

# **Auckland DHB**

## **Applying the Emergo Train System policy and processes to develop and deliver**

### **Exercise Eden**

**16 December 2010**

**Debra Ellis**  
Emergency Management Advisor

ETS Process developed by NZ ETS License Holder ST JOHN  
Lucy Adams NZ ETS Project Manager; Emergency Management Training Advisor, ST JOHN



# Apply the ETS Model

## ST JOHN ETS EXERCISE

### FORMS AND TEMPLATES INVENTORY

Document No.	Title	Doc Type	Relates To
1	Exercise Planner	Form	ETS Procedures: <ul style="list-style-type: none"> <li>• Analysis</li> <li>• Design</li> <li>• Conduct</li> <li>• Evaluation</li> </ul>
2	Exercise Instruction Template	Template	Exercise Design
3	Master Schedule of Events (Inject)	Template	Exercise Design / Conduct
4	Key Performance Indicator Measurement	Template	Exercise Design / Conduct
5	Injured Guber List (Casualties and Business as Usual)	Template	Exercise Design
6.1	Data Collection Sheet: Ambulance	Template	Exercise Design
6.2	Data Collection Sheet: Police	Template	Exercise Design
6.3	Data Collection Sheet: Fire	Template	Exercise Design
6.4	Data Collection Sheet: Hospital (ED, Wards)	Template	Exercise Design
6.5	Data Collection Sheet: Orderly	Template	Exercise Design
6.6	Data Collection Sheet: ICU	Template	Exercise Design
6.7	Data Collection Sheet: Radiology	Template	Exercise Design
7.1	Senior Instructor Exercise Checklist	Form	Exercise Conduct
7.2	Participant Evaluation Form	Form	Exercise Conduct
7.3	Senior Instructor Evaluation Form	Form	Exercise Conduct
8	Exercise Briefing Grid	Info sheet	Exercise Conduct

Looks daunting

What's required?

Worth the effort?

# Analysis Phase

- Defined the Steering Group and their roles
- Reviewed current plans and processes
- Decided on the scope of the exercise; areas that warranted key performance indicators opposed to workshop concept
- Steering group meetings generated conversations regarding synergy of plans and other service expectations

# Exercise Brief

## Auckland DHB EMERGO-Train Exercise 26 November 2010

### Introduction

The forthcoming Rugby World Cup (September 2011) has identified the need for Auckland DHB to commence planning for any emergency response which might be required. Planning will need to focus on the most likely scenarios and impact for the Auckland DHB.

### District Annual Plan 2010-11

Reference to the Incident management preparations in preparedness for this event is included in the Auckland DHB District Annual Plan (DAP) 2010-11. The most likely scenario envisaged is that of an incident involving large numbers of casualties. The Emergency Management Service will facilitate the review and revision of the Auckland Mass Casualty Management Plan and associated documents to ensure that the Auckland DHB is ready for such a response, if required.

### Exercise

In collaboration with St John (EMERGO-Train System (ETS) New Zealand licence holder), a mass casualty exercise will occur on 26<sup>th</sup> November 2010. The exercise and the preparedness work outlined in the DAP will improve the capacity and capability of the Auckland DHB to respond to incidents where there may be large numbers of casualties.

### Aim

The aim of this paper is to outline an approach to ensure that the Auckland DHB is ready to respond to a mass casualty incident if required.

### Method

The opportunity to use the EMERGO-Train tool will be used to measure the level of preparedness within the organisation for a mass casualty event.

### This will include:

- Convening a Steering Group with appropriate representation from across the organisation.
- Proactive utilisation of the pre-exercise period to prepare plans and procedures which (as far as possible) incorporate the response requirements of a mass casualty incident.

### Sponsors

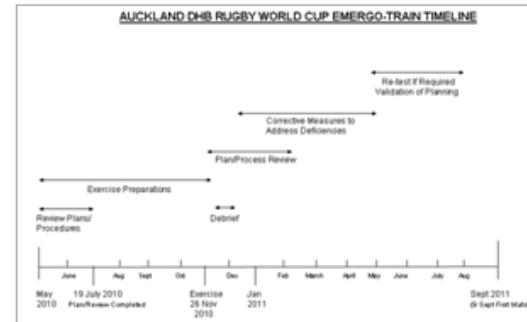
Pastor's experience has shown that high level sponsors (from within the organisation) are required to ensure the required degree of commitment across the organisation. Therefore, consideration should be given to this form of endorsement at an early stage in the planning process.

### Proposal

Initial work with St John (EMERGO-Train facilitator) has identified potential membership of the Steering Group. It may be necessary to call in additional members from other service areas as and when required throughout the planning process.

### Timeline

The timeline shown here provides a snapshot of the proposed preparedness and planning process.



