



This instrument is designed to assess the emergency response capabilities required to respond to a **Hospital Surge exercise**.

To create this type of tool and customize it to your own exercise objective, you can use our Exercise Evaluation Database Tool by visiting: <http://www.lampsdatabase.com/>

Observed Agency/Entity Name: _____

For the evaluator, please answer the following questions about **your** training or experience:

1. Length of time you have been involved directly or indirectly in emergency preparedness activities? _____
2. Number of public health or emergency preparedness trainings you attended in the past year: _____
3. Have you been formally trained in the incident command system (ICS)? ☐ Yes ☐ No
4. Did you attend a training/exercise in the past year on:

Surge Capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resource Management	<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of emergency response exercises (tabletops, functional or full-scale) attended in past three years: _____

Using a scale ranging from 1 (little or no expertise) to 5 (excellent expertise), do you feel that the **participants** (either directly observed or called during the exercise) from the agency you evaluated were able to adequately represent their facility's expertise in:

Area of Expertise	Score				
Representation of senior management perspective and decision making	1	2	3	4	5
Knowledge of entity resources and capabilities	1	2	3	4	5
Specialty expertise within the agency (facility engineers, etc.)	1	2	3	4	5
Knowledge of existing emergency plans and procedures	1	2	3	4	5
Contacts and interpersonal relationships to others outside of the agency	1	2	3	4	5
Information management	1	2	3	4	5
Personnel resource management	1	2	3	4	5
Non-personnel resource management	1	2	3	4	5

1. Demonstrate ability to receive and act on initial incident information

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Initial assessment of significance and impact of the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed significance of information Made initial assessment of immediate and potential future impact on the entity you are observing Prompt: How did they determine how significant they believed the information was Were they able to know what was going on at other hospitals? CHCs and outpatient facilities? Home health? Colleges and universities? If so, how? _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Initial internal dissemination of information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed <u>how and who</u> would develop information Discussed how information would be disseminated to appropriate internal parties per existing protocols or procedures	1 2 3 4 5 6 7 8 9 10
Initial external dissemination of information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified appropriate key external stakeholders/ partners for information dissemination Discussed <u>how and what information</u> would be disseminated to appropriate external stakeholders/ partners per existing protocols or procedures Discussed mechanism in place to provide feedback and/or follow-up information, if needed	1 2 3 4 5 6 7 8 9 10
Decision to activate EOP plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear trigger(s) for decision to activate EOP plan Discussed/identified who would make decision (Specify: _____)	1 2 3 4 5 6 7 8 9 10

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Communicated clearly to all relevant parties that plan had been activated Discussed/identified risks involved in the decision to activate EOP plan Discussed/identified timeframe for initial activation of EOP plan Discussed/identified the potential need to phase the activation of EOP plan Discussed ability to adjust to changing conditions	Time decision was made: _____ What key decisions need to be made in first 12-24 hours? _____ _____ What information does DPH need to know and how and when are you telling DPH? What information do you need from DPH? _____ _____ _____	
Decision to activate surge plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear trigger(s) for decision to activate surge plan Discussed/identified who would make decision (Specify: _____) Communicated clearly to all relevant parties that plan had been activated Discussed/identified risks involved in the decision to activate surge plan Discussed/identified timeframe for initial activation of surge plan Discussed/identified the potential need to phase the activation of surge plan Discussed ability to adjust to changing conditions	Identify trigger for decision to activate plan: _____ Time decision was made: _____ What key decisions need to be made in first 12-24 hours? _____ Identify any formalized stages (with defined actions) in surge plan: _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Conduct incident action planning (IAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified person responsible for IAP Identified incident goals and objectives Identified strategies and tactics to meet incident objectives	Who will draft the incident action plan? _____	1 2 3 4 5 6 7 8 9 10
Integration of ICS of hospital with ICS of first responders and other response partners	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified clear roles and responsibilities within hospital and first responders' ICS Described/identified system in place to coordinate the responses between the hospital, first responders and other response partners Discussed/identified a system to implement and coordinate effective and reliable interoperable	List any best practice observed: _____ _____ _____	1 2 3 4 5 6 7 8 9 10

