



The Sky is Falling

Eastern Regional Health Care Coalition
After Action Report and Improvement Plan (AAR-IP)
September-October, 2020



EXERCISE OVERVIEW

Exercise Name	The Sky is Falling
Exercise Date	September – October 2020
Scope	This exercise is a virtual tabletop exercise, planned for two to three hours via webex. Exercise play is limited to activities in fulfillment of stated objectives.
Mission Area(s)	Response
Core Capabilities	Public Health and Medical Services
Objectives	<ol style="list-style-type: none"> 1. Review existing pediatric care assets and identify gaps that may occur in a pediatric mass casualty incident. 2. Review agency/facility role in a pediatric mass casualty incident. 3. Validate assumptions in the HCC Pediatric Surge Annex. 4. Identify changes that need to be made in the hospital’s Pediatric Surge Annex. 5. Identify changes that need to be made in the HCC Pediatric Surge Annex based on the roles and capabilities of the involved partners.
Threat or Hazard	Pediatric mass casualty patient surge.
Scenario	A spring snowstorm with record snowfall causes a roof collapse at a daycare center and then prohibits travel by road or air for over 12 hours.
Sponsor	<p>Montana Emergency Medical Services for Children Program Montana Healthcare Preparedness Program Montana Hospital Association Montana Regional Health Care Coalitions</p>
Participating Organizations	<p>Eastern Regional Health Care Coalition Fallon Medical Complex Frances Mahon Deaconess Hospital Garfield County Health Center Phillips County Hospital</p>
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ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Exercise Objective	Core Capability
1. Review existing pediatric care assets and identify gaps that may occur in a pediatric mass casualty incident.	Public Health and Medical Services
2. Review agency/facility role in a pediatric mass casualty incident.	Public Health and Medical Services
3. Validate assumptions in the HCC Pediatric Surge Annex.	Public Health and Medical Services
4. Identify changes that need to be made in the hospital's Pediatric Surge Annex.	Public Health and Medical Services
5. Identify changes that need to be made in the HCC Pediatric Surge Annex based on the roles and capabilities of the involved partners.	Public Health and Medical Services

Table 1. Summary of Core Capability Performance

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

Objective 1

Review existing pediatric care assets and identify gaps that may occur in a pediatric mass casualty incident.

Core Capability - Public Health and Medical Services

Strengths

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

Strength 1: All participating facilities have basic pediatric supplies.

Strength 2: All facilities have some level of Broselow supplies/equipment.

Strength 3: One facility stocks pediatric comfort care kits.

Strength 4: One facility with its own flight program realized that the flight program has significant equipment and supply stockpiles kept outside the hospital and that they could pull four RN's into the hospital to help if flights were grounded.

Areas for Improvement

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

Area for Improvement 1: Most facilities have very limited supplies to care for pediatric patients.

Reference: N/A

Analysis: While Montanans under the age of 18 make up roughly a quarter of the population, they make up a much smaller segment of patient volumes for our hospitals and EMS services. Therefore, pediatric-specific supplies are less likely to be stocked in quantity or used prior to outdating. One facility planned to work with their providers, Director of Nursing and purchasing department to define more clearly what pediatric-specific supplies they stock and what they may need to purchase in the future. In a pediatric surge, smaller facilities will likely not have enough of certain pediatric equipment and supplies, and they will need assistance acquiring these items in a timely manner.

Area for Improvement 2: The Montana Coalition system is not presently capable of rapidly assisting with equipment and supply shortfalls during patient surge events.

Reference: Coalition Pediatric Surge Annex

Analysis: While great strides in coalition planning and preparedness have been made over the past few years, the coalitions are not yet at a point where they offer reliable, tangible assistance in a timely manner – especially in the realm of equipment and supply shortages. The COVID-19 pandemic has highlighted many issues around these shortages, and the coalitions are definitely working towards increased response capabilities as we learn from each new challenge.

Area for Improvement 3: Few facilities have a Family Assistance Center and/or Reunification plan.

Reference: N/A

Analysis: A Family Assistance Center (FAC) is an important resource to have planned for in any mass casualty incident (MCI), but in a pediatric MCI its importance rises a full level of magnitude. Being prepared to manage an influx of friends and family members can help ensure that critical patient care assets can be used appropriately instead of having to do crowd management. There is great liability in reunifying children with their families and caregivers, and a solid process can minimize the problems that this process can bring about. Assistance in FAC and Reunification planning would be of great benefit to the coalition's member facilities.

Objective 2

Review agency/facility role in a pediatric mass casualty incident.

Core Capability - Public Health and Medical Services

Strengths

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

Strength 1: Facilities have written transfer agreements with referral centers.