J Rawl

Manager - Emergency Management Services


# Design Phase

- Steering Group - convene early, small group with appropriate representation
- Exercise Planner

**EMERGO-TRAIN SYSTEM**

Date: 6 July 2010

Still to commence	
Partially completed	
Completed	



**St John**  
first to care

**ADHB EXERCISE PLANNER AS AT 6 July 2010** (post meeting with L Adams)  
Exercise Date 26 November 2010

Issue	What/ who responsible/Date	When / Completed
<b>Exercise organisation Auckland DHB</b>		
1 Objectives agreed <ul style="list-style-type: none"> <li>• ED APU Contingency Plan for Major Incident</li> <li>• Multiple Admissions Management Plan</li> <li>• Test Rapid Discharge Process (THIS DOES NOT EXIST ON PAPER)</li> </ul> What are the objectives for ADHB? <ul style="list-style-type: none"> <li>• Notification</li> <li>• Activation</li> <li>• Patient Tracking</li> <li>• Chain of command</li> <li>• Resource Allocation</li> <li>• Adverse Outcomes               <ul style="list-style-type: none"> <li>i. Clinical decisions</li> <li>ii. Admin processes and systems</li> </ul> </li> </ul>	1. Med umpire required for patient bank. MARK GARDENER  2. Patient tracking system needs to be in place – Glenda Hayes/ Lisa Cunningham/Lucy Westbrook/Frances Somers Debra Ellis  Large numbers of Deaths within ED can be catered for in ETS – just need to work through data gathering before hand. (Mortuary Board required?)  Large numbers of family and friends can be catered for in ETS. – These can arrive with the casualties and an inject person can call reception etc to simulate requests for casualty information  NHI numbers (numbers made up esp. for exercise to reflect the 300 NHIs allocated to ADHB)  Internal comms test (alerting and notification to mgt)	By end August

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Page 1 of 11

# Design Phase

# Data Collection Templates



Data Collection Sheet: Hospital (Wards & 24 Hour Centre)  
(Staff, bed and occupancy numbers, equipment)

SNAPSHOT					
ACH Bed Status as at 2:00 on 11 September 2010 374 patients 110 empty beds					
ED 41 patients					
Ward	No of patients	No of Staff & positions	Resourced Beds available	Bed Capacity	Staff Call back
Ward 38 Cardio Daystay					
Med Ward 31E	8	2 RN	2	10	
Cardio Ward 31	17	3 RN	9	26	Test conducted 11/11/10 11-1400hrs 1 RN 10 mins 1 RN 20 min 10 RN 30 min 3 RN 40 min 2 RN 00 min 1 RN 45 min 1 RN 50 mins 1 Clek 15 min 1 NS 20 min 1 NS 30 min 1 NE 30 min
CCU Ward 34	13	1 AC 5 RN 2 HCA	9	22	
El Surg Ward 61	16	3 RN	6	22	
Haeme Ward 62	18	4 RN	0	18	
Neuro-SF Ward 63	20	3 RN 1 HCA	0	20	Test conducted 16/11/10 8 RN 30 mins 4 RN 15 mins 1 RN 10 mins 2 RN 60 mins 1 RN 25 mins 2 RN 45 mins 1 RN 20 mins 1 HCA 45 mins 1 HCA 20 mins 1 HCA 35 mins
ONCOL Ward 64	27+1	3 RN 1 HCA	0	27	

SNAPSHOT					
ACH Bed Status as at 2:00 on 11 September 2010 374 patients 110 empty beds					
ED 41 patients					
Ward	No of patients	No of Staff & positions	Resourced Beds available	Bed Capacity	Staff Call back
Med Ward 65	24	3 RN 1 HCA	2	26	Test conducted 6/11/10 1 CNM 15 mins 2 N 15 min 2 RN 30 mins 6 RN 45 mins-1hr 1 RN 2-4 hrs 1 EN 40 mins 1 HCA 45mins-1hr 1 HCA 1-2 hrs 1 Ward Clek 45 mins 1 Ward clek 2 hrs
Med Ward 66	21	3 RN 1 HCA	1	22	1 RN 40 mins 8 RN 30 mins 4 RN 20 mins 9 RN 15 mins 1 RN 5 mins 1 RN 25 mins 1 HCA 15 mins 1 HCA 20 mins 1 HCA 30 mins 1 HCA 60 mins 1 Clek 20 mins 1 Clek 30 mins
Med Ward 67	27	3 RN 1 HCA	0	27	
Med/ID Ward 68	25	3 RN 1 HCA	0	25	2 RN 10 mins 7 RN 15 mins 3 RN 20 mins 6 RN 30 mins 1 RN 1 hour 1 HCA 15 mins 1 HCA 20 mins 3 HCA 30 mins 1 HCA 40 mins 1 Clek 10 mins 1 Clek 60 mins

# Design Phase

## Data collection and documentation

Looks daunting...but it isn't.

