



FV-HERC

Fox Valley Healthcare Emergency Readiness Coalition

**FOX VALLEY WISCONSIN HEALTHCARE
EMERGENCY READINESS COALITION (FVHERC)
COALITION SURGE TEST BP1-17**

After-Action Report/Improvement Plan
June 15, 2018

EXERCISE OVERVIEW

Exercise Name	Coalition Surge Test BP 1-17
Exercise Dates	March 22, 2018
Scope	This exercise is a tabletop exercise with functional elements. No patients will be moved during this exercise.
Mission Area(s)	Response
Core Capabilities	Operational Coordination Hospitals, Public Health, Healthcare and EMS Critical Transportation
Objectives	Achieve situational awareness throughout the coalition via notification systems. Demonstrate use of information sharing systems (WI Trac) to obtain key data for decision-making. Confirm receiving hospital acceptance of 20% of the region's staffed acute care patients within 90 minutes. Confirm appropriate emergency transportation for all evacuating patients within 90 minutes.
Threat or Hazard	None, as defined by the Assistant Secretary for Preparedness and Response
Scenario	Hospitals within coalition region were notified of the need for two regional hospitals to evacuate emergently. The evacuation hospitals assisted in alerting the region and sharing information, locating appropriate open beds in other facilities, confirming acceptance of patients into those open beds, and securing transportation to transfer patients. No specific scenario was used beyond the need for emergent evacuation of one hospital and resulting surge to other regional hospitals.
Sponsor	Fox Valley Healthcare Emergency Readiness Coalition (FVHERC), as required and supported by the Assistant Secretary for Preparedness and Response for the Department of Health and Human Services

**Participating
Organizations**

Fox Valley Healthcare Emergency Readiness Coalition core membership (emergency management, emergency medical services, hospital, and public health), as well as other interested parties. See appendix B.

**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)
Achieve situational awareness throughout the coalition via notification systems.	Operational Coordination		X		
Demonstrate use of information sharing systems (WI Trac) to obtain key data for decision-making.	Operational Coordination		X		
Confirm receiving hospital acceptance of 20% of the region's staffed acute care patients within 90 minutes.	Public Health, Healthcare, and EMS			X	X
Confirm appropriate emergency transportation for all evacuating patients within 90 minutes.	Critical Transportation			X	
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • 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. • 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, 					

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</p> <ul style="list-style-type: none"> 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. 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). 					

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 1: Assure situational awareness throughout the coalition via identified notification systems.

Core Capability: Operational Coordination/communication

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Coalition partners abilities to use WI Trac efficiently and precisely.

Strength 2: Notification of the FVHERC coordinator and other hospitals quickly.

Areas for Improvement

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

Area for Improvement 1: WI Trac alerting training to assure the correct alert is sent

Reference: The first alert that went out they forgot to choose the hospitals to input beds.

Analysis: Training and exercising are key to correcting.

Area for Improvement 2: The Regional Medical Coordination Center (RMCC) was unable to assist with developing and maintaining regional situational awareness.

Reference: The RMCC is a brand new concept and was on conceptual during this exercise. No organized way to communicate.

Analysis: During the Coalition Surge Test (CST), the evacuating hospitals conducted their evacuation procedures in a siloed manner. The facilities notified the regional coordinator to initiate a WiTrac bed report request across the region. However, once this notification was conducted, the facilities did not continue to communicate updates throughout the evacuation process. It is challenging for the region to maintain awareness of jurisdiction-wide response and any resource needs that may escalate.

Area for Improvement 3: A regional communication plan to include situational update needs to be developed and exercised.

Reference: Analyze current regional communication platforms and identify the primary and redundant tools that could be utilized for region wide communication.

Analysis: WiTrac was utilized to communicate regionally. Unfortunately, WiTrac was not utilized to its fullest potential as a communication tool to keep regional partners abreast of the response to the emergency.

Objective 2: Test the coalition's ability to perform a simulated evacuation with existing on-site staff during a low/no-notice event using coalition support.

