

**Northwest Wisconsin Healthcare
Emergency Readiness Coalition
(NWWI HERC)
2019 Coalition Surge Test (CST)**

After Action Report/Improvement Plan

EXERCISE OVERVIEW

Exercise Name	Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWI HERC) 2019 Coalition Surge Test (CST): Facilitated Discussion (FD) and After-Action Review (AAR)
Exercise Date	<p>The Coalition Surge Test consisted of two conduct sessions:</p> <ul style="list-style-type: none"> • <i>Functional Exercise</i>: This exercise was conducted as a low/no-notice exercise, so only the date was released to Coalition Members prior to the exercise which took place on 3/19/2019, 0930-1100. • <i>Facilitated Discussion/After Action Review</i>: 4/5/2019, 1000-1200, Mosaic Telecom Training Room, 401 S. 1st Street, Cameron, WI
Scope	The Coalition Surge Test (CST) exercises a coalition’s ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition’s staffed acute-care bed capacity. This number for the Northwest Wisconsin HERC was estimated at 149 beds.
Mission Area(s)	Response
Core Capabilities	<p>Operational Communications</p> <p>Operational Coordination</p> <p>Public Health, Healthcare, and Emergency Medical Services</p>
HPP Capabilities	<p>Health Care and Medical Response Coordination</p> <p>Continuity of Health Care Service Delivery</p> <p>Medical Surge</p>
Objectives	<ul style="list-style-type: none"> • Assess the Coalition’s ability to (notionally) evacuate and place 20% of staffed acute care beds in the region within 90 minutes • Assess the Coalition’s ability to find appropriate transportation resources for all evacuating patients within 90 minutes • Utilize existing information sharing systems (WI Trac) to share situational awareness and obtain key data for decision-making during a regional emergency event

	<ul style="list-style-type: none">Engage Coalition members in a facilitated discussion to review key data points and identify strengths and areas for improvement related to evacuation and medical surge in the region
Threat or Hazard	Hospital Evacuation
Scenario	None, as defined by the Assistant Secretary for Preparedness and Response
Sponsor	Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWIHERC), as required and supported by the Assistant Secretary for Preparedness and Response for the Department of Health and Human Services
Participating Organizations	Northwest Wisconsin Healthcare Emergency Readiness Coalition core membership (Emergency Management, Emergency Medical Services, Hospital, and Public Health), as well as other interested parties
Point of Contact	Aimee Wollman Nesseth, M.Div, M.S. BCC NWWI Healthcare Emergency Readiness Coalition (715) 379-6664 Aimee.WollmanNesseth@wisconsin.gov

EXECUTIVE SUMMARY

I. Coalition Surge Test Overview

The goal of the NWWI HERC is to provide a coordinated response should disaster strike. The NWWI HERC ensures there is open communication between all area trauma centers, hospitals, long-term care facilities, public health organizations, emergency medical services, emergency management organizations, and other healthcare providers to effectively manage resources. NWWI HERC is one of seven Healthcare coalitions in the state of Wisconsin and is referred to as Region 1. The NWWI HERC is funded through the U.S. Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant. Funding recipients must meet set deliverables, and for Budget Period 1 Supplemental (July 1, 2018-June 30, 2019), this includes the conduct of the Coalition Surge Test (CST).

The Coalition Surge Test was developed by ASPR¹ and is designed to help health care coalitions (HCCs) identify gaps in their surge planning through a low- to no-notice exercise. The CST tests a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition's staffed acute-care bed capacity. The NWWI HERC modified the delivery format but includes all of the required CST components.

- *Conduct Session 1: Table Top Exercise with Functional Elements.*
The exercise starts 60 minutes after the assessment team notifies one or more hospitals or other patient-care facilities that they need to stand up their facility command centers. The ASPR Coalition Surge Test performance measures will be collected for the first 90 minutes of the exercise, or when all patients are placed, whichever comes first.
- *Conduct Session 2: Facilitated Discussion and After-Action Review.*
Coalition members will participate in a facilitated discussion that explores issues raised during the exercise. The facilitated discussion may include: patient transportation planning, receiving health care facility capacity, patient tracking and public information, the needs of vulnerable patients, and continuity of operations. Coalition members will also take part in an after-action review which concludes the CST and consists of an assessment of strengths and weaknesses and corrective action planning.

