

Fox Valley HERC

CMS Partner Virtual Exercise:

“March Madness”

After-Action Report/Improvement Plan

May 25, 2023

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	“March Madness”
Exercise Dates	Virtual Functional Exercise: Tuesday, April 18, 2023, 0900-1130.
Scope	The Exercise was coordinated and controlled through a virtual platform. Partners conducted exercise play at the own facilities or agencies with key leaders. The exercise encouraged functional components such as reaching out to community partners and testing functional elements of the Emergency Operations Plan.
Mission Area(s)	Response and Recovery
Core Capabilities	Operational Coordination (Emergency Operations Coordination) (EOC) Operational Communication (Information Sharing) (OC) Continuity of Operations (COOP)
Objectives	(EOC) Demonstrate ability to activate ICS/Command Post/EOC. (EOC) Ensure coordinated response throughout simulated event by activating and sustaining the incident command system. (OC) Ensure situational awareness throughout simulated event by maintaining a common operating picture. (OC) Practice internal and external communication plan. (COOP) Monitor and plan for a ‘shelter in place’ decision (COOP) Monitor and plan for an ‘evacuation’ decision
Threat or Hazard	Major winter storm resulting in icy and hazardous road conditions and eventual loss of normal electrical power for 24+ hours.
Scenario	A strong prolonged winter storm with a potential for significant icing is forecast on Monday. By Tuesday officials are warning of the potential for hazardous travel conditions and potential loss of power. The storm hits on Thursday causing staffing shortages. Power is lost for the entire community on Thursday with no known estimate time for restoration prompting discussion about possible sheltering in place or evacuation. By Saturday, power is restored, roads are cleared, and staff and supplies are able to return to “normal” schedules.

Sponsor	Optima EP LLC, Emergency Preparedness Consultants Fox Valley Healthcare Emergency Readiness Coalition
Participant Feedback	See Appendix A
Participating Organizations	See Appendix B. Nineteen different agencies with at least 279 individual participants.
Points of Contact	<p>Aimee Wollman Nesseth Optima EP LLC, Emergency Preparedness Consultant aimee@optimaep.com 715-379-6664</p> <p>Brian Kaczmariski Optima EP LLC, Emergency Preparedness Consultant brian@optimaep.com 715-293-3492</p> <p>Tracey Froiland Fox Valley Healthcare Emergency Readiness Coalition, Program Coordinator tracey.froiland@fvherc.com 920-427-2229</p>

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)
1. Demonstrate ability to activate ICS/Command Post/EOC. 2. Ensure coordinated response throughout simulated event by activating and sustaining the incident command system.	Emergency Operations Coordination		(S)		
	Operational Coordination		(S)		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>2. Ensure situational awareness throughout simulated event by maintaining a common operating picture.</p> <p>1. Practice internal and external communication plan.</p>	<p>Operational Communication</p> <p>Information Sharing</p>		<p>(S)</p> <p>(S)</p>		
<p>1. Monitor and plan for a ‘shelter in place’ decision</p> <p>2. Monitor and plan for an ‘Evacuation’ decision</p>	<p>Continuity of Operations</p>		<p>(S)</p> <p>(S)</p>		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

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, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

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).

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

Core Capability 1:

Emergency Operations Coordination and Operational Coordination:

Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Objective 1:

Demonstrate the ability to activate ICS/Command Post/EOC.

Capability Targets:

1. Identify ‘trigger point’ for establishing Command
2. Begin work on IAP Quick Start Form (demonstrate an understanding of the process)
3. Activate Command to the extent necessary to meet the demands of the incident.
Expand or collapse as necessary
4. Demobilize to normal operations based on incident

.Exercise Strengths

The performed with “**some challenges**” capability level can be attributed to the following strengths:

Strength 1: Many organizations felt they had “strong knowledge” of their roles and responsibilities in Incident Command.

Strength 2: Recent real events have provided staff with the opportunity for familiarity and proficiency with the Emergency Operations Plan.

Strength 3: Many organizations felt their leadership has depth in their knowledge of community resources and communication plans.

Strength 4: There was positive team work and a clear focus on patient and staff safety throughout the exercise.

Overall Strength:

In general, organizations that participated in the virtual exercise stated they have leadership teams with knowledge of the Incident Command System, a willingness to work together to solve emergency response situations, and experience with real life events that confirms the benefits of utilizing this system to coordinate response activities.

Areas for Improvement

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

Area for Improvement 1: Facilities noted they need to clearly define when Incident Command should be activated and to activate Incident Command more quickly.

Area for Improvement 2: There was an identified need to update or create the Emergency Operations Plan and Emergency Preparedness binders (both paper and digital) and to maintain emergency bins with supplies are checked for readiness every quarter.

Area for Improvement 3: Some organizations have experienced turnover in key leadership and therefore need Incident Command System training.

Area for Improvement 4: Several organizations stated they would like to hold emergency exercises more frequently to become more proficient in emergency response, Incident Command, expand training to staff other than key leaders, and include additional disciplines for their perspectives and contributions.

Overall Area for Improvement:

Maintaining the Emergency Operations Plan and creating time to effectively educate, train, and test plans and policies remains a challenge for almost all organizations, regardless of provider type. Additional opportunities for Incident Command System training, expanding exercise participation beyond the leadership teams, and ensuring up to date plans and policies were all identified as ongoing areas of improvement.

Objective 2:

Ensure coordinated response throughout simulated event by activating and sustaining the incident command system.

Capability Targets:

1. Develop an achievable Operational Period

2. Ensure adequate staff for 2-3 Operational Periods per day
3. Utilize appropriate ICS forms to ensure proper documentation and execution of the response plan
4. Establish rhythm of key partner briefings

Exercise Strengths

The performed with “**some challenges**” capability level can be attributed to the following strengths:

Strength 1: Organizations such as dialysis and home healthcare agencies felt they have multiple staff members who are flexible and willing to cover unexpected open shifts in multiple locations as needed.

Strength 2: Several organizations noted their leadership team was thinking proactively and anticipating future needs through the exercise scenario.

Strength 3: Some organizations noted they were successful in verifying external resources and services during the exercise play period.

Overall Strength:

Several agencies were able to strategize effectively when thinking through the challenges presented during the exercise. Some have become so familiar with their internal emergency response plans that they were able to anticipate needs and reach out to community resources for additional support. The goal is to build networks and relationships for emergency response, and several facilities were able to demonstrate this by picking up the phone or through email communication.

Areas for Improvement

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

Area for Improvement 1: Several organizations stated they need to identify and train additional leaders and staff to assume Incident Command roles in a prolonged event.

Area for Improvement 2: Some organizations stated they are unfamiliar with the ICS forms that would be useful for documentation of an event.

Area for Improvement 3: Several organizations identified facility-specific processes as opportunities for improvement such as increasing knowledge of home health care agencies assisting the tribal community, creating a checklist when transitioning patients to sister facilities for outpatient surgery, and adding a supply chain inventory and tracking position within the local Emergency Operations Plan.

Overall Area for Improvement:

Ongoing education and training are necessary for all aspects of the Incident Command System particularly when thinking about a prolonged event due to the limited number of staff in many

of our rural healthcare agencies. Building depth in leaders who are capable of stepping into a variety of roles is crucial. This includes becoming more familiar with the types of documentation that helps organizations learn from both drills and real events and to identify and improve processes for future emergency incidents.

Core Capability 2:

Operational Communication

Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Objective 1:

Ensure situational awareness throughout simulated event by maintaining a common operating picture.

Capability Targets:

1. Notify staff (onsite and offsite) of the event
2. Notify sister or parent facilities
3. Notify local emergency response partners
4. Notify families of patients and the community as a whole

Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

Strength 1: Most organizations feel they have robust communication plans which include calling trees, the use of virtual platforms, and redundant systems.

Strength 2: Many organizations identified strong communication between sister facilities, with staff in the field, and good interdepartmental communication.

Overall Strength:

Communication is essential to all operations. Most facilities have developed robust communication strategies across multiple platforms.

Areas for Improvement:

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

Area for Improvement 1: Communication platforms and systems need to be identified as primary, secondary, etc. for consistency between all departments.

Area for Improvement 2: Home health care and hospice identified the need to have a list of staff addresses to assist with decision-making when deciding how to cover if other staff are unavailable.

Area for Improvement 3: Communication plans need to be inclusive of all staff and should include outpatient clinic, and assisted living staff.

Area for Improvement 4: A few organizations identified the need for a mass communication system to reach the community as a whole.

Overall Area for Improvement:

Organizations identified the need for their communication plans to be frequently updated and expanded to include other departments or staff in outpatient settings. The majority of organizations have some type of mass notification or alerting system, however, when there is a prolonged power outage, modes of communication that are dependent on electricity or the internet are quickly removed as options. Additional thought about how to reach the community as a whole and individuals who may be isolated in this type of scenario warrants additional conversation.

Objective 2:

Practice internal and external communication plan.

Capability Targets:

1. Develop a battle rhythm for information sharing to avoid 'black holes' in information
2. Establish 'hotline' for families of patients to utilize
3. Utilize the Incident Command System to identify key internal and external communication staff
4. Utilize Quick Start IAP to ensure a 'plan' for information sharing is established

Exercise Strengths:

The performed with "**some challenges**" capability level can be attributed to the following strengths:

Strength 1: Communication plans, including access to third party contacts for services such as snow removal and maintenance, are well established in some facilities.

Strength 2: Many organizations now utilize multiple types of platforms to communicate with staff and leadership.

Overall Strength:

There are many ways to communicate internally with staff, clients, and patients. Many organizations have expanded their communication plans to include other local and regional partners who may be available to assist in an emergency.

Areas for Improvement:

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

Area for Improvement 1: Some organizations identified the need to develop better communication tools for the community as a whole, especially social media platforms.

Area for Improvement 2: Some facilities acknowledged the need to improve communication regarding emergency preparedness plans and emergency contact information between home health care agencies, assisted living facilities, and skilled nursing care facilities.

Area for Improvement 3: One home health care agency recommended the use of a “File for Life” folder to be placed on every clients’ refrigerator with emergency contact information, medication lists, physician names, etc. to assist with communication between home health care staff and EMS, especially in the event of an evacuation.

Overall Area for Improvement:

Communication via social media remains a challenge for many organizations. Similarly, communication between different health care providers and ensuring all providers for an individual or community are aware of their emergency plans is an area of opportunity.

Core Capability 3:

Continuity of Operations

The ability to ensure critical operations, essential functions, and standards of care are maintained throughout a simulated event.

