2019 Los Angeles County Coalition Surge Test

After-Action Report/Improvement Plan

April 11, 2019

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

April 2019
HSEEP

EXERCISE OVERVIEW

Exercise Name	2019 Los Angeles County Coalition Surge Test
Exercise Dates	Thursday, April 11, 2019
Scope	This exercise was a low/no-notice 90-minute evacuation exercise of twelve hospitals, the Los Angeles County (LAC) Medical Alert Center (MAC), and the Fire Operational Area Coordinator to identify gaps in evacuation planning and response. Exercise play included a table top exercise with functional elements simulating a complete evacuation of all inpatients from twelve healthcare coalition hospitals to 66 receiving hospitals that participate in the Hospital Preparedness Program. All patient movement was simulated. All 78 hospitals and the MAC were given a 2-week window of "opportunity" for the exercise to take place three months in advance. On the day of the exercise, twelve of the 78 hospitals were notified at 8:00 am in person by an evaluator that they had 60 minutes in which to prepare for the simulated patient evacuation of their entire hospital; i.e. open and staff their hospital Incident Command center. At 9:00 am the twelve hospitals were given the scenario of a massive earthquake that would require evacuation of their entire hospital.
Mission Area(s)	Preparedness and Response
Core Capabilities	Emergency Operations Coordination Information-Sharing Medical Surge Capacity
Objectives	The following objectives are based on the Hospital Preparedness Program Performance measures as stated in Appendix D: 1. The evacuating hospitals, MAC and the Fire Operational Area Coordination (FOAC) will shift into disaster response mode within 60 minutes of being notified without prior knowledge of the exact date/time of the exercise 2. All evacuating hospitals will know whom to contact outside of their hospital upon learning of the need to totally evacuate their facility. 3. All evacuating hospitals (approximately 20% of licensed beds) will accurately determine the number and type (based on acuity) of patients to evacuate/discharge from their hospital within 90 minutes of the start of the exercise at 9:00 am. 4. The MAC will initiate matching available beds and transportation resources throughout Los Angeles County for patients requiring evacuation from the twelve impacted hospitals.

	5. The above objectives will be accomplished with existing hospital/EMS staff and without excessive guidance or prompting from existing facility/LA County Leadership.
Threat or Hazard	Massive earthquake that causes significant structural damage to twelve hospitals requiring total evacuation of all patients and staff from these facilities.
Scenario	At 7:50 am, Los Angeles County experienced a 6.9 magnitude earthquake on the Northridge Hills Fault with the epicenter in Northridge. Within five minutes (7:55 am) a subsequent earthquake from the Chatsworth Fault erupted with a 6.8 magnitude earthquake with the epicenter located in Chatsworth. Significant aftershocks continue. There is disruption in ReddiNet services. At 8:55 am all twelve Hospital Command Centers (HCC) were notified that the LA County Department Operations Center (DOC including the MAC) is operational. All communication tools, including ReddiNet are not operational and on-line without any degradation performance.
Sponsor	Los Angeles County Emergency Medical Services Agency, funded by the United States Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program grant.
Participating Organizations	Appendix B
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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.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. The evacuating hospitals, MAC and the Fire Operational Area Coordination (FOAC) will shift into disaster response mode within 60 minutes of being notified without prior knowledge of the exact date/time of the exercise	Emergency Operations Coordination	P			
2. All evacuating hospitals will know whom to contact outside of their hospital upon learning of the need to totally evacuate their facility.	Emergency Operations Coordination & Information- Sharing	P			
3. All evacuating hospitals (approximately 20% of licensed beds) will accurately determine the number and type (based on acuity) of patients to evacuate/discharge from their hospital within 90 minutes of the start of the exercise at 9:00 am.	Medical Surge Capacity		S		
4. The MAC will initiate matching available beds and transportation resources throughout Los Angeles County	Emergency Operations Coordination, Medical Surge Capacity & Information Sharing			M	

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
for patients requiring evacuation from the twelve impacted hospitals.					
5. The above objectives will be accomplished with existing hospital/EMS staff and without excessive guidance or prompting from existing facility/LA County Leadership	Emergency Operations Coordination and Medical Surge Capacity	P			

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

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. Appendix A lists only the Improvement Plan.