	<input type="checkbox"/> Yes <input type="checkbox"/> No	communications between EMS, IC, public health and healthcare facilities Discussed/identified transition to unified command (or how this would occur)		
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Please fill out the following section:

1. What successes and challenges did you observe in the ability to assess initial information and obtain additional critical information, to delineate clear triggers for decision to activate COOP/surge plan and then to disseminate this information internally, and to identify how the ICS within the hospital is integrated with ICS of first responders and other response partners? **(please describe 3 successes and 3 challenges)**

2. What actions or changes do you think could be taken to enhance the ability to assess and obtain any additional information, to define clear triggers for decision to activate plan and then to disseminate this information internally, and to better enhance the coordination of the ICS of the hospital with first responders and other response partners?: **(please describe 3 actions or changes)**

Notes:

2. Demonstrate ability to assess and identify strategies for information flow, coordinating messages and communication

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)	
Identification or assessment of flow of information to leadership	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed <u>how and from whom</u> information would be obtained Discussed <u>what</u> information should be relayed to EOC/UC Discussed <u>how</u> information would be relayed to EOC/UC	Specify from whom and how information would be relayed: _____ _____ What information should be relayed to DPH? _____ _____	1 2 3 4 5 6 7 8 9 10
Coordination and maintenance of information sharing across responding agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified relevant agencies, entities and officials to be included in the information sharing framework Identified an effective and technologically sufficient process for sharing information Discussed/identified how to ensure information is verified, accurate and up-to-date Discussed/identified how to maintained a common operating picture for real time information sharing with all participating agencies at all levels to ensure all entities are working from the same information Discussed/identified how to establish a schedule or procedure for obtaining updates from participating agencies Identified a template to use to obtain relevant information from all entities	List who they included in their information sharing: _____ _____ _____ What and how is information being shared? _____ _____ _____ If a template was used, please obtain a copy of it.	1 2 3 4 5 6 7 8 9 10
Notification to hospital staff of decision to activate surge plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified how decision to surge would be disseminated to staff Identified back-up methods to communicate with staff Discussed/identified how to ensure confirmation of surge order was received throughout the facility	List how message would be communicated within the entity you observed: _____	1 2 3 4 5 6 7 8 9 10
Notification to first responders and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified all key stakeholders across all disciplines Identified how decision to surge would be	What key stakeholders would you notify?	1 2 3 4 5 6 7 8 9 10

key stakeholders of decision to activate surge plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	disseminated to first responders and other key stakeholders Identified back-up method to communicate with first responders and key stakeholders	_____ _____ _____	
Activation of JIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/stated clear triggers for activation of JIC Discussed/stated how PIO and other appropriate staff are assigned and briefed Discussed/stated how partner agencies would be notified of activation of JIC	What was the trigger for activation of JIC: _____ _____ Who was/would be the spokesperson? _____	1 2 3 4 5 6 7 8 9 10
Coordination and release of information and messages through the JIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed/identified use of established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers Discussed/stated how to provide one central contact for the media Discussed/identified how to ensure consistent and coordinated messages are released through the JIC or other appropriate entity Discussed/identified how to implement routing and approval protocols for the release of information	How would press releases and messages be coordinated among hospitals and other first responders? _____ _____ What is the role of DPH in coordinating press releases and messages? _____ _____	1 2 3 4 5 6 7 8 9 10
Development and management of risk communication for internal staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified who takes lead for the development of risk communication for internal staff Identified how risk communications would be disseminated to internal staff Identified how risk communication would be updated for internal staff Identified how risk communication for staff would be coordinated regionally	What is DPH's role in risk communication for internal staff? _____ _____ _____	1 2 3 4 5 6 7 8 9 10
Identification of strategies to communicate with patient's families and the public	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified the dominant languages of patients Discussed strategies to communicate with patient's families Discussed strategies to communicate with the general public Discussed outreach to appropriate community groups to reach vulnerable populations Discussed how to reach visitors	Who takes the lead for risk communication with patients and families? _____ What is DPH's role in risk communication with patients and families? _____ _____	1 2 3 4 5 6 7 8 9 10

