



1

Presenter

Isabel Sanchez
Disaster Services Specialist
Emergency Coordination Programs
Los Angeles County Emergency Medical Services Agency

Isabel is the Disaster Services Specialist with L.A. County EMS Agency Emergency Coordination Programs in the Disaster Response Section. She oversees the Medical Health Operational Area Coordination (MHOAC), Region 1 Regional Disaster Medical Health Coordination (RDMHC) programs as well as the Department Emergency Coordination/Building Emergency Coordination (DEC/BEC) programs. Ms. Sanchez assists in the planning, development, evaluation and coordination of the countywide emergency preparedness and disaster services programs.

 California Hospital Association

2024 DISASTER PLANNING CONFERENCE | 2

2

Presenter

Mara Bryant, MBA
Operations Executive
Adventist Health White Memorial (AHWM)

Ms. Bryant leads by integrating the Malcolm Baldrige vision into AHWM's health care transformation, its business framework, strategic planning and organizational performance to strengthen the continuum of care.



2024 DISASTER PLANNING CONFERENCE | 3

3

Presenter

Matthew Conroy
Battalion Chief
Los Angeles City Fire Department

Matthew Conroy currently serves the City of Los Angeles as a Battalion Chief assigned to the Fire Department's EMS Bureau. In this role, he is responsible for EMS-related training and administration within the Department. Matthew is passionate about improving the quality of care received by EMS patients, as well as the quality of life for EMS providers.



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4

Disclosure of Relevant Financial Relationships

Isabel Sanchez reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Mara Bryant, MBA reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Matthew Conroy reports no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.



2024 DISASTER PLANNING CONFERENCE | 5

5

DISCLAIMER

The following presentation is intended to provide an overview of the response to a partial hospital evacuation. While every effort has been made to ensure accuracy and reliability, the information presented is based on available data and may not capture every detail of the event. This presentation serves as an informative resource to provide insight into the response procedures undertaken.

6

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Outline the role of each stakeholder and their responsibilities during an evacuation, including the facilitation of a collaborative and coordinated response effort among responding agencies
- Highlight the significance of clear and effective communication among stakeholders to maintain situational awareness
- Identify key strategies for improved emergency preparedness and response under adverse conditions

7

INCIDENT OVERVIEW

A loss of power from the Los Angeles Department of Water and Power's (**DWP**) main feed to Adventist Health-White Memorial Hospital (**WMH**) resulted in the facility going on emergency generator power for an extended period. Eventual generator Bus Bar loss resulted in power fluctuation to the fire suppression system, triggering an alarm which then prompted a response by Los Angeles Fire Department (**LAFD**) who at the time of arrival noted part of the facility to be blacked out. A Multi Casualty Incident (**MCI**) was initiated and LAFD assumed Incident Command. WMH initiated the lateral evacuation of patients in the affected Care areas to e-powered areas. LAFD and WMH determined the Neonatal Intensive Care Unit (**NICU**) and obstetrics (**OB**) patients needed to be evacuated. A total of 145 patients were moved either laterally or out of the facility to other facilities.

8

STAKEHOLDERS

- Hospital
- Fire Department
- EMS Agency
- Other Local and State Agencies

9

HOSPITAL

- Ensure life safety of staff and patients throughout the incident
- Identify areas within unaffected areas of the facility for lateral evacuation of patients
- Identify and triage patients requiring evacuation, including necessary supplies, equipment and staff
- Identify and coordinate with receiving facilities for the transfer of patients requiring evacuation
- Collaborate and maintain communications with local community response partners
- Ensure continuity of care is maintained during the evacuation

10

FIRE DEPARTMENT

- Ensure life safety of all individuals within the building
- Establish unified command
- Assist with relocation and evacuation of patients



11

EMS AGENCY

- Overall medical coordination of the response
- Provide inpatient bed availability
- Provide medical transportation support
- Assist with transfers as needed
- Provide report to Emergency Medical Services Authority (**EMSA**) and California Department of Public Health (**CDPH**) Duty Officers



12

OTHER LOCAL & STATE AGENCIES

- **Los Angeles County Department of Public Health (LAC DPH)**
 - Provides support to other County response agencies
 - DPH Duty Officers acts as a single point of contact for DPH (including HFID)
 - Emergency response deploys agency rep(s) to scene of incident, and is the liaison for entire DPH
 - Coordinates with Health Facilities Inspection Division (**HFID**)
- **Health Facilities Inspection Division (HFID)**
 - Sends rep(s) to sending facility and/or accepting facility to ensure patient safety
 - Provides approval for the repatriation process
- **California Department of Public Health (CDPH)**
 - Receives and confirms situation reports
 - Ensures provision of services are appropriate
 - Supports resource requests from the Medical Health Operational Area Coordinator (**MHOAC**)



13

INCIDENT TIMELINE

August 21, 2023 **August 22, 2023**

0400 0600 0800 1130 1600 2300 0100 0200 0400 1130 1330 1700

The night the lights went out **The morning of the evacuation**

The graphic shows a night scene of a building with a timeline of events. The timeline consists of red circles with white text, connected by a dotted line. The events are: 0400, 0600, 0800, 1130, 1600, 2300, 0100, 0200, 0400, 1130, 1330, and 1700. The background is a dark night scene with red emergency lights and a building.