Objective 1: The evacuating hospitals, MAC and the Fire Operational Area Coordination (FOAC) will shift into disaster response mode within 60 minutes of being notified without prior knowledge of the exact date/time of the exercise.

Core Capability: Emergency Operations Coordination

Strengths

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

Strength 1: All twelve hospitals and the LA County EMS DOC and MAC responded within 60 minutes of notification at 8:00 am by opening their Hospital Command Center (HCC) center or DOC NLT 9:00 am.

Strength 2: All twelve hospitals and DOC utilized the Everbridge Notification System. All participants noted that the notification system worked well and efficiently.

Areas for Improvement

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

Area for Improvement 1: Four of the twelve hospitals felt that they had little support from leadership during the drill. Two of the hospitals had a relatively new C-Suite from other areas of the country. One of the hospitals had three vacant key leadership positions and was in the window for Joint Commission visit.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Hospital Administration may not always focus on emergency management issues until they present an immediate threat to the hospital and its patients. Exercises and drills also compete for hospital's resources to carry on routine daily operations within the hospital.

Improvement: Any assistance from EMS is appreciated; e.g. tying leadership involvement to the HPP Statement of Work, letters to the CEO notifying hospital staff of the upcoming exercise, conducting more of this type of exercise, sharing insights with Los Angeles County Disaster Coalition Advisory Committee (DCAC).

Area for Improvement 2: More than half of the hospitals voiced general confusion and chaos regarding staff assignments and roles upon opening their HCCs.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Most of the hospitals agreed that this drill got the attention of their leadership and emphasized the need for more staff training in the HIC center. This

drill provided an opportunity for hospital leadership at most facilities to observe their HICs ability to respond immediately.

Improvement: Hospitals felt that they needed to exercise HCCs more at their hospital. HCCs Checklists would be helpful when first opening HCCs.

Objective 2: All evacuating hospitals will know whom to contact outside of their hospital upon learning of the need to totally evacuate their facility.

Core Capability: Emergency Operations Coordination and Information Sharing

Strengths

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

Strength 1: Most evacuating hospitals communicated appropriate information to the MAC in a timely manner

Strength 2: Evacuating hospitals contacted the MAC via ReddiNet of their need to fully evacuate their facility. ReddiNet facilitates information exchange such as bed availability between hospitals, EMS, and other healthcare system professionals online, real time.

Areas for Improvement

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

Area for Improvement 1: Although the exercise scenario stated that hospitals were to plan to evacuate their entire hospital, a few hospitals spent exercise time discussing adhering to the scenario; i.e. total evacuation.

Reference: Hospital Debriefing on June 3, 2019

Analysis: “Fighting the scenario” is a common response with groups of players who do not normally work together and who are exercising in a stressful environment. However, this discussion dissipated within 30 minutes and evolved into how to evacuate.

Improvement: Hospitals felt that they needed to exercise HCCs more at their hospital.

Area for Improvement 2: Most hospitals identified lack of knowledge regarding triggering events and lack of policies/procedures to address/respond to evacuating their entire hospital.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Many hospitals’ policies and procedures lack identifying triggering events and associated checklists for a total patient evacuation.

Improvement: Hospitals need to review their evacuation policies/procedures and confirm that they are in alignment with existing local policies and procedures.

Area for Improvement 3: Some hospitals were unable to identify various types of transportation required.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Many hospitals' policies and procedures lack identifying triggering events and associated checklists for a total patient evacuation.

Improvement: Hospitals need to review their evacuation policies/procedures and confirm that they are in alignment with existing local policies and procedures.

Objective 3: All evacuating hospitals (Approximately 20% of licensed beds) will accurately determine the number and type (based on acuity) of patients to evacuate/discharge from their hospital within 90 minutes of the start of the exercise at 9:00 am.

Core Capability: Medical Surge Capacity

Strengths

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

Strength 1: Eleven of the twelve hospitals (92%) accurately assessed the number and types of patients to discharge/evacuate within 90 minutes. This is evidenced by completion of steps 1 and 2 of the Evacuating Census by Facility tool that was previously provided to each facility. See Appendix C – Evacuating Tool Census by Facility.

Strength 2: When applicable, several hospitals coordinated patient discharge/transfer/evacuation to other hospitals within their corporate family.

