



# SETRAC After-Action Report/Improvement Plan

January 26, 2022

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## EVENT OVERVIEW

|   |   |
|---|---|
| <b>Event Name</b>                       | Lyndon B. Johnson Hospital Emergency Department Fire  |
| <b>Event Dates</b>                      | January 26, 2022  |
| <b>Scope</b>                            | At approximately 17:30 PM on Wednesday, January 26, 2022, a fire began in LBJ's Emergency Center after a patient attempted to light a cigarette while connected to a bi-pap oxygen machine, thus starting a fire that spread to the patient's bed. The fire was quickly extinguished and the patient received immediate treatment. Due to smoke and extinguisher residue remaining and the need for cleanup, the decision was made to transport patients to nearby Ben Taub Hospital and St. Joseph's Medical Center. |
| <b>Mission Area(s) and Capabilities</b> | <ul style="list-style-type: none"><li>• Health Care and Medical Response Coordination</li><li>• Continuity of Healthcare Service Delivery</li><li>• Medical Surge</li></ul>   |
| <b>Issue Areas</b>                      | Real-World Event Issues Areas for Coalition Members: <ul style="list-style-type: none"><li>• Information Sharing &amp; Communications</li><li>• Medical Surge, Transportation Coordination, &amp; Evacuation</li></ul>  |
| <b>Threat or Hazard</b>                 | Emergency Department Fire   |
| <b>Point of Contact</b>                 | Lori Upton<br>Vice president<br>SETRAC<br>1111 North Loop West, Suite 160<br>Houston, TX 77008<br>Office: (281) 822-4450<br>Fax: (281) 822-4668<br><a href="mailto:Lori.Upton@setrac.org">Lori.Upton@setrac.org</a>   |

## **Executive Summary**

Thirty patients were evacuated from Lyndon B. Johnson Hospital the evening of January 26, 2022, after a fire ignited in a patient's room. The staff present in the emergency center acted quickly and extinguished the fire. Soon after, LBJ administration made the decision to declare an internal disaster and evacuate the patients to nearby hospitals. Following notification of incident, SETRAC contacted AMBUS partners and facilitated the movement of Fort Bend and Atascocita's resources to LBJ in preparation for patient evacuation. Sixteen patients were transported by AMBUS to Ben Taub, eight by personal vehicle to Ben Taub, and six by ambulance to St. Joseph. By 1500 the following day, the emergency department was operational, and the internal disaster declaration had ended.

### **Major Strength**

The major strengths identified during this event are as follows:

1. Rapid response and mobilization of partner agencies to scene.
2. LBJ provided all necessary paperwork to transporting agencies and receiving hospitals.
3. Receiving hospitals well-prepared for incoming patients.

### **Primary Areas for Improvement**

Throughout the event, some opportunities for improvement in the ability to respond to the fire incident at LBJ Hospital were identified. The primary areas for improvement are as follows:

1. System Code-Red notification saw errors, which caused brief confusion in initial response.
2. EMTrack was not used, therefore, the tracking that did take place was not available at a higher level.
3. No clear plans for transporting patients back to LBJ or to their homes following treatment at receiving hospitals.

## **AFTER ACTION REPORT METHODOLOGY AND DEVELOPMENT PROCESS**

SETRAC conducted a virtual meeting with SETRAC members and representatives from LBJ, Ben Taub, and St. Joseph, as well as the Harris Health Emergency Management, Fort Bend EMS, and Houston Fire Department. A summary of the feedback was compiled into the After-Action Report (AAR) which is submitted for approval by SETRAC Leadership and filed with the State of Texas.

## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning healthcare preparedness capabilities provides a consistent taxonomy for evaluation of real-world events to support preparedness reporting and trend analysis. Table 1 includes aligned capabilities, and performance ratings for each capability as observed during the event and determined by incident command.

| Objective  | Healthcare Preparedness Capability                  | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
|--|---|----------------------------------|------------------------------------|-------------------------------------|----------------------------|
| Health care organizations collaborate to share and analyze information, manage resources, and coordinate strategies to deliver medical care to all populations during emergencies.   | <b>Healthcare and Medical Response Coordination</b> |                                  | X                                  |                                     |                            |
| Health care organizations provide uninterrupted, medical care to populations despite damaged health care infrastructure. Healthcare workers are well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal operations.   | <b>Continuity of Healthcare Service Delivery</b>    | X                                |                                    |                                     |                            |
| Health care organizations deliver care to patients even when the demand for health care services exceeds available supply. The HCC coordinates information and available resources for its members to maintain surge response. Agencies and HCC promote a timely return to conventional standards of care as soon as possible. | <b>Medical Surge</b>                                |                                  | X                                  |                                     |                            |

## Capability 2: Healthcare and Medical Response Coordination

**Objective: Healthcare organizations collaborate to share and analyze information, manage resources, and coordinate strategies to deliver medical care to populations during emergencies.**

### Strengths

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

**Strength:** LBJ, Ben Taub, and St. Joseph hospitals, as well as responding and transporting agencies mobilized quickly and began emergency response procedures without delay.