Objective 1:

Monitor and plan for a ‘shelter in place’ decision.

Capability Targets:

1. Identify ‘trigger point’ for a ‘shelter in place’ decision
2. Ensure adequate supply of essential medical resources (stuff).
3. Ensure adequate numbers of staff (staff).
4. Pre-emptively make plans to ensure staff off-shift are able to report to work

Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

Strength 1: Some organizations noted they have identified and institute a new model of cross-training staff in an effort to prevent staff shortages.

Strength 2: Many facilities stated they are well equipped with extra space, stuff and external resources to meet and exceed anticipated needs as demonstrated through up to date 96-hour plans.

Strength 3: Post-Covid, most organizations have more up to date emergency staffing plans, or would reactivate “back up teams” as developed during COVID.

Strength 4: Plans have been developed to accommodate staff in nearby locations during inclement weather, or to shift staff between sister facilities as needed.

Strength 5: Some agencies have easy access to patient records through iPads and laptops and would not be dependent on power for the short term.

Overall Strength:

Most organizations referenced up to date plans with necessary supplies for sheltering in place. Additionally, organizations stated they have more robust emergency staffing plans in place than in previous years. Additionally, during real events, lessons were learned and plans have been created to access patient health records without internet capability and to house staff during inclement weather.

Areas for Improvement:

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

Area for Improvement 1: Some facilities identified the need for an up-to-date list and policy determining which staff members can work from home and what tasks they are able to complete if they need to stay home due to inclement weather.

Area for Improvement 2: In the event that staff need to work overtime or work in a sister facility, some organizations identified the need to create incentives for assisting with staffing during an emergency, standardized policies for overtime pay or relief time following an emergency, and orientation and education at sister facilities.

Area for Improvement 3: Some organizations stated they need to obtain additional caches of supplies in order to shelter in place.

Area for Improvement 4: Several facilities named the need for a better understanding of potential gaps if durable medical equipment or home oxygen providers are unable to deliver needed supplies.

Overall Area for Improvement:

Some plans and policies need to be updated such as the use of the hybrid work model with some staff in person and others working remotely, and accounting practices to incentivize staff or provide overtime compensation during a response requiring emergency staffing. As a result of this exercise, the need to identify and clarify vendors and plans for items such as home oxygen during a prolonged power outage was also recognized.

Objective 2:

Manage and plan for an ‘evacuation’ decision.

Capability Targets:

1. Identify ‘trigger points’ for an evacuation decision.
2. Ensure transportation plan is in place at the appropriate support levels to safely transport patients to a temporary location.
3. Ensure medical records and other key resources/information go with each patient.
4. Ensure appropriate staff ‘follow’ patients to temporary location.
5. Identify ‘transport officer’ to coordinate transportation plan.
6. Notify families of patients

Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

Strength 1: Home health agencies have pre-assigned “emergency levels” for their clients based on their needs. This enables the organization to prioritize these residents to maintain appropriate levels of care.

Overall Strength:

Some facilities have the ability to prioritize their patients or residents requiring evacuation based on acuity or location. This pre-planning assists when the decision to evacuate is made. This is a capability that needs additional testing in the majority of organizations.

Areas for Improvement:

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

Area for Improvement 1: Some organizations stated they need to identify trigger points for action written into their Emergency Operations Plan.

Area for Improvement 2: Transportation needs and resources would be significant if there was a need to evacuate patients or clients from any type of facility or their homes.

Area for Improvement 3: Several facilities named issues with their generator (or lack thereof) as areas for improvement. Some identified a deficit of knowledge regarding the on-site generator, others need to define generator run time capacity and clearly identify what systems run on generator power.

Area for Improvement 4: A prolonged power outage would have negative consequences for dialysis machines requiring the need to culture and clean them in order to assure safety treatment. This could result in an even longer time without service regardless of the availability of power.

Overall Area for Improvement:

Evacuation of a facility is a last resort option and some organizations do not have clear trigger points, transportation plans, or identified alternate care facilities written into their plans. Some organizations identified the need to do additional training on their generators to help prevent the need for evacuation. Dialysis centers identified additional complications of a potential prolonged power outage that would impact the timing of when they could come back into service.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Advocate Aurora Oshkosh	Name, Phone, Email of PRIMARY POC for this document: Ali Heiman, Trauma Coordinator 9204562409 ali.tinder@aah.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 20	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Departmental Knowledge – each knew their department roles, responsibilities, and policies. 2. Onsite Resources - Meet/exceed needs. Have 7-day food supply for patients/staff, 3-days of diesel for generator. 3. Communication chain-teams channel, safety huddle, reporting structure. Multiple platforms to get information to staff and ways to communicate with leadership. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Education – understand ICS better (roles, responsibilities) 2. Earlier ICS activation – rely on internal leaders to manage the situation due to longevity/experience 3. Policies updated and in one place, and paper copies updated in binder. There are multiple platforms for policies and all platforms have not been updated with current forms. 4. Communication – use same communication method to update/inform staff (Everbridge), not consistent amongst departments. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Staff weren’t aware of what the titled role entailed, and what the responsibilities were.	Education, more frequent tabletop exercises, or departmental exercises.	Emergency Preparedness	Coordinator	10/18/23

Operational Coordination	Multiple platforms with outdated information.	Put all updated policies/plans into one platform (SharePoint) and ensure updated in binders.	Emergency Preparedness, EP Coordinator/Leadership	Coordinator	10/18/23
Communication	Not all departments are using the same communication platform for staffing	Education on Everbridge	EP Coordinator, partner with patient access leader, system everbridge requestes	Coordinator, PA Leadership	7/18/23
<p>Executive Summary: On Tuesday, April 18th, Aurora Medical Center Oshkosh took place in a tabletop exercise in which there was a scenario of a large ice storm approaching the hospital’s area. During the scenario, the internal incident command was activated during the second sitrep when the severity of the storm was confirmed, and the various departments involved took their roles. Three strengths identified during this exercise were: 1) The departmental leaders clearly knew their roles, their departmental capabilities, and the policies their departments were responsible for. 2) The resources that would be needed during an event of this nature were easily accounted for (fuel for generator, food for staff and patients, cots for extra bedding for staff staying overnight, etc.) and their readiness is constantly evaluated by the department responsible for them. 3) The communication chain has multiple redundancies and platforms to ensure that staff, leadership, and all key stakeholders can continue effective communication during an event of this nature. Three opportunities for improvement include: 1) Educational opportunities were noted during this exercise that showed that not everyone was clear on their roles and responsibilities related to the incident command titles/roles. 2) A need for policies surrounding ICS to be in a centralized location. Currently there are multiple platforms that house ICS forms and policies with different versions on the platforms. 3) Not all the departments are utilizing the Everbridge system, which has been identified as the preferred system to contact teammates during an event of this nature.</p> <p>This tabletop exercise seemed to be a success overall. There were some gaps that were identified, and that makes the exercise even more valuable. Moving forward, our site will be looking to take the information gathered from the tabletop exercise to fill the gaps that were identified and continue to work towards future tabletop exercise and internal education surrounding emergency preparedness.</p>					

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Calumet County Home Health Care & Hospice Agency (HHC/H)	Name, Phone, Email of PRIMARY POC for this document: Nicole Lindsey, RN 920-849-1432 nicole.lindsey@calumetcounty.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 13	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. We have emergency levels assigned to patients so we can easily know who is our highest priority and which level of patients to respond to next. 2. Calling tree in place for rapid staff notification within individual departments & as a whole, this is tested at least 2 times per year with timed response. 3. HHC/Hospice team members work well together to get patient coverage completed, move schedules to accommodate changes. Staff has access to schedules online & on paper so they can collaborate. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Quality & Infection Control Coordinator needs ICS training (100 & 700) due to having on call supervisory role & emergency preparedness planner for home health care & hospice. 2. Assisted Living Facilities (ALF) & Skilled Nursing Facilities (SNF) often do not provide their emergency preparedness plan/evacuation plan to HHC/H. Difficult to update patient's individual charts with plan. 3. Patients would benefit from having "FILE OF LIFE" in home on refrigerator- this would aid both HH/hospice as well as EMS/emergency responders. Can indicate on there if patient is hospice, will give phone numbers for emergency responders. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Operational Coordination	Infection & Quality Control Coordinator not trained in Incident Command System.	QAPI/Infection Control Coordinator will complete online FEMA ICS 100 & 700 courses.	HHC/Hospice	QAPI/Infection Control Coordinator	10/31/23
Operational Communication	ALFs & SNFs do not always give emergency plans to HHC/Hospice	Reach out to facilities for emergency plans, talk to corporate office if unable to get at community level. Develop word document w/ information for nurses to update patient charts accordingly.	HHC/Hospice	HHC/H Supervisors	10/31/23
Continuity of Operations	Patients would benefit from “FILE FOR LIFE” in home to allow better communication with emergency responders, to also indicate patient is HHC or Hospice.	Obtain “FILE FOR LIFE” magnet cards from Aging & Disability Resource Center (ADRC) for patients to keep on refrigerator. Home Health & Hospice staff to assist patient/family with completing & indicating on there if patient is on HHC/Hospice service	HHC/Hospice in collaboration with ADRC	QAPI/Infection Control Coordinator & HHC/Hospice nurses	10/31/23

Executive Summary:

On April 18, 2023, in collaboration with FVHERC, Calumet County Home Health Care & Hospice Agency (HHC/H) participated in a virtual CMS partners exercise for emergency preparedness. Participants included HHC/H leadership, Calumet County communications staff, local fire department volunteers, Calumet County Emergency Manager, Calumet County Public Health Nurses, Calumet County Health & Human Services Quality Assurance Coordinator (social worker), and ADRC supervisor. This exercise was sponsored by the FVHERC who rolled out Situation Reports (SitReps) for a winter storm and subsequent power outage.

The exercise presented us with an alert of an upcoming winter storm (Monday), then progressed to a winter storm with ice, high winds, and power outages (Wed/Thur). Travel was not advised, only half of staff were able to report to work, with rural roads closed. By Friday, power had been out for 24 hours and travel remained difficult. Saturday morning power was restored, normal staffing resumed, roads were cleared, and supplies arriving on schedule.

During the exercise, 3 strengths were identified within the agency and the existing emergency preparedness plans. Emergency levels are assigned to patients so there is easy reference for which patients are highest priority and for which level of patients to respond to next. A calling tree is in place for rapid staff notification, this is tested at least 2 times per year with timed response. HHC/H team members work well together to get patient coverage completed, moving schedules to accommodate changes. Staff has access to schedules online & on paper so they can collaborate.