Areas for Improvement

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

Area for Improvement 1: Not all hospitals were able to assess and record the number of patients to be discharged/evacuated within 90 minutes. About 50% of the hospitals completed this Evacuating Census by Facility tool by hand. Manual entries were difficult to read, and the numbers of patients in the columns did not compute.

Reference: Evaluator Debriefing on May 6, 2019 and Hospital Debriefing on June 3, 2019

Analysis: One hospital noted that it was challenged to assess the numbers and type of patients that it needed to evacuate.

Improvement: Review the Evacuating Census by Facility tool for compliance with Prehospital Policy #1112- Hospital Evacuation Policy. Automate the tool by adding it to ReddiNet.

Area for Improvement 2: Step 3 of the Evacuating Census by Facility Tool addresses the type of transport required for each evacuating patient. This step of the tool was not an exercise objective, but was completed by about half of the hospitals.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Step 3 of the tool was included as a next step in case some hospitals would be able to utilize this information. Evacuating hospitals and the MAC agreed that this is the logical next step of identifying gaps during an evacuation of many patients.

Improvement: Automate all three steps the tool by adding it to ReddiNet. Provide training on how to use the Evacuating Census by Facility tool.

Objective 4: The MAC will initiate matching available beds and transportation resources throughout Los Angeles County for patients requiring evacuation from the twelve impacted hospitals.

Core Capability: Emergency Operations Coordination, Medical Surge, and Information Sharing

Strengths

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

Strength 1: MAC began the process of matching evacuating patients to available beds.

Strength 2: MAC notified the Administrator on Duty and opened the DHS DOC.

Areas for Improvement

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

Area for Improvement 1: The DHS DOC did not communicate with the hospitals to let them know where to transport the patients or who would be transporting the patients.

Reference: Hospital Debriefing on June 3, 2019

Analysis: There are no current policies/procedures in place that address destination, time frames, and triggering events to evacuate and transport patients during a catastrophic event that affects the entire health care system in Los Angeles County.

Improvement: Improve communication from MAC to the hospitals during this type of event. Increase the length of the exercise beyond 90 minutes to allow for MAC to assign patient beds and transportation. Include ambulance transportation in future exercises. Allow MAC to view patient evacuation numbers and types in ReddiNet. Add bed assignment location to ReddiNet. Create a working group to address the following:

1. Revise Prehospital Care Policy #1112-Hospital Evacuation
2. Identify triggering events for hospitals to relinquish responsibility of coordinating transportation and identifying receiving hospitals to the DHS DOC.
3. Determine the relationship between type of patient (OB-GYN, M/S, Psych, etc.) and type of transport required (ACLS, BLS, Infectious Disease, etc.)

Area for Improvement 2: Confusion surrounded what constitutes a triggering event to activate the Fire Operational Area Coordinator (FOAC)

Reference: Meeting with Central Dispatch Office staff on August 7, 2019

Analysis: Current policies/procedures in the DHS-DOC do not address triggering events to activate the FOAC. Per current policy, Fire activates the FOAC, but was not a player in this exercise.

Improvement: EMS and Fire work together to define triggering events that are agreed upon by both entities to activate the FOAC.

Objective 5: The above objectives will be accomplished with existing hospital/EMS staff and without excessive guidance or prompting from existing facility/LA County Leadership.

Core Capability: Emergency Operations Coordination and Medical Surge

The partial capability level can be attributed to the following strength

Strength 1: Hospitals performed with little to no guidance from the evaluators and their Emergency Management Officers.

Areas for Improvement

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

Area for Improvement 1: Due to normal and anticipated turnover of staff, ongoing training is required to maintain this high level of competency in the HCCs.

Reference: Hospital Debriefing on June 3, 2019

Analysis: Hospitals that participate in the Hospital Preparedness Program (HPP) grant have been exercising/training at various levels for the past two decades. The consistent, ongoing training has positively impacted their ability to perform at a high functioning level during the exercise.

