



# Fox Valley Healthcare Emergency Readiness Coalition

## 2018 Dark Sky Full-Scale Exercise After-Action Report and Improvement Plan

May 15-17, 2018



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**FVAHCC**

Fox Valley Area Health Care Coalition

## EXERCISE OVERVIEW

<b>Exercise Name</b>	2018 Dark Sky Full-Scale Exercise
<b>Exercise Dates</b>	May 15-17, 2018
<b>Scope</b>	This exercise is a full-scale exercise planned for three days at various Fox Valley Healthcare Emergency Readiness Coalition (FVHERC) partner facilities. Exercise play is limited to FVHERC partners.
<b>Mission Area(s)</b>	Response & Recovery
<b>Core Capabilities</b>	<ul style="list-style-type: none"> <li>• Operational Coordination</li> <li>• Operational Communication</li> <li>• Intelligence &amp; Information Sharing</li> <li>• Public Health &amp; Medical Services</li> </ul>
<b>Objectives</b>	<p><b>Objective One:</b> FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.</p> <p><b>Objective Two:</b> Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.</p> <p><b>Objective Three:</b> Utilize standardized, regional, communication mechanisms to assist with a healthcare facility evacuation.</p> <p><b>Objective Four:</b> Understand the functionality of hospital network downtime procedures to ensure continuity of operations.</p> <p><b>Objective Five:</b> Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.</p>
<b>Threat or Hazard</b>	A terrorism event that causes a Mass Casualty Incident (MCI), Utility Disruption, and Healthcare Facility Evacuation.
<b>Scenario</b>	Dark Sky is a Wisconsin Department of Military Affairs full-scale exercise based on the Wisconsin Threat and Hazard Identification & State Preparedness Report. This exercise will be conducted May 15-17, 2018 at various locations in Wisconsin. The FVHERC in coordination with the overall State Emergency Operations Center (SEOC) and other partners, will focus on a variety of situations over the three days.



Day 1 (5/15/18): An MCI in the Appleton, WI area generates an influx of injured victims, many with trauma injuries, to local hospitals.

Day 2 (5/16/18): Multiple counties in Wisconsin are affected by natural gas and electrical disruptions; local medical centers are affected.

Day 3 (5/17/18): The extended utility disruptions cause the Aurora Medical Center Oshkosh (AMCO) to activate their Facility Evacuation Plan and transfer patients intra- and inter-regionally.

**Sponsor**

Fox Valley Healthcare Emergency Readiness Coalition

**Participating Organizations**

Refer to Appendix B for a full list of participating agencies



**Point of Contact**

**FVHERC Point of Contact**

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## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services		X		
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Utilize standardized, regional, communication mechanisms to assist with a healthcare facility evacuation.	Operational Communications		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** Healthcare facilities were able to manage the surge of simulated trauma patients in addition to real patients in the Emergency Departments.

**Strength 2:** WiTrac was utilized effectively to track the patient surge and update bed availability accordingly.

**Strength 3:** During the Aurora Medical Center Oshkosh (AMCO) evacuation response, the RMCC was notified and was available to coordinate any resource and coordination needs.

**Strength 4:** EMS proved to be an excellent partner and resource for expedited patient transport during each response.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Regional awareness of MCI surge impact

**Analysis:** On Day 1 of the exercise, many trauma victims were transported to area hospitals due to a transportation incident in Outagamie County. Area hospitals received a surge of patients from the incident and rapidly triaged and treated the victims. It was noted that while WiTrac was utilized to maintain up-to-date bed availability, the Fox Valley Healthcare Emergency Readiness Coalition (FVHERC)'s Regional Medical Coordinating Center (RMCC) was not activated to assist in the response. While each impacted healthcare facility was able to respond effectively to the provided scenario, early activation of the RMCC (e.g. standby mode) would expedite regional assistance if the situation escalated.

**Recommendation:** Review current FVHERC plans and include thresholds or tiers that healthcare facilities can utilize to initiate activation of the RMCC during a large, area-wide response. Healthcare Facilities review internal response plans and include activation of the RMCC as appropriate.

## Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Intelligence and Information Sharing

#### Strengths

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

**Strength 1:** There was an abundance of information pushed out by the FVHERC Coordinator to coalition partners.

**Strength 2:** A majority of the healthcare facilities noted effective activation of command staff at the initiation of the response.

**Strength 3:** Public relations personnel documented and created easily digestible messaging for media response.

#### Areas for Improvement

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

**Area for Improvement 1:** Limited WiTrac access at local hospitals.

**Analysis:** Many of the participating healthcare facilities noted that they had difficulty accessing WiTrac in their Command Centers. Either they did not have the log-in information readily accessible, or the primary point of contact was not available. Additionally, it was observed that once the HIMT was able to log-in, they did not utilize the bed census data for their response.

**Recommendation:** Identify primary, backup, and tertiary staff that have access to the WiTrac system. Develop a 1-page handout with log-in instructions that healthcare facilities can keep in their Command Centers. Review the purpose

**Area for Improvement 2:** Communication between the Hospital Command Center and Emergency Departments was challenging.

**Analysis:** Multiple facilities noted that they had challenges maintaining communication between the Hospital Command Centers and Emergency Departments. The Eds were responding to the influx of trauma patients from the MCI, however were either too busy or unsure of what to communicate with the HIMT. Multiple facilities determined that it would be useful to assign a liaison to the ED who can maintain communication with the HIMT on their behalf. They can also provide the in-person coordination and assistance the ED may find useful while they focus on the clinical response.

**Recommendation:** Healthcare facilities should review their MCI response plans and are encouraged to add this best practice.