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Please fill out the following section:

1. What successes and challenges did you observe in the ability to assess and identify strategies for information flow, coordinating consistent messaging during the event, and communicating with patient’s families and the public: **(please describe 3 successes and 3 challenges)**

2. What actions or changes do you think could be taken to enhance the ability to assess and identify strategies for information flow, coordinating consistent messaging during the event and communicating with patient’s families and the public: **(please describe 3 actions or changes)**

Notes:

3. Demonstrate ability to assess and identify resource needs during the event

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Identification of essential functions	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified essential functions per plan <input type="checkbox"/> Yes <input type="checkbox"/> No Identified how functions would be maintained per existing plans <input type="checkbox"/> Yes <input type="checkbox"/> No Identified who is responsible for each essential function <input type="checkbox"/> Yes <input type="checkbox"/> No Prioritized essential functions <input type="checkbox"/> Yes <input type="checkbox"/> No Identified functions that could be scaled back or eliminated <input type="checkbox"/> Yes <input type="checkbox"/> No Identified functions that could be interrupted for 72-96 hours	How were internal operations modified? <hr/> <hr/> <hr/> What are your initial priorities? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Assessment of personnel capabilities and needs for optimal response to the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified how and to whom personnel needs necessary to support response would be communicated <input type="checkbox"/> Yes <input type="checkbox"/> No Have an inventory of the skills and abilities of staff (competencies and skills beyond licensing) that might allow you to redeploy staff to other specialty areas <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed overall number and skill mix of personnel needed for response to the event <input type="checkbox"/> Yes <input type="checkbox"/> No Determined number and skill mix of additional personnel not currently on duty that are needed in the response <input type="checkbox"/> Yes <input type="checkbox"/> No Determined whether available personnel will be sufficient for the response <input type="checkbox"/> Yes <input type="checkbox"/> No Able to anticipate staffing needs for the duration of the incident	How is the initial assessment of personnel needs accomplished and who is in charge of it? <hr/> <hr/> <hr/> How would your staffing model change? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Assessment of material capabilities and needs for	<input type="checkbox"/> Yes <input type="checkbox"/> No Identified how and to whom material resource needs necessary to support the response would be communicated <input type="checkbox"/> Yes <input type="checkbox"/> No Had a trigger for submitting resource need reports	Who is responsible for the initial assessment? <hr/> What critical resources are limited	1 2 3 4 5 6 7 8 9 10

optimal response to the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discussed overall number and types of physical resources required for the event Assessed current inventories of relevant supplies (by type and category and available within facility or easily accessible) Discussed or identified ways to leverage/conserv e existing inventories Estimated adequacy of current inventories of relevant supplies Checklist or template was used to identify existing resources	even from the beginning of the response? <hr/> <hr/> What strategies were used to conserve/leverage existing resources? <hr/> <hr/> What are the challenges in defining these resources? <hr/> <hr/>	
Assessment of transportation needs for patient movement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified how and to whom patient transportation needs necessary to support the response would be communicated Determined transportation needs of patients to be discharged from the hospital to home Determined transportation needs of patients to be transferred to another facility Assessed whether outside assistance is required to meet transportation needs	Who decides <u>how</u> patient goes? <hr/> How will you efficiently move patients out of the facility? <hr/> How will you deal with patients who can go home but do not have any transportation home? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Assessment of the potential needs of staff that may be necessary in order for them to respond to the event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified and assessed the transportation needs of staff Identified and assessed potential housing needs of staff Identified and assessed potential day care/eldercare needs of staff Identified and assessed additional food needs of staff	What is the most pressing problem you will have in meeting staff needs during a surge event? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10