Improvement: Ongoing training is required for the HCC staff to reinforce ICS concepts and learn new technology; i.e. Evacuation Facility Census tool, Step 3.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for The LA county Emergency Medical Services Agency as a result of the Coalition Surge Test conducted on April 11, 2019.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Emergency Operations Coordination	1. Increase leadership awareness of and support for the low/no-notice exercise	Corrective Action 1: Letter to CEOs prior to exercise	Planning	EMS Agency	HPP Exercise Coordinator		
		Corrective Action 2: Additional training for HCC staff.	Training	All HPP Hospitals	Emergency Management Officer		
		Corrective Action 3: Additional Low/no-notice exercises	Training	All HPP Hospitals	Emergency Management Officer		
		Corrective Action 4: Share insights with Public Health and Medical Disaster Coalition Advisory Committee	Organiz ation	All HPP Hospitals	Emergency Management Officer		
	2. A 90-minute exercise does not allow MAC time to exercise matching evacuating patients to receiving beds	Corrective Action 1: Increase the time of the exercise for MAC	Exercise	The EMS Agency			

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

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	3. Clearly define triggering events to activate FOAC	Corrective Action 1: Review Policy/Procedures to activate FOAC	Planning and Organization	The EMS Agency & FOAC			
Core Capability 2: Medical Capacity	1. Determine the number and type of patients to be discharged and evacuated	Corrective Action 1: Align evacuating census tool, prehospital policy #1112 - Hospital Evacuation Policy, and Hospital Evacuation Policy & Procedures.	Planning and Organization	EMS Agency and HPP hospitals	EMS Agency designee and HPP Hospital designee	07/01/2019	06/30/2020
	2. Evacuating Census tool is utilized as a manual spreadsheet	Corrective Action 1: automate Evacuation Census tool onto ReddiNet]	Organization and Equipment	EMS Agency & ReddiNet			
Core Capability 3: Information Sharing	Lack of knowledge regarding hospitals' and EMS; policies/procedures regarding hospital evacuation	Corrective Action 1: Review hospital and LA County evacuation policies and procedures	Planning	EMS Agency and HPP hospitals			

[2] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

		2 Create a Working group that addresses: Prehospital Care Policy #1112 – Hospital Evacuation a. Triggering Events for hospital evacuation b. Duplicate requests for resources from MAC and hospitals c. Type of patient matched to type of transport Transporting mental health and infectious patients					
		3 Create a Working group that addresses: Prehospital Care Polic					

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Emergency Management Organizations
Emergency Medical Services Agency (DHS-DOC/MAC)
Evacuating Hospitals
Dignity Health – Northridge Medical Center
Encino Hospital Medical Center
Kaiser Foundation – Panorama City
Kaiser Foundation – Woodland Hills
LAC-Olive View/UCLA Medical Center
Providence Holy Cross Medical Center
Providence St. Joseph Medical Center
Providence Tarzana Medical Center
Sherman Oaks Community Hospital
USC Verdugo Hills Hospital
Valley Presbyterian Hospital
West Hills Medical Center
Receiving Hospitals
Adventist Health – Glendale
Adventist Health – White Memorial
Alhambra Hospital Medical Center
Antelope Valley Hospital
Beverly Hospital
Cedars-Sinai Marina del Rey Hospital
Cedars-Sinai Medical Center
College Medical Center
Dignity Health – Glendale Memorial Hospital
Dignity Health – Saint Mary Medical Center
East Los Angles Doctors Hospital
Emanate Health Foothill Presbyterian Hospital
Garfield Medical Center
Glendora Community Hospital
Henry Mayo Newhall Hospital
Huntington Memorial Hospital
Kaiser Foundation Hospital - Sunset
Kaiser Foundation Hospital – West Los Angeles
LAC+USC Medical Center
LAC-Harbor/UCLA Medical Center
Long Beach Memorial Medical Center

Martin Luther King Jr. Community Hospital
Methodist Hospital of Southern California
Olympia Medical Center
Palmdale Regional Medical Center
PIH Health Hospital - Whittier
Pomona Valley Hospital Medical Center
Providence Little Company of Mary - Torrance
Ronald Reagan – UCLA Medical Center
Saint Francis Medical Center
Saint Vincent Medical Center
San Dimas Community Hospital
Southern California Hospital at Culver City
Torrance Memorial Medical Center
EMS Organizations
Los Angeles County Fire (FOAC)
Public Health Organizations
None