## **Objective Three: Utilize standardized regional communication mechanism to assist with a healthcare facility evacuation.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Communications**

#### **Strengths**

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

**Strength 1:** The Aurora Medical Center Oshkosh (AMCO) communicated effectively with the RMCC at the initiation of the evacuation response.

**Strength 2:** Healthcare facilities utilized WiTrac to maintain regional situational awareness of bed availability to receive evacuated patients.

**Strength 3:** The RMCC activated the regional plan and communicated with everyone identified on the HICS 205 – Communications Plan.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Additional training on regional communications and coordination.

**Analysis:** The FVHERC has recently updated regional plans to include new processes for activating the RMCC and regional response. It did not appear that facilities utilized the RMCC to its fullest potential and were able to respond individually, or within their health system, to the events. It would be useful for the region to offer additional training and exercise opportunities on the updated plans as facilities may need to utilize the RMCC for resources and/or regional coordination in a larger event.

**Recommendation:** FVHERC provide additional training opportunities to regional partners on response plans.

## Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Operational Coordination

#### Strengths

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

**Strength 1:** All of the healthcare facilities in the FVHERC have identified they have agreements with vendors for natural gas or fuel oil if the facility ran low.

**Strength 2:** During an event that affected the entire region, hospitals that are part of larger health care systems identified that they would rely on their corporation to provide resources during a disruption.

**Strength 3:** Overall, HIMT personnel were successful in their ability to meet response objectives.

#### Areas for Improvement

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

**Area for Improvement 1:** Development of facility specific business continuity plans.

**Analysis:** During the exercise, healthcare facilities identified that while some may have business continuity plans, they are not as robust as they could be. With the cyber attack and utility disruptions presented in the exercise scenario, it is critical for the organization's continuity of operations to focus on mission critical functions and prioritization of services in the event of a disruption.

**Recommendation:** Review current business continuity plans, if any, and begin defining the organization's critical functions and prioritization for reconstitution.

## Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Operational Coordination

#### Strengths

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

**Strength 1:** The AMCO Hospital Incident Management Team (HIMT) successfully responded to their facility's need to evacuate and coordinated response efforts appropriately.

**Strength 2:** On Day 1 and Day 3 of the exercise, regional response was activated by HIMTs and provided situational awareness through WiTrac alerts, and available for resource needs.

**Strength 3:** Regional hospitals and other healthcare partners coordinated effectively to receive victims from the MCI event.

#### Areas for Improvement

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

**Area for Improvement 1:** Continue to build regional response capabilities.

**Analysis:** The three-day exercise provided the region with a good snapshot of current regional response plans and the capabilities of the stakeholders in the jurisdiction. It appeared that regional response plans aligned well with hospital specific response plans; hospital leadership appeared to be aware of the resources and assistance the region could provide. Continue to develop more robust regional response plans and provide training opportunities for healthcare partners to understand their role in the plan.

**Recommendation:** Review current response plans and update areas identified as an area of opportunity. Provide additional training and exercise opportunities for stakeholders to understand the plan.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Fox Valley Healthcare Emergency Readiness Coalition as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Public Health and Medical Services	Regional awareness of MCI surge impact	Review current RVHERC plans and include thresholds or tiers that healthcare facilities can utilize to initiate activation of the RMCC during a large, area-wide response.	Planning			June 2018	June 2019
		Healthcare Facilities review internal response plans and include activation of the RMCC as appropriate	Planning			June 2018	June 2019
Intelligence and Information Sharing	Limited WiTrac access at local hospitals.	Identify primary, backup, and tertiary staff that have access to the WiTrac system. Develop a 1-page handout with log-in instructions that healthcare facilities can keep in their Command Centers. Review the purpose	Planning, Training			June 2018	June 2019
	Communication between the Hospital Command Center and Emergency Departments was challenging.	Healthcare facilities should review their MCI response plans and are encouraged to add this best practice.	Planning			June 2018	June 2019
Operational Communications	Additional training on regional communications and coordination.	FVHERC provide additional training opportunities to regional partners on response plans.	Training			June 2018	June 2019

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

Operational Coordination	Development of facility specific business continuity plans.	Review current business continuity plans, if any, and begin defining the organization's critical functions and prioritization for reconstitution.	Planning			June 2018	June 2019
	Continue to build regional response capabilities.	Review current response plans and update areas identified as an area of opportunity.	Planning			June 2018	June 2019
		Provide additional training and exercise opportunities for stakeholders to understand the plan.	Training, Exercise			June 2018	June 2019

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Ascension Calumet Hospital
Ascension Mercy Hospital
Ascension St. Elizabeth Hospital Appleton
Aurora Medical Center Oshkosh
Ripon Medical Center
Children’s Hospital of Wisconsin-fox valley
Fox Valley Healthcare Emergency Readiness Coalition
ThedaCare Medical Center - Appleton
ThedaCare Medical Center – Berlin
ThedaCare Medical Center - Neenah
ThedaCare Medical Center – Shawano
ThedaCare- New London
ThedaCare- Waupaca
ThedaCare- Wild rose
Winnebago Mental Health Institute

## THE DACARE APPLETON - ANALYSIS OF CORE CAPABILITIES

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Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Utilize standardized, regional, communication mechanisms to assist with a healthcare facility evacuation.	Operational Communications	X			
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

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The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** The Emergency Department successfully triaged and treated all patients that presented from the MCI.

**Strength 2:** The registration process for an MCI was conducted effectively. Registration staff identified an ideal staffing structure and process to efficiently register all incoming patients.

**Strength 3:** The hospital has a robust reunification policy and process that includes utilizing Chaplains to reunify patients with their family.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Communication challenges in the ED.

**Analysis:** It was identified that there were some challenges with communications between forward triage in the ED garage and inside the department. Staff were unable to coordinate effectively to place EMS transported patients into rooms or transport to the appropriate department (e.g. Surgery, etc.)