4. Demonstrate ability to meet and respond to surge event

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)		Specific Data for exercise (Additional information specific to the exercise)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)
Management of internal personnel resources needed for the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to identify, track and prioritize personnel needs across the facility Able to use and/or redeploy on-site personnel to respond to the incident Able to recall appropriate medical staff to respond to the incident within critical timeframe Able to recall appropriate non-medical support staff to respond to the incident within critical timeframe Plan for staff support such as food, water, respite, medical and mental health	How are nursing/medical students and residents dealt with? If they are shared among hospitals, how are they assigned? _____ _____ In what area would you be severely limited first? _____	1 2 3 4 5 6 7 8 9 10
Roles and responsibilities of internal staff are clear and known to staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Roles and responsibilities are understood by internal staff Able to provide just-in-time training for appropriate staff	Who decides changes in scope of practice? _____ How are decisions made and communicated to staff? _____	1 2 3 4 5 6 7 8 9 10
Management of volunteers needed for the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan to call, identify, assign and integrate internal volunteers into the response Coordinate external volunteer staffing with MRC, MMRS or other agencies Volunteers are credentialed or there is a plan to credential volunteers Identified staging area for volunteers Volunteers receive just-in-time training	Have you identified any other pools of medical staffing resources besides the local MRC and state and federal programs? _____ _____	1 2 3 4 5 6 7 8 9 10
Management of internal material resources needed for the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Had a system for resource identification, typing and inventorying (Specify: _____) Had cache of critical supplies that were easily accessible Used and/or redeployed on-site material inventories to respond to the incident Assessed need for additional inventories within critical timeframe Had plan or procedures to acquire and order resources Anticipated material needs until the incident is concluded	How did they coordinate resource management within their facility? _____ How are material needs communicated within entity: _____	1 2 3 4 5 6 7 8 9 10
Track real time resource availability and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Has system for prioritizing, allocating, and tracking real time resource availability and usage Data can be shared in real time with other external response	List how resource availability and usage is prioritized, tracked and analyzed:	1 2 3 4 5 6 7 8 9 10

usage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	partners Uses standard messaging Data electronically available at a single point of access Able to search, filter, analyze, project, and forecast resource availability and usage	<hr/> <hr/> <hr/> <hr/> What critical resource(s) is/are likely to run out? <hr/> <hr/>	
Request for external material resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear triggers exist for when to request material resources from outside entity Identified a person with authority to request external resources Discussed/identified how to request additional resources through mutual aid agreements or other means Discussed/identified plan for maintaining an internal record of all requests for assistance	What is the role of DPH or emergency management in support of external material resource needs? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Management of external resources needed for the response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan to implement a process/protocol to order, track, assign, and incorporate external resources into the response Discussed/identified specific responsibilities, lines of authority, and means of coordination of resource management plan Able to prioritize the use of scare resources Identified who makes decision to allocate scarce resources Had a database or other means to track requested and assigned external material resources	How would scarce critical resources be prioritized and allocated? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Decision to implement a change in triage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified trigger point at which patients would be triaged differently from the following areas: From outpatient practices to EDs From ED to urgent care centers To “surge screening clinics” To floor level care To ICU-level care For access to ventilators Identified who would be responsible to activate a change(s) in triage Identified how decision(s) would be communicated to staff Identified how decision(s) would be communicated to patients and the general public	Who has the authority to implement a change in triage? <hr/> Are these trigger points formalized in your plan? <hr/> How will difficult triage decisions be made? Is there an ethical framework? <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Set-up of triage area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified initial triage area Disseminated information on triage site to external partners and public Identified supplies and equipment needed for triage area Identified who is responsible for set-up of triage area Identified how patients would flow to and from triage area		1 2 3 4 5 6 7 8 9 10

