Minutes to Hours – The Kaiser Permanente Northern California Evacuation Toolkit

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Disclosure

The presenters for this session have no disclosures to report.

This presentation does include references to the branded product we used in our Evacuation Toolkit.

The references are included in order to fully demonstrate the steps of the evacuation process using the components of the KP NCAL Evacuation Toolkit.
Objectives

After attending this session, learners will be able to:

• List the general considerations for hospital evacuation planning and how these considerations apply to hospital / healthcare systems across California.

• Describe the three stages of evacuation—Pre-Evacuation, Evacuation, and Post-Evacuation—and the considerations for each stage.

• Adapt the components of a standardized evacuation toolkit for use in their hospital / healthcare system.

Agenda

Introduction & Agenda Review
A Tale of Two Evacuations
The New Normal
Considerations for Hospital Evacuation Planning
The Stages of Evacuation: Pre / Evac / Post
KP NCAL Toolkit Review
Evacuation Toolkit Template
The Evacuation Toolkit: Making It Your Own
A Tale of Two Evacuations

KP Northern California: A Tale of Two Evacuations

Tubbs Fire – October 8, 2017 -- Kaiser Permanente Santa Rosa evacuated under direct, increasing fire threat and breakdown of safe care environment.

➢ “Evacuate Now” situation
  ➢ 122 Patients; 3-1/2 hours: Evacuated via Ambulances, Buses, and Cars
  ➢ KP San Rafael received 87 patients
  ➢ Others to KP SFO, other KP, community hospitals, home

Kincade Fire – October 23, 2019 – Kaiser Permanente Santa Rosa evacuated under fire threat, evacuation warning, then mandatory evacuation order.

➢ Multiple anticipatory actions taken by Hospital Command Center ahead of evacuation order
  ➢ Hospital census decreased by patient transfers to other KP hospitals
  ➢ Pre-Evacuation preparation initiated:
    ➢ Hospital census review for evacuation needs
    ➢ Just-in-time evacuation training
    ➢ Evacuation tag preparation
    ➢ Unit / patient preparation including communication with staff, patients, & families
The New Normal

The “New Normal” in California

- **Tubbs Fire**
  - KP Santa Rosa and Sutter Santa Rosa evacuated
  - October 2017

- **Carr Fire**
  - Patients Hospital in Redding, CA evacuated
  - July 2018

- **Mendocino Complex Fire**
  - Sutter Lakeside Hospital evacuated
  - July 2018

- **Camp Fire**
  - Feather River Hospital in Paradise, CA evacuated
  - November 2018

- **Kincade Fire**
  - Santa Rosa and Sutter Santa Rosa evacuated
  - October 2019

- **Lightning Complex Fires**
  - St. Helena Hospital evacuated
  - KP VAL and KP SJO threatened
  - August 2020
The “New Normal” in California

Glass Fire – St. Helena
St. Helena Hospital evacuated
Sept 2020

Caldor Fire – South Lake Tahoe
Barton Memorial Hospital evacuated
Aug 2021

Dixie Fire – Lake Almanor
Seneca Healthcare District Hospital evacuated
Aug 2021

McKinney Fire – Yreka, CA
Fairchild Medical Center transferred patients due to fire threat
July 2022

2022 to date….

Incidents Overview
The California Department of Forestry and Fire Protection (Cal FIRE) responds to all types of emergencies. When the Department responds to a major Cal FIRE incident, details about the incident will be posted on the California incident map. This is a summary of all incidents, including those managed by Cal FIRE and other partner agencies.

271,144 Acres Burned
6,173 Incidents
9 Facilities Damaged
712 Structures Lost

https://www.fire.ca.gov/incidents/
Active Fires as of 9-09-22

General Considerations for Hospital Evacuation Planning
Evacuation Coordination

The Right Place at the Right Time in the Right Way

Coordination between Hospital, Healthcare System and County is required in the Pre-Evacuation and Evacuation stages.

These are not normal operations and regular transfer procedures may not apply.

