



2017 LOS ANGELES COUNTY  
STATE MEDICAL AND HEALTH EXERCISE

**AFTER ACTION REPORT**  
**Complex Coordinated Terrorist Attack**

FULL SCALE EXERCISE





## TABLE OF CONTENTS

TABLE OF CONTENTS .....	2
PREFACE .....	3
EXERCISE OVERVIEW.....	4
EXECUTIVE SUMMARY .....	5
HEALTH CARE COALITION FINDINGS .....	
AMBULATORY SURGERY CENTERS .....	6
COMMUNITY CLINICS .....	7
DIALYSIS CENTERS .....	8
EMERGENCY MANAGEMENT (HEALTH DOC-EMS AGENCY).....	10
HOME HEALTH AND HOSPICE AGENCIES .....	11
HOSPITALS .....	12
LONG TERM CARE AND SKILLED NURSING FACILITIES .....	14
MENTAL HEALTH .....	15
PUBLIC HEALTH.....	16
APPENDIX A: EXERCISE PARTICIPANT FEEDBACK .....	18
APPENDIX B: EXERCISE PARTICIPANTS .....	20
APPENDIX C: ACRONYMS .....	28

## PREFACE

The 2017 Los Angeles County Statewide Medical and Health Exercise (SWMHE) is sponsored by the Los Angeles County Department of Health Services and Emergency Medical Services Agency (EMS). This Countywide Exercise Program was produced with assistance and guidance from the Los Angeles County Statewide Medical and Health Exercise Planning Team (EPT), comprised of representatives from:

- American Medical Response – AMR Medical Transportation
- California Association of Health Facilities (CAHF)
- CARE Ambulance Service, Inc.
- Cedars Sinai Hospital Medical Center
- Children’s Hospital Los Angeles
- City of Los Angeles Department Public Health
- City of Pasadena Public Health Department
- Community Clinic Association of Los Angeles County (CCALAC)
- Fusion Performance LLC
- Henry Mayo Newhall Hospital
- Joint Regional Intelligence Center (JRIC) – Los Angeles
- Kaiser Permanente – Downey Medical Center
- Long Beach Department of Health and Human Services
- Long Beach Memorial Hospital Medical Center
- Los Angeles County Department of Mental Health
- Los Angeles County Emergency Medical Services Agency
- Los Angeles County Fire Department
- Los Angeles County Harbor/UCLA Medical Center
- Los Angeles County Department of Public Health
- PIH Health - Whittier
- Providence Holy Cross Medical Center
- Providence St. Joseph Medical Center
- Providence Tarzana Medical Center
- Pomona Valley Hospital Medical Center

## EXERCISE OVERVIEW

<b>Exercise Name</b>	2017 Statewide Medical and Health Exercise (SWMHE) – Full Scale Exercise (FSE)
<b>Exercise Date</b>	November 16, 2017
<b>Scope</b>	The 2017 SWMHE program includes various health care partners; i.e., hospitals, dialysis, ambulatory surgical centers. Each healthcare partner determined their level of participation based on their exercise experience and resources.
<b>Mission Area</b>	Los Angeles County
<b>Capabilities</b>	<p><b>Health Care Preparedness and Response Capabilities:</b></p> <ul style="list-style-type: none"> <li>• Foundation for Health Care and Medical Readiness</li> <li>• Health Care and Medical Response Coordination</li> <li>• Continuity of Health Care Service Delivery</li> <li>• Medical Surge</li> </ul>
<b>Objectives</b>	See each sector section
<b>Threat or Hazard</b>	Complex Coordinated Terrorist Attack (CCTA)
<b>Scenario</b>	Four terrorist attacks with small arms and explosives throughout Los Angeles County
<b>Sponsor</b>	Los Angeles County Emergency Medical Services Agency
<b>Exercise Participants</b>	See Appendix C
<b>Jurisdictional Exercise Director Point of Contact:</b>	<p>Joe Palacio – Sr. Disaster Services Analyst          Los Angeles County Emergency Medical Services Agency          10100 Pioneer Blvd., Suite 200          Santa Fe Springs, CA 90670  <a href="mailto:jpalacio@dhs.lacounty.gov">jpalacio@dhs.lacounty.gov</a>          562-378-1642</p>

## Executive Summary

This exercise was developed to encourage all health care sectors to exercise their response to a terrorist event that challenged their facilities and personnel.

The scenario selected was designed to test each participant's exercise response and surge capabilities based on their selected objectives. The 2017 Statewide Medical and Health Exercise simulated a Complex Coordinate Terrorist Attack throughout Los Angeles County. The exercise included four separate terrorist attacks with small arms and explosions strategically located at critical transportation corridors.