Strength 2: Multiple facilities have strong relationships with their local Disaster and Emergency Services (DES) Coordinators. One facility planned to involve DES from the outset of the incident, and another actually had their DES Coordinator sit in on the exercise with them.

Strength 3: Most facilities pointed out their strong, effective working relationships with other entities in their area (Fire, Law Enforcement, DES, etc.).

Areas for Improvement

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

Area for Improvement 1: Many facilities are not fully engaged in the coalition and are unaware of coalition plans or capabilities.

Reference: Coalition Preparedness & Response Plan, Coalition Pediatric Surge Annex, Coalition High-Risk Infectious Disease Response Strategy

Analysis: One facility said that they just don't know how the coalition could help. When asked how the coalition could help, another facility simply stated, " We don't know at this time." Unsurprisingly, it seems that facilities that have been active with the coalition seem to understand the benefits, so we need to continue work on engagement from more facilities as we move forward.

Area for Improvement 2: Most of the participating facilities were not aware of the Coalition Pediatric Surge Annex.

Reference: Coalition Pediatric Surge Annex

Analysis: One participant was very clear in stating, “Need more understanding of the HCC Peds Surge Annex.” The Coalition Pediatric Surge Annex was finalized well into the COVID-19 pandemic, so it isn’t a big surprise that facilities have not reviewed it. This exercise introduced some facilities to the plan, and we hope that all facilities will review it as part of their follow up to this exercise.

Objective 3

Validate assumptions in the HCC Pediatric Surge Annex.

Core Capability - Public Health and Medical Services

Strengths

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

Strength 1: Most facilities reported having a general surge plan.

Strength 2: Recent pediatric-based exercise series have highlighted the need for a pediatric-specific surge annex.

Strength 3: There seems to be renewed interest in pediatric-specific planning at many facilities.

Areas for Improvement

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

Area for Improvement 1: The assumption written into the Pediatric Surge Annex is incorrect.

Reference: Coalition Pediatric Surge Annex

Analysis: The Assumption written into the Pediatric Surge Annex is, “All facilities within the region have developed their own Pediatric Surge plans.” None of the participating facilities reported having such a plan, although most reported having a general surge plan that would have some efficacy in a primarily pediatric surge incident.

Objective 4

Identify changes that need to be made in the hospital’s Pediatric Surge Annex.

Core Capability - Public Health and Medical Services Strengths

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

Strength 1: Most facilities reported having a general surge plan.

Strength 2: Recent pediatric-based exercise series have highlighted the need for a pediatric-specific surge annex.

Strength 3: There seems to be renewed interest in pediatric-specific planning at many facilities.

Areas for Improvement

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

Area for Improvement 1: As stated above, none of the participating facilities reported having a pediatric surge plan.

Reference: Coalition Pediatric Surge Annex

Analysis: While the general surge plans that most facilities reported having may be of some use in a primarily pediatric surge, they typically fail to address the many specific needs of the pediatric patient population.

Objective 5

Identify changes that need to be made in the HCC Pediatric Surge Annex based on the roles and capabilities of the involved partners.

Core Capability - Public Health and Medical Services

Strengths

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

Strength 1: The plan is relatively concise and provides a wealth of references and tools.

Areas for Improvement

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

Area for Improvement 1: The Telemedicine Contact Information page is blank.

Reference: Coalition Pediatric Surge Annex

Analysis: True telemedicine is not something that can be provided haphazardly and without proper plans, agreements, provider credentialing, etc. Therefore, it does not seem appropriate to post telemedicine contacts in a coalition level plan the same way one would post a contact list for medical equipment suppliers or regional supply companies. Each facility wishing to leverage telemedicine should take the appropriate steps to develop those ties on their own, and they should therefore have the necessary contact information readily available when it is needed. This section can most likely be removed from the plan.

Area for Improvement 2: The Eastern Regional Health Care Coalition does not have its Pediatric Surge Annex posted to the Coalition website.

Reference: Coalition Pediatric Surge Annex

Analysis: While this is not an observation about the annex’s content, it is still something that should be addressed. Ready availability of the annex may make facility level review of the plan easier and more common.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Montana’s Eastern Regional Health Care Coalition as a result of The Sky Is Falling exercises conducted in September and October, 2020.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Operational Communication	1. Lack of engagement and awareness of Coalition plans and capabilities.	Continue to promote the coalition and work on facility engagement.	Organization	ERHCC	Roberta Kavon	11/09/2020	11/30/2020 - The Preparedness and Response Plan is posted on the HCC website and located in the eICS library. Information distributed in the coalition newsletter. 2/3/2020 – Complete 1/4/2021 - Updated information. COMPLETE
		Ensure that facilities and agencies have access to coalition plans and annexes for review. These are accessible on the Coalition website and located in the eICS library.	Organization	ERHCC	Roberta Kavon	11/09/2020	11/25/2020 COMPLETE

