they needed help; Pediatricians worked with nurses in triage.”

“Calls had already been achieved and with bed situation clarified with ANMC and Elmendorf.”

First and second waves of patients were triaged and patients were sent to various locations with good re-evaluation of conditions.”

“All areas except respiratory distress [treatment areas] had excellent distractions provided such as TV, movies, crafts, etc. The respiratory distress patients were distracted with their nebulizer treatments.”

“Code purple seemed to be done per national norms within Peds unit (5 minutes).”

“Problem solving was done quickly and in a team oriented fashion.”

“Improved patients communicated to Deb, then directed to relocate them accordingly.”

Pediatric Wildfire Exercise

“Discharged patients registered in Gold Rush to await parents. Procedure would have been to check parent and child ID for match.”

“Computers were brought to hall for registration.”

“Patient transfer plans seemed relatively seamless: three arrived from Regional. One went to Elmendorf and five went to Adult Critical Care.”

“Phone contacts [were made] repeatedly between/among facilities.”

“Continued placements were identified: One more could go to adult, ANMC was okay with their load [of patients]; 20 stable Peds could go to ARH; I think Elmendorf could have taken more, but I’m not positive.”

“A mixture of portable and land phones were used.”

“Lots of clarifying roles/patients/decisions was ongoing.”

“[It would have helped] to have lists of the kids names and who the chaperone or caretaker was for each kid.”

“[They] need a sheet of paper with the patient information on the wall of the PICU so managing MD knew who what and where most of the kids were.”

“There was improvement of flow of the patients during the exercise. During the first wave of patients some kids were sent to different rooms with an escort. By the second wave every child was walked or gurneyed to the next location by a staff member.”

“There were not enough gurneys lined up and ready for use close to the triage area.”

“No hand hygiene in any location demonstrated.”

“The kids were all well behaved and played great roles.”

PAMC Hot Wash Comments (Notes transcribed from Aaron Case)

(Chiefs and IC already hotwashed)

Operations – Clinical

Pharmacy:

Confusion for orders for extraordinary amounts of stuff.

Equipment challenges – i.e. 17 PCA pumps

How do patients show up in computer system

No 'play' area in Star charting for electronic records for volunteer victims

Nurses from EAFB to PAMC?

Peds Unit:

Communication number for IC not readily available (used personal phones)

Couldn't hear beeper or phone

40 phones almost available

Staff don't know about new phones, plans

Lost triage tags

What triage tags would we use in real life

Back up ED triage plan showing where people should go

Process was slow to admit

Medical triage system before admit

Many people being too independent

ANMC and Dr. Lerner talked directly

Lots of info, info transfer not so good

Pre-set vents, IV bags, other equipment upon activation of emergency

Pediatric Wildfire Exercise

Supplies: what if they were not available at the hospital

Muni EOC has some backup supplies – should have supplies in corners nearby

Nurses looking for supplies on our own

No time to look in red book on Peds floor

During briefing – put up numbers and important information

Question staff on what do you need at the start of the incident

Could not hear overhead page in the Rose Room

Could not hear overhead page in Peds due to patient noise

Bottleneck in Peds area

Not having ED play tested Peds too much

Med/Surg – 3W- could have Peds surge area. Peds put 7 patients in Pod 4 of 3W

Clinic Rooms could hold patients

Paper system of patient tracking was necessary

Code Purple not announced as drill on purpose, but doctor angry at having to look

Logistics

Keeping patients hydrated and cared for as minor victims

Noise level in IC was high so wall was closed

Peds too busy to check email about disaster

Getting accurate EOC bed counts

Planning

Wrong FAX number on bed status reports

Would do discharges to increase numbers of beds available

Broken comm. With Peds

Workaround: call Vicky in IC

Wording of Labor Pool documents unclear

Pediatric Wildfire Exercise

Training for staff

Scenario was not quite as realistic due to lack of triage

Use Labor Pool more extensively and activate earlier.

Runners were scarce

How to track patients without identification

Ventilators

Working on going through Muni EOC

ANMC and ARH wanted to transfer 3-4 patients each to PAMC

Municipality

Would the Muni take morgue bodies? Only if disaster is major to create and external morgue

Contacting the IC was difficult

ARH was not represented

Acronym confusion

Discussion Items

Evaluation of Hospitals is a relatively new concept in disaster response. Very few tools (if any) exist that accurately quantify whether or not exercise objectives were actually achieved. This tool was developed in very close proximity to the exercise and may have been more robust if time existed to provide feedback on the tool itself prior to its use during the exercise. Additionally, the tool is only as valuable as the answers it contains. In this particular exercise, many questions were left blank or answered 'not applicable' or 'unknown.' In many circumstances this was expected, however, in others it would have been easy to have obtained the information either before or after the exercise was completed.

The answer of 'not applicable' or 'unknown' can represent several different responses and should be valued by the hospitals as a valid response when applicable. For example, one question asked, "A procedure to transfer patients to other health care facilities has been established." The evaluator indicated that the question was unknown or not applicable. This could mean that a procedure exists but it was not readily apparent or reproducible. Or, perhaps there was no 'formal' procedure but an informal procedure of some sort exists. Or it may mean that they did not see any transfer process occur due to the exercise or participation in other areas during the transfer process. The implications however, of no procedure in place could be quite serious for a hospital and should be discussed and addressed in an after action report.

The tool was designed not only to gather data on specific objectives, but to prompt hospital personnel to 'think' about how they might achieve some of the objectives in future exercises. It was not expected that they would have all of the answers; rather, it was designed also to prompt thought and discussion regarding issues that may not have been addressed during this or prior exercises.

The comments sections are particularly valuable for hospitals and should be reviewed carefully. Evaluation tools do not always provide accurate reflection of an evaluator's thoughts. The comments section provides insight to major items that may not have been addressed in the tool or may not have been fully identified through questions asked. Hospitals are encouraged to read this section thoroughly.

Finally, the scoring of the objectives was intended to reflect observations. These observations may reflect hospital performance, evaluator bias or even inadequate formatting of evaluation questions. It was not and is not intended to provide a grade for any particular facility or any particular objective. The sharing of this information about hospital facilities should be considered confidential and should not be shared between hospitals or released to other entities unless agreed upon in writing by each individual facility.