Considerations for Hospital Evacuation Planning

Census Management

Specialty Patient Population Considerations:
Labor & Delivery, Pediatrics, Pediatric Critical Care, Neonatal Critical Care, Adult Critical Care, Neurosurgery, others

Access to Transportation Assets

Medication Considerations

Rapid Electronic Medical Record Patient Discharge Procedures

Infection Prevention

Communication / Notification County & State Entities

EMTALA & Other Regulatory Considerations
The Stages of Evacuation: Pre-Evacuation, Evacuation, & Post-Evacuation

The Pre-Evacuation Stage

When evacuation is anticipated but not required or mandated.

Key Steps:
- Notify appropriate chain of command, internal and external
- Activate Hospital Command Center
- Evaluate hospital census for acuity and transfer requirements
- Transfer of patients ahead of evacuation requirement or mandate
- Review Evacuation Plan & Toolkit
- Prepare evacuation tags and checklists
- Assign Incident Commander and key Evacuation-specific roles
The Evacuation Stage

When evacuation has been initiated and/or is in progress.

Key Steps:
- Assign Evacuation-specific and additional command center roles to provide support including:
  - Command Staff, Transportation Unit Leader, Public Information Officer, Patient Family Assistance Branch Director, Family Reunification Unit Leader, others
- Activate Evacuation Plan and use Toolkit resources to prep, stage, and evacuate patients
- Communicate status to employees on shift / off shift
- Communicate status to patients, families, and media
- Establish Infection Prevention Plan for staging and transport (event/patient-specific)

The Post-Evacuation Stage – Immediate & Repopulation

After evacuation is complete, includes immediate and repopulation steps.

Immediate
- Secure pharmaceuticals—ensure temperature control
- Final sweep → then secure building(s)
- Track and reconcile patients sent to receiving facilities

Repopulation
- Prepare building(s) for re-entry:
  - Infection control protocols, restocking supplies, cleaning HVAC system, others
- Obtain County & State Regulatory Clearance(s)
- Repopulate medical center including return of staff and repatriation of patients
Meeting the Needs of Patients and Employees After Evacuation

Patients
• Medications / medical equipment / medical records
• Essential care including Oncology, non-elective surgeries / procedures, others

Employees
• Impact assessment: Are they safe? Are they housed? What do they need?
• Consider financial and other support measures for those impacted
• Consider reassignment / pay practices as appropriate
Evacuation Plan Template

Introduction to the EVAC 123 Tracking System

Evac 123 Evacuation Kit/Tags for 200 patients

Evacuation Checklists
- Pre-Evacuation Preparation Checklist
- Evacuation-specific checklists to supplement HICS checklists

Electronic Medical Record Job Aids for KP HealthConnect:
- Evacuation Report instructions
- Leave of Absence for ED and Inpatient

Training Resources:
- Evac 123 Tabletop Kit & Drill Tags
- On Demand Evacuation Training
  - Recorded
  - Live / Real Time upon request

In-Person Regional Support Available on Request
- Additional in-person consultative support for the medical center
Introduction to the Evacuation 1-2-3 Tracking System
The 3 Fundamental Components of Patient Evacuation

1. **Room Evacuation**: Movement of patients to a staging area.
2. **Transportation**: Sending patients to a destination.
3. **Destination**: Patient receiving facilities.

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**Room Evacuation Tools**

- **Evacuation Tag**
- **Tag Receipt Holder**
Evacuation Tag Overview - Front

- Patient portion
- Door portion
- Patient information
- Mobility status (select one)
- DNR and ISO status
- Resource requirements
- Notes section
- Accountability receipt
- Triage categories
- Destination receipt
- Facility information
- Accountability receipt
- Transportation receipt

Evacuation - Tag Preparation

When evacuation is ordered, place patient labels on the tag’s 4 receipts.
Evacuation - Tag Preparation

When evacuation is ordered, place patient labels on the tag’s 4 receipts.

Evacuation – Patient Application

1. Separate the tag and indicate any relevant information on the patient portion of the tag.
Evacuation – Room Door Application
1. Expose adhesive strip and affix tag to door.