**Recommendation:** Review the ED departmental communication process and update the communication pathways and protocols as needed. Check that the identified communication equipment is operational in the ED.

**Area for Improvement 2:** Physician coordination of patient flow.

**Analysis:** During the response, the ED personnel noted that it would be ideal to incorporate a physician into the command structure of the department. A designated physician could assist with directing patient flow and expediently less critical cases to make room for more critical patients.

**Recommendation:** Incorporate physician role into the hospital's MCI response plans.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** ThedaCare Appleton and ThedaCare Neenah consistently communicated throughout the response to maintain awareness of the impact to the system.

**Strength 2:** The ThedaCare media team did an excellent job developing messages for internal and external stakeholders based on the response actions.

**Strength 3:**

#### **Areas for Improvement**

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

**Area for Improvement 1:** Develop internal communications for power outage scenario.

**Analysis:** During Day 1 of the exercise, the Hospital Incident Management Team (HIMT) was presented with a power outage at the facility. The HIMT was optimistic in their back-up generators and other equipment to allow for continued operations, however it was noted that there may not be messaging currently developed to inform personnel on response procedures. The HIMT discussed that the switchboard would still be operational during an outage and could initiate an overhead page. Some example messaging included “power outage for unknown duration, ensure critical equipment is plugged into red outlets.”

**Recommendation:** Review facility communication plans and messaging for staff on power outage procedures as appropriate.

**Area for Improvement 2:** Improve the communication between Hospital Command Center and Emergency Department during a large surge.

**Analysis:** The HIMT personnel identified that they were unable to maintain situational awareness of the ED response to the large surge of trauma victims. ED personnel were too busy triaging, treating, and transporting critical patients and were unable to communicate their needs. The team identified that the HIMT should send a liaison to the ED that can maintain the link between the two locations. This liaison could relay the resource needs of the ED and also provide the HIMT with situational awareness throughout the response.

**Recommendation:** Include the liaison position in the hospital’s response plans and train personnel on role and responsibilities.

## **Objective Three: Utilize standardized regional communication mechanism to assist with a healthcare facility evacuation.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Communications**

#### **Strengths**

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

**Strength 1:** TCA provided timely updates to bed availability in WiTrac to receive patients from AMCO during their evacuation.

**Strength 2:** There was excellent support from providers and other clinical resources.

**Strength 3:** As the RMCC for the region, the hospital activated appropriately and was able to maintain communication with the jurisdiction.

#### **Areas for Improvement**

No areas of improvement identified.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** Set up briefing schedule early in the response to maintain organization and coordination with all stakeholders.

**Strength 2:** Successfully coordinated the logistics for “walking wounded” (e.g. triaged as green) to seek treatment at Encircle Health Clinic to allow the hospitals to treat more critical patients.

**Strength 3:** The Facilities Team noted that the facility has sufficient quantities of diesel fuel on site to maintain operations for several days in the event of a disruption.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Increase depth and breadth of HICS roles.

**Analysis:** Many of the usual players were involved. Spread the wealth and expand more knowledge. Next time have more people physically report in.

**Recommendation:** Identify hospital personnel that can serve in HICS leadership roles. Identify primary, secondary, and tertiary staff that can serve in each role. Train identified personnel on roles and responsibilities for each position.

**Area for Improvement 2:** ED Staff unsure of resources HIMT can provide.

**Analysis:** The Emergency Department staff noted that they felt unsure of the resources that the Hospital Incident Management Team could provide them during the surge of trauma patients. Initially, the ED staff coordinated the requests for supplies, personnel, and equipment. During this same time, the HIMT noted that they were unclear of what was happening in the ED and how they could assist. During the hotwash, both teams discussed how the ED could request the HIMT to manage the resource coordination to allow the ED personnel to focus on the treated the patients.

**Recommendation:** Develop a plan that provides the ED with a list of resources the HIMT can assist with.

## THEDACARE APPLETON - IMPROVEMENT PLAN

This IP has been developed specifically ThedaCare Appleton as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Public Health and Medical Services	Communication challenges in the ED	Review the ED departmental communication process and update the communication pathways and protocols as needed. Check that the identified communication equipment is operational in the ED.	ThedaCare Appleton		
	Physician coordination of patient flow.	Incorporate physician role into the hospital's MCI response plans.	ThedaCare Appleton		
Intelligence and Information Sharing	Develop internal communications for power outage scenario.	Review facility communication plans and messaging for staff on power outage procedures as appropriate.	ThedaCare Appleton		
	Improve the communication between Hospital Command Center and Emergency Department during a large surge.	Include the liaison position in the hospital's response plans and train personnel on role and responsibilities.	ThedaCare Appleton		
Operational Coordination	Increase depth and breadth of HICS roles.	Identify hospital personnel that can serve in HICS leadership roles. Identify primary, secondary, and tertiary staff that can serve in each role. Train identified personnel on roles and responsibilities for each position.	ThedaCare Appleton		
	ED Staff unsure of resources HIMT can provide.	Develop a plan that provides the ED with a list of resources the HIMT can assist with.	ThedaCare Appleton		

## THEDACARE NEENAH - ANALYSIS OF CORE CAPABILITIES

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Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
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**Table 1. Summary of Core Capability Performance**

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## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** The Emergency Department proved to be capability and confident in their ability to rapidly triage and treat the surge of patients.

**Strength 2:** ED personnel efficiently tracked all patients that presented from the MCI.

**Strength 3:** The ED utilized ancillary staff (e.g. Case Management and Security) to assist with patient flow.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Challenges to track MCI patients regionally.