14

Monday, August 21, 2023

0400

0417 AM

- WMH loses electrical feed from DWP
- Facility goes on generator power and activates Hospital Command Center



0430 AM

- WMH House Supervisor contacts Medical Alert Center (**MAC**) to request diversion due to internal disaster
- Administrator on Duty (**AOD**) approves request for diversion



15

Monday, August 21, 2023

0600 0800

0600 AM

- WMH still on generator power; request 2 additional hours of diversion
- Bus Bar feeding in from the DWP to the facility is identified as the point of failure, which resulted in the initial power loss



0830 AM

- DWP and other vendors are on-site at WMH working on assessing the damage to the electrical system



16

Monday, August 21, 2023

WHM RESPONSE



Initial phase went well.

- Command Center activated and managing the event
- High voltage connection to city resulting in local facilities staff are unable to remedy
- Initial responses from external vendors and LADWP delayed due to large volume of calls from Hurricane Hillary
- CDPH, LA County EMS Agency notified

Established timeline for bus bar fabrication expected to be 24 hours.



17

Monday, August 21, 2023



1600 PM

- WMH notifies MAC they need a specialty order part; delivery ETA 1500 on 8/22/23; diversion is approved until 1500 on 8/22/23

2345 PM

- Emergency generator to the facility failed
- Power outage affects East Tower and Specialty Care Tower
- South Tower and North Building continue to receive power from the emergency generator throughout the incident
- MAC and AOD are notified
- Loss of power triggers an alarm from the fire suppression system, which notifies LAFD

2355 PM

- LAFD arrives at WMH



18

Monday, August 21, 2023

WHM RESPONSE



Initial phase went well.

- Command Center activated and managing the event
- Initial Efforts to minimize risk with canceling of non-emergent surgeries, procedures and treatments in our Main Operating Room, Outpatient Surgery, Cancer Center and Interventional Cardiology
- Disseminated emergency supplies such as flashlights and radios
- Safety systems were checked or tested such as Fire Panels, Code Blue system, overhead paging system
- Cataloged items having issues such as water and ice dispensers – things not on E-Power



19

Monday, August 21, 2023

LAFD RESPONSE



- The Los Angeles City Fire Department (LAFD) received a call for service from an Automatic Alarm monitoring company at 11:46 PM.
- The LAFD initially sent a “Light Force” (single crew staffing a truck and engine).
- First arriving companies focused on:
 1. Establish Unified Command with Hospital Administration
 2. Search all floors and elevators
 - Determine situation on each floor
 - Rescue 1 person from elevator car
 3. Evacuation: Determine who needed to be moved first



20

Monday, August 22, 2023



0045 AM

- AOD receives call from MAC reporting LAFD Rescue 2 and WMH are reporting a “complete” blackout



0100 AM

- LAFD and WMH Chief Operations Officer decide to evacuate
- AOD is notified that NICU patients on ventilators have only 2 hours of battery life remaining
- AOD advises WMH to contact sister facilities
- 2 NICU beds are identified at Los Angeles General Medical Center



21

Monday, August 22, 2023



0120 AM

- AOD reports to the MAC



0135 AM

- AOD requests Central Dispatch Office activates the Fire Operational Area Coordinator (**FOAC**)



22

Monday, August 22, 2023

WHM RESPONSE



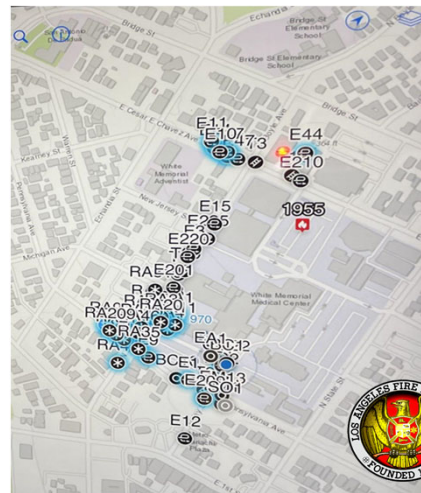
23

Monday, August 22, 2023

LAFD RESPONSE



- By 0100 hours, the facility is fully searched.
- Priority patients are beginning to be moved.
- Significant resources on scene.