The EPT developed and designed this exercise to help participants identify gaps in their response planning. This year's exercise included testing of Los Angeles County's Burn Surge Plan. The Burn Surge Plan includes a series of policies and procedures that address topics such as; activation, field triage, and emergency department assessment/treatment.

This year's exercise saw a significant increase in the number of health care coalition participants from seven different health care sectors. There was a substantial number of non-hospital healthcare sector members seeking to meet the new CMS regulatory requirements. Each organization determined their level of participation based on their previous experience and resources. Two hundred and thirty seven (237) participants submitted their After Action Report/Improvement Plans (AAR/IPs) to the EMS Agency for consideration in this year's SWMHE AAR.

It is challenging to identify all key strengths and findings in a healthcare system as large and diverse as Los Angeles County. This AAR will present each sectors major strengths primary areas for improvement and a suggested corrective action plan.

## HEALTH CARE COALITION FINDINGS

### AMBULATORY SURGERY CENTERS

#### OBJECTIVES

Based on **Ambulatory Surgery Center's** needs, the following objectives were exercised and evaluated:

- Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the Department of Health Services Department Operations Center (DOC).- Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination
- Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with the MHOAC, coalition partners, emergency medical services (EMS), and the DHS/DOC.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery
- Determine and manage medical surge operations through the continued sharing of resources, information, and expertise across Health Care Coalition partners and the operational area- Health Care Preparedness and Response Capability 4: Medical Surge

#### MAJOR STRENGTHS

The major strengths identified during this exercise included:

- Increased knowledge of LA County's Health Care Coalition's and Ambulatory Surgery Center's potential supportive roles in surge events
- Established basic knowledge of preparedness and planning for emergencies
- Gained an understanding of the communication protocols with the various health care sectors

#### PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- ASC need to gain more understanding of how they may be able to support other health care sectors during emergency events
- ASC need more education and training in emergency preparedness and exercise planning
- Communication during surge events was inconsistent with ASC management, staff, patients visitors, and DHS DOC.

#### CORRECTIVE ACTION PLAN

- Offer basic emergency preparedness, exercise planning and ICS training to ASCs
  - Responsible person: ASC Disaster Program Manager
  - Due date: October 2018- ASC Workshop and encourage attendance at SWMHE participant seminar

- Improve communication between DHS DOC and ASCs
  - Responsible persons: DOC staff and ASC Disaster Program Manager
  - Due date: October 2018-Provide guidance at ASC Workshop and review [communication plan](#) available on the EMS Agency Disaster Section Website
- Determine how each ASC may be able to assist in an emergency
  - Responsible person: Each ASC's Emergency Management Officer (EMO)
  - Due date: see individual CAPs but no later than October 2018-ASC Workshop and re-emphasis on [healthcare surge planning strategies](#) available on the EMS Agency Disaster Section website
- Tasks to be accomplished from individual ASC corrective action plan (CAP or improvement plan)
  - Responsible person: Each ASC's Emergency Management Officer (EMO)
  - Due date: see individual CAPs

## COMMUNITY CLINICS

### OBJECTIVES

Based on **Community Clinic's** needs, the following objectives were exercised and evaluated:

- Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the local Emergency Operations Center (EOC).- Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination
- Activate the Incident Command System (ICS) and the clinic's Command Center within 60 minutes] of incident notification, to provide a structured and successful emergency response.- Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination
- Determine the clinic's priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients within 60 minutes.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery
- Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical staff and their families: appropriate Personal Protective Equipment (PPE), psychological first aid, just-in-time training, and other interventions specific to the emergency to protect health care workers from illness or injury.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery
- Prepare for medical surge operations by activating appropriate plans for all levels of care and populations, and ensure all personnel have been trained in their use.- Health Care Preparedness and Response Capability 4: Medical Surge
- Implement and manage medical surge operations through the continued sharing of resources, information, and expertise across Health Care Coalition partners and the operational area.- Health Care Preparedness and Response Capability 4: Medical Surge

## MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Gained perspective of the network of resources to assist in preparation, planning and exercise participation
- Successful activated Incident Command Staff within 45-minute time frame while the IC Team quickly decided on which services could be suspended or postponed, such as new patients' appointments, enrollment services
- Command Staff supported and directed emergency plans activation during the exercise event and were able to effectively communicate to staff

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- Need to identify and secure triage area with the necessary triage equipment to support victims and to keep existing patients safe
- Need to train management and staff to ensure understanding of policies and procedures for shelter in place and lockdown
- Need to establish communication protocols with patients and visitors during surge events via an electronic notification system