**Analysis:** The WiTrac alert that went out at the beginning of the response asked for an update of bed availability. It was noted in the ED that it would have been more useful for WiTrac to capture the number of victims that each hospital received as well. This information would allow for greater regional situational awareness, and EMS would be able to transport to alternate facilities if they observed some were inundated. Additionally, some ED staff were unsure of how to update bed status as there is normally one staff member that updates daily.

**Recommendation:** Review WiTrac abilities and determine if MCI patient tracking can be included in hospital updates. Train additional ED personnel to update bed status in WiTrac if the primary person is unavailable.

**Area for Improvement 2:** Additional clarity on patient transport process.

**Analysis:** The ThedaCare Neenah Hospital Incident Management Team (HIMT) discussed potentially transferring patients inter-regionally to a jurisdiction that may not be affected by the impending utility failures. More specifically, considerations included the ability to perform cardiac cath, diagnostic imaging, etc if there was no power or natural gas. If the facility was to decide to transfer patients to another region, there was confusion on who would be responsible for arranging EMS transports.

**Recommendation:** Review the hospital's MCI plan and incorporate transfer plans, to include EMS transport arrangement, in the event the hospital cannot continue services.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** ThedaCare Appleton and ThedaCare Neenah had ongoing communications which effectively conveyed the operational capabilities of each facility. .

**Strength 2:** Communications within the Hospital Command Center (HCC) were effective when responding to the escalations in the scenario.

**Strength 3:** Public relations staff were present for the exercise and proved to be one of the greatest strengths during exercise play.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Designate alternate location for command communications equipment.

**Analysis:** While emergency communications were effectively set up within the Hospital Command Center, it was articulated that the emergency phone number departments utilize to report their status should be placed in an adjacent space to the HCC. Departments continuously called into the line that was placed in the HCC, and the HIMT noted that this was disruptive to operations.

**Recommendation:** Determine appropriate location for emergency command phone and designate appropriate personnel to man the line during a response.

**Area for Improvement 2:** Educate staff on patient reunification process.

**Analysis:** Based on the scenario presented, a family member contacted the facility in search of a patient. The HIMT addressed the patient family member seeking information, however it was never fully clarified what information could be released to a patient family member.

**Recommendation:** Review the hospital's patient reunification plan and educate staff on the defined protocols and process.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** The staff that formed the facility's HIMT rose to the challenge and were able to complete operational objectives.

**Strength 2:** The ThedaCare Neenah HIMT communicated throughout the response with healthcare partners to maintain coordination and knowledge of resource needs.

**Strength 3:** ThedaCare Neenah staff understood their limited command abilities and requested assistance from its sister facility, ThedaCare Appleton, appropriately.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Increase depth and breadth of HICS roles.

**Analysis:** The facility's primary HIMT members were not present for the exercise due to unforeseen circumstances. The staff that formed the HIMT on exercise day rose to the challenge and participated within their means. Ideally, ThedaCare Neenah should develop redundancy to the key HIMT positions and train additional staff to ensure the facility remains prepared for potential internal and external emergencies.

**Recommendation:** Identify additional staff at TCN that can serve as alternates to the primary HICS roles. Train additional staff on position responsibilities and include in future exercises.

**Area for Improvement 2:** Designation of scheduled briefings.

**Analysis:** As the ThedaCare Neenah HIMT responded to the scenario as it was presented, there was some confusion regarding communication and coordination with internal staff. The HIMT responded to departmental calls as they came in, but did not schedule briefings to keep all personnel informed at specified intervals. Once ThedaCare Appleton scheduled system briefings to maintain awareness, ThedaCare Neenah participated and informed personnel appropriately.

**Recommendation:** Review facility emergency response plans and include in the appropriate HIMT initiation procedures.

## THEDACARE NEENAH - IMPROVEMENT PLAN

This IP has been developed specifically ThedaCare Neenah as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Public Health & Medical Services	Challenges to track MCI patients regionally.	Review WiTrac abilities and determine if MCI patient tracking can be included in hospital updates. Train additional ED personnel to update bed status in WiTrac if the primary person is unavailable.	ThedaCare Neenah	June 2018	June 2019
	Additional clarity on patient transport process.	Review the hospital's MCI plan and incorporate transfer plans, to include EMS transport arrangement, in the event the hospital cannot continue services.	ThedaCare Neenah	June 2018	June 2019
Intelligence and Information Sharing	Designate alternate location for command communications equipment.	Determine appropriate location for emergency command phone and designate appropriate personnel to man the line during a response.	ThedaCare Neenah	June 2018	June 2019
	Educate staff on patient reunification process.	Review the hospital's patient reunification plan and educate staff on the defined protocols and process.	ThedaCare Neenah	June 2018	June 2019
Operational Coordination	Increase depth and breadth of HICS roles.	Identify additional staff at TCN that can serve as alternates to the primary HICS roles. Train additional staff on position responsibilities and include in future exercises.	ThedaCare Neenah	June 2018	June 2019
	Designation of scheduled briefings.	Review facility emergency response plans and include in the appropriate HIMT initiation procedures.	ThedaCare Neenah	June 2018	June 2019

## THEDACARE BERLIN - ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services	X			
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** The ThedaCare Berlin ED staff were confident they had sufficient staff to respond to the MCI.

**Strength 2:** The ED staff arranged med flight transport and bed availability at TCN for 2 patients.

**Strength 3:** Resources were mobilized and appropriated as necessary.

#### **Areas for Improvement**

No areas of improvement were identified.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** ThedaCare Berlin participated in situational awareness briefings with its sister hospitals.

**Strength 2:** Emergency communications were set up as needed.

**Strength 3:** Hospital staff communicated with a patient's family to reunify the patient with their family.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Better define communication between the Hospital Command Center and the Emergency Department.