During the Functional Exercise conduct, the following pre-identified facilities simulated patient evacuation:

- Mayo Clinic Health System-Chippewa Valley
- Mayo Clinic Health System-Northland
- Mayo Clinic Health System-Oakridge (*limited play; experienced a real-world incident*)
- Amery Hospital

¹ <https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>

- Hudson Hospital
- Westfields Hospital
- Cumberland Healthcare
- OakLeaf Surgical Hospital
- Osceola Medical Center
- River Falls Area Hospital
- St. Joseph's Hospital
- Western Wisconsin Health

II. Conduct

Conduct followed this Exercise Schedule:

CST Functional Exercise: March 19, 2019			
0830	Evacuating Facility Controller/Evaluator arrives on site	Facility Controller/Evaluator	<ul style="list-style-type: none"> • Evacuating facilities prepare to start CST
0900	Evacuating Facility decision to evacuate	Evacuating Facility	<ul style="list-style-type: none"> • Notification of staff and activation of command team
0930	EM Resource (WI Trac) alert to Coalition	HERC Coordinator	<ul style="list-style-type: none"> • Coalition members are alerted to CST exercise conduct • Hospitals update bed availability within 30 minutes
0930-1100	Coalition Surge Test: Functional Exercise	All Coalition Members	<ul style="list-style-type: none"> • Conduct CST (note ASPR performance measures will only be tracked for first 90 minutes or until all patients have been placed) • Evaluate using provided tools
1100	Evacuating Facility completion of exercise activities	Evacuating Facility	<ul style="list-style-type: none"> • Compile required documentation
1115-1200	Conduct CST Hospital Hot Wash	All Coalition Members	<ul style="list-style-type: none"> • Conduct brief hot wash within each hospital
CST Facilitated Discussion/After Action Review: April 5, 2019			

1000-1200	CST Facilitated Discussion and After-Action Review	All Coalition Members	<ul style="list-style-type: none"> Conduct Facilitated Discussion and After-Action Review <i>Mosaic Telecom Training Room, 401 S. 1st Street, Cameron, WI and Via Conference Line</i>
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Major findings are captured below, and a detailed analysis is featured in the next section. Additional reports and numbers can be found in the Appendices.

III. Major Findings

Through the course of the exercise, the following information was documented:

- Patients at start of exercise: 150
- Patients able to be discharged: 72
- Patients to be evacuated: 78
- Patient beds found for evacuating patients: 78 (100%)
- Patients transported (officially placed per ASPR): 78 (100%)

Full documentation of exercise numbers can be found in Appendix B: ASPR Performance Metrics.

Major Strengths

- Evacuating hospitals demonstrated successful advance training and planning to meet the needs of an evacuation event. Facilities rapidly assessed patient census, were able to greatly reduce the number of patients to be evacuated by decompressing the facility through early discharge, and had systems in place to communicate and coordinate with receiving hospitals and transportation partners.
- NWWI HERC Coalition members exhibited strong communication and coordination during both the Tabletop/Functional Exercise portion of the Coalition Surge Test, as well as the Facilitated Discussion/After Action Review. Coalition members demonstrated partnerships, participation, and a great willingness to work together. The participation at the Facilitated Discussion was significant and showed the strength of the Coalition within the region.

Major Areas for Improvement

- Participants reported poor situational awareness of bed availability through the EM Resource (WI Trac) system; there is no existing protocol to regularly update bed availability and/or to demonstrate when previously available beds have been committed. There are different templates available to use depending on the event but no clear understanding on which to use.
- Patient tracking was discussed as a significant area of concern. There is no process or supporting system that could assist with the movement and tracking of evacuated

patients. If the patients are within an EPIC system, there is a greatly likelihood that they could be sufficiently tracked but many hospitals and providers do not use the EPIC system.

Next Steps

- Consider developing and providing training to Coalition members on EM Resource (WI Trac), local emergency plans and the role of the HERC during an emergency.
- Consider developing a protocol to outline guidance on updating and maintaining hospital bed availability and status on EM Resource (WI Trac). This should include the type of template/message that should be used (i.e. MCI, bed count, etc.)
- Continue to engage all core members of the Coalition on planning, training, and exercise activities.
- Continue to evaluate the procurement of a patient tracking process and system/board.