## CORRECTIVE ACTION PLAN

- Establish triage policy and procedures (P&P), which includes identifying and secure triage area with the necessary triage equipment to support victims and to keep existing patients safe, and/or train staff on established P&P during an emergency
  - Responsible person: Clinic Disaster Program Manager, Community Clinic Association of Los Angeles County (CCALAC) Emergency Management Coordinator and each community clinic's EMO
  - Due date: October 2018
- Train staff on emergency preparedness policies and procedures
  - Responsible person: Each Community Clinic's EMO
  - Due date: October 2018
- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each Community Clinic's EMO
  - Due date: October 2018

## DIALYSIS CENTERS

### OBJECTIVES

Based on **Dialysis Center's (DC)** needs, the following objectives were exercised and evaluated:



- Activate the Emergency Operation Plan (EOP) and policies related to emergency admits within 30 min of notification of incident information that may affect normal operations.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness
- Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness
- Initiate communication strategies (email & phone) within 60 min between facility and the EMS Department Operations Center (DOC)- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination
- Provide patients with at least a minimum standard of care according to internal protocols and procedures, if the decision is made to shelter in place.- Health Care Preparedness and Response Capability 4: Medical Surge
- Implement policies and procedures to assure the safety and care of patient at other appropriate facilities, if the decision is made to evacuate.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

## MAJOR STRENGTHS

The major strengths identified during this exercise included:

- Gained an understanding how dialysis centers fit within the County's surge planning
- Successfully activated facility emergency plans
- Increased knowledge of the number of resources available within the Disaster Resource Center network

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- Need to develop instruction for Incident Command System and procedures for emergency events
- Need for management and staff to be trained to gain full understanding of emergency preparedness policies including and procedures for shelter in place and lockdown protocols
- Need to establish communication protocols with patients and visitors during surge events via a mass notification system

## CORRECTIVE ACTION PLAN

- Offer basic emergency preparedness, exercise planning and ICS training to DCs
  - Responsible person: Dialysis Center Disaster Program Manager
  - Due date: October 2018- DC Workshop and encourage attendance at SWMHE participant seminar
- Train staff on emergency preparedness policies and procedures
  - Responsible persons: Each Dialysis Center's EMO

- Due date: November 2018
- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each Dialysis Center's EMO
  - Due date: November 2018

## EMERGENCY MANAGEMENT (HEALTH DOC-EMS AGENCY)

### OBJECTIVES

Based on the **EMS Agency's DOC** needs, the following objectives were exercised and evaluated:

- Activate MHOAC program for medical and health resource ordering within 60 minutes of identification of need.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination
- Establish, maintain and/or update communications with jurisdictional partners.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Information Sharing
- Regional Disaster Medical and Health Specialist (RDMHS) will report to the Regional Emergency Operations Center (REOC)- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination
- Provide situational awareness update to MHOAC using sit rep form.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Information Sharing and Emergency Operations Center Coordination
- Develop Incident Action Plan (IAP) and gather situational information to share with DOC staff- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination
- Maintain patient tracking and maintains components of patient movement- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination

### MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Information Technology did not create any problems. It appears that the monthly testing of DOC equipment and software applications provided very few IT related issues.
- DOC was less crowded than previous drills due to a better understanding of needed personnel and work load by the various section coordinators.
- The atmosphere in the DOC remained calm. Additionally it was very clear that years of practicing is paying off as many staff felt comfortable in their roles and demonstrated collectively outstanding teamwork.

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- There are no DOC guidelines or trigger points to modify DHS prehospital care policy during incidents or DOC activations.
- There were not enough pre-developed Resource Request or messages to drive the exercise during idle time.
- DOC lacked emergency fund to purchase food or other emergency items that would be needed for an actual DOC activation. For example, credit card machine might not work during a real disaster.

## CORRECTIVE ACTION PLAN

- DEC program will organize a workgroup to establish trigger points and guidelines to be incorporated into an internal policy which will be used during surge activation. The policy should be completed by September 2018 and will be evaluated during the 2018 annual exercise.
- DEC program will develop training Resource Requests and/or messages for each section with the assistance of Hospital Disaster Program Manager by September 2018. These documents will be used during next medical and health exercise in November 2018.
- DEC program will work with EMS Agency finance staff to develop preparedness plan for DOC activations including funding and obtaining emergency supplies, meals and other essential items. This plan will be completed before and tested during the next medical and health exercise in November 2018.