Evacuation – Patient Prioritization
Patient mobility status is a function of the resources needed to move the patient.
Evacuation – Patient Accountability

As patients are evacuated, remove and retain the yellow door receipt.
**Additional Staging Considerations**

**Group by acuity / level of care**
- ICU / PICU / NICU
- Med Surg Adult
- Med Surg Pediatric
- Labor & Delivery

**Additional labeling**
- Transport method
  - Bus / Car / Van
  - Ambulance
  - Critical Care Transport
- Transport destination
**Transportation – Destination Assignment**

Utilize the best practical assignment of patients to transport vehicles, destination facility capability and bed availability.

Level II Trauma Center – 5 beds

Acute Care Clinic – 4 beds

**Transportation – Patient logging**

As patients load, remove the tag’s blue transportation receipt and place in the transportation log.
Transportation – Patient logging
As patients load, remove the tag’s blue transportation receipt and place in the transportation log.
Transportation Log
Note all known transportation information into the log.

Destination – Patient Receiving
Upon arrival at destination, remove the purple receipt and place in the destination log.
Destination – Patient Receiving

Upon arrival at destination, remove the purple receipt and place in the destination log.
**Destination – Patient Receiving**

Upon arrival at destination, remove the purple receipt and place in the destination log.

**Destination – Origination Reporting**

1. Indicate a patient’s arrival in the transportation log.
Destination – Origination Reporting
1. Indicate a patient’s arrival in the transportation log.

The 3 Fundamental Components of Patient Evacuation
1. Room Evacuation: Movement of patients to a staging area.
2. Transportation: Sending patients to a destination.
Evacuation Workflow Summary

1. Place tag sections on the patient and room door.
2. As rooms are cleared take the yellow receipt.
3. Remove the blue receipt before transport.

Remove the purple receipt upon arrival.

Evacuation Tags
Evacuation Checklists
This checklist should be used to guide section when modifying or adding a new section to be considered. When making changes to the pre-movement plan, place the following checklist items:

- Pre-Risk Evaluation
- Pre-Risk Evaluation Form
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- Pre-Risk Evaluation Form (B)
- Pre-Risk Evaluation Form (C)
- Pre-Risk Evaluation Form (D)
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Electronic Medical Record (KP HealthConnect)
Evacuation Functionality

Electronic Medical Record Tools

Patient Census Report

Evacuation Report
Brief patient summaries
Patient demographics
Medical problems—hospital / non-hospital
Current inpatient / outpatient medications
Allergies
Most recent vital signs

Rapid electronic discharge function
"Leave of Absence"
Evacuation Plan Template

Introduction to the Evac 123 Tracking System

Evac 123 Evacuation Kit/Tags for XXX patients

Evacuation Checklists
- Pre-Evacuation Preparation Checklist
- Evacuation-specific checklists to supplement HICS checklists

Electronic Medical Record Job Aids
- Evacuation Report Instructions
- Leave of Absence-Type Functionality

Training Resources:
- Evac 123 Tabletop Kit & Drill Tags
- On Demand Evacuation Training
  - Recorded
  - Live / Real Time upon request
The Evacuation Toolkit: Making It Your Own

Create, Implement, Train

Making It Your Own: Creating & Implementing

Create Evacuation Toolkit
- Create (adapt) evacuation toolkit
- Test toolkit
- Get stakeholder buy-in
- Re-test a sample of the customized evacuation kit to ensure alignment before purchase if using vendor

Implement Evacuation Toolkit
- Identify ownership for rollout in medical center(s)
- Coordinate meetings & tabletop exercise(s) to socialize & educate
- Update Code language and/or policies as needed
- Ensure storage location (electronic and physical) has been identified
Making It Your Own: Training

- Define target audience(s) and training objectives
- Determine what content will meet audience-specific objectives
- Establish training mode(s) and timing
  - Education session / tabletop / functional exercise
  - Virtual / in-person
  - Real-time / on-demand / Just-In-Time

Create / Compile Training Materials
- Medical center/healthcare system-specific plans & checklists
- Leverage vendor education tools as appropriate

Questions?
THANK YOU

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