There were 3 opportunities for improvement identified; the Quality & Infection Control Coordinator needs ICS training (100 & 700) due to having on call supervisory role & as the emergency preparedness planner for HHC/H. ALFs & SNFs often do not provide their emergency preparedness plan/evacuation plan to HHC/H, making it difficult to update patients' individual charts with the plans. Patients would benefit from having "FILE OF LIFE" in their home on refrigerator- to aid both HHC/H and EMS/emergency responders. Can indicate on there if patient is home health care or hospice, and give phone numbers for emergency responders.

The scenario was successfully identified within HHC/H Agency and with Calumet County Emergency Management, as well as areas for improvement. Volunteers from a local fire department aided in scenario discussion giving suggestions for improvement & informing HHC/H of available oxygen tanks in case of emergency. The Calumet County Emergency Manager, as well as HHC/H supervisors have GETS (Government Emergency Telecommunication Service) cards to assist if phone lines are burdened. The HHC/H QAPI & Infection Control Coordinator is the emergency preparedness planner for HHC/H and will receive GETS card in upcoming weeks. AlertSense can be used to update staff of emergencies, as well as the calling trees. The scenario identified areas for improvement, which will be implemented after the formal after-action report is completed. Any updates for HHC/H staff will be communicated in upcoming staff meetings.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: DaVita	Name, Phone, Email of PRIMARY POC for this document: Amber Dassow 920-216-8445 Amber.dassow@davita.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Strong communication amongst sister facilities. 2. We have all had experiences with prior situations, including power outages, so those experiences have helped us prepare further in the future. 3. Good process for staffing, float coverage, rescheduling treatments, and management of minimum of one week supplies on hand. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Facility education/orientation needs for teammates who would need to travel to sister facilities. 2. Continued focus around transportation options for patients and communication with transportation providers on the urgency around rides for dialysis patient treatments while being mindful of their capacities. 3. Long time period without power would start our needs to culture machines prior to them being usable again. This would delay our start up even after power restored to ensure safe treatments and time for the labs to process. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuation of Operations	Staff traveling to support other clinics don't know where things are at.	Quick education guidebook for travel facility teammates to show where	DaVita clinic	Administrators	August 2023

		things are at, anything unique about that location.			
Continuation of Operations	Limited transportation options with <24-hour notice for patients	Annual communication meetings with transportation providers to discuss options and needs.	DaVita clinic	Administrators	June 2023
Operational Coordination	The start up after an extended power outage will be a lengthy process and many not familiar with that process.	Education to FAs and biomedical staff to ensure the most efficient start up process. Discussion around ability to do cultures locally vs sending to our lab overnight.	DaVita	Biomed	June 2023

Executive Summary:
4/18/23

Kathy, Amber, Taylor, David, Kelly, Alicia, and Bonnie - Facility Administrators participated in the activity. Scenario – We were impacted by a prolonged winter storm over a Wednesday – Friday which consisted of rain/ice/snow, strong winds and dangerous travel. The storm resulted in being without power from Thursday AM to Saturday afternoon. Some staff were unable to come to work. Patients needed to be rerouted to facilities with power. We found our strengths were that we have strong communication amongst our sister facilities, good working relationships between the administrators, we have experience in events that we have already learned from that help us be successful now, and we all have strong processes for staffing, coverage of teammates, rescheduling patient treatments and strong supply management. opportunities are in float staff education to ensure they have good orientation to a new facility to best support patients, continued focus on transportation options for our patients which is ongoing, and education regarding what needs to happen after a power outage does occur to ensure safe treatments.

Overall this was a success for us and it got us talking about different what-if situations that might impact our facilities and had us reviewing clinic policies and procedures that we don’t typically need to use. We are each taking these learnings back to our teams and fellow administrators to get them talking and prepared for the potential of these situations.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Evergreen Retirement Community	Name, Phone, Email of PRIMARY POC for this document: Josh Steuer 920-237-2147 jsteuer@evergreenoshkosh.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 26
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. The number of supplies we have on hand 2. Generator to keep building running during power outages 3. Our communication process and system capabilities 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. We can bring back back-up teams to help out areas in need during emergency events like we did during COVID 2. Get more supplies like blankets, air mattresses, sleds for carrying residents 3. Centralized check in area for staff and supplies
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Delegate recorders	Pick a person to be in charge of recording supplies used, bought, needed for insurance purposes	ERC	Admin	12.31.23
Operational Coordination	Check emergency supplies	Check and order supplies needed for entire building emergency	ERC	Maintenance	12.31.23
Operational Coordination	Create teams for helping when in need	Bring back teams to help out when an emergency happens	ERC	Admin	12.31.23

Executive Summary:

On April 18th, 2023 Evergreen was a part of an emergency preparedness activity. The scenario was a massive snowstorm that was going to hit our area, actually hitting Evergreen and losing power and then to outside businesses losing power to their generator as well. During this exercise I noticed that Evergreen is pretty well equipped and prepared if this scenario were to happen. We have a few backup generators that will keep our building up and running during outages and we also have great communication plans that marketing uses to contact residents, families, and the outside community as well. We also are stocked in central supply and with food and water to last us multiple days if we were to be shut down and unable to leave Evergreen. When going through this exercise we saw opportunities for improvement. We can check to see what supplies we have if we would need to keep individuals in other areas of the building for longer periods of time such as, blankets, mattresses or air mattresses, flashlights, etc. We also talked about bringing back the teams that were formed during COVID to help out when in need. If an area was low on staff, then we could call on a team to come help from other departments throughout Evergreen. Lastly, we noticed that we should delegate a recorder in an emergency to keep track of what is being used, when, and where it is used. This would be helpful for insurance purposes and also to know if we need the supplies back.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Fresenius Kidney Care Green Bay Clinic 101250 CMS 52-2627	Name, Phone, Email of PRIMARY POC for this document: Stacey Johnson, RN, Clinic Manager 920-307-7621 Stacey.hoium@freseniusmedicalcare.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Our clinic is in a geographical location that it has access to 4 area hospitals and 1 additional Fresenius outpatient clinic within a 5-mile radius. 2. Given the scenario, this definitely happens during winters in Wisconsin. The clinic has a disaster plan in place, both on paper and electronically to implement. During inclement weather, we pre plan “what if” scenarios days ahead of time to assure as many patients and staff can get to the clinic for treatment. 3. The clinic has multiple agreements in place for backup generators, fuel supply, analog phone, back up dialysis units, and transportation. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Did not consider any type of “hot line” for patients and family members to contact the facility or any pre scripted messages to communicate, or give any type of direction what to do. 2. Do not have any “shelter area” to keep our patients/staff if they cannot get home, nor any plan how to provide the basic essentials of food, water, heat, clothing. 3. Did not consider what happens if the facility and its contents (medications, dialysis machines, supplies, etc.) are damaged during off hours when there is no one in the building. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Continuity of Operations	No plan for shelter at clinic if patients/staff cannot get home.	Establish a location to “house” patients and staff that are stranded at clinic. Establish long term “shelter” location and stock with supplies	Clinic to work with the local EOC	Clinic Manager	9/30/2023
Operational Communication	No access or hot line for means of communication from external individuals	The clinic does have an analog phone, but staff weren’t aware of where it is and the telephone number. Clinic to add emergency analog phone number to patients paperwork. Phone to be placed at nurses station to be visible and easily accessed.	Clinic	Clinic Manager /BioMed	5/31/2023
Operational Communication	Only clinic manager was aware of the external partners that need to be communicated with in events of emergency.	Post the Emergency Disaster Plan at nurses’ station with resources and contact information.	Clinic	Clinic Manager	5/31/2023

Executive Summary:

This exercise was held virtually on April 18, 2023, in the clinic with the Clinic Manager, Social Worker, one nurse and 2 patient care technicians. The scenario was one that realistically could very easily happen during winters in Wisconsin. The scenario started as a winter storm that was expected to hit the area within a few days anticipating significant icing, strong winds, and hazardous travel. The storm was worsening and there was the probability of schools closing, heavy icing and the potential of power outages. The scenario became more complex when staff were not able to get to the clinic, travel was not advised, roads were closed and power was lost in the area. Ultimately the clinic also sustained a leak above the electrical unit which shut down the generator.

Our clinic is in a geographical location which has access to 4 hospitals and another outpatient dialysis unit within a 5-mile radius. With a forewarning of the storm, the facilities were all able to communicate ahead of time and coordinate care and transportation for patients. Worked well amongst clinic staff to assure staff were present, and worked with area agencies to prepare for the worst. We all thought the plan we had in place was solid, but as the scenario turned for the worst, we faced many challenges. Our main line of communication with the outside world was not in place. We all rely on cell phone and didn’t think what happens if the cell phone towers went down. Analog phone was not in place. As the clinic manager, I know our disaster plan, who to contact and contact information. Staff knew very little of that in the event that I was not reachable. An additional finding was we were able to

get the patients to the clinic and treated with a backup generator, but now the challenge presented if they patients/staff could not get home, there were very little basic necessities to shelter these individuals.

This was a very successful exercise, made staff all come together to brain storm and problem solve so if the worst should happen, we will be prepared. Moving forward, we will implement the findings of this exercise and hold table top drills of this sort routinely to become as prepared as possible.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Menominee Tribal Clinic	Name, Phone, Email of PRIMARY POC for this document: Jordan Coe, RN 715-799-6473 jordancoe@mtclinic.net	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Pre-Planning/preparation 2. Communication 3. Emergency Management that works with all essential groups 4. Many members with long term knowledge of community and emergency management/preparedness 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Training/education (FEMA/IC) 2. Aging/LTC needs/priorities 3. Updating emergency support functions (ESF) and phone contacts 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	We have members with a lot of knowledge for activation/running of IC. We need to focus on training "back up" members.	FEMA trainings to LTC/Clinic staff. Emergency management to work with appointed "back-up" with trainings.	Emergency Management Aging/LTC Medical Administrator	Ben Warrington Kristah Warrington Jerry Waukau/ Rob Chelberg	

Operational Communication	Our elder population is the highest priority in regards to any public emergency event. We need to get CONTINUE to work on ways to communicate with that population who do not access technology	Mass automated dialing?	May need further discussion		
Operational Coordination	Many patients in the community utilize different home care companies, need to know their process for equipment they provide during an emergency situation	Contacting all home health companies to provide us with the information so that we know for certain what we may need to help with due to being a rural community.	Aging/LTC/Case management	Kristah Warrington	

Executive Summary:
 Date: 4/18/2023 Attendees: Ben Warrington – Emergency Management Coordinator , Faye Dodge- Community Health Nursing Director, Kristah Warrington- Aging & LTC Director, David Waupoose- Clinic Assistant Administrator.