## HOME HEALTH AND HOSPICE AGENCIES

### OBJECTIVES

Based on **Home Health and Hospice Agency's** (HHH) needs, the following objectives were exercised and evaluated:

- Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the Department of Health Services Department Operations Center (DHS/DOC) for Health Services within LA County-Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination
- Inform the MHOAC, coalition partners, emergency medical services (EMS), and the DHS/DOC for Health Services within LA County when the agency can no longer reach patients requiring care.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery

## MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Effective communication with field staff via text messaging
- Identified and observed the potential effects on patient population during a disaster event
- Increased awareness that planning needs to take place and solutions created to address various emergencies

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- Need for established communication protocols with patients and staff during surge events via alternative notification systems, and improve coordination and communication with DHS DOC
- Need for management and staff to be trained to gain full understanding of emergency preparedness policies including procedures for shelter in place and lockdown protocols
- Need to train staff on acuity/severity levels for patients and update levels regularly

## CORRECTIVE ACTION PLAN

- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each agency's Emergency Management Officer (EMO)
  - Due date: November 2018
- Improve communication between DHS DOC and HHH agencies
  - Responsible persons: DOC staff and HHH Disaster Program Manager
  - Due date: October 2018-Provide guidance at HHH Workshop and review [communication plan](#) available on the EMS Agency Disaster Section Website
- Train staff on emergency preparedness policies and procedures
  - Responsible person: Each agency's Emergency Management Officer (EMO)
  - Due date: see individual CAPs but no later than November 2018
- Other tasks to be accomplished from individual HHH corrective action plan (CAP or improvement plan)
  - Responsible person: Each agency's Emergency Management Officer (EMO)
  - Due date: see individual CAPs

## HOSPITALS

### OBJECTIVES

Based on **Hospital's** needs, the following objectives were exercised and evaluated:

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



- Alert and notify Hospital Command Center (HCC) responders and key service line staff and physicians - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.07 Staff Responsibilities
- Activate and staff the Incident Command System (ICS) and HCC within 30 minutes- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.07 Staff Responsibilities
- Develop an Incident Action Plan (IAP) and conduct associated meetings (e.g., incident briefing) within the first operational period. -Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.03 Resources and Assets, Joint Commission EM.02.02.07 Staff Responsibilities
- Implement internal communications strategies such as paging, email, or intercom announcement within facilities designated timeframe for information and incident sharing within the hospital. - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 & EM.03.01.03 EP 7 Communications
- Initiate communication strategies utilizing the Medical and Health Operational Area Coordinator (MHOAC) Communication Plan within 15 minutes of information requested between HCC and the LAC DHS DOC (EMS Agency) - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 & EM.03.01.03 EP 7 Communications
- Facility will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate patient tracking form/mechanism. Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.11 Patient Clinical and Support Activities
- Assess and report hospital situation status and capability to provide care to the LAC Department of Health Services DOC - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.09 Utilities Management
- Activate and implement incident plans and deliver timely and efficient care -Health Care Preparedness and Response Capability 4: Medical Surge. Joint Commission EM.02.02.11 Patient Clinical and Support Activities, Joint Commission EM.02.02.03 Resources and Assets, Joint Commission EM.02.02.05 Safety and Security
- Facility will send at least one resource request through the MHOAC, and will communicate resource needs with Health Care Coalition partners to identify needed assistance. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.03 Resources and Assets. Joint Commission EM.02.02.13 & EM.02.02.15 Volunteer practitioners
- Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness. Joint Commission EM.02.02.07 Staff Responsibilities & EM.02.02.11 EP 6

## MAJOR STRENGTHS

The major strengths identified during this exercise included:

- Successfully alerted and notified Hospital Command Center responders and key service line staff and physicians within designated time
- Reported hospital situation status and capability to provide care to the DOC and activate/implement MCI plan within specified timeframe
- Activated BCP/COOP plans – achieved better understanding of the process for obtaining resources and alternate methods of continuing operations

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- Hospital training and exercises for all incident command personnel needs to include reporting status via an established communications plan
- Patient tracking and their disposition throughout the continuum of care needs to be clarified and streamlined.
- Mental and behavior health services for staff and patients need to be activated as part of the incident response and recovery planning

## CORRECTIVE ACTION PLAN

- Provide links to the Los Angeles County EMS Agency [Communication Plan](#) and Ref. No. 519, [Management of Multiple Casualty Incidents](#) to clarify the expectation for mass notification procedures/systems (i.e. ReddiNet and Everbridge)
  - Responsible person: Hospital Disaster Program Manager to provide links and each hospitals EMO is to provide training to their staff
  - Due date: September 2018
- Establish a best practice patient tracking plan to track patients throughout the continuum of care
  - Responsible person: Each hospitals EMO will identify a process to track patients-Los Angeles County EMS will work with ReddiNet and facilities to implement the Family Reunification Module before next SWMHE
  - Due date: September 2018
- Define the process by which mental health resources can be activated and requested by health care partners
  - Responsible person: DOC manager and Department of Mental Health Disaster Preparedness Manager
  - Due date: November 2018