ANALYSIS

Objective 1: Assess the Coalition's ability to (notionally) evacuate and place 20% of staffed acute care beds in the region within 90 minutes

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: The evacuating hospitals were able to rapidly assess current patient census and evaluate patients that could be discharged. This reduced the number of patients that needed to be evacuated by 48%. Evacuating hospitals had plans in place to evacuate, discussed patient prioritization and order of evacuation, and activated the Hospital Incident Command System to coordinate response activities.

Strength 2: Westfields, Amery and Hudson utilized an area command center within their system to coordinate and manage the incident. This was accomplished via a WebEx system and worked very well. There was one Incident Commander (IC), three Operations Section Chiefs and three Logistics Section Chiefs.

Strength 3: The Coalition members noted the pre-established relationships significantly helped during the evacuation portion of the drill. It helped them to know the people to contact and the proximity of their healthcare partners.

Strength 4: Evacuating hospitals had strong participation from public information officers (PIOs) during the exercise.

Areas for Improvement

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

Area for Improvement 1: Updated bed availability information

Analysis: There is currently no formal process to regularly update EM Resource (WI Trac). Upon receiving the EM Resource alert, most hospitals updated initial availability, which was used by the evacuating hospitals to guide decision-making on where to evacuate patients to. There was great difficulty observed in maintaining current situational awareness on bed availability when multiple hospitals were requesting the same beds. There was confusion over the use of the different templates for an MCI, bed count and a general announcement within the system as well.

Recommendation:

1. Consider developing a EM Resource protocol on updating bed availability, including frequency and where to update beds and report accepted patients
2. Consider adding a column in EM Resource to show surge information
3. Training on EM Resource to all Coalition partners

Objective 2: Assess the Coalition’s ability to find appropriate transportation resources for all evacuating patients within 90 minutes

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: Evacuating hospitals utilized a wide range of transportation resources from many different providers, including EMS/Fire assets, private transportation providers, nursing home vans, and private vehicles.

Strength 2: During both the Functional Exercise as well as the subsequent Facilitated Discussion, Fire/EMS and ambulance providers discussed that there would be enough capacity left in the system to handle usual 911 traffic and other emergencies. Some EMS providers noted that they actually “held back resources” in order to have enough for normal 911 calls.

Strength 3: Hospitals looked outside the Region and outside of the State to transport patients; many acknowledged that this would be required since the closest hospitals or partner facilities were not within the State of Wisconsin.

Areas for Improvement

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

Area for Improvement 1: Tracking of ambulance resources

Analysis: During the Functional Exercise, evacuating facilities reported that there was some difficulty in matching available ambulances to patients. Individual evacuating facilities contacted area EMS and ambulance providers to request available assets, and proceeded to match patients to available vehicles. There was a clear need for a better tool for tracking available ambulance resources and matching to evacuating patients. There may be opportunity to facilitate this at the regional level. Some organizations reported surprise at the number of resources able to be committed. In a real event of this nature, the number of staff and resources needed to move patients could exceed what is available

within the region. Continue to evaluate how patients would be matched to available ambulance resources during a large-scale patient movement event such as hospital(s) evacuation. Additionally, some EMS providers noted that they are moving away from taking two patients at a time- however, in the event of an emergency it is unclear if this might be an exception. MABAS is utilized in some of the Counties that participated; however, there is little understanding how and if MABAS can be utilized during an emergency.

Recommendation:

1. Evaluate tools and/or systems to streamline the matching of ambulances to patients during an evacuation
2. Determine the role of MABAS in participating Counties; training to be provided if needed
3. In future exercises, determine the realistic loading and unloading times during patient transport

Objective 3: Utilize existing information sharing systems (EM Resources) to share situational awareness and obtain key data for decision-making during a regional emergency event

- **Associated Core Capabilities:** Operational Communications
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: Exercise participants including evacuation and receiving facilities, and EMS used EM Resource during the exercise to share situational awareness and obtain key data for decision-making.