The scenario presented to the group was in regards to a winter storm warning. The community is notified of the potential winter storm impacting the area from Wednesday-Friday on a Monday morning. The five scenarios presented to the group started from the weather warning starting Tuesday. Wednesday is when the brunt of the storm occurs leading to hazardous travel on Thursday. The storm is bad enough that school was anticipated to be closed Thursday and Friday. The hazardous travel also leads to staffing concerns of clinic and CBRF where only half of staff are able to arrive on time. The snow continues into Friday leading to power outages expected to not be recovered for 24 hours throughout the community. The clinic loses power completely due to a leak destroying the backup generator. Saturday afternoon is when power is restored to community and clinic along with road conditions improving.

Major strengths shown were how “normal” and quickly communication about weather hazards is shared with the community and planning for what to expect is discussed. Ben Warrington starts sending emails as soon as information is available to start providing to the public and will continue to update until the weather concern is resolved.

Another strength is how much emergency management works with so many different areas of the community. With a small, rural, spread-out population it is very great to see. It is very much a team/community effort that works together to help each other as much as possible.

A third strength is the knowledge that we have with all who work with emergency management/incident command. There are members who have help with many different situations and know the community so close and personally that it has seen much success through the years. How IC transitioned smoothly through COVID pandemic shows the knowledge that has been shared and gained.

A huge area of discussion that was had during the scenarios always came back to the amount of community members that use home care agencies for oxygen, hospital beds, etc. and what their policy/procedure is if there is power failure. Is there education being done? Do they provide some type of back up for the patients? From past situations there always seem to be many calls for backup generators for people in these situations so the group wants to find out what they should be doing in regards to their home care items.

Another topic we realize we need to work on was, even though we have group leaders/members with a large amount of experience and knowledge, we do not have anyone designated as their “back-ups”. We realize trainings need to be introduced to multiple people within the community (FEMA training/IC procedures) so get more people competent and able to follow thru with emergency preparedness.

The last issue would be just keeping everything related to emergency preparedness up to date. Phone numbers/trees, contact information for resources the tribe uses, ESF procedures reviewed and update regularly.

There was a lot of great discussion but also a good amount of confidence shown throughout the whole process.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Oneida Comprehensive Health Division (OCHD)	Name, Phone, Email of PRIMARY POC for this document: Elizabeth Nickel enickel@oneidanation.org 920-869-4812	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 9
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Positive teamwork between divisions of the organization. 2. Already built relationships/ solutions and written policies and plans in place due to real life events. 3. Appropriate team members. 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Unfamiliar with Incident Command Structure (ICS) forms. 2. No designated location if Anna John Resident Centered Care Community (AJRCCC) needed to evacuate. 3. Create an incentive for OCHD workforce to assist at AJRCCC during weather related closures.
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	Unfamiliar with ICS forms.	Prepare a plan to offer training on filling out ICS forms.	Public Health & Emergency Mgmt	Michelle / Kaylynn	12/31/23
Operational Coordination	No designated location if AJRCCC needed to evacuate.	Develop an MOU with Radisson.	AJRCCC Administration	Dave/ Wendy	12/31/23
Operational Coordination	No incentive for OCHD staff to step up and work at AJRCCC.	Create an incentive for OCHD staff to work at AJRCCC during weather-related closures.	OCHD Administration	Deb D	12/31/23

		Approval is needed by HRD before implementing.			
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Executive Summary:

In collaboration with the Fox Valley Healthcare Emergency Response Coalition (FV-HERC), representatives from various departments of the Oneida Comprehensive Health Division gathered to participate in a weather-related emergency tabletop exercise 04/18/23 from 9 AM – 1145 AM. Participants included Debra Danforth, Oneida Comprehensive Health Division Operations Director; Michelle Tipple, Community/ Public Health Officer; Brenda Haen, Community Health Manager; David Larson, Director- Continuum of Care, Comprehensive Health Division Long Term Care/ Ancillary; Laura Balcerak our Home Health Agency consultant; Wendy Wolter, Director of Nursing at Anna John Resident Centered Care Community (AJRCCC); Mercie Danforth, Director of Business Operations; our internal event coordinator Elizabeth Nickel; our internal evaluator Kaylynn Gresham, Oneida Emergency Management Director. Today’s scenario walked us through what we would do in the event of a major ice storm and how outpatient care, our long-term care facility and home care services would continue. Project included prolonged storm event, loss of power, reduced workforce, and triggers/ tasks for decisions to shelter in place and evacuate.

Some of the strengths the group identified during the hot wash included the positive teamwork between divisions of the organization, already built relationships/ solutions due to real life events, written policies and plans, and appropriate team players participated. Some of the areas of improvement identified included staff feeling unfamiliar with Incident Command Structure (ICS) forms, no designated location for AJRCCC to evacuate if needed, and the need to create an incentive for OCHD workforce to work at AJRCCC during weather related closures.

Overall, the team felt this tabletop exercise was a success. It was the largest number of internal participants for a tabletop exercise over the past several years and all participated in the discussion. Following today’s experience, benefit was noted in exercising this scenario annually and to include additional players; more OCHD Supervisors/ Directors, Department of Public Works (DPW), and Oneida Transit Department. The group discussed additional benefits of including some type of scenario review with frontline staff to demonstrate the broader picture and moving parts around emergency weather events. In an effort to ensure areas of improvement and exercise this scenario annually, this executive summary and improvement plan will be brought forward to the Oneida Comprehensive Health Division Executive Management Team (EMT) for feedback.



Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Orthopedic and Sports Surgery Center	Name, Phone, Email of PRIMARY POC for this document: Jessica Karls 920-560-1144 Jessica.Karls@osifv.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Staff familiarity with processes for many aspects of the emergency scenario as this facility had to maintain operations for the first 3 situations multiple times in the last 24 months. 2. During the exercise, the team members had proactive and advanced awareness and were always trying to think of the next steps, multiple instances of team verbalizing steps, concerns and correct workflows for next portion of the drill 3. Back up communication, energy and patient care processes already in place for instances of losing power, losing EMR, losing phone lines. 4. New model of cross training of staff would be able to support care in multiple areas for prolonged amount of time or staff shortages occurred if needed. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Knowledge deficit of leadership staff and clinical staff on methods of delayed entrance to facility with prolonged power outage occurring, has not been discussed since turnover of leadership staff and many members of clinical staff 2. Knowledge deficit of leadership staff of resources available by facilities manager related to manual measurement of items needed during prolonged power outage (humidity monitor) 3. Knowledge deficit of capacity and functionality of onsite generator 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date



	that should be corrected				
Continuity of Operations	Knowledge deficit of leadership staff and clinical staff on methods of delayed entrance to facility with prolonged power outage occurring, has not been discussed since turnover of leadership staff and many members of clinical staff	Interview Facilities Manager and communicate findings to key stakeholders related to entry into building with prolonged power outage for monitoring purposes.	Non acute care facility with only elective procedures. Extremely small likelihood HERC resources needed. Facility would close prior to end of drill scenarios. If needed, ASC leadership staff.	A Milhaupt J Karls	Info gathered at interview on 4/18/23, additional interventions needed. To be communicated with staff at next meeting May 2023.
Continuity of Operations	Knowledge deficit of leadership staff and clinical staff of Capacity functionality of onsite generator	Interview Facilities Manager and communicate to staff related to: <ul style="list-style-type: none"> • Generator functionality-what it runs in each building • amount of time generator is able to run and at what effects this • Fuel sources for generator-natural gas versus diesel • Fuel resources-is there a contract, with who, what priority for delivery, how many tanks, how long will tanks last the facility 	Non acute care facility with only elective procedures. Extremely small likelihood HERC resources needed. Facility would close prior to end of drill scenarios. If needed, ASC leadership staff.	A Milhaupt J Karls	Info gathered at interview on 4/18/23, additional interventions needed. To be communicated with staff at next meeting, May 2023.

		<ul style="list-style-type: none"> What has battery backup after generator exhausted 			
Continuity of Operations	Knowledge deficit of leadership staff of resources available by facilities manager related to manual measurement of items needed during prolonged power outage (humidity monitor)	Interview Facilities Manager and communicate findings to key stakeholders related to equipment available within the facility for measuring, monitoring and recording humidity and temperature monitoring	Non acute care facility with only elective procedures. Extremely small likelihood HERC resources needed. Facility would close prior to end of drill scenarios. If needed, ASC leadership staff.	A Milhaupt J Karls	Discuss with leadership team related education to be used to communicate finding related to generator and if devices should be kept in house versus with facility manager. Meeting on 4/27/23

Executive Summary:

On 04/18/2023 the OSI Ambulatory Surgery Center participated in HERC sponsored Emergency Management an exercise for a community wide disaster. The scenario presented was progression through two days of warning of impending winter storm, an extended winter storm that produced ice on roadways and prolonged community wide power outages in the area. The incident contained five scenarios of differing levels of actionable items to be managed by the team. Within each scenario, a different staff members verbalized communication pathways to staff, patients and leadership staff. For each of the first 3 scenarios the staff members were able to verbalize correct workflow, supplies needed and resources available for continuance of operations.

In attendance was a multi-disciplinary team from four departments: Ashley Milhaupt-ASC Business Supervisor, Jessica Karls RN-Quality Manager, Heather Coonen RN-Informatics, Russ Gignac Facility Manager, Tracy Fiorentino SPD lead, Dawn Hammen OR RN, Nicole Hill OR ST, Josiah G.-Prep PACU RN, Lexi K.-Prep PACU RN, Laurie H Prep PACU RN, Jeanne M Prep PACU RN

Each scenario was facilitated by A. Milhaupt and evaluated by J. Karls.

The three strengths identified were: Staff familiarity with workflow for the presented emergency scenario, team members had proactive and advanced awareness and were always trying to think of the next steps, and back up communication, energy and patient care processes already in place for instances of losing power, losing EMR, losing phone lines.

The biggest opportunities for improvements are related to knowledge deficits of leadership and clinical staff on the physical facility resources available for a prolonged period of power outage. Knowledge deficits of leadership and staff were related to methods of delayed entrance to facility with prolonged power outage occurring, physical resources available by facilities manager related to manual measurement of items to mitigate sterility event and capacity and functionality of the onsite generator.