**Analysis:** During the exercise, there seemed to be some miscommunication between the HIMT in the Hospital Command Center and the Emergency Department personnel. The HIMT noted that they were unclear on when the MCI patients arrived in the ED and if the ED needed assistance or additional resources.

**Recommendation:** Review internal communications plan and include expected items that would be required to report to the HIMT.

**Area for Improvement 2:** Additional radio utilization training.

**Analysis:** The exercise participants practiced with their radio equipment during the exercise and determined that additional training is needed. Staff were unsure of proper radio protocol, or effective radio utilization.

**Recommendation:** Develop a radio training that staff can review on an annual basis.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** The ThedaCare Berlin successfully activated their entire Hospital Incident Management Team (HIMT).

**Strength 2:** The hospital properly initiated internal notifications of the emergency via overhead and pager/mass notification systems.

**Strength 3:** Departments responded appropriately per hospital emergency response plans.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Utilization of common language.

**Analysis:** ThedaCare Berlin participated in the health system's operational briefings, and noted that they were unclear on some of the terms that were utilized to describe patients. ThedaCare Appleton designated patients as critical, red, yellow, and green. The TCB HIMT was unsure of the definitions for each of those categories and wouldn't be able to define the patient's they received consistent with the other facilities.

**Recommendation:** Standardize patient triage language across the health care system, as well as the region, and educate staff on the definition for each category.

**Area for Improvement 2:** Improvement of the 96-hour plan.

**Analysis:** Due to the utility disruptions presented in the exercise scenario, the HIMT noted that the Hospital Command Center Emergency Builders do not include response procedures for an electrical failure. Additionally, the 96 hour plan included many of the redundancy systems that the facility has in place in the event of a disruption, however should be reviewed and updated based on current status.

**Recommendation:** Update the Emergency Preparedness Binder to include electrical failure protocols. Update the 96 hour plan as appropriate.

## THEDACARE BERLIN - IMPROVEMENT PLAN

This IP has been developed specifically ThedaCare Berlin as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Intelligence and Information Sharing	Better define communication between the Hospital Command Center and the Emergency Department.	Review internal communications plan and include expected items that would be required to report to the HIMT.	ThedaCare Berlin	June 2018	June 2019
	Additional radio utilization training.	Develop a radio training that staff can review on an annual basis.	ThedaCare Berlin	June 2018	June 2019
Operational Coordination	Utilization of common language.	Standardize patient triage language across the health care system, as well as the region, and educate staff on the definition for each category.	ThedaCare Berlin	June 2018	June 2019
	Improvement of the 96-hour plan.	Update the Emergency Preparedness Binder to include electrical failure protocols. Update the 96 hour plan as appropriate.	ThedaCare Berlin	June 2018	June 2019

## THEDACARE SHAWANO - ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services		X		
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** The Emergency Department successfully triaged and treated all patients that presented from the MCI.

**Strength 2:** The facility discussed continuity of services during the exercise and identified utilizing personnel from outpatient clinics for the labor pool.

**Strength 3:** The ThedaCare Shawano HIMT discussed utilization of EMS to assist with transports during the response.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Communication challenges between the Hospital Command Center and the Emergency Department.

**Analysis:** It was noted during the exercise that the Emergency Department Staff were unclear on who they should notify if they had an influx of patients from a large-scale event. They were not aware if there were specific thresholds in place that would determine when the facility would activate their MCI plans versus operating as usual. More clarity is needed on communication and staffing needs for an event of this magnitude.

**Recommendation:** Review the hospital emergency response plans for activation levels and thresholds that would determine when the ED would call for activation of the HIMT for additional assistance or resources.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** ThedaCare Shawano communicated with other regional hospitals for supply requests and determined that current contact information is accurate.

**Strength 2:** An appropriate spokesperson was designated to provide media and family information.

**Strength 3:** Communication within the Hospital Command Center was effective.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Update enterprise wide emergency plans.

**Analysis:** During the Day 1 portion of the exercise, the HIMT noted that they were unsure of the ThedaCare system support that would be available during a multi-city incident. It was discussed that while TCS would have sufficient resources for the initial response, additional support would be required.

**Recommendation:** Review system wide emergency plans and determine the role and assistance the corporation could provide during a response.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** The initial facility notification was successfully conducted via overhead announcement.

**Strength 2:** The Hospital Command Center was adequately set-up and staffed for the response.

**Strength 3:** The facility identified that they had redundant systems in place in the event of a utility disruption (agreement with gas company, backup generator, etc).

#### **Areas for Improvement**

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

**Area for Improvement 1:** Additional HIMT positions training.

**Analysis:** At the initiation of the exercise, the Incident Commander was unclear on specific responsibilities and actions they were responsible for. The Exercise Controller assisted the HIMT in the initial response actions, and afterwards they were able to maintain the response.

**Recommendation:** Provide identified HIMT personnel with education and training on the HIMT positions they may be asked to fill. Identify secondary and tertiary personnel for each HICS position to provide redundancy for sustained response to an event.

**Area for Improvement 2:** Educate HIMT personnel on regional coordination.

**Analysis:** It was noted during the response that the Incident Commander was unclear on the procedure of communicating with other regional healthcare facilities if they needed additional resources.

**Recommendation:** Work with the FVHERC to review regional coordination plans and educate leadership on the process.

**Area for Improvement 3:** Update facility response to a utility disruption.

**Analysis:** While the hospital identified that they had sufficient back-up systems in place for a utility disruption, it was identified that they did not prioritize critical equipment for those back-up systems in the event all equipment couldn't be maintained. For example, emergency plans include the need for generator load shed during a utility disruption, however does not include a

prioritization list of which critical equipment should be maintained. This could also be incorporated and discussed in the facility's Business Continuity Plan.