**Strength:** Coordination with Ben Taub and St. Joseph hospital security to ensure the AMBUS had ample space to park near emergency department.

### Areas for Improvement

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

**Area for Improvement:** LBJ saw some issues with communication of Code-Red to employees.

**Analysis:** Errors in system communication of Code-Red resulted in some confusion in initial response.

**Area for Improvement:** Patient tracking information was not accessible at a higher level.

**Analysis:** Event was not created on EMTrack, therefore, patient tracking information was not available to those outside the Harris Health system who were assisting in incident response.

**Area for Improvement:** Issues with proper PPE usage

**Analysis:** Some responding staff did not don appropriate PPE before entering affected area.

## Capability 3: Continuity of Healthcare Service Delivery

**Objective: Health care organizations provide uninterrupted, medical care to populations despite damaged health care infrastructure. Healthcare workers are well-equipped to care for**

**patients during emergencies. Simultaneous response and recovery result in a return to normal operations.**

### **Strengths**

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

**Strength:** all participating healthcare facilities noted the seamless and timely coordination of patients' evacuation from LBJ Hospital to nearby facilities Ben Taub and St. Joseph, likely due to previous staff training and familiarity with emergency procedures.

## **Capability 4: Medical Surge**

**Objective: Health care organizations deliver care to patients even when the demand for health care services exceeds available supply. The HCC coordinates information and available resources for its members to maintain surge response. Agencies and HCC promote a timely return to conventional standards of care as soon as possible.**

### **Strengths**

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

**Strength:** Transporting agencies were given proper patient documentation and were able to maintain awareness of patients' identities and needs so that it could be relayed to receiving hospitals.

**Strength:** Because of adequate prior notice of incoming patients, receiving hospitals were able to get ahead of the surge by speeding up the process of discharging current patients in anticipation of new patient arrivals.

**Strength:** Because of adequate prior notice, hospital staff were ready and waiting to receive patients.

### **Areas for Improvement**

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

**Area for Improvement:** Patient tracking information was not accessible at a higher level.

**Analysis:** Event was not created on EMTrack, therefore, patient tracking information was not available to those outside the Harris Health system who were assisting in incident response.



**Area for Improvement:** Post-incident plans for returning pts. to LBJ after treatment to retrieve vehicles, find transportation home, etc.

**Analysis:** While initial response to incident was executed seamlessly, demobilization of emergency operations, including returning patients back to their original location was met with difficulty.

## **SECTION 4: CONCLUSION**

The fire in the emergency center at Lyndon B. Johnson Hospital, while dangerous, harmed no one except the patient at the point of the fire's ignition. Hospital staff were able to quickly extinguish the fire, despite issues with the Code-Red reporting system. Response agencies arrived quickly and aided in patient transport once the decision was made to evacuate. Receiving hospitals were notified of the incoming patients and were proactive in freeing up space in their emergency departments to support the influx of new patients. SETRAC was notified immediately and facilitated the mobilization of both Fort Bend and Atascocita's AMBUS units to the incident scene for patient evacuation. Communication regarding patient information from LBJ, to transport agencies, then to receiving hospitals was executed without error or delay. Because of this, continuity of care was maintained for the evacuees and LBJ was able to shift its efforts to bringing its emergency center back to its full operational status, which it did the next day by 1500.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the SouthEast Texas Regional Advisory Council because of the Emergency Center Fire at Lyndon B. Johnson Hospital in Houston, Texas.

| Capability   | Issue/Area for Improvement   | Corrective Action  | Capability Element <sup>1</sup> | Primary Responsible Organization                 | Start Date       | Completion Date   |
|--|--|--|---------------------------------|--|------------------|-------------------|
| Capability 2: Healthcare and Medical Response Coordination | System Code-Red notification saw errors, which caused brief confusion in initial response.                                   | Investigate cause of errors and resolve.   | Organization                    | Lyndon B. Johnson Hospital                       | Jan 26, 2022     | Ongoing           |
| Capability 2: Healthcare and Medical Response Coordination | EMTrack was not used, therefore, the tracking that did take place was not available at a higher level.                       | Ensure EMTrack is used in all incidents/events involving SETRAC and multiple facilities. | Planning                        | SETRAC Director of Response and Operations       | January 26, 2022 | February 14, 2022 |
| Capability 4: Medical Surge                                | No clear plans for returning evacuated patients to previously evacuated facility following treatment at receiving hospitals. | Identify and/or develop plans for addressing patient needs after an evacuation incident. | Planning                        | Lyndon B. Johnson Hospital (evacuating facility) | Jan 26, 2022     | Ongoing           |

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Event.

## **APPENDIX B: LYNDON B. JOHNSON EMERGENCY CENTER FIRE INCIDENT**

### **Participating Agencies/Facilities**

Lyndon B. Johnson Hospital

Ben Taub Hospital

St. Joseph Medical Center

Harris Health System

Fort Bend EMS

Houston Fire Department

Atascocita Fire Department

Southeast Texas Regional Advisory Council (SETRAC)