Participation in the exercise was successful at identifying gaps in general knowledge of physical function of facility by leadership and staff members related to functioning in a prolonged power outage. The multidisciplinary team was able to discuss and address many aspects ASC and patient flow and elicited multiple actionable options for resolving gaps. The ASC will continue with current safety education focus with multi modal format of electronic modules-Medtrainer, video reviews for site specific emergency processes, document reviews, in person safety tours and onsite drills multiple times a year. Communication to staff and leadership related to answers to knowledge gaps and solutions will occur at staff meetings, leadership meetings, safety tours and document reviews.

<p>Date of Exercise: April 18, 2023</p>	<p>Name of Agency or Jurisdiction Completing this form: Orthopedic Surgery Center of the Fox Valley & OSMS Orthopedic Clinic Fox Valley 1205 W. American Dr. Neenah</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Amanda Sosnosky, ASC Administrator Phone: 920-569-4304 Email: asosnosky@oscgb.com</p>	<p>Number of Agencies that participated in this exercise (including your own): 19</p>	<p>Total number of local participants (people) that participated in exercise: 30</p>
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Life Safety Plans were up to date and accurate and assisted in the initiation of an immediate response of setting up Incident Command Team. 2. Effective Mass Communication Plans are in place with use of Remind App for ASC Staff. For OSMS Clinic this is an area of opportunity. 3. Appropriate access to all third-party contacts for facility maintenance, housekeeping, snow removal, etc. were known by all Incident Command Team Members and response was appropriate during exercise. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Operational Coordination – new staff to be trained up on roles, responsibilities and expectations during any type of internal or external disaster event including development of a checklist for operational leaders to use when able to transition patient care to satellite facilities in Green Bay or Marinette. 2. Define Generator Run Time Capacity along with what systems are all tied into the Generator and educate teams on this information. 3. Mass Communication Plans for OSMS Clinic to be implemented and educate teams on roles, responsibilities and expectations. 		

**Orthopedic Surgery Center of the Fox Valley &
OSMS Orthopedic Clinic-Fox Valley**

CMS Partner Virtual Exercise

“March Madness”
April 18, 2023

Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<p>Operational Coordination</p> <p><i>Staff Education on Incident Command R&Rs & Transfer of patients</i></p>	<p>New staff haven’t been trained in Incident Command roles and responsibilities and checklist would help facilitate transfer of patient care to satellite facilities if they are not impacted by disaster event.</p>	<p>Conduct ASC Incident Command Education in person and through Medtrainer platform for on-line training.</p> <p>Create checklist for operational leaders to transfer patient care to satellite facilities in Green Bay and/or Marinette if they are not impacted by disaster event.</p>	<p>Administrator will reach out to HERC</p>	<p>Administrator and Facility Safety Officer</p>	<p>12/31/2023</p>
<p>Continuity of Operations</p> <p><i>Define Generator Run Time & Load Capacity</i></p>	<p>New operational leaders and teams not clear on Generator Run Time and Load Capacity or what items are and are not on Generator for ASC & Clinic.</p>	<p>Conduct Fact Finding with Facility Maintenance (MedXcel) Team to Define Generator Run Time & Load Capacity along with creating a list of all items in both ASC and Clinic tied into Generator and educate all staff on this information.</p>	<p>Administrator to reach out to Facility Maintenance Team (MedXcel)</p>	<p>Administrator and Facility Safety Officer</p>	<p>12/31/2023</p>
<p>Operational Communication</p> <p><i>Define Mass Communication Plan</i></p>	<p>ASC was able to successfully execute mass communication to all team members, Clinic was unable to do so in a quick manner which caused operational leaders</p>	<p>Safety Committee to vet through mass communication tool options and propose for Clinic to use. Once approved, educate and train staff on roles, responsibilities and expectations.</p>	<p>Administrator to work with OSMS/OSCFV Combined Safety Committee</p>	<p>OSMS /OSCFV Combined Safety Committee & Facility Safety Officer</p>	<p>12/31/2023</p>

**Orthopedic Surgery Center of the Fox Valley &
OSMS Orthopedic Clinic-Fox Valley**

CMS Partner Virtual Exercise

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April 18, 2023**

	required in Incident Command setting to be distracted with having to contact personal verses executing planning and preparation for disaster event.				
Continuity of Operations <i>Define & Educate on Parameters for Re-sterilization of all Surgical Instrumentation &/or Equipment</i>	ASC Operational Leaders questioned existing facility policies related to HVAC & temperature control system down time and time frame determinations of if and when all surgical instrumentation and/or equipment needs re-sterilizing and/or when terminal cleaning be indicated.	Infection Control Committee to vet through existing policies and reference accrediting organization (AAAH/CMS) standards along with AMII/ANSI, APIC & AORN to be certain that all P&P is up to date. Once approved, educate and train staff on roles, responsibilities and expectations.	Administrator to work with Infection Preventionist & reweiv AMII/ANSI, APIC & AORN standards	Infection Control Committee & Infection Preventionist	12/31/2023

Executive Summary:

April 18th 2023 - OSMS Fox Valley Clinic and Orthopedic Surgery Center of the Fox Valley participated in the Fox Valley HERC “March Madness” External Disaster Exercise/Drill. Drill scenarios spanned the course of six days, Monday – Saturday as a Winter Storm Warning presented as imminent on Monday through Tuesday and was projected to hit overnight Wednesday and Thursday. Internal facility Incident Command was initiated Monday at noon after receiving Winter Weather Advisory. Monday, Tuesday and Wednesday were operational as normal – patients from Thursday and Friday schedules were moved up for clinic and surgery when and where possible Tuesday and Wednesday to accommodate patient requests and to prepare and plan for the storm, making necessary staffing arrangements, reducing on-site need for staff in the event staff were unable to travel to due weather conditions. The storm hit as anticipated Wednesday night and Thursday AM; half of all operational teams were able to make it into work safely. At 1000 Thursday AM the building lost power as did the majority of the area community. Our facility generator initiated and surgical procedures in progress were finished. Those patients who were willing and authorized per their insurance were diverted to our satellite facility and Surgery Center in Green Bay where they were unaffected by the power outage but that



were impacted by the storm. Patients willing to travel were diverted and cared for in Green Bay. All others were rescheduled. Per regulations and due to loss of essential services while being on generator power our Fox Valley Clinic and ASC had to close. Friday the facility remained without power and on generator until 1000 when our facility sustained a water leak above an electrical panel that affected the feed from our generator to our building. Our building is now without any power. Plans were made to reschedule all patients for Monday and Tuesday the following week to our Green Bay facility and Hospital partners who had capacity for surgical patients. On Saturday afternoon power was restored to the building. Teams were communicated to report to work on Monday as the ASC would have to terminally clean all areas and re-sterilize all surgical instrumentation and equipment due to the length of time that environmental controls were off line. Surgeries resumed by Wednesday morning. Clinic teams were operational by Tuesday. Midwest Restorations was contacted to assist with the water damaged areas.

Strengths of the drill identified included:

1. Life Safety Plans were up to date and accurate and assisted in the initiation of an immediate response of setting up Incident Command Team.
2. Effective Mass Communication Plans are in place with use of Remind App for ASC Staff. For OSMS Clinic this is an area of opportunity.
3. Appropriate access to all third-party contacts for facility maintenance, housekeeping, snow removal, etc. were known by all Incident Command Team Members and response was appropriate during exercise.

Opportunities of the drill identified included:

1. Operational Coordination – new staff to be trained up on roles, responsibilities and expectations during any type of internal or external disaster event including development of a checklist for operational leaders to use when able to transition patient care to satellite facilities in Green Bay or Marinette.
2. Define Generator Run Time Capacity along with what systems are all tied into the Generator and educate teams on this information.
3. Mass Communication Plans for OSMS Clinic to be implemented and educate teams on roles, responsibilities and expectations.

Overall the drill was a success and areas of opportunity and gaps in processes and procedures have been identified and will be remedied with research, education and training of facility staff and operational leadership by December 31st of 2023.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Peabody Manor - ThedaCare	Name, Phone, Email of PRIMARY POC for this document: Jacob Koeshall 920-454-6800 Jacob.koeshall@thedacare.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Current severe weather policies have extensive procedures in place to address most occurrences that were discussed in the sitreps. 2. Our incident command team has extensive knowledge and experience in healthcare emergency preparedness from different settings and demographics, providing our facility well rounded approaches to emergencies. 3. Our facility is well equipped with multiple units, extra rooms, supplies, contracted emergency suppliers, and a large health system so that we can provide best care during a shelter in place or evacuation situation. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Our staffing model/policy needs to be updated to standardize emergency force over pay and how we relieve our staff in those situations. 2. The facility does not have a downtime EHR computer to provide ready to use MARs and charts for residents, resulting in a slower paper charting process that may not be as accurate as a designated downtime computer with stored data. 3. There is opportunity to increase emergency preparedness training, education, and drills as our facility has been utilizing contract staffing with more frequent turnover. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operation Coordination	Contracted staff have not been trained to the extent of incident command roles and responsibilities	Develop new LMS courses for preliminary on-line training and also implement an I.C. competency evaluation (online and in person)	Administrator will develop LMS courses with education team	Administrator	08/01/2023

			as well as develop competency evaluation		
Operational Communication	Our EPIC EHR system does not have a designated downtime computer	IS project request for installation of a downtime computer on emergency generator power and EPIC installation of downtime EHR program	Administrator will submit project request for IT to install and work with EPIC	Administrator	08/01/2023

Executive Summary:

On 04/18/2023, Peabody Manor participated in a CMS Partner Virtual Exercise that presented various situational emergency preparedness scenarios to determine the facilities emergency preparedness plan and readiness. The exercise had nine members from the facility present for the exercise which included the: Administrator, Maintenance Team Lead, Life Enrichment Supervisor, EVS Supervisor, Nursing Scheduler, Social Workers, Nursing Supervisor, and Director of Nursing. The base scenario that was presented in the exercise was an incoming snow/ice storm that would last for multiple days heading into a weekend. The scenario situations advanced in complexity as the exercise went on, which lead to events such as power being lost, water leaks, staff not able to make it to work, supply shortages, etc.