Core Capability: Operational Coordination

Strengths

Strength 1: Regional healthcare facilities had strong community ties and were able to quickly identify available resources.

Strength 2: Initial notification was appropriately conducted, and appropriate stakeholders were properly informed of the emergency event.

Strength 3: Evacuating hospitals coordinated transportation resources effectively and were able to accommodate transport of the evacuating patients during their routine operations.

Areas for Improvement

Area for Improvement 1: Regional Evacuation Plan Development needed

Reference: Develop an operational Regional Evacuation Plan to includes regional activation/notification, identification of roles and responsibilities for each regional partner, and to standardize the request and utilization of regional resources.

Analysis: The HCC identified that regional plans need to be developed to assist the region with a larger scale evacuation of multiple facilities.

Area for Improvement 2: The need for situational awareness at other facilities in and out of region.

Reference: There is not a plan to identify that more than one facility is evacuating, requesting resources and communicating with other partners.

Analysis: RMCC will help with the coordinating and communication once in place.

Objective 3: Confirm receiving hospital acceptance of 20% of the region's staffed acute care patients within 90 minutes.

Core Capability: Public Health, Healthcare, and EMS

Strengths

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

Strength 1: Strong existing coalition relationships and practiced communication

Strength 2: 100 % compliance with reporting bed availability on WiTrac.

Areas for Improvement

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

Area for Improvement 1: Processes need to be made for consistent transfer protocols.

Reference: MD to MD reports, EMTALA compliant transfer forms, phone numbers for reports to RN's

Objective 4: Confirm appropriate emergency transportation for all evacuating patients within 90 minutes.

Core Capability: Critical Transportation

Strengths

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

Strength 1: Strong existing coalition relationships with EMS agencies

Strength 2: Strong existing relationship between EMS agencies throughout the region and practice with MABAS system for assistance.

Areas for Improvement

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

Area for Improvement 1: Insufficient number of appropriate transportation resources located within 90 minute timeframe of exercise.

Reference: Two hospitals evacuating were requesting same resources, no coordination.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for South Central Wisconsin Healthcare Emergency Readiness Coalition as a result of Coalition Surge Test conducted on March 22, 2018.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Operational Coordination	1. WI Trac alerting training to assure the correct alert is sent	Needs assessment on training needs for WiTrac in region	Equipment/training	FVHERC	Tracey Froiland	July 2018	Ongoing

	2. The Regional Medical Coordination Center (RMCC) was unable to assist with developing and maintaining regional situational awareness.	Clarify expectation of notifying the RMCC and how that Resource can assist them.	Planning/training	FVHERC	Tracey Froiland	July 1, 2018	June 30, 2019
Core Capability 1: Operational Coordination	1. A regional communication plan to include situational update needs to be developed and exercised.	Clarify expectation of hospitals roles and responsibilities during a regional event	Planning	FVHERC	Tracey Froiland		Ongoing
		Hospitals to engage in planning and exercising a communication plan	Planning	All hospitals in coalition	Hospital emergency preparedness coordinator or designee	July 1, 2018	January 1, 2019
		Provide WI Trac training as needed to hospitals	Training	FVHERC	Tracey Froiland		Ongoing
Core Capability 2: Public Health, Healthcare, and EMS	1. Regional Evacuation Plan Development needed	Create a regional evacuation plan	Planning	FVHERC and all regional partners	Tracey Froiland	July 1, 2018	October 1, 2018
		Exercise RMCC plan	Exercising	FVHERC and all regional partners	Tracey Froiland		Ongoing
Core Capability 3: Critical Transportation	1. Processes need to be made for consistent transfer protocols and EMS resources	Understand and Utilize MABAS as appropriate during response	Planning	Local fire/EMS jurisdiction responding to event	Fire/EMS service chiefs		Ongoing