## LONG-TERM CARE AND SKILLED NURSING FACILITIES

### OBJECTIVES

Based on **Long-term Care and Skilled Nursing Facilities'** needs, the following objectives were exercised and evaluated:

- Activate the Emergency Operation Plan (EOP) and policies related to emergency admits within 60 minutes of notification of incident information that may affect normal operations.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness
- Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness
- Provide patients with at least a minimum standard of care according to internal protocols and procedures, if the decision is made to shelter in place.- Health Care Preparedness and Response Capability 4: Medical Surge
- Implement policies and procedures to assure the safety and care of patient at other appropriate facilities, if the decision is made to evacuate.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination
- Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

## MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Effective phone communication with duty staff and shift personnel during exercise
- Improved awareness of the resources / tools available from the LA County EMS website and disaster program manager
- Increased awareness that planning needs to take place to address various emergencies

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- Need for established communication protocols with patients and staff during surge events via alternative notification systems
- Need for management and staff to be trained and gain full understanding of policies and procedures for shelter in place and lockdown protocols
- Need to establish regular scheduled training on emergency procedures and protocols

## CORRECTIVE ACTION PLAN



- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each LTC/SNF's EMO
  - Due date: November 2018
- Establish and maintain emergency preparedness training program for staff
  - Responsible persons: Each LTC/SNF's EMO
  - Due date: November 2018

## MENTAL HEALTH

### OBJECTIVES

Based on **Los Angeles County Department of Mental Health** needs, the following objective was exercised and evaluated:

- DMH will activate Emergency Plans and Procedures to maintain situational awareness and coordinate the disaster mental health response by providing an appropriate DMH Liaison to the DHS DOC

### MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- DHS successfully sent a DMH Liaison to the DHS DOC and the DMH – Disaster Program Manager simulated the DMH DOC
- DMH Liaison did an excellent job of seeking out information, appropriately requested brochures and information on coping while keeping DHM informed

### PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- DMH did not actually receive any request from the hospitals or other county partners during the exercise
- The scenario was based on the first days of response. Since services from DMH are not typically requested until several days after an incident, this did not provide the optimal opportunity for DMH to practice its disaster response role

### CORRECTIVE ACTION PLAN

- Continue to improve the briefing and preparedness of the DMH Liaison prior for their role in the DHS DOC as part of the exercise planning schedule
  - Responsible person: DMH – Disaster Program Manager
  - Due date: October 2018
- Work with DHS and DPH “Health Authority Partners” ahead of time to better develop the exercise scenario for more “realistic” participation of DMH and the DMH Liaison during a disaster
  - Responsible persons: DMH – Disaster Program Manager working with the MHOAC group
  - Due date: October 2018

## PUBLIC HEALTH

### OBJECTIVES



Based on **City of Long Beach Department of Health and Human Service's** needs, the following objectives were exercised and evaluated:

- Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program
- Activate and/or coordinate the Department Operations Center (DOC) within the City of Long Beach Department of Health and Human Services (PHEM) in order to combine information sharing abilities and coordinate messages

## MAJOR STRENGTHS

The major strengths identified during this exercise included:

- Distributed an intra-departmental situation report one pager by the end of exercise
- Coordinated and communicated with the various departments for status throughout the exercise per policies and procedures

## PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- The development of the Situation Report for the Region and State
- Consistent messaging to Public Information Officer(s) (PIO) across City of Long Beach Departments and Services

## CORRECTIVE ACTION PLAN

- Utilize the combine information and coordinate internal and external messages of all departments existing reporting structure.
  - Responsible person: City of Long Beach Public Health Emergency Management Division
  - Due date: August 2018
- Coordinate in the development of a standardized press release template once DOC is activated per policies and procedures. Continue to improve the briefing and preparedness of the Public Information Officers and Liaison Officers prior for their role in exercise.
  - Responsible persons: City of Long Beach Public Health Emergency Management Division
  - Due date: August 2018

## PARTICIPANT SUMMARY

In 2017: 238 After Action Report / Improvement Plans were submitted from the following health care partners:

Ambulatory Surgery Centers	19
Community Clinics	38
Dialysis Centers	40
Emergency Management (EMS DOC)	1
Home Health & Hospice	34
Hospitals	73
Long Term Centers and Skilled Nursing Facilities	31
Mental Health Department	1
Public Health Department	1
2017 Participants Total	<b><u>238</u></b>

## APPENDIX A: EXERCISE PARTICIPANT FEEDBACK

Feedback was based on the exercise scenario, materials provided, the county website, and overall exercise experience. The feedback provided in this report will be used to determine revisions to incorporate in the 2018 countywide program.