Throughout the exercise there were multiple strengths and weakness that were documented with our incident command. The three strengths that were determined from the exercise were: the facilities current severe weather policy and procedure details to cover nearly all scenarios we encountered, the Incident Command team’s extensive knowledge and experiences in emergency preparedness, and the preparedness of the facility for situations such as this. The three opportunities identified were: A more comprehensive emergency staffing model policy that addresses compensation and post-emergency policy, a lack of downtime technology for patient charting and medication reports, and a gap in incident command training for contracted staff. Overall, after collaborating with the interdisciplinary team, it was determined that the exercise was a major success. It identified strengths and weaknesses of our team and our emergency preparedness so that we could improve upon our opportunities. We will address our opportunities by providing updated LMS trainings for staff to become more knowledgeable of the facilities plans. Furthermore, we will work with our IT department to install a downtime EHR so that patient charts are available in the event of an EHR extended downtime. The overall experience offered our IC team an opportunity to collaborate and identify opportunities for us to build upon so that our facility is prepared for situations such as the one presented in the exercise.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Primary Care Associates of Appleton	Name, Phone, Email of PRIMARY POC for this document: Michelle Schneider (920) 996 - 1064 X1275 michelle.schneiderpca@primarycareofappleotn.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Leadership/Administration team structure (incident command) 2. Vaccine plan – if we lose power 3. Staffing plans			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. No generator 2. Access to keys (getting more key individuals’ access to keys) 3. No Emergency Operations Plan (need to create)		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Generator	Present to committee the reasons to purchase		Jim	12/31/23
Operational Coordination	Emergency Operations Plan	Create plan using resources		Michelle	12/31/23

Executive Summary:

4/18/2023

Chris Roesler, Jean CoopmanJansen & Michelle Schneider

It's a Monday morning and at noon we receive notification that a “strong prolonged winter storm” is expected to arrive in the coming days (Wednesday – Friday). The biggest concern is rain, ice and snow. We will lose power; staffing decreases due to travel and significant damage to the generator.

3 strengths:

- Leadership/Administration team structure (incident command)
- Vaccine plan (if we lost power)
- Staffing plans

3 opportunities:

- No generator
- Limited number of building keys
- No Emergency Operations Plan
-

Primary Care's goal/plan is to work on our opportunities but also continue to implement more safety plans into our daily structure.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: PRN Home Health & Therapy	Name, Phone, Email of PRIMARY POC for this document: Sue Meyer 920-830-9911 Sue.meyer@prncares.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication plan to staff and patients has been established 2. Staff have easy access to patient care via iPads/laptops 3. Non-emergency numbers are located in emergency plan 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Create list of ancillary vendors (oxygen) 2. Establish trigger points for action 3. Complete training drill with staff in the field 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Train entire team on roles	Train at annual All-Staff meeting using actual drill	Internal	Sue (assist Tammy, Jenn, Janet)	10/1/2023
Operational Communication	Create list of ancillary vendors (oxygen supply company, answering service)	Create list and make accessible to the team	Internal and reach out to vendors	Sue (assist Tammy, Jenn, Janet)	10/1/2023

PRN Home Health & Therapy

CMS Partner Virtual Exercise
 “March Madness”
 April 18, 2023

Continuity of Operations	Establish trigger points for events/work flows	Create work flows with triggers and train the team	Internal	Sue (assist Tammy, Jenn, Janet)	10/1/2023
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Executive Summary:

Table Top Community Exercise completed on 4/18/2023.
 Attendees: Joe Toonen, CFO; Janet Harrel, Therapy Manager; Tammy Schneider, Intake Supervisor; Sue Meyer, Administrator

Scenario: Ice storm lasting several days, power outage, staff unavailable to work

Strengths: List of non-emergency numbers in emergency plan, have Link broadcast established, able to create patient calling tree easily, everyone has iPad so they have communication device/quick access to patient records/phone

Opportunities: Add list of oxygen vendors, establish trigger points, complete actual training drill with staff, make workflow more seamless, improve staff personal phone number access,

Overall: success, found opportunities for improvement, but did notice that we overall had a good plan. Will focus on more details in the plan vs overall concept of plan.

Implementation for the future: Create work flows to more scenarios including trigger points to act. Continue to train staff and include real-life scenario.



Date of Exercise: April 18, 2023	ProMedica Home Health & Hospice ProMedica Palliative Care	Bonnie Leisgang, Sr. Administrator (920)3366455 Bonnie.leisgang@promedica.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 100 total Home health: 30 Hospice: 68 Palliative: 2	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> Tools to readily implement response. <ul style="list-style-type: none"> -written plan -emergency response communication tree -phone lists Team was familiar with tools when it was time to take action, readily know what steps to take. Knowledge of community resources available should need arise. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> Improved planning for emergent equipment needs if DME company was not able to respond timely due to conditions. In case of evacuation, patient transport is a barrier with competing priorities. Patients are within ALF, SNF, home environment so there are unknown variables within each setting. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	Room numbers listed with all patient addresses	Have team coordinators ensure that patient room numbers are included in patient address so they appear on Emergency Preparedness Summary	DPS	DPS	5/1/23

ProMedica Home Health & Hospice
ProMedica Palliative Care

CMS Partner Virtual Exercise
“March Madness”
April 18, 2023

Continuity of operations	DME & supply barrier to transport	Increased education, discussion with POA, facility (if applicable) on plan for DME and supply response. (portable O2 back up plan, trilogy battery backup)	DPS to Clinical team	DPS	5/15/23
Continuity of operations	Transport if relocation needed	Education on sheltering in place; resources needed	DPS to Clinical team	DPS	5/15/23

Executive Summary:

4/18/23 9-11:30a

ProMedica Home Health, Hospice and Palliative care participated in a community exercise. The scenario was a storm in early March that escalated over a 3-day period with ramifications for power outages, school closing, falling trees and hazardous road conditions. Staff are unable to report to work. Some facilities have lost generator power. All returns to normal function on the 4th day.

Resources used:

- Emergency Contact Tree (agency S: Drive)
- Employee Phone List
- Fragile patient list; DME/Supply list
- HCHB: Emergency Preparedness Summary Report
- HCHB: Clients by Service Location Report
- HCHB: Patient Medication Profiles
- Communication: email, phone, text, in-person meeting at secure locations

Actions taken:

- Calls to each patient/facility to ensure DME/supply/medication available. Actions implemented to secure items based on need. Education provided on sheltering in place if needed.
- Calling to reschedule visits to another day or time if appropriate. If visit cannot be rescheduled, patient care employees rescheduled to cover the most priority patients first at an agency level.
- Determined staffing availability and limitations including assistance from home health/hospice cross-over.



- Implemented use of other agencies in region for triage needs, access to electronic medical record during outage. Assistance of employees from other locations to staff patient care needs.

3 Strengths

- Tools to readily implement response.
 - written plan
 - emergency response communication tree
 - phone lists
- Team was familiar with tools when it was time to take action, readily know what steps to take.
- Knowledge of community resources available should need arise.

3 Opportunities

- Improved planning for emergent equipment needs if DME company was not able to respond timely due to conditions.
- In case of evacuation, patient transport is a barrier with competing priorities.
- Patients are within ALF, SNF, home environment so there are unknown variables within each setting.

Overall, the exercise was successful, tools implemented, staff participation and education. With this exercise, there were some identified barriers for ensuring DME and supplies are readily available and education with sheltering in place.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: ProMedica Hospice – Fond du Lac	Name, Phone, Email of PRIMARY POC for this document: Kelly Casper, 920-266-4501, Kelly.Casper@ProMedica.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication within leadership team 2. Communication with staff for ongoing updates 3. Focus on patient safety and staff safety 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Spreadsheet to be created for employee tracking (who can work, available to assist) 2. Ensuring emergency bin items are checked quarterly for charging, batteries, etc. 3. Ensuring all emergency binders (leadership and office) are reviewed and updated quarterly. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Palliative Staff not included on emergency phone tree list	Emergency phone tree list to be updated and shared with palliative	Business Unit	OM	4/21/2023
Continuity of Operations	Emergency Bin / Emergency Binders should be updated more frequently	Emergency Bin items to be tested quarterly as part of Safety meetings as well as quarterly review of emergency binders (both staff and BU)	Business Unit	OM	6/30/2023

Operational Communication	Employee Tracking Spreadsheet	Create a shared tracking sheet for staff to know who is working, who to follow up on after incident	Business Unit	Admin	4/30/2023
<p>Executive Summary: On April 18, 2023, Kelly Casper, Administrator; Jean Wenninger, DPS; Owen Priepke, PCM, Eryn Prom, OM and Crystal Hanson, MSW of ProMedica Hospice – Fond du Lac participated in a virtual exercise. Our scenario included a winter weather storm that affected our entire territory that caused long term power outage and hazardous travel.</p> <p>During this scenario it was identified that our strengths were communication with our team as well as communication within our leadership group of who would take charge. We focused on patient safety (based on acuity level) as well as the safety of our staff that care for patients. We also identified a few opportunities that included making sure our emergency bins and binders are checked/updated quarterly to ensure that items are operational and information is relative and updated. It was also observed that what could be a chaotic time to have a centralized spreadsheet for leadership staff to access to use for when checking in with staff to ensure they are safe and work capability.</p> <p>Exercise deemed successful. Due to our large geographical footprint knowing that multiple facilities that our patients reside at could be without power could be a struggle and to ensure they have adequate emergency preparedness plans in place.</p>					

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Thedaare Medical Center – New London	Name, Phone, Email of PRIMARY POC for this document: Amanda Neuman Phone: 920-531-2086 Email: Amanda.neuman@thedacare.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 12	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Good staffing accommodation plan 2. Good intradepartmental communication plan 3. 96-hour plan up to date		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Ensuring all pertinent parties at drill (EX: ambulance, facilities) to evaluate the communications/limitations of their services to TCNL 2. Communication with community plan – can we use social media? How would be get the word out 3. Plan for post event staff debrief			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Not able to asses all questions/concerns as facilities and ambulance not present could not understand their plans/action in event	EM to ensure that they are invited in future exercises and that they will have someone present.	EM for TCNL will reach out to them for attendance	EM at TCNL	Prior to future exercise dates
Operational Communication	Do not have a plan on how to communication with the community	Create plan for communication with community	EM for TCNL/VP	EM at TCNL/VP	5/21/23