24

Monday, August 22, 2023

LAFD RESPONSE

Initial Ambulance Transports

TIME	UNIT	ACTION	DESTINATION
1:42:30	RA9	TRANSPORTING	LAC/USC
1:44:50	RA9	ARRIVAL	LAC/USC
2:44:14	RA25	TRANSPORTING	Harbor UCLA
3:04:48	RA25	ARRIVAL	Harbor UCLA
3:36:48	RA4	TRANSPORTING	Harbor UCLA
4:01:25	RA4	ARRIVAL	Harbor UCLA
4:22:47	RA1	TRANSPORTING	Harbor UCLA
4:23:05	RA1	ARRIVAL	Harbor UCLA



25

Monday, August 22, 2023

0200

0200 AM

- The EMS Agency Director reports to the MAC



0216 AM

- WMH informs the AOD that LAFD has taken charge of the incident
- AOD informs WMH that these are their patients, their responsibility and this is their incident



26

Monday, August 22, 2023

0200

0240 AM

- Calls start to come into the AOD from WMH NICU doctors and nurses; only 1 Point of contact
- AOD speaks to LAFD Incident Commander and advises that NICU patients can not be transported under the paramedic score of practice
- HAvBED data is provided to WMH

0245 AM

- AOD informs LAFD Battalion Chief that the MAC will re-poll hospitals for updated bed availability and report back
- The Battalion Chief is urged to work with a NICU nurse at the WMH to obtain a list of patients needing transfer and to begin prioritizing them for transfer



27

Monday, August 22, 2023

WHM RESPONSE

0200

Prioritization of Floors for movement is determined.

Adult ICU (5th Floor)

- Able to move laterally into our CCU located in South Tower
- Had to vertically move 8 patients to the 3rd Floor connector

Finding accepting hospitals for other critical patients

- VOIP phones were not functional. Calling facilities in the dark on personal cell phones
- NICU babies toughest – 10 patients went to 3 different NICUs
- Labor & Delivery had to finish 2 deliveries in the dark
 - o 9 patients moved to 4 different accepting facilities



28

Monday, August 22, 2023

LAFD RESPONSE



- By 0200 hours, the highest priority patients have been categorized and moved for ambulance transport.
- Live births are completed.



29

Monday, August 22, 2023



0300 AM

- The EMS Agency Director notifies Los Angeles County Department of Public Health (DPH) of the incident via a 24-hour AOD emergency hotline. DPH will then notify Health Facilities Inspection Division (HFID)
- LAFD reports an additional 12-14 patients will require transfer. AOD requests a breakdown of types of patients



0400 AM

- HFID arrives at WMH
- AOD contacts LAFD to inquire if more ambulances are needed. LAFD advises they have transport handled
- FOAC is canceled



30

Monday, August 22, 2023



0810 AM

- First Situation Report is submitted to the Regional Disaster Medical Health Specialist (**RDMHS**) by the MHOAC for submission to CDPH



1030 AM

- Los Angeles County Office of Emergency Management (**OEM**) Duty Officer contacts the Medical Health Operational Area Coordinator (**MHOAC**) requesting that an EMS Agency Administrative representative report to the Incident Command Post at WMH



31

Monday, August 22, 2023

WHM RESPONSE



CMO Arranging for peer to peer – not many physicians in house from 1 – 5 am.

Most patients moved to cafeteria in South Tower

- Telemetry patients monitored by direct visualization.
- Isolation patients moved into private rooms in South Tower.

WHM Staff waking up and seeing their Internal Disaster pages/calls – arriving at facility to help with relocated patients.

Emergency Department stays manned for any walk-in patients.



32

Monday, August 22, 2023

LAFD RESPONSE

0300

0600

- By 0300 hours:
 - “Movement Group” is established to move remaining patients from Specialty Care tower to an area of refuge
- 0400 – 0600 hours:
 - Movement continues unabated. LAFD Stair Chairs are used to move members to an area of refuge.



33

Monday, August 22, 2023

LAFD RESPONSE

0600

0700

0800

- Final ambulance transport departs at 07:21 AM.
- LAFD continues full implementation of command structure with a focus on movement of remaining patients.
 - Many patients taken to cafeteria
- LAFD holds morning briefing.
- LAFD partners with city family to explore options for power restoration.