Areas for Improvement

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

Area for Improvement 1: Process to update EM Resource

Analysis: As described in Objective 1: Area for Improvement 1, there is no standard protocol on frequency to update beds during a medical surge event, or how to capture beds that have been allocated. There was great difficulty observed in maintaining current situational awareness on bed availability when multiple hospitals were requesting the same beds. Additionally, it was noted that evacuating facilities should not rely exclusively on EM Resource for bed availability. While the tool is useful in initially identifying potential available beds, particularly when multiple facilities are competing for beds, a direct call to

the receiving facility is still needed. This may have been an exercise artificiality, but ensure evacuating hospitals directly communicate with receiving hospitals about patients to be transferred. Consider developing guidance or a standard operating protocol for use of EM Resource.

Recommendation:

1. See Objective 1: Area for Improvement 1

Area for Improvement 2: Patient tracking

Analysis: Exercise participants discussed the gap in existing information systems ability to track patients during emergency events. There is not currently a system or method to do this at the coalition/regional level. Continue to evaluate systems and methods to track patients within the Coalition. Look to other regions and States for best practices in this area and to coordinate efforts, if feasible.

Recommendation:

1. Continue to evaluate systems and methods to track patients within the Coalition/Region
2. Work with State partners to provide input into planning efforts

Objective 4: Engage Coalition members in a facilitated discussion to review key data points and identify strengths and areas for improvement related to evacuation and medical surge in the region

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: During the Facilitated Discussion, there was great representation from evacuating and receiving facilities as well as emergency management and public health partners.

Strength 2: Due to the vast geographic spread of all seven healthcare coalition regions in the State of Wisconsin, use of technology to support remote meetings has been essential to keep members engaged and participating in key activities. For the Facilitated Discussion/After Action Review, a webinar option was provided as an alternative to in-person attendance.

Strength 3: The HERC Coordinator and Public Health are working on doing a full day of training focused on family reunification. Coalition partners are encouraged to attend.

Areas for Improvement

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

Area for Improvement 1: Crisis standards of care

Analysis: The State of Wisconsin is currently working on a “crisis standards of care” project within the Public Health Department. The project is intended to help all the regions as a whole identify changes to “normal procedures” that can be adjusted in “emergency situations”. This would allow hospitals and other healthcare partners to respond to a significant emergency without being constrained to normal operating rules. This project is also looking into a statewide credentialing/mutual aid agreement that would allow healthcare providers to support facilities outside of their normal job duties but have liability protection.

Recommendation:

1. Continue to work with State partners on this project and provide NWWI HERC insight and guidance

Area for Improvement 2: Roles and responsibilities of response partners

Analysis: During Facilitated Discussion and in Participant Feedback, Coalition members commented that there is a need for more training and awareness on the local emergency plans within each jurisdiction. There was discussion about understanding who within each jurisdiction can declare an emergency and how this is written into Emergency Operations Plans (EOPs).

Additionally, as core members of the Coalition, Emergency Management and Public Health have availability to assist during emergency events but need further clarification in plans on concrete roles and responsibilities.

The role of a regional medical coordination center (RMCC) also needs to be further defined.

Recommendations:

1. Provide information on local EOPs and/or contact information to local emergency management partners
2. Include Emergency Management and Public Health in Coalition planning, training, and exercise activities
3. Determine if there is a need to establish or formalize the RMCC within the Region

APPENDIX A: PARTICIPATING FACILITIES

I. Functional Exercise: 3/19/2019

The following facilities/organizations were either evacuating facilities, receiving facilities, transportation providers, or were contacted during this Phase of the Coalition Surge Test.

Facility/Organization Name
Emergency Management/Public Health
Polk County Emergency Management
Polk County Public Health
River Falls Police Department
Fire, EMS, and Ambulance Providers
Amery EMS
Anytime Transport
Baldwin EMS
Colfax Rescue
Ellsworth Area Ambulance
Gold Cross
Lakes Regions Transport
Lakeview EMS (MN)
Lakeview Medical Transport
New Richmond EMS
River Falls Area Ambulance
Sawyer County Ambulance
Hospitals and Healthcare Facilities
Abbott Northwestern Hospital (MN)
Allina Health Clinic, River Falls
Amery Hospital
Ashland Memorial Medical Center
Cumberland Healthcare
Ellsworth Care Center
Fairview Lakes Medical Center
Glenhaven Nursing Home
Good Samaritan
Hudson Hospital
Kinnic Long-Term Care
Lakeview Hospital (MN)
Marshfield Medical Center-Rice Lake
Mayo Clinic Health System-Chippewa Valley
Mayo Clinic Health System, Eau Claire
Mayo Clinic Health System, Home Health, Hospice and Palliative
Mayo Clinic Health System-Northland
Mayo Clinic Health System-Oakridge
Mayo Clinic Health System-Red Cedar