### Participants' feedback on the exercise and materials:

- A majority of participants did not use more than four of the provided LACOMHE exercise templates such as Exercise Scenario, Ex-Plan, C/E Handbook, Master Scenario Events List, during the exercise this year. However, this may represent a skewed distribution in the data, since many of the participants received templates from their healthcare group or healthcare associations (i.e. HHH, ASC and Dialysis held workshops) and did not need to edit or utilize the county's templates. The materials were prepared by the disaster program managers.
- Participants expressed that the exercise objectives were relevant to their exercises and developed in-house scenarios.
- A majority of respondents noted robust participation in 2017's exercise as a whole, both internally and externally, but expressed the need to customize the documents, especially as a result of the applicability of the scenario to all health care sectors.

### The comments regarding which materials were useful and what improvements could be made:

- Depending on the healthcare sector, most participants found some of the provided exercise templates unnecessary and were unsure of how to use them.
- Some facilities used a different scenario, so the exercise plans or templates had to be changed or alternate were used.
- The participants already had their own versions of the exercise plans or templates, tailored for their type of facility, as they were part of a network affiliate or under a corporate charter.
- Some participants were not aware of the templates, did not have access, or did not have enough time to use them properly.
- Comments reflect that there were too many templates to read and review for the participant, too much material.

### Requests/Needs:

- Samples of correctly filled-out documents such as would help new healthcare agencies
- Victim cards with injuries specific to the scenario
- To provide all healthcare partners with the ability to generate "play" with the scenario and expand participation, include injects that are relevant to other healthcare partners— nonhospital in the Master Scenario Events List (MSEL)

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULLL EXERCISE



- Agencies (Department of Mental Health) need to get involved earlier in the exercise planning process
- More attention and involvement for other sectors' (non-hospital ) roles in the scenario
- EMS providers, police and fire need to be included
- Expand the event or start at 24 hours past the incident
- Alternate days of the week/month for the exercise
- The process and time of reporting, communications and feedback to healthcare partners with Medical Alert Center / Operations needs to be clarified.
- Some communications bypassed Medical Alert Center/ Department Operations Center and did not allow for another type of response ( ham radio)

## APPENDIX B: EXERCISE PARTICIPANTS

### AMBULATORY SURGERY CENTERS (19)

Admiralty Surgery Center  
Azusa Surgery Center  
Broadway Surgical Institute  
Centinela Valley Endoscopy Center  
Congress Medical Surgery Center LLC  
Endoscopy Center of Santa Monica  
Glendora Digestive Disease Institute  
High Desert Health System Ambulatory Surgical Center  
HRC Fertility Reproductive Surgical  
HRC Fertility Reproductive Surgical  
La Peer Surgery Center  
Northridge Facial Plastic Surgery Medical Group  
Pasadena Surgery Center  
Plaza Surgical Center  
Sunset Surgical Center  
Surgery Center of South Bay  
Torrance Surgery Center  
Valley Digestive Health Center  
Valley Endoscopy Center

### COMMUNITY CLINICS (38)

All for Health - Health for All  
All-Inclusive Community Health-Center  
All-Inclusive Community Health-Center1  
AltaMed Health Services  
AltaMed Health Services1  
APLA Health  
APLA Health1  
APLA Health Long Beach  
Arroyo Vista Family Health Center

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



Arroyo Vista Family Health Center1  
Asian Pacific Health Care Venture  
Asian Pacific Health Care Venture1  
Center for Family Health Education  
Center-for-Family-Health-Education1  
Chinatown-Service-Center  
Chinatown-Service-Center1  
Comprehensive Community Health Center  
Comprehensive Community Health Center1  
El Proyecto del Barrio  
El Proyecto del Barrio1  
Herald Christian Health Center  
Herald Christian-Health Center1  
Kheir Center  
Kheir Center1  
Los Angeles LGBT Center  
Los Angeles LGBT Center1  
Northeast Valley Health Corporation  
QueensCare Health Centers  
Saban Community Clinic  
South Bay Family Health Care  
St. Johns Well Child Family Center  
The Children's Clinic  
The Achievable Foundation  
The R.O.A.D.S. Foundation  
Venice Family Clinic  
Via Care Community Health Center  
Westside Family Health Center  
White Memorial Community Health-Center