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

	2. The Telemedicine Contact Information page is blank and probably unnecessary.	Language will be changed within the Peds Annex and brought forward for approval during the next annual review.	Planning	ERHCC	Roberta Kavon	11/09/2020	11/10/2020 - Not complete, will be reviewed during the next revision in August 2021 of the Peds Annex 2/23/2022 - Will be changing/updating Telemedicine contact page in August 2022 review/revision. 01/16/2023 - Telemedicine information page from the Peds Annex has been deleted as facilities have their own contact information. COMPLETE
		Provide training or information to facilities and agencies on developing telemedicine contracts. Training announcements will be made as training becomes available.	Training	ERHCC	Roberta Kavon	11/09/2020	12/30/2020 - No training available, at this time, will reassess on 12/31/2021 12/31/2021 - No training available at this time, will reassess in May of 2022 2/23/2022 - Pediatric Annex will be reviewed during Burn TTX 01/16/2023 - The coalitions share

							information in the HCC newsletter regarding Telehealth when it is available. 5/4/2023 –The coalitions continue to share information in the HCC newsletter regarding Telehealth when it is available.
	3. The ERHCC Pediatric Surge Annex is not available on the coalition website.	Send the Pediatric Surge Annex to the HCC webmaster to post the annex on the website.	Organization	ERHCC	Roberta Kavon	11/09/2020	11/30/2020 - Sent the Pediatric Surge Annex to the HCC webmaster to post the annex on the website 2/23/2022 - Updates will be posted to the web yearly. 01/16/2023 - COMPLETE
Core Capability 2: Public Health and Medical Services	1. Inadequate and/or outdated pediatric equipment and supplies in many facilities.	Consider providing sample plans to facilities (Inventory and Sustainability Plan, Expired and Reuse Policy) EMSC will be pushed out via the HCC newsletter.	Planning	ERHCC	Roberta Kavon	11/09/2020	12/30/2020 - Purchased and delivered Pediatric Stethoscopes, BP Cuffs, Broselow Tapes to appropriate agencies. 01/16/2023 – Final equipment

							to be delivered by 6/30/2023. 5/4/2023 – Flying carpets were donated and dispersed to facilities and agencies.
		Ensure that facilities know that the Coalition Pediatric Surge Annex contains the “Recommended Pediatric Equipment and Supplies for Hospitals” list.	Equipment	ERHCC	Roberta Kavon	11/09/2020	11/30/2020 - Information to be distributed via the Coalition Newsletter (Completed on 12/3/20). 12/3/2020 - Will continue to review and update as necessary. COMPLETE
	2. The Coalition is not fully prepared to assist with readiness and coordination during pediatric surge situations.	Continue to work with coalition members, the HPP, MHA and federal partners to expand the coalition’s role in preparedness.	Planning Organization Equipment	ERHCC	Roberta Kavon	11/09/2020	11/30/2020 - Distributed pediatric equipment to the Eastern Coalition 2/23/2022 – Will share EMSC newsletter with coalition as available. 2/23/2022 - Coalition coordinators have identified this as an ongoing process. 1/16/2023 - HCC will continue to share the EMSC

							Newsletter via the coalition newsletter. Coalition will assist facilities and agencies with pediatric needs as requested. 5/4/2023 – Continue as above
	3. The single assumption in the Annex is incorrect – many facilities do not have their own Pediatric Surge Plans.	The Coalition will locate a Pediatric Surge Plan template; and share via the newsletter with member facilities.	Planning	ERHCC	Roberta Kavon	11/09/2020	12/3/2020 – Template shared in coalition newsletter. COMPLETE
	4. Few facilities have a Family Assistance Center (FAC) and/or Reunification plan.	Share plan template(s) with coalition member facilities and agencies.	Planning	ERHCC	Roberta Kavon	11/09/2020	12/3/2020 - A website to ASPR for FAC information was put in the Coalition Newsletter. COMPLETE

APPENDIX B: EXERCISE SERIES PARTICIPANTS

Participating Organizations
Western Regional Health Care Coalition
Barrett Hospital and Healthcare
St. James Healthcare
St. Joseph Medical Center
Central Regional Health Care Coalition
Benefis Teton Medical Center
Billings Clinic Broadwater
Pondera Medical Center
Southern Regional Health Care Coalition
Central Montana Medical Center
Madison Valley Medical Center
Pioneer Medical Center
Stillwater Billings Clinic
Eastern Regional Health Care Coalition
Fallon Medical Complex
Frances Mahon Deaconess Hospital
Garfield County Health Center
Phillips County Hospital
Other Entities
Montana Emergency Medical Services for Children Program
Montana Healthcare Preparedness Program
Montana Hospital Association