Methodist Hospital (MN)
Northshore/Hammond
Oakleaf Surgical Hospital
Osceola Medical Center
Regions Hospital
River Falls Area Hospital
Sacred Heart Hospital
Shell Lake Clinic
Spooner Health
St. John's Hospital
St. Joseph's Hospital (MN and WI)
United Hospital
Vibrant Health
Western Wisconsin Health
Westfields Hospital

II. Facilitated Discussion/After Action Review: 4/5/2019

The following facilities/organizations participated in the Facilitated Discussion/After Action Review. An asterisk (*) denotes Executive participation. * Health Officer, COO, Emergency Manager, Director, or Deputy Chief.

Facility/Organization Name
Advent Health, Durand
Ashland County Public Health Department *
Barron County Emergency Management *
Bayfield County Health Department *
Brule Fire Department
Chippewa County Emergency Management *
Chippewa County Public Health Department
Cumberland Healthcare *
Douglas County Emergency Management/ 911 *
Douglas County Public Health/HHS
Eau Claire Emergency Management *
Eau Claire Fire Department *
Eau Claire Health Department
Essentia Health, Superior
Hayward Area Memorial Hospital
HealthPartners, Amery, Hudson and Westfields
Hearts of Gold *
Marshfield Medical Center, Eau Claire
Marshfield Medical Center, Rice Lake
Mayo Clinic Health System, Chippewa Valley
Mayo Clinic Health System, Eau Claire
Mayo Clinic Health System, Home Health/Hospice and Palliative Care

Mayo Clinic Health System, Northland
Memorial Medical Center, Ashland
North Lakes Community Clinics
North Memorial Air Care
North Memorial Health Ambulance
Northwest Wisconsin/Region 1 Healthcare Emergency Preparedness Coalition
Northwest Wisconsin Regional Trauma Advisory Council
OakLeaf Surgical Hospital
Osceola Medical Center
Pepin County Health Department *
Polk County Health Department *
Regional Hospice and Palliative Care *
River Falls Area Hospital
Rusk County Public Health Department
Sacred Heart Hospital
Sawyer County Public Health Department *
Spooner Health
St. Joseph's Hospital
St. Croix County Emergency Management *
St. Croix County Public Health Department
St. Croix Regional Medical Center
Washburn County Health Department *
Western Wisconsin Health – Baldwin
Western WI Public Health Readiness Consortium *
WISCOM Subject Matter Expert
Wisconsin Department of Health Services

APPENDIX B: ASPR PERFORMANCE METRICS

HCC core member orgs participating in Phase 1: TTX with functional elements and facilitated discussion of the CST	53
HCC core member orgs’ executives participating in Phase 2: AAR of the CST	16
<i>Patients at the evacuating facilities that are identified as able to be: discharged and/or evacuated</i>	
Number of patients at evacuating facilities identified as being able to be discharged safely to home during a CST (20% of coalition beds)	72
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds)	78
Total patients at all evacuating facilities at the beginning of the CST	150
Total number of staffed acute care beds in the coalition	745
Time (min) for last evacuating facility to report total number of patients identified as able to be evacuated after start of CST	18 minutes
<i>Evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes</i>	
Total beds identified at all receiving facilities at the end of the exercise during a CST (20% of coalition beds)	78
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds) – See PM16	78
Time (min) for the last receiving facility to report the total number of beds available to receive patients after start of a CST (20% of coalition beds)	59 minutes
<i>Evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transportation identified in 90 minutes</i>	
Total patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (20% of coalition beds)	78
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds)	78
Time (min) for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a CST (20% of coalition beds)	50 minutes