**Recommendation:** Review current facilities emergency plans and incorporate which critical equipment should be prioritized and maintained if unable to sustain routine operations.

## THEDACARE SHAWANO - IMPROVEMENT PLAN

This IP has been developed specifically ThedaCare Shawano as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Public Health & Medical Services	Communication challenges between the Hospital Command Center and the Emergency Department.	Review the hospital emergency response plans for activation levels and thresholds that would determine when the ED would call for activation of the HIMT for additional assistance or resources.	ThedaCare Shawano	June 2018	June 2019
Intelligence & Information Sharing	Update enterprise wide emergency plans.	Review system wide emergency plans and determine the role and assistance the corporation could provide during a response.	ThedaCare Shawano	June 2018	June 2019
Operational Coordination	Additional HIMT positions training.	Provide identified HIMT personnel with education and training on the HIMT positions they may be asked to fill. Identify secondary and tertiary personnel for each HICS position to provide redundancy for sustained response to an event.	ThedaCare Shawano	June 2018	June 2019
	Educate HIMT personnel on regional coordination.	Work with the FVHERC to review regional coordination plans and educate leadership on the process.	ThedaCare Shawano	June 2018	June 2019
	Update facility response to a utility disruption.	Review current facilities emergency plans and incorporate which critical equipment should be prioritized and maintained if unable to sustain routine operations.	ThedaCare Shawano	June 2018	June 2019

## ASCENSION ST. ELIZABETH HOSPITAL ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services		X		
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** The Emergency Department assessed and determined that current supply and equipment levels were sufficient for immediate needs. The staff did discuss how they would request additional resources (staffing, blood, etc.).

**Strength 2:** The ED staff did a great job working through the exercise victims while also working on real world patients.

**Strength 3:** ED Staff successfully maintained up-to-date information in WiTrac as victims arrived on-site.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Communication challenges between the Hospital Command Center and the Emergency Department.

**Analysis:** It was noted during the exercise that the ED staff could have done a better job of interfacing and sharing information with the Hospital Incident Command Team. One identified solution was to provide a liaison to assist with communication between the Emergency Department and the HIMT during the response. This liaison would ease the burden on the ED staff to maintain communications and allow them to focus on the treatment of presenting patients.

**Recommendation:** Determine appropriate personnel to serve in the ED liaison role and provide training and exercise opportunities to practice.

**Area for Improvement 2:** Improve registration process during MCI.

**Analysis:** There was an identified delay in registering the influx of trauma patients from the MCI event. This delay caused a backlog of registrations of ED patients which may cause delay in patient care in a real event.

**Recommendation:** Registration staff should review the MCI plan and become familiar with their role and responsibilities during this type of event.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** ThedaCare Shawano communicated with other regional hospitals for supply requests and determined that current contact information is accurate.

**Strength 2:** An appropriate spokesperson was designated to provide media and family information.

**Strength 3:** Communication within the Hospital Command Center was effective.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Need representation from all hospital departments during the response.

**Analysis:** During the initial notification of the response, a majority of the hospital's departments reported to the Hospital Command Center. It was noted that IT and the clinics did not report as prescribed in the plans. These two departments would be vital in this type of scenario due to potential utility disruption and additional personnel needs during an MCI.

**Recommendation:** Review activation procedures with all hospital departments.

**Area for Improvement 2:** Identify on-site Public Information Officer (PIO).

**Analysis:** The Ascension enterprise includes a corporate level communications team that would provide virtual public relations services to each hospital. The main PIO for the organization is located in Milwaukee and would not be available on-site during the initial stages of a response. Identification of an on-site Public Information Officer, or Public Information Liaison that can assist with message development, staging of media personnel, and other duties would allow the hospital to proactively manage the response communications.

**Recommendation:** Assign an on-site Public Information Officer or Public Information Liaison that can initiate public relation response actions at the facility until the corporate PIO can arrive.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** The initial facility notification was successfully conducted via overhead announcement.

**Strength 2:** The Hospital Command Center was adequately set-up and staffed for the response.

**Strength 3:** The facility identified that they had redundant systems in place in the event of a utility disruption (agreement with gas company, backup generator, etc).

#### **Areas for Improvement**

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

**Area for Improvement 1:** Additional HIMT positions training.

**Analysis:** It was identified that while there was sufficient personnel available to serve in HIMT roles, specific personnel were not assigned to each role. The facility's response plans should include designation of specific leadership positions that can serve in each role. While the Incident Commander and Operations Section Chief roles are important, it was also noted that a Scribe was not assigned until later in the response. Identifying and appointing a scribe at the initiation of the response would assist the HIMT to accurately document response efforts and not have to go back later to fill in blanks.

**Recommendation:** Identify specific hospital personnel to serve in HIMT personnel; educate and train those personnel on role responsibilities. Provide redundancy to each position for sustained response capability for an event.

## ASCENSION ST. ELIZABETH HOSPITAL IMPROVEMENT PLAN

This IP has been developed specifically Ascension St. Elizabeth Hospital as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Public Health & Medical Services	Communication challenges between the Hospital Command Center and the Emergency Department.	Determine appropriate personnel to serve in the ED liaison role and provide training and exercise opportunities to practice.	Ascension St. Elizabeth	June 2018	June 2019
	Improve registration process during MCI.	Registration staff should review the MCI plan and become familiar with their role and responsibilities during this type of event.	Ascension St. Elizabeth	June 2018	June 2019
Intelligence & Information Sharing	Need representation from all hospital departments during the response.	Review activation procedures with all hospital departments.	Ascension St. Elizabeth	June 2018	June 2019
	Identify on-site Public Information Officer (PIO).	Assign an on-site Public Information Officer or Public Information Liaison that can initiate public relation response actions at the facility until the corporate PIO can arrive.	Ascension St. Elizabeth	June 2018	June 2019
Operational Coordination	Additional HIMT positions training.	Identify specific hospital personnel to serve in HIMT personnel; educate and train those personnel on role responsibilities. Provide redundancy to each position for sustained response capability for an event.	Ascension St. Elizabeth	June 2018	June 2019

## ASCENSION MERCY HOSPITAL ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services	X			
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing	X			
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination	X			
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination	X			
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** Initial WiTrac notification was utilized successfully for activation of appropriate hospital personnel.