Staffing of triage area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified staff for triage Roles and responsibilities for triage staff clearly defined Provide just-in-time training to staff on triage protocols Plan for rotation of staff		1 2 3 4 5 6 7 8 9 10
Implementation of triage strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Triage strategy included: Plan to use phone triage to identify patients that need to come to hospital for care Development of protocols for phone triage Plan to screen potentially infectious patients Method of expedited registration Plan to prioritize patients for assessment, treatment and/or admission/discharge Plan for resolving ethical dispute related to triage Plan to keep families together Method of expedited medical record documentation	List major issues that occurred in triaging patients: <hr/> <hr/> <hr/> <hr/> List triage strategies that were used or discussed: <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Cancellation of elective or routine admissions, surgeries, and/or procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Defined triggers for cancelling elective or routine admissions, surgeries, and/or procedures Identified who had the authority to cancel elective or routine admissions, surgeries, and/or procedures Has clear definitions of what constitutes elective or routine admissions, surgeries and/or procedures Has list of elective or routine admissions, surgeries, and/or procedures that could be postponed <u>for up to</u> 1 week List of elective or routine admissions, surgeries, and/or procedures that could be postponed for <u>greater than</u> 1 week Identified who would contact patients Has plan to identify and resolve barriers to cancellations Has procedure for tracking outcomes of patients	Who makes the decision to cancel elective or routine admissions, surgeries or procedures? <hr/> When and what should you be telling DPH?? <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Implementation of rapid early patient discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Defined triggers for implementing rapid early patient discharge Identified who has the authority to implement rapid early patient discharge Able to obtain accurate census data that is continually updated Identified who is responsible for development of discharge policies Used unit based rapid discharge teams that apply discharge policies or procedures to all patients Uses a standardized patient discharge tool	What percent of patients can be rapidly discharged early? <hr/> How are private physician patients discharged? <hr/> <hr/> Identify barriers that impede rapid early patient discharge:	1 2 3 4 5 6 7 8 9 10

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Has plan to identify and resolve barriers to discharge (including timely physician cooperation, waiting for lab results, family notification issues, transportation issues etc) Has plan to communicate progress in discharge to appropriate group (within ICS)	_____ _____ How is family notified of early discharge? _____ _____ What can be done to improve the timeliness of discharges? _____ _____	
Implementation and coordination of outpatient surge strategies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified partners to augment outpatient surge capacity (such as nearby hospitals, primary care practices/CHC, LTCF, and university and colleges) Discussed/identified clear roles and responsibilities of partners Had MOUs with partners that could be activated and implemented Identified how partners would be integrated into the ICS of the hospital Discussed how to coordinate and integrate response within and between partners	Identify best practices for increasing outpatient surge capacity: _____ _____ _____ Identify any barriers to increasing outpatient surge capacity: _____	1 2 3 4 5 6 7 8 9 10
Identification or assessment of behavioral health needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated overall scope of impact of the incident on the staff and patients Instituted strategy to assess behavioral health needs of staff and patients Identified personnel needed to assist with counseling and behavioral health support Provided family reunification services Provided family support services	Who is responsible for the behavioral health needs plan? _____ _____	1 2 3 4 5 6 7 8 9 10