APPENDIX C: EVACUATION TOOL CENSUS BY FACILITY

Hospital Unit	Step 1 - # Patients Needing Evacuation to Hospitals			Step 2 - # Remaining Patients Needing Evacuation by Transportation Type (See TRAIN Definitions)						# Patients Waiting to be Assigned Transportation Type
	Initial Census	# Patients Discharged	# Patients Needing Evacuation to Hospitals (census - discharge)	Van/ Bus/ Car	BLS	ALS	CCT	Specialized	Other	
Hospital A	258	82	176	23	72	81				0
Hospital B	59	0	59		32	27				0
Hospital C	196	87	109	56	33	10	10			0
Hospital D	190	12	178	26	94	51		7		0
Hospital E	254	66	188	86	30	44	11	2		15
Hospital F	319	0	319	133	83	34	15			54
Hospital G	265	100	165			28	10			127
Hospital H	144	59	85	59	8	8	2			8
Hospital I	83	45	38	8	11	6	1			12
Hospital J	141	42	99	25	46	27		1		0
Hospital K	303	147	156	60	24	53	19			0
Hospital L		0	0	0	0	0	0	0	0	0
Total Patients	2212	640	1572	476	433	369	68	10	0	216

APPENDIX D: HPP CST PERFORMANCE MEASURES

Performance Measure	Response	Source/Comments
PM14: Percent of HCC core member organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.		
Hospitals participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	78	HAvBED, Facility Assessment and evaluators
EMS organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	1	Evaluators
EM organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	1	Evaluators
Public health organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	0	Did Not Exercise
PM15: Percent of HCC core member organizations' executives participating in Phase 2: After Action Review of the Coalition Surge Test.		
Number of hospitals with executives participating in Phase 2: After Action Review of the Coalition Surge Test	11	June 3rd Exercise Evaluation
Number of EMS organizations' with executives participating in Phase 2: After Action Review of the Coalition Surge Test	1	
Number of EM organizations' with executives participating in Phase 2: After Action Review of the Coalition Surge Test	1	June 3rd Exercise Evaluation
Number of public health organizations with executives participating in Phase 2: After Action Review of the Coalition Surge Test	0	Did Not Exercise
PM16: Percent of patients at the evacuating facilities that are identified as able to be: a) discharged safely to home or b) evacuated to receiving facilities during Phase1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test		
Total number of patients at evacuating facilities identified as being able to be discharged safely to home during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds)	640	Evaluator Sheets-Appendix D
Total number of patients at evacuating facilities identified as being able to	1,592	Evaluator Sheets-Appendix D

Performance Measure	Response	Source/Comments
be evacuated to receiving facilities during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds)		
Total number of patients at all evacuating facilities at the beginning of the Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds)	2,941	Evaluator Sheets-Appendix D
Total number of staffed **acute care beds** in the coalition	Unknown	Do not have this information. Changes daily
Total number of licensed **acute care beds** in the coalition	19,351	Hospital licenses on file
PM17: Time [in minutes] for evacuating facilities in the HCC to report the total number of evacuating patients.		
Time in minutes for the last evacuating facility to report the total number of patients identified as able to be evacuated after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds)	>90	Evaluator Sheets (One hospital took several hours to gather this information; eleven others were under 90 minutes)
PM18: Percent of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes.	0	CST timeframe is too short in a system that would require thousands of patients to be moved to do this in within the 90-minute parameter
Total number of beds identified at all receiving facilities at the end of the exercise during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds)	936	HAvBED data collected at start of exercise
PM19: Time [in minutes] for receiving facilities in the HCC to report the total number of beds available to receive patients.		
Time in minutes for the last receiving facility to report the total number of beds available to receive patients after start of a Coalition Surge Test (or real world evacuation of at least 20% of coalition's total beds)	>480	**Did not repoll facilities**. First poll 93% of hospitals provided bed availability within 60 minutes. CST timeframe is too short in a system that would require thousands of patients to be moved to do this in within the 90-minute parameter.
PM20: Percent of evacuating patients with acceptance for transfer to another	0	CST timeframe is too short in a

Performance Measure	Response	Source/Comments
facility that have an appropriate mode of transport identified in 90 minutes. ***Total number of patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (or real world evacuation of at least 20% of coalition's beds)***		system that would require thousands of patients to be moved to do this in within the 90-minute parameter. **Unable to match mode and receiving facility**
PM21:Time [in minutes] for the HCCs to identify an appropriate mode of transport for the last evacuating patient. ***Time in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds)***	>90	CST timeframe is too short in a system that would require thousands of patients to be moved to do this in within the 90-minute parameter. Unable to get to "**last evacuating patient"**