**Strength 2:** The ED assessed internal resources and deemed them sufficient for immediate needs. Also discussed how to activate additional resources through corporate partners.

**Strength 3:** The facility simulated recalling staff for the labor pool to assist with the MCI response.

#### **Areas for Improvement**

No areas of improvement were identified.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** Staff was appropriately contacted to notify of the escalating event.

**Strength 2:** The facility was able to produce up-to-date contact information for Public Health and Emergency Management partners.

**Strength 3:** The hospital identified a Public Information Officer/spokesperson to assist with media and family information.

#### **Areas for Improvement**

No areas of opportunity were identified.

**Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

**Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## **Operational Coordination**

### **Strengths**

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

**Strength 1:** The initial facility notification was successfully conducted via overhead announcement and internal pager/mass notification system communication.

**Strength 2:** The Hospital Command Center was fully activated to respond to the event. .

**Strength 3:** All affected departments reported appropriately to the Hospital Command Center.

### **Areas for Improvement**

No areas of improvement were identified.

## **ASCENSION MERCY HOSPITAL IMPROVEMENT PLAN**

This IP has been developed specifically Ascension Mercy Hospital as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

No areas of improvement were identified.

## CALUMET MEDICAL CENTER ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services	X			
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination	X			
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination	X			
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

**Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

**Public Health & Medical Services**

**Strengths**

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

**Strength 1:** EMS successfully simulated transportation of patients to the hospital.

**Areas for Improvement**

No areas of opportunity were identified.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing Operational Communication**

#### **Strengths**

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

**Strength 1:** WiTrac was utilized to alert all hospital personnel in a timely manner.

**Strength 2:** The Hospital Command Center was opened and set-up appropriately.

**Strength 3:** Hospital leadership was fully engaged in the exercise.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Challenges with utilizing WiTrac.

**Analysis:** At the initiation of the exercise, it was noted that the initial WiTrac alert was inaccurate. It was sent out to the entire state instead of solely the region and requested that all Command Centers be activated. The authority to activate a Hospital Command Center lies with the individual facility, and should not be requested by the RMCC. Additionally, the initial alert was not recognized by the ED staff; it was later realized that the volume on the computer was turned down.

**Recommendation:** Work with the FVHERC to review WiTrac notification procedures and update as needed.

**Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

**Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

## **Operational Coordination**

### **Strengths**

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

**Strength 1:** Leaders opened the Hospital Command Center appropriately and in a timely manner.

**Strength 2:** The HIMT was able to quickly establish what they needed to respond to the event. They called in additional staff and they postponed elective surgeries to accommodate the critical patients from the MCI event. They were also able to connect with outlying trauma centers to transfer patients as needed.

**Strength 3:** Staff levels were quickly assessed and staff was reassigned from the Med Surg department to assist with the Emergency Department response.

### **Areas for Improvement**

No areas of improvement were identified.

## CALUMET MEDICAL CENTER - IMPROVEMENT PLAN

This IP has been developed specifically Calumet Medical Center as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Intelligence & Information Sharing	Challenges with utilizing WiTrac.	Work with the FVHERC to review WiTrac notification procedures and update as needed.	Calumet Medical Center	June 2018	June 2019

## AURORA MEDICAL CENTER OSHKOSH ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.	Public Health and Medical Services		X		
Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.	Intelligence and Information Sharing		X		
Utilize standardized, regional, communication mechanisms to assist with a healthcare facility evacuation.	Operational Communications	X			
Understand the functionality of hospital network downtime procedures to ensure continuity of operations.	Operational Coordination		X		
Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.	Operational Coordination		X		
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: FVHERC healthcare facilities and other healthcare partners conduct medical surge operations in coordination with the Regional Medical Coordinating Center (RMCC) during a large-scale MCI.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Public Health & Medical Services**

#### **Strengths**

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

**Strength 1:** Clinical leadership was able to efficiently determine patient census utilizing the Unit Evacuation Binders.

**Strength 2:** The hospital had an excellent relationship with EMS, who informed hospital staff their patient tracking process for evacuating patients.

**Strength 3:** The AMCO Emergency Preparedness Coordinator utilized WiTrac successfully to determine bed availability at regional facilities.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Duplicate Unit Evacuation Binders.

**Analysis:** The facility has developed a comprehensive Unit Evacuation Binder that includes relevant forms, triage information, and other guidance documents for each unit to utilize in an evacuation scenario. These binders proved extremely fruitful during the response. It was noted that the binders are originally housed in the Hospital Command Center (HCC) and brought to the unit to initiate response actions. Once initial steps were completed, the Unit Manager or Director brought the binder back with them to the HCC. The floors could utilize a duplicate version of the binder to house permanently on the unit so staff can continue identified response actions while the Unit Manager or Director begins evacuation prioritization.