What's required? Only you know.

Worth the effort? Definitely!



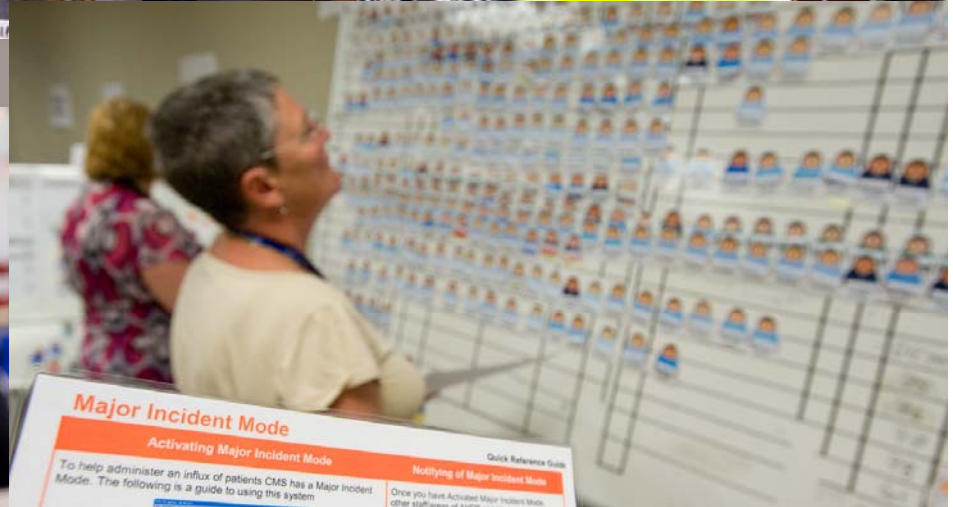
# Conduct Phase







# Conduct Phase



# Evaluation

Exercise Report provided by St John to the DHB one month after the exercise.

ADHB then:

- Collated issues from the cold debrief
- Took all findings forward to Steering Group
- Implemented corrective measures and revalidated
- Ensured all planning deficiencies were addressed prior to RWC



Auckland District Health Board  
Exercise Eden, 16 December 2010  
Emergo Train System (ETS) Exercise Report

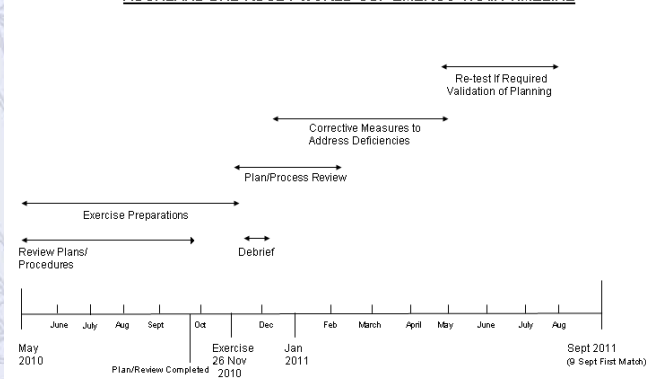


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Debra Ellis, Emergency Management Advisor, ADHB

Issue Date:  
1 Feb 2011

Page 1

AUCKLAND DHB RUGBY WORLD CUP EMERGO-TRAIN TIMELINE



Post Exercise Eden issues arising - report to MoH

Issue No.	Page No.	Issue	Owner	Action By
1.	3, 12, 16, 24, 25, 54, 55	<p><b>Surgical Coordinator</b></p> <p>P3 Despite having good medical representation at the exercise, the presence of a surgical consultant or registrar would have provided more value and assisted participants with adhering to real practices.</p> <p>P3 Whilst the Atrium mainly received orthopaedic trauma, having no orthopaedic input meant that the ED nurse specialists made all the decisions, which included patient disposition.</p> <p>P12 The lack of a surgeon at the exercise severely affected decisions and movement. A surgical coordinator was required in Resus to liaise with theatres, and get patients up there.</p> <p>P12 Appropriate gubbers were placed in Resus although the area became overwhelmed by the inability to get patients out. This was mainly due to the lack of a surgical coordinator.</p> <p>P16 Do we need a liaison person for theatres? This was hard to test as the surgeons weren't present for the exercise.</p> <p>P34 No surgeons or orthopaedic doctors in the exercise and this influenced decision making. They were missed.</p> <p>P25 Communication was the key. Clerical support needs beefing up. This is a hospital exercise. ED is only one part of the hospital. There is no point running an exercise without the involvement of all parties, especially the surgeons. Trauma is a surgical discipline.</p>		

Page 1 of 15