Continuity of Operations	Did not have a plan for staff debrief post event	Create plan for how to debrief with staff post events	EM at TCNL/leaders	EM at TCNL	5/21/23
<p>Executive Summary: 4/18/23 We had a CMS partner virtual exercise. Attendees Kellie Diedrick VP, Heidi Schmidt Manager ED, Margo Public Health, JP Public Health, Justin Prince Manager Imaging, Tammy Persha Manager Clinic, Stacie Quinn Manager MS, Lisa Schroeder Manager Dinning, Mary Mattweson Supervisor Dinning, Pattie Birschbach, Rebecca Drummold Supervisor Registration, Amanda Neuman Manager Surgery and Emergency Management. Scenario was that there was severe weather warning in March on a Monday and anticipate snow, ice and strong winds. Tuesday forecast is not improving and brunt of storm to hit Wednesday into Thursday with schools closing because of storm Thursday and Friday. Thursday morning the storm hit over night and only half of staff able to make it into work. Power of the area is lost and unknown when it will return. Friday continues to get worse now out of power for 24 hours with unknown time of return. Roads continue to be ice and snow covered. Saturday afternoon power restored and able to return to “normal”. Road cleared.</p> <p>During the event we discussed a lot about staffing plan and what it looks like, how/who will set up incident command, what each departments needs/concerns would be, our 96-hour plan, and communication plans. Our three strengths are that we have good staffing accommodation plan during an event like this, good intradepartmental communication plan to know who would need what type of assistance and that our 96-hour plan is up to date. Our three opportunities would be we do not have a good understanding of all pertinent parties’ communications/limitations because they were missing from exercise (EX: ambulance, facilities), we did not have a good plan on how we will communicate with the community (would we use social media (currently barrier with in system) would we use public heath to help spread work, use system PI and we did not have a plan for how/who will set up/preform debriefs with staff post event. Over all we did feel that the event was a success we were able to explain and know our role in incident command, did find that some managers still need to take the courses. We have good plans already put in place for response and expectations. We did have a few things we needed to tighten up on but overall understanding of response to event. We are sending out and all TCNL email on our key takeaways from this exercise to keep staff updated. We will follow up on opportunities and share the information with the teams appropriate.</p>					

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Thedacare-Waupaca	Name, Phone, Email of PRIMARY POC for this document: Stacie Nellils, 715-258-1041, Stacie.nellis@thedacare.org	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 2	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. This was a lived experience and demonstrated competency in similar situations through sitrep 3. 2. Success in calling outside resource for verification of services and priority levels. 3. Written EOP in place for guidance of response planning during the exercise and real events. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Participation from other service lines as we had the DON and ED manager but could have utilized facilities, security, dining services, EMS, and other representatives at the table. 2. Clarification of EMS plan given weather scenario for local transport. 3. Site specific transfer of information with role transitions to include the 96-hour plan for TCW as well as contracts in place and up to date for emergency management. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Participation for learning opportunities	Engage all departments for involvement and run drill on local campus for understanding of roles and expectations	DON to reach out to campus leaders	DON	10-20-23

Operational Coordination	New staff with role changes unsure of structure	Designate emergency management leader in the facility with command structure, identify 96-hour plan for site specific area.	DON/Clinical Manager/System EM	Clinical manager	10-20-23
Operational Coordination	Unclear guidelines for transport	Seek clarity from EMS service providers for local transport versus long distance transport in severe weather	DON/Clinical Manager	DON	10-20-23

Executive Summary:

On 4/18/23 at 0900 a drill regarding situations for severe weather took place through the FVHERC. Participants from TCW included Kimberly Vanevenhoven, DON, and Stacie Nellis, Clinical Manager. Scenario was initially normal operations with impending possibility of a storm that would last over days to include ice, snow, and winds that could be critical to operations. Strengths for this included having a written EOP to follow for guidance as well as having worked through this in real life over the past year. There was also success with calling outside resources to verify services and priority levels. Areas for opportunity were noted with regards to participation on a local campus level to ensure role understanding and planning. Other areas for opportunity included clarification from EMS partners for transport situations locally versus long distance with weather severity as well as site specific duties with role transitions and the transfer of information such as who the EM leader is, 96-hour plan and location of items, and contracts in place with local businesses in regards to that plan. Overall this was a successful exercise that not only allowed learnings but also showed competency. Going forward we will implement campus wide training for similar situations and ensure there are designated leaders for EM that hold vital information to operations throughout the facility.

Date of Exercise: April 18, 2023	Winnebago Mental Health Institute	Rob Mercado Security/Com Supervisor 920-235-2910 ext. 2520 Roberto.mercado@dhs.wisconsin.gov	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 7
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> Using the EOP as a reference and using the 96-hr. grid. Group participation and communication Prioritization and coordination 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> Familiarization with the EOP Identify “trigger” moments to make the decision to evacuate Review power plans, and what systems will work/not work
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Do we have a trigger points to make decisions on evacuation	Discuss in next EM meeting and update EOP with evacuation decision process	EM committee	Rob Mercado	06/30/2023
Operational Communication	Awareness of the EOP, Rave and other forms of emergency communication	Ensure staff are aware of these process though notifications and trainings	WMHI	Supervisors	6/30/2023

Executive Summary:

Date: April 18, 2023

Participants: Rob Mercado, Stephanie Dillenbeg, Tiffany Kling, Jessie Lewis, Chris Feavel, May See Yang

On April 18th, seven staff from Winnebago Mental Health Institute participated in the CMS virtual exercise. The situation involved a strong prolonged winter storm with significant icing, strong winds, and hazardous travel. The participants reacted to the first situation report by discussing and prioritizing staffing concerns, supplies needed, and maintenance needs. Further discussion was had on food service, housing for staff, and the impact of our population. Participants also discussed the thought process and need to open Incident Command. During the second situation report, there was further discussion on staffing, planning for a power outage, staff accommodations (food, staff, safety). Participants reviewed our EOP, specifically our 96-hr. plan along with our list of emergency supplies, along with plans for three days of food. For the third situation report, participants discussed which non-essential staff could be pulled to assist with the nursing department, and would refer to the COOP plans for adjusting staffing issues. During this time participants also used the EOP to review the mitigation plans for power outages. During situation four, participants discussed ICS processes and the need to evacuate and how that would process would look. The need to coordinate with other hospitals and agencies, and social workers reaching out to families. For the last situation report, the participants discussed the recovery plans, to include returning patients to the facility, food operations, communicating to staff, patients, and families, and documenting inventory of equipment, food items and emergency supplies.

Overall it was a success and the group learned a lot about our preparedness and emergency plans. It was nice to have staff from different backgrounds and departments who could offer education and perspectives that could be shared with others.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Wisconsin Institute of Surgical Excellence	Name, Phone, Email of PRIMARY POC for this document: Bobbi Jo Baerenwald, 920-886-7132, bobbijo.baerenwald@wiseurology.com	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 6
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Use of our “teams” incident command to communicate seamlessly with all stakeholders. 2. Real world experience with severe weather in the recent months lead to great foundational knowledge of those participating in the drill 3. Utilization of developed checklists for power outages. 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. No up to date readily available list of what employees can work from home and relevant/pertinent tasks that they can accomplish from home. 2. No readily available staff address list to aid in decision matrix for staff that would more readily able to travel to the building in severe weather. 3. We are not aware of the battery backup time for electronic security system and Fire Station.
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Battery Back-up timeline for our security systems in the event of losing generator power	Establish and update required routines for entrance to the building, fire watch, and temp humidity checks in the event of loss of generator power	Administrator to reach out to TECC securities and updates EMP	Administrator	6/30/2023
Operational Coordination	No list of staff available to work from home and	Create, maintain and file a list of available staff and applicable duties	Administrator and Director of IS	Administrator/IS	6/30/2023

	what their work from home capabilities are.	that could be completed from home and a decision matrix as to when this would be utilized	to compile list. Administrator to create decision matrix and add to incident command		
Operational Coordination	No readily available list of staff and addresses to facilitate staffing decisions for ease of travel.	Create, maintain and file an active staff roster with current address to help facilitate staffing needs in the event of severe weather.	Administrator and HR to create and file a list of staff and addresses in the incident command folder	Administ rator/HR	6/30/2023

Executive Summary:

4/18/2023- Community-wide table top Exercise

Members present in room: Bobbi Jo Baerenwald, Kate Anderson, Erica Radloff, Elizabeth Stangel, Emily Kumbier, Kathleen Talbot
 Members participating via Microsoft teams: Melinda Quick, Chelsea Schmidt, Ali Coenen,

The leadership team was made aware of an impending storm to affect our area Wednesday-Friday of the work week. Weather includes rain and snow with a chance for significant icing, strong winds and hazardous travel. As the weather arrived it caused significant travel issues for staff and patient travel, along with loss of standard power and eventual loss of generator power to the building. The storm and resulting loss of power finally resolving on Sunday.

Strengths of the Emergency Management plan:

1. Use of our "teams" incident command to communicate seamlessly with all stakeholders.
2. Real world experience with severe weather in the recent months lead to great foundational knowledge of those participating in the drill
3. Utilization of developed checklists for power outages.

Opportunities of the Emergency management plan:

1. No up to date readily available list of what employees can work from home and relevant/pertinent tasks that they can accomplish from home.
2. No readily available staff address list to aid in decision matrix for staff that would more readily able to travel to the building in severe weather.
3. We are not aware of the battery backup time for electronic security system and Fire Station.

We had several learnings throughout this simulation and drill to expand our emergency management plan, and drive written and referenceable decision matrix. Overall this was a successful drill for our team due to our real-life experience in having dealt with several power outages and a recent bout of severe weather with these same types of conditions overall the last calendar year.

Our incident command team will convene and develop written lists and decision matrixes that will be readily available to stakeholders to help more quickly and robustly guides decision-making.