**DIALYSIS CENTERS (40)**

Canyon Country Dialysis Center, LLC

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



DaVita - Bluff Rd Dialysis #5430  
DaVita Arcadia Oaks- 05487  
DaVita Covina  
DaVita Eaton Canyon  
DaVita Garfield Dialysis  
DaVita Greater El Monte Dialysis  
DaVita Iowa Street Dialysis #5794  
DaVita Kidney Care  
DaVita Kidney Care  
DaVita Kidney Care -Burbank Dialysis  
DaVita Kidney Care, Downey Dialysis  
DaVita Los Nietos Dialysis Center  
DaVita Monterey Park #00399  
DaVita North Glendale  
DaVita Norwalk Dialysis  
DaVita Pasadena Foothills- 04329  
Downey Landing Dialysis Center #02218  
East LA Dialysis Center  
Firestone Blvd Dialysis  
Glendale DaVita  
Kidney Care Center of the North Valley  
La Puente Dialysis Center  
Northridge Dialysis Center, LLC  
Santa Clarita Kidney Center  
South Valley Dialysis  
Sylmar Dialysis, LLC  
U.S. Renal Care Sherman Oaks Dialysis  
US Renal Care Earl Street  
US Renal Care Gardena  
US Renal Care of Northridge Roscoe  
US Renal Care Redondo Beach Dialysis  
U.S. Renal Care Skypark Dialysis 0598

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



US Renal Care South Bay Dialysis  
US Renal Care Van Nuys  
US Renal Care/Panorama City #0622  
Valley Dialysis  
Warner Center Dialysis  
West Coast Dialysis  
Whittier Dialysis Center

**EMERGENCY MANAGEMENT (1)**

Los Angeles County Emergency Medical Services Agency (EMS)-Health DOC

**HOME HEALTH AND HOSPICE AGENCIES (34)**

A-1 Home Health Care  
All Care Provider  
Alternative Health Care  
Amity Home Health  
Assisted Healthcare Services  
Assisted Home Health and Hospice  
Assisted Home Hospice  
Blue Star Home Health Inc.  
Bright Horizons Home Health Services  
Brightcare Home Health Services, Inc.  
Brookdale Home Health  
Buena Vista Home Health, Palliative Care & Hospice  
Care Center Home Health, Inc.  
Coastal Care Inc.  
Dedicated Home Health Services, Inc.  
Divine Home Health, Inc.  
Elite Home Care, Inc.  
Five Star Home Health, Inc.  
Garfield Home Program  
Grand Care HealthCare



2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



Hope International Hospice, Inc.  
Jewish Home Care Agency  
Linx Home Health Care  
Madison Hospice  
Mission Home Health Services, Inc.  
N&D Health Care Services  
Oceanside Home Health Services, Inc.  
Premium Home Health  
Providence Little Company of Mary Home Health  
Skirball Hospice  
Universal Home Care, Inc.  
Universal Hospice, Inc.  
Verdugo Hills Home Care  
Vitas Healthcare

**HOSPITALS (73)**

Alhambra Hospital Medical Center  
Antelope Valley Hospital  
Barlow Respiratory Hospital  
Beverly Hospital  
California Hospital Medical Center  
Catalina Island Medical Center  
Cedars Sinai Medical Center  
Centinela Hospital Medical Center  
Children's Hospital Los Angeles  
Citrus Valley Medical Center-Intercommunity  
Citrus Valley Medical Center-Queen of the Valley  
City of Hope National Medical Center  
Coast Plaza Doctors Hospital  
College Medical Center  
Community Hospital Long Beach  
Community Hospital of Huntington Park

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



East Los Angeles Doctors Hospital  
Encino Hospital Medical Center  
Foothill Presbyterian Hospital (CVHP)  
Garfield Medical Center  
Glendale Memorial Hospital and Health Center  
Glendora Community Hospital  
Good Samaritan Hospital  
Greater El Monte Community Hospital  
Henry Mayo Newhall Memorial Hospital  
Hollywood Presbyterian Medical Center  
Huntington Memorial Hospital  
Kaiser Foundation Hospital-Baldwin Park  
Kaiser Foundation Hospital-Downey  
Kaiser Foundation Hospital-Panorama City  
Kaiser Foundation Hospital-South Bay  
Kaiser Foundation Hospital-Sunset (LA)  
Kaiser Foundation Hospital-West Los Angeles  
Kaiser Foundation Hospital-Woodland Hills  
LAC Harbor/UCLA Medical Center  
LAC Olive View/UCLA Medical Center  
LAC/Rancho Los Amigos National Rehab Ctr  
LAC+USC Medical Center  
Long Beach Memorial Medical Center  
Los Angeles Community Hospital  
Marina Del Rey Hospital  
Martin Luther King Jr. Community Hospital  
Memorial Hospital of Gardena  
Methodist Hospital of Southern California  
Mission Community Hospital  
Monterey Park Hospital  
Northridge Hospital Medical Center  
Norwalk Community Hospital (Los Angeles)