5. Ability to maximize space within facility

Ability to immediately surge an additional 20% above capacity (after instituting rapid patient discharge, cancellation of routine/elective admissions, procedures and surgeries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge immediately an additional 20% above capacity in the following areas: Critical care (such as ICU, CCU, PICU, NICU) Burn care Med-surg care Pediatric care Telemetry Maternity Airborne Isolation	Please list places where you cannot surge the additional 20% and the reasons why: <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Ability to surge an additional 5% in 2 hours above capacity (after instituting rapid patient discharge, cancellation of routine/elective admissions, procedures and surgeries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge an additional 5% in 2 hours in the following areas: Critical care (such as ICU, CCU, PICU, NICU) Burn care Med-surg care Pediatric care Telemetry Maternity Airborne Isolation	How would this be accomplished and describe any barriers <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Ability to surge an additional 10% in 12 hours above capacity (after instituting rapid patient discharge, cancellation of routine/elective admissions, procedures and surgeries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge an additional 10% in 12 hours in the following areas: Critical care (such as ICU, CCU, PICU, NICU) Burn care Med-surg care Pediatric care Telemetry Maternity Airborne Isolation	How would this be accomplish and describe any barriers: <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Ability to surge an additional 15% in 24 hours above capacity (after instituting rapid patient discharge, cancellation of routine/elective admissions, procedures and surgeries)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge an additional 15% in 24 hours in the following areas: Critical care (such as ICU, CCU, PICU, NICU) Burn care Med-surg care Pediatric care Telemetry Maternity Airborne Isolation	How would this be accomplish and describe any barriers: <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Ability to surge an additional 20% in 72 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge an additional 20% in 72 hours in the following areas: Critical care (such as ICU, CCU, PICU, NICU) Burn care	How would this be accomplish and describe any barriers: <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Med-surg care Pediatric care Telemetry Maternity Airborne Isolation	<hr/> <hr/> <hr/>	
Ability to increase outpatient surge above capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge 5-10% in outpatient volume in 2 hours Can surge 50% in outpatient volume in 24 hours Can surge 100% in outpatient volume in 72 hours	How would this be accomplish and describe any barriers: <hr/> <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10
Ability to increase emergency department surge above capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Can surge 150% of <u>beds</u> in emergency department in 2 hours Can surge 100% of emergency department <u>daily volume</u> in 24 hours	How would this be accomplish and describe any barriers: <hr/> <hr/> <hr/>	1 2 3 4 5 6 7 8 9 10

Please fill out the following section:

1. What successes and challenges did you observe in the ability to assess, meet and respond to the surge event: **(please describe 3 successes and 3 challenges)**
2. What actions or changes do you think could be taken to enhance the ability to assess, meet and respond to the surge event: **(please describe 3 actions or changes)**

Notes:

6. Demonstrate ability to recover from the incident

Response Element	Checklist of Actions (check all boxes and fill in spaces as appropriate)	Specific Data for exercise (Additional information specific to the exercise is listed in this column)	Overall performance (1 = Unsatisfactory performance, 5 = Good performance, 10 = Excellent performance)	
Planning for recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Identified who has the authority to make the decision to transition back to normal operations</p> <p>Identified triggers to transition back to normal operations</p> <p>Initiated recovery planning well before incident response terminated</p> <p>Dedicated appropriate personnel resources to recovery planning</p> <p>Identified operational objectives</p>	<p>Who has the authority to make the decision to transition the facility to normal operations: _____</p> <p>Identify who is in charge of the recovery phase: _____</p>	1 2 3 4 5 6 7 8 9 10
Implementation of recovery plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Recovery plan implemented at the appropriate time</p> <p>Identified essential functions that must be in place prior to returning to normal operations</p> <p>Identified process that will be used to resume routine or elective admissions, procedures, and surgeries</p> <p>Dedicated sufficient personnel and resources to recovery efforts</p> <p>Plan for restocking supplies and equipment</p> <p>Identified how staff would be notified of transition to normal operations</p>	<p>What is the process involved in returning to normal operations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How will resumption of elective and routine procedures, admissions or surgeries be accomplished and prioritized:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What resources are needed for resumption of normal activities:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How will entity communicate with staff and how will they be notified of resumption of normal activities:</p> <p>_____</p> <p>_____</p> <p>_____</p>	1 2 3 4 5 6 7 8 9 10

Please fill out the following section:

1. What successes and challenges did you observe in the ability to recover from the incident: **(please describe 3 successes and 3 challenges)**
2. What actions or changes do you think could be taken to enhance the ability to recover from the incident: **(please describe 3 actions or changes)**

Notes:

[illegible]

Thanks!