

Coyote Crisis Campaign 2007

A Community Pandemic Flu Exercise

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2007 Coyote Crisis Campaign (CCC) Stakeholders



Scottsdale Healthcare

Air National Guard

Arizona Department of Health Services

The Arizona Republic

Arizona State University's BioDesign Institute

The Bethesda Partnership (Bethesda Naval Medical Center, Suburban Hospital, and the National Institutes of Health)

The City of Scottsdale

General Dynamics

Luke Air Force Base (Reserves and Active)

Mayo Clinic Hospital

Maricopa County, Department of Emergency Management

Maricopa County, Department of Public Health

Maricopa Integrated Health System

Scottsdale Insurance Company

The Value of Exercises

1. Exercises are large, complex, time consuming, and expensive events.
2. However, exercises provide a unique opportunity, not available through other venues, to provide reality-based observations, monitoring, testing, and solutions to emerging problems at the macro- and micro-level.
3. To optimize the experience and validate outcomes exercises must:
 - *Provide dilemma situations,*
 - *Provoke paradoxical thinking,*
 - *Promote out of the box thinking and solutions, and*
 - *Anticipate a multitude of “uncomfortable but real” emotional reactions...all necessary to accelerate the process of critical decision-making.*
4. The more unique the potential disaster, the more these criteria apply.

Community Mitigation Measures: Exercise Assumptions

- The State of Arizona would issue a Declaration of Emergency, activating resources.
- As a first step in social distancing measures, Maricopa County Department of Public Health would close schools and other events and identify and activate alternative care sites and resources.
- The military role (Active, Reserves, and National Guard) would be defined, potentially offering supplemental support for some community mitigation support measures (e.g., supplement, support, and security of health care resources).

Community Mitigation Measures: Realities of the Phoenix Exercise Environment



1. The Valley of the Sun (including Phoenix, the 4th largest city in the US) is dependent on high-tech, hospital-centric health care systems.
2. Community physicians remain disjointed.
3. Conventional disaster management exercises and decisions often do not include the private hospitals and large health care systems, but focus instead on first responders.

Community Mitigation Measures: Realities of the Phoenix Exercise Environment



1. Public Health has been undergoing substantial reorganization and evolution.
2. Similar to other areas throughout the US, funding has been allocated to support fragmented disaster planning and testing.
3. There have been few if any opportunities and no monetary incentives to:
 - Integrate the medical community, the public health sector, and the hospital health care industry and
 - Create and test community mitigation measures.

Community Mitigation Measures: Discovery Phase (Macro-Level)

- There were complications with communications between Maricopa County Department of Public Health (Emergency Management) and some CCC stakeholders, which prevented County and State of Arizona messages from being conveyed. Resources and sites were not identified, as a result.
- Military roles were not defined for pandemic flu, as it pertained to community impact; military participants could not exercise to the scenario.
- Health care sector Stakeholders were “on their own.”

Community Mitigation Measures: Example of Social Distancing



- Events:** Conventional triage sites were used to screen individuals using the completion of a history before sorting to home self-care, hospital, or alternative care settings. Prehospital service providers exercised transfer of the sick to alternative care sites nearby. City government planned communication to the public about the location of triage sites, while information centers echoed the information release.
- Findings:** Triage-management focused on severity of presentation rather than infectiousness. Minor crowding, delays in processing, and health care provider shortage occurred. This led to promotion of disease transmission, mixing of infectious with un-exposed patient populations, and poorly utilized and exposed EMS system personnel.

Community Mitigation Measures: Example of Social Distancing



Decision: Move to a robust Health Information System, Hotline expansion, and internet communications as first lines of triage-management. Conduct volunteer education and training for staffing of these sites. Dialogue with cellular companies about distribution of information and education to supplement city public information officer statements to the public. Integrate public health and the medical community into a collaboration.

Community Mitigation Measures: Example of Communications Requirements for Social Distancing



Events: Communication methodologies were established to test deployment and mobilization of triage-management and alternative care sites as well as patient tracking.

Findings: Due to communication breakdowns, Maricopa County Department of Public Health did not identify and coordinate sites and resources. Hospitals determined sites on their own in the community, but resource coordination and patient tracking could not occur with existing communication tools. Military backup to hospitals -- reliable in conventional disasters -- was not applicable to pandemic management demands.

Community Mitigation Measures: Example of Communications Requirements for Social Distancing



Decision: Determine the feasibility of a health-related emergency operations center to force integration of medical, public health, and community decision-makers and resources. The regional resource management and patient tracking tools must become more flexible to accommodate sites external to hospitals. Prioritization of hospital services will deter continuous staffing of triage and alternative care sites by health care workers; alternatives must be deliberated.

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Community Mitigation Measures: Communications to the General Public



- Events:** Joint Information Center participants exercised the relay of critical information to the public about social distancing decisions, airport restrictions, public health status updates, and a battery of additional information.
- Findings:** Ongoing updates on gas, food, and other vital resource locations and processes were not exercised. Critical participants, such as food industry utilities, were not scheduled to participate at the level necessary. Other communication strategies were not tested.
- Decision:** The stakeholder roster must be broadened to integrate targeted industries and partners. Cultural elements of communication must be assimilated into plans. All communication approaches must be used regularly to foster familiarity.

Lessons Learned

1. Macro-level problems, especially in a large metropolitan area, and their solutions must be identified and dealt with expeditiously before micro-level mitigation measures can be tested.
2. The scenario must reflect the realities and goal (cease transmission of the disease) of the pandemic management; do not mix conventional disaster elements, such as triage protocols that do not apply to the disease.
3. Hospital-centric systems must adopt trusted experience in the capacity and capability building of community mitigation measures.

Lessons Learned

4. Community *leadership* must take responsibility in forcing a collaborative relationship with public health that leads to a seamless, coordinated, and collaborative partnership.
5. Government funders must be encouraged to foster/fund these leadership entities that are creating and testing model programs.
6. Coyote Crisis Campaign Exercise did what it was supposed to do...it revealed the problems and exposed our community vulnerabilities...back to the drawing board!