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



Pacifica Hospital of the Valley  
Palmdale Regional Medical Center  
PIH Health Hospital-Downey  
PIH Health Hospital-Whittier  
Pomona Valley Hospital Medical Center  
Providence Holy Cross Medical Center  
Providence Little Company of Mary- San Pedro  
Providence Little Company of Mary- Torrance  
Providence Saint Joseph Medical Center  
Providence Tarzana Medical Center  
Ronald Reagan UCLA Medical Center  
Saint Francis Medical Center  
Saint Mary Medical Center  
Saint Vincent Medical Center  
San Dimas Community Hospital  
San Gabriel Valley Medical Center  
Santa Monica/UCLA Medical Center  
Sherman Oaks Hospital  
Southern California Hospital@ Culver City  
Southern California Hospital @ Hollywood  
Torrance Memorial Medical Center  
USC Verdugo Hills Hospital  
Valley Presbyterian Hospital  
West Hills Hospital & Medical Center  
Whittier Hospital Medical Center

**LONG TERM CARE / SKILLED NURSING FACILITIES (31)**

Ararat Convalescent Hospital  
Atherton Baptist Homes  
Bel Vista Healthcare Center  
California Post-Acute  
Casitas Care Center

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



Clear View Sanitarium and Clear View Convalescent Center  
Country Manor Healthcare  
Country Villa Terrace Nursing Center  
Del Amo Gardens Care Center  
Del Rio Convalescent  
FKC-EL Monte  
Granada Hills Convalescent Hospital dba Granada Hills Care Center  
Heritage Rehabilitation Center  
High Valley Lodge  
Huntington Healthcare Center  
Lotus Care Center  
Mountain View Convalescent Hospital  
Northridge Care Center  
Pacific Palms Healthcare  
Sakura Intermediate Care Facility  
Santa Teresita, Inc.  
Sherman Oaks Health & Rehab Center  
Sunnyside Nursing Center  
The Californian Pasadena  
Topanga Terrace Convalescent Center  
Two Palms Nursing Center, Inc.  
United Cerebral Palsy of Los Angeles, Ventura & Santa Barbara Counties  
Valley Village  
Verdugo Valley Skilled Nursing & Wellness Center  
Whittier Nursing and Wellness Center  
Windsor Convalescent Center of North Long Beach

**MENTAL HEALTH (BEHAVIORAL HEALTH (1))**

Los Angeles County Department of Mental Health

**PUBLIC HEALTH (1)**

Long Beach Department of Health and Human Services

## APPENDIX C: ACRONYMS

AAM	After Action Meeting
AAR	After Action Report
AAR/IP	After Action Report / Improvement Plan
AFN	Access and Functional Needs
ASC	Ambulatory Surgery Center
C/E	Controller/Evaluator
CAHAN	California Health Alert Network
CAHF	California Association of Health Facilities
Cal OES	California Governor's Office of Emergency Services
Cal OSHA	California Division of Occupational Safety and Health
CBO	Community Based Organizations
CCLHO	California Conference of Local Health Officers
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
CHA	California Hospital Association
C/ME	Coroner/Medical Examiner
CPCA	California Primary Care Association
CHHS	California Health and Human Services Agency
DHS	Department of Homeland Security
DOC	Department Operations Center
ED	Emergency Department
EEG	Exercise Evaluation Guide
EHD	Environmental Health Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSAAC	Emergency Medical Services Administrators Association of California
EOC	Emergency Operation Center
EOM	California Public Health and Medical Emergency Operations Manual
EOP	Emergency Operations Plan
EPO	California Department of Public Health Emergency Preparedness
ETA	Estimated Time of Arrival
Ex-Plan	Exercise Plan
FAC/FIC	Family Assistance Center / Family Information Center
FBI	Federal Bureau of Investigation
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FSE	Full Scale Exercise
HAZMAT	Hazardous Materials
HCC	Hospital Command Center
HHH	Home Health & Hospice Agency
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act

2017 COUNTYWIDE STATE MEDICAL AND HEALTH EXERCISE  
AFTER ACTION REPORT  
FULL EXERCISE



HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
JRIC	Joint Regional Intelligence Center
JTTF	Joint Terrorism Task Force
LACSMHE	Los Angeles County State Medical and Health Exercise
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical/Health Operational Area Coordinator Program
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSEL	Master Scenario Events List
NGO	Non-governmental organization
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
OEM	Office of Emergency Management
OES	California Governor's Office of Emergency Services
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitMan	Situation Manual
SME	Subject Matter Expert
SOC	State Operations Center
SWAT	Special Weapons and Tactics Team
SWMHE	Statewide Medical and Health Exercise
TLO	Terrorism Liaison Officer
TTX	Tabletop Exercise
UC	Unified Command
VIP	Very Important Person