34

Monday, August 22, 2023

1130

1330

1130 AM

- EMS Agency Administration arrives at WMH and meets with hospital incident commander
- The hospital is once again informed that they decide how to manage the incident

1330 PM

- EMS Agency arranges a meeting with HFID, CDPH, LAFD and hospital incident commander to discuss status plan
- EMS Agency and hospital incident commander prepare to implement the FOAC and request HAVBED data in the event additional evacuations are needed



35

Monday, August 22, 2023

1415

1700

1415 PM

- Main power from DWP is restored to the facility
- CDPH approves the repatriation of patients to care areas
- DWP finalizes all checks and gives facilities/maintenance personnel additional resources as a contingency

1700 PM

- Hospital functions return to normal



36

Monday, August 22, 2023

WHM RESPONSE



3 Facilities teams working on 3 different approaches to restore power.

- Original Normal Power feed from LADWP (ETA 1400 hours)
- Emergency Power bus bar box failure (no ETA)
- Portable 2 mega-watt generator truck for direct connection (new source for emergency power) (ETA 1530 hours)

CDPH & LA County EMS help AHWM navigate final steps

1300 hours – EVS Teams begin cleaning original evacuated rooms

1418 hours – Granted permission by CDPH to repatriate displaced patients back to their original locations



37

Monday, August 22, 2023

LAFD RESPONSE



- LAFD continues to support restoration efforts
- Incident Command released to hospital at 12:06 PM



38

Monday, August 22, 2023

PATIENT TRANSPORTS

29 patients transported out of Adventist Health White Memorial Hospital

- Labor & Delivery
 - Adventist Health Glendale: **2**
 - California Hospital: **3**
 - Good Samaritan: **3**
 - Hollywood Presbyterian: **1**
- Maternity
 - Adventist Health Glendale: **2**
 - Los Angeles General: **2**
- NICU
 - Adventist Health Glendale: **7**
 - Harbor UCLA: **5**
 - Los Angeles General: **2**
- Pediatrics
 - CHLA: **2**

39

Monday, August 22, 2023

LATERAL MOVE

A total of 116 patients were moved laterally to unaffected areas of the facility.

- Most were moved to the South Tower Cafeteria and Causeway which never lost Emergency Power



40

INCIDENT CHALLENGES

EMS Agency

- Delayed internal notifications to team members
- Flash report and situation report were sent out to CDPH late
- Identifying triggers and thresholds for notifications and communications
- Ensuring notifications to large groups include all the necessary partners



41

INCIDENT CHALLENGES (cont.)

Adventist Health White Memorial Medical Center

- Plan scenarios and practices dominated by earthquake and infectious disease scenarios.
- Timing of Emergency Power Loss at 0030 am and resources on-site
- Merging of Command Center Teams
- Lack of adequate communication devices to keep those "in the dark" in alignment.
- Lack of adequate non-hand held light sources (tripods, extension cords etc)
- Medical response coordination
- Vertical evacuation 6 stories is simply hard work.



42

INCIDENT CHALLENGES (cont.)

Los Angeles Fire Department

- Conflicting guidance from hospital personnel on patient needs
- Lack of familiarity with hospital layout
- Large number of resources required from other City areas

30 Ambulances	1 Heavy Rescue
15 Fire Engines	1 Safety Officer
8 Fire Trucks	1 Rehab Tender
7 Chiefs	2 PIOs
5 EMS Captains	



43

LESSONS LEARNED

EMS Agency

- Convene meetings with internal team members promptly to gather all necessary information for providing situation reports to CDPH.
- Include coordination calls between responding agencies in the response process led by the MHOAC.
- Establish one point of contact during an incident to streamline communications between responding agencies and the Medical Alert Center.
- Determine triggers for the transition from Multi-Casualty Incident (MCI) patient transports to interfacility transfers with doctor-to-doctor hand-off and FOAC activation.
- Maintain unified command throughout the incident.



44

LESSONS LEARNED (cont.)

Adventist Health White Memorial

- Your planning needs to work when you have little or no resources.
- Don't tell yourself you will always have Emergency Power.
- Practice after-hours disasters more often.
- Practice roles of Incident Commander versus Medical Decision Coordination.
- Communicate, communicate, communicate



45

LESSONS LEARNED (cont.)

Los Angeles Fire Department

- Ensure a single person/position is contacting the Medical Alert Center to avoid miscommunication.
- Importance of surge capacity in EMS system
- Value of familiarity with EMS Agency and hospital personnel



46



CONCLUSION

- The facility's experience during the power outage reinforces the importance of emergency preparedness and collaboration among healthcare agencies. It demonstrates that effective interpretation of communication signals from all responding agencies is essential.
- Enhancing emergency preparedness capabilities, fostering relationships with partner agencies, and continuing to refine processes and procedures are of the utmost importance moving forward to ensure the safety and well-being of patients, staff, and the community.

47



QUESTIONS?

48

CLOSING REMARKS

We would like to extend our heartfelt gratitude to those involved in the response effort during this incident for their dedication, professionalism, and commitment to patient care and the healthcare community.

49

CONTACT INFORMATION

Matthew Conroy
Battalion Chief
Los Angeles City
Fire Department

Matthew.Conroy@lacity.org



Mara Bryant
Operations Executive
Adventist Health White
Memorial Hospital

BryantMC@ah.org



Isabel Sanchez
Emergency Coordination Programs
Los Angeles County EMS Agency

ISanchez2@dhs.lacounty.gov



50