Date of Exercise: April 18, 2023	Name of Agency or Jurisdiction Completing this form: Woodland Surgery Center/Hand to Shoulder Center of WI	Name, Phone, Email of PRIMARY POC for this document: Tess Rasner (920) 702-8888 trasner@newhands.net Holly Brockman (920) 702-8785 hbrockman@newhands.net	Number of Agencies that participated in this exercise (including your own): 19	Total number of local participants (people) that participated in exercise: 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication Plan already in place. Small organization size for efficient way to mass communicate to staff members. 2. Policies and Procedures already in place for Severe Weather, Generator-Loss of Power, Facility Closure, and Resumption of Services. 3. Quick decision-making process for Board of Directors increased the efficiency of communication to staff and patients/families. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Security/Fire System and HVAC System options for battery backup. 2. Options for sterile supply storage and refrigerated pharmaceutical storage for significant downtime when generator backup fails. 3. Determine management member or building contractor who lives the closest to the facility that has a key to access the building in an event of needing a building walkthrough. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Battery backup options for Security/Fire System and HVAC monitoring.	Contact TECC Security for battery backup options for Security/Fire System and contact AES for HVAC battery backup monitoring options.	Operations Manager to email TECC and AEM.	Operations Manager	*Per TECC Security, security and fire system

					have battery backup with a lifespan of 24 hours already in place.
Operational Communication	Who is the closest management team member or building contractor to the facility that has a key to enter the building to perform a building walkthrough.	Identify management team member or building contractor at Monday mornings Management Meeting that is closest, has a key, and would be willing to do a building walkthrough in the event it is needed.	Operations Manager and Nurse Administrator to discuss at the next Management Meeting.	Operations Manager/ Nurse Administrator	
Operational Coordination/ Continuity of Operations	Options for Sterile Supply/Pharmaceutical Storage and monitoring in an event of significant downtime.	Determine options for battery monitoring of temperature/humidity and temperature remotely.	Operations Manager and Nurse Administrator will research options for battery backup monitoring.	Operations Manager and Nurse Administrator	

Executive Summary:

On April 18th, 2023, Holly Brockman (Operations Manager) and Tess Rasner (Nurse Administrator) participated in a CMS Partner Virtual Exercise. Courtney Thiel (Charge Nurse) was our evaluator. The scenario was March Madness Severe Weather. We were notified on Monday morning that Wednesday through Friday we would experience a snowstorm with rain, ice, and snow with a chance of significant icing, strong winds, and hazardous travel. We discussed with Management Team and Board of Directors that plan for staff and patients with the upcoming storm. We notified staff members to plan and prepare for alternative childcare

options and accommodations. Materials Manager placed a larger order for Tuesday morning delivery to plan ahead for cases. Since we operate as an elective surgery center, all future elective cases may be rescheduled. We will continue to monitor conditions and prepare to communicate to patients and staff any changes in schedules.

Storm hit our area on Thursday morning. Board of Directors met and discussed the plan to close operations at Woodland Surgery Center, on Thursday and Friday, due to loss of power and relying on generator power only. All cases currently underway to be completed and other scheduled cases to be cancelled and rescheduled to a future date. Communication went out via eCW voice text, phone calls were made, and emails were sent for patients. Management team communicated to their staff the closure of facility and informed them to be in alert for future communication. Communication of facility closure posted on social media. Phones were turned over and patients given the options to utilize local emergency rooms/hospitals or the on-call doctor in case of an emergent/urgent issue. Non-essential staff were excused. Any patients or staff that felt that they could not safely make it home were offered alternative housing accommodations nearby. We notified third party deliveries of our closure. Essential staff at Woodland recovered the patients and all patients and staff were safely discharged home. Staff all informed to evacuate the building in prep for our closure. Staff informed to be in alert for future communication regarding the upcoming days.

On Friday, our generator power went out. We determined our opportunities were:

Contact TECC Security for battery backup options for Security/Fire System and contact AES for HVAC battery backup monitoring options.

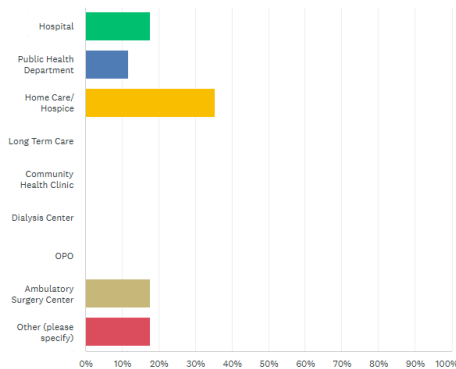
Identify management team member or building contractor that is closest, has a key, and would be willing to do a building walkthrough in the event it is needed. Determine options for battery monitoring of temperature/humidity and temperature remotely. These opportunities were to ensure that sterile supplies and pharmaceuticals were not compromised so we could resume operations as scheduled on Monday.

On Saturday morning, our power was restored and the storm has ended. We realized throughout this scenario that our strengths were: (1) that our communication plans were already in place. Our small organization size made for an efficient way to mass communicate to staff members. (2) Our Policies and Procedures were already in place for Severe Weather, Generator-Loss of Power, Facility Closure, and Resumption of Services. (3) And our quick decision-making process for Board of Directors increased the efficiency of communication to staff and patients/families. Overall our situation was successful and beneficial to our organization.

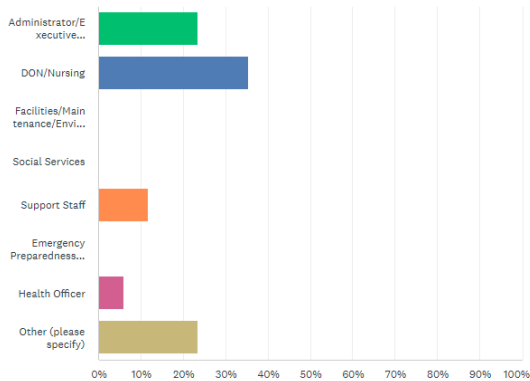
We will take our opportunities and determine our contingency plans moving forward.

PARTICIPANT FEEDBACK SURVEY RESULTS

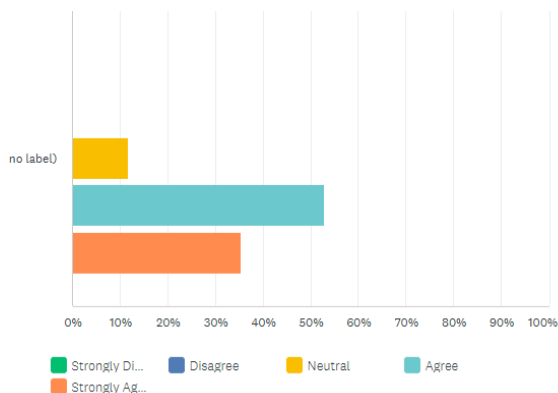
Question 1: What type of agency do you represent?



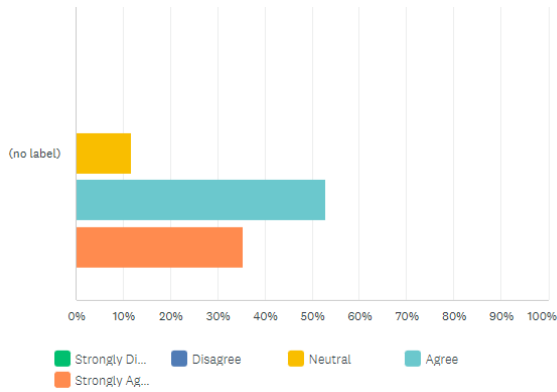
Question 2: What is your role within your organization?



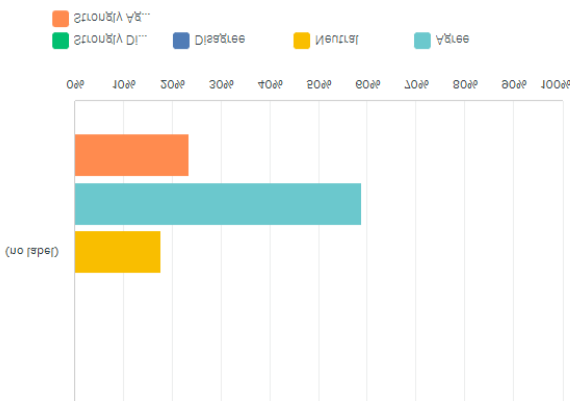
Question 3: The use of the virtual platform to facilitate the exercise was beneficial:



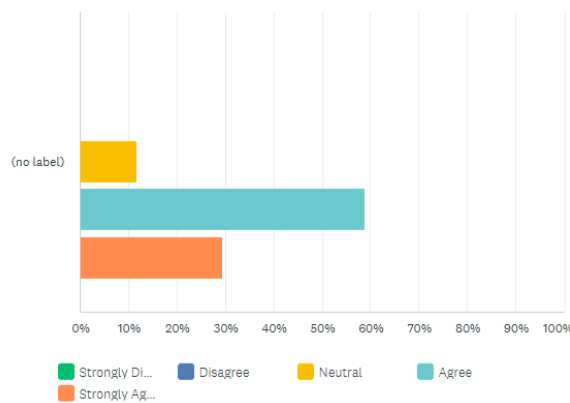
Question 4: The exercise scenario was plausible and realistic:



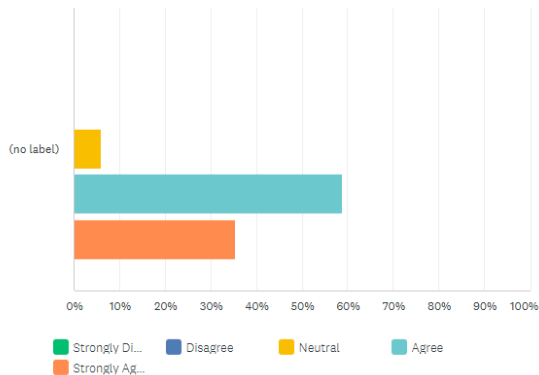
Question 5: Exercise participants includes the right people in terms of disciplines.



Question 6: Exercise participation was appropriate for someone in my field and level of experience.



Question 7: The exercise provided an opportunity to discuss significant issues and recognize gaps in Operational Coordination, Operational Communication, Continuity of Operations (COOP).



Question 8: Please provide recommendations on how this exercise or future exercises could be improved or enhanced?

- A little more time to review each situation.
- None
- More participation, ability to have slides in front of us to see fine details and take notes (for all)
- To have scenarios handed out before hand to do some prep work.
- Exercise mass clinic
- Having additional offerings of table top exercises would be helpful so we can continue to improve our process.
- N/A
- I would have liked the information of the scenario and handouts more in advance to prepare better.
- N/A
- Felt that drill went very well—look forward to potential discussion/interaction with other HERC members of like facility representation if available.

Question 9: Please share capabilities, topics or themes for future exercises.

- N/A
- MCI
- Would like to see more HHC/Hospice related situations
- Any and all would be appreciated
- N/A
- N/A
- Communications systems down, radio, cell tower, etc.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Advocate Aurora-Oshkosh
Calumet County Home Health Care and Hospice
DaVita Dialysis
Evergreen Retirement Community
Fresenius Kidney Care Green Bay
Menominee Tribal Clinic
Oneida Comprehensive Health Division
Orthopedic and Sports Surgery Center
Orthopedic Surgery Center of the Fox Valley & OSMS Orthopedic Clinic of the Fox Valley
Peabody Manor-ThedaCare
Primary Care Associates of Appleton
PRN Home Health & Therapy
ProMedica Home Health & Hospice, ProMedica Palliative Care
ProMedica Hospice-Fond du Lac
ThedaCare Medical Center-New London
ThedaCare Medical Center-Waupaca
Winnebago Mental Health Institute
Wisconsin Institute of Surgical Excellence
Woodland Surgery Center/ Hand to Shoulder Care of Wisconsin