

Northwest WI Healthcare Coalition & Western WI Public Health Readiness Consortium (WWPHRC) “Big Bad Thing” Virtual Community- Based Functional Exercise

After-Action Report/Improvement Plan

November 27, 2017

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	Big Bad Thing Virtual Exercise
Exercise Dates	<p>November 6, 2017 A RAVE notification was sent to the participants who had registered for the exercise. The alert was sent at 1:30 p.m. The Healthcare Coalition Coordinator tracked acknowledgement of the alert. Local partners were encouraged to conduct their own internal Communication Plans that afternoon.</p> <p>November 7, 2017 An Adobe Connect meeting room was opened at 8:15 a.m. by the Healthcare Coalition Coordinator. The Exercise began at 8:30 a.m. and concluded at 11:00 a.m.</p>
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.
Mission Area(s)	Coordination and Response
Core Capabilities	<p>Emergency Operations Coordination (EOC) (Capability 1: Foundation for Health Care and Medical Readiness)</p> <p>Information Sharing (IS) (Capability 2: Health Care and Medical Response Coordination)</p> <p>Shelter in Place/Evacuation/Critical Transport (SIP/EVAC/CT) (Capability 3: Continuity of Health Care Service Delivery)</p> <p>Medical Surge (MS) (Capability 4: Medical Surge)</p>
Objectives	<p>(EOC) Train and prepare the Health Care and Medical Workforce</p> <p>(IS) Utilize Information Sharing procedures and platforms</p> <p>(SIP/EVAC/CT) Plan for Continuity of Operations and Plan for and Coordinate Healthcare Evacuation and Relocation.</p> <p>(MS) Respond to a Medical Surge.</p>
Threat or Hazard	Prolonged power outage and communication failure due to Cyber Attack with unknown duration.

Exercise Name	Big Bad Thing Virtual Exercise
Scenario	Ransomware Cyber Attack resulting in sporadic and prolonged power and communication failures, particularly in the upper Midwest. Healthcare partners are encouraged to activate Shelter in Place plans, Evacuation plans, or Medical Surge Plans as dictated by the exercise controllers.
Sponsor	Northwest Wisconsin Healthcare Coalition, Western Wisconsin Public Health Readiness Consortium.
Participating Organizations	Total Number of Participating Agencies: 39 Total Number of Participants: 307 See Appendix A for list of Participating Agencies. See Appendix B for Participant Feedback.
Point of Contact	<p>Aimee Wollman Nesseth Coordinator Northwest Wisconsin Healthcare Coalition 1003 Prairie Circle Menomonie, WI 54751 aimee.wollmannesseth@wisconsin.gov www.nwwihcc.org 715-379-6664</p> <p>Brian Kaczmariski Director Western Wisconsin Public Health Readiness Consortium 100 Polk Plaza Balsam Lake, WI 54012 715-485-8801 brian.kaczmariski@co.polk.wi.us www.wvphrc.org</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)
Train and prepare the Health Care and Medical Workforce	Emergency Operations Coordination			M	
Utilize Information Sharing procedures and platforms	Information Sharing		S		
Plan for Continuity of Operations	Shelter in Place		S		
Plan for and Coordinate Healthcare Evacuation and Relocation	1. Evacuation			M	
	2. Critical Transport			M	
Respond to a Medical Surge	Medical Surge		S		

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.

Objective 1:

Train and prepare the Health Care and Medical Workforce

Core Capability:

Emergency Operations Coordination (EOC) (Capability 1: Foundation for Health Care and Medical Readiness)

Activity 1:

Promote Role-Appropriate National Incident Management System Implementation.

Exercise Strengths

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

Strength 1: Hospital and Local Public Health Departments are familiar with and trained in National Incident Management System and Incident Command Structure.

Strength 2: Facilities identified clear and decisive leadership within their facilities.

Overall Strength:

The training and education opportunities offered through Wisconsin Emergency Management, the WWPHRC and NWWIHCC has helped raise awareness of the Incident Command Structure and has encouraged implementation within Hospital and Public Health agencies throughout the region.

Analysis: NIMS and ICS has been a requirement for hospitals and local public health departments for some time.

Exercise: Areas for Improvement

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

Area for Improvement 1: Increase awareness of National Incident Management System and Incident Command Structure, especially to Long Term Care Facilities.

Area for Improvement 2: Increase familiarity with Job Action Sheets and encourage partners to adapt existing templates for their own agencies.

Area for Improvement 3: Staff turnover is common. NIMS and ICS training should be built into orientation for leadership positions.

Analysis: NIMS and ICS education is not a requirement for the CMS Emergency Preparedness ruling. These are new concepts to many Healthcare Coalition partners.

Overall Area for Improvement:

There is a lack of understanding and implementation of NIMS and ICS within agencies that are new to this level of Emergency Preparedness. Provide information regarding ICS and NIMS on line training recommendations, particularly for senior leadership. Continue to provide opportunities in collaboration with Wisconsin Emergency Management for classroom ICS training.

Activity 2:

Plan and conduct coordinated exercises with Healthcare Coalition members and other response organizations.

Exercise Strengths

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

Strength 1: The use of Adobe Connect and the virtual platform made it possible for more participants, including senior leadership, to be involved in the exercise.

Strength 2: The Exercise was recorded and shared with partner agencies that were not available on November 7th, therefore allowing them to participate at a later date.

Strength 3: Organizations reported good teamwork, brainstorming, and the ability to think creatively about solutions. Senior leaders were engaged with the exercise