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Emergency Management Agencies
Outagamie EM, Calumet EM, Waupaca EM, Winnebago EM, Northeast regional EM,
Emergency Medical Services
Oshkosh Fire, Gold Cross Ambulance, Berlin Ambulance, Kaukauna Fire
Hospitals
ThedaCare Regional Medical Center Appleton Aurora Medical Center Oshkosh- Oshkosh WI ThedaCare Medical Center Berlin WI Ascension Calumet Medical Center- Chilton, WI Ascension Mercy Medical Center - Oshkosh, WI Ascension St. Elizabeth Hospital – Appleton, WI ThedaCare Regional Medical Center – Neenah, WI ThedaCare Medical Center Wild Rose, WI Ripon Medical Center- Ripon, WI Children’s Hospital of Wisconsin/Fox Valley- Neenah, WI ThedaCare Medical Center New London, WI ThedaCare Medical Center Waupaca, WI ThedaCare Medical Center Shawano, WI Winnebago Mental Health Institute- Winnebago, WI
Public Health Agencies
Outagamie PH, Calumet PH, City of Menasha PH, Green Lake PH, Waushara PH, Waupaca PH, Winnebago PH, Shawano/Menominee PH, City of Appleton PH
Others
Red Cross, Wisconsin Division of PH, Heartland Hospice, Partnership Community Health Center, Theda Star Air Medical, Family Health LaClinica, Ascension at Home

APPENDIX C: ASPR CST PERFORMANCE MEASURES

Exercise Tool			
Annual Coalition Surge Test			
<p>Each health care coalition (HCC) must conduct an exercise using the Health Care Coalition Surge Test once annually to assess overall health care system response (low/no-notice exercise to test ability of HCCs to transition quickly into “disaster mode”).</p> <p>Please note that this requirement applies to states, directly funded localities, Puerto Rico, and Guam. Coalition Surge Test information is located at the following link: http://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx</p>			
ALL MANUALLY ENTERED RESPONSES MUST BE DIGITS ONLY			
#	Performance Measure	Data Point	
1	HCC core member organizations participating in Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	Input the total number of HCC core members participating (digits only):	
		Hospitals:	14
		Emergency Medical Services (EMS):	4
		Emergency Management (EM) organizations:	5
		Public Health Agencies:	9
2	HCC core member organizations’ executives participating in Phase 2: After Action Review of the Coalition Surge Test.	Input the total number of HCC core members with executives participating (digits only):	
		Hospitals:	14
		EMS:	4
		EM:	4
		Public Health Agencies:	9
3	Number of patients at the evacuating facilities that are identified as able to be: a) discharged safely to home or b) evacuated to receiving facilities during Phase 1: Table Top Exercise with Functional Elements and Facilitated Discussion of the Coalition Surge Test.	Enter total number of patients at evacuating facilities identified as being able to be discharged safely to home during a Coalition Surge Test (or real world evacuation of at least 20% of coalition’s bed1s) - 104	
		Enter total number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) – 104	
		Enter total number of patients at all evacuating facilities at the beginning of the Coalition Surge Test (or real world evacuation of at least 20% of coalition’s beds) – 147	

		Enter total number of staffed acute care beds in the coalition - 510
4	Time [in minutes] for evacuating facilities in the HCC to report the total number of evacuating patients.	Enter time in minutes for the last evacuating facility to report the total number of patients identified as able to be evacuated after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds) - 47
5	Number of evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes.	Enter total number of beds identified at all receiving facilities at the end of the exercise during a Coalition Surge Test (or real world evacuation of at least 20% of coalition's beds) - 147
6	Time [in minutes] for receiving facilities in the HCC to report the total number of beds available to receive patients.	Enter time in minutes for the last receiving facility to report the total number of beds available to receive patients after start of a Coalition Surge Test (or real world evacuation of at least 20% of coalition's total beds) - 90
7	Number of evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transport identified in 90 minutes.	Enter total number of patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (or real world evacuation of at least 20% of coalition's beds) - 104
8	Time [in minutes] for the HCCs to identify an appropriate mode of transport for the last evacuating patient.	Enter time in minutes for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a Coalition Surge Test (or real world evacuation of at least 20 percent of coalition's total beds) - 90