**Recommendation:** Develop a duplicate Evacuation Binder to house on the units.

**Area for Improvement 2:** Additional evacuation training.

**Analysis:** During the exercise, AMCO staff were given the opportunity for hands-on practice of the evacuation equipment (Stairchair, Paraslyde, Baraslyde, etc). Nursing staff that played as actors (e.g. evacuating patient) expressed that they appreciated the unique perspective. They were able to also provide constructive feedback to the staff practicing with the evacuation equipment. This opportunity also served as a quality control check for the equipment as some of the equipment was observed as malfunctioning or broken.

**Recommendation:** Provide annual hands-on training opportunities for staff to practice utilizing the evacuation equipment.

## **Objective Two: Coordinate multi-jurisdictional, multi-disciplinary communication and messaging to maintain situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Intelligence and Information Sharing**

#### **Strengths**

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

**Strength 1:** The HIMT utilized proper HICS forms for the transfer of evacuating patients.

**Strength 2:** AMCO maintained situational awareness of their evacuation with the Regional Medical Coordinating Center (RMCC) throughout the response.

**Strength 3:** All of the HIMT personnel were included in regularly scheduled operational briefings to maintain organization for the response.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Determine primary and backup forms of communication.

**Analysis:** During the evacuation, there were multiple forms of communication equipment utilized to maintain situational awareness. Staff utilized Ascom phones, radios, email, and other equipment. There was some confusion as to which modes of communication they should monitor during the response. Development of HICS 205 – Communications Plan would provide a good overview for all stakeholders for all methods of communication. Clarifying which communication tools would be utilized as primary and backup would help personnel as well.

**Recommendation:** Develop a HICS 205- Communications Plan with frequently used communications equipment in advance of an event. This document can be adjusted just-in-time to reflect changes to available equipment.

## **Objective Three: Utilize standardized regional communication mechanism to assist with a healthcare facility evacuation.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Communications**

#### **Strengths**

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

**Strength 1:** The Aurora Medical Center Oshkosh (AMCO) communicated effectively with the RMCC at the initiation of the evacuation response.

**Strength 2:** AMCO contacted regionally health care facilities as needed to evacuate patients to an appropriate level of care.

#### **Areas for Improvement**

No areas of opportunity were identified.

## **Objective Four: Understand the functionality of hospital network downtime procedures to ensure continuity of operations.**

## **Objective Five: Validate regional and facility specific evacuation plans by simulating a full-facility evacuation in the HERC.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **Operational Coordination**

#### **Strengths**

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

**Strength 1:** The Incident Commander had excellent leadership skills and remained calm during the exercise. This minimized the stress for the rest of the personnel in the Hospital Command Center.

**Strength 2:** The HIMT went above and beyond the exercise scenario to discuss sustained operations for the facility including staff sustenance, continuity of operations for the organization, safety of patients, etc.

**Strength 3:** The Incident Commander worked with hospital leadership to appropriately assign all HICS positions necessary for the response at the onset of the event.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Additional HIMT positions training.

**Analysis:** At the onset of the response, the Incident Commander systematically assigned appropriate personnel to each HICS position. There were position specific binders and other information available in the Hospital Command Center, but it was observed that some of the staff were unsure of their responsibilities. Many were reviewing the binders to see they provided guidance on response actions. While the overall HICS system provides general guidance and actions that can be initiated, healthcare facilities are encouraged to personalize the documents to their facility's unique needs and resources.

**Recommendation:** Provide identified HIMT personnel with education and training on the HIMT positions they may be asked to fill. Identify secondary and tertiary personnel for each HICS position to provide redundancy for sustained response to an event. Review position specific binders and enhance with facility specific information and response actions.

**Area for Improvement 2:** Update the hospital evacuation plan.

**Analysis:** As the HIMT worked to identify appropriate beds and transportation for all AMCO patients, the clinical units practiced evacuation techniques on simulated patients. The unit specific exercise proved fruitful as it determined that the facility's evacuation plans need to include additional details regarding specific evacuation processes. For example, it was observed

that units should have a specific stairwell identified to evacuate their patients. Otherwise, some of the stairwells may get congested and slow down the evacuation process. Additionally, it was noted that the plan references that patients should be evacuated from the top floor to the bottom. However, patients were prioritized for evacuation based on their reverse triaged acuity level (Level 1-4). Standardization and training on final processes would assist in a smoother response.

**Recommendation:** Review the current hospital evacuation plan and include specific logistics for evacuating patients from each unit. Additionally, confirm the proper evacuation process and standardize in the plan. Train staff on that plan.

## AURORA MEDICAL CENTER OSHKOSH IMPROVEMENT PLAN

This IP has been developed specifically AMCO as a result of the Dark Sky Full Scale Exercise on May 15-17, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Start Date	Completion Date
Public Health & Medical Services	Duplicate Unit Evacuation Binders.	Develop a duplicate Evacuation Binder to house on the units.	AMCO	June 2018	June 2019
	Additional evacuation training.	Provide annual hands-on training opportunities for staff to practice utilizing the evacuation equipment.	AMCO	June 2018	June 2019
Intelligence & Information Sharing	Determine primary and backup forms of communication.	Develop a HICS 205-Communications Plan with frequently used communications equipment in advance of an event. This document can be adjusted just-in-time to reflect changes to available equipment.	AMCO	June 2018	June 2019
Operational Coordination	Additional HIMT positions training.	Provide identified HIMT personnel with education and training on the HIMT positions they may be asked to fill. Identify secondary and tertiary personnel for each HICS position to provide redundancy for sustained response to an event. Review position specific binders and enhance with facility specific information and response actions.	AMCO	June 2018	June 2019
	Update the hospital evacuation plan.	Review the current hospital evacuation plan and include specific logistics for evacuating patients from each unit. Additionally, confirm the proper evacuation process and standardize in the plan. Train staff on that plan.	AMCO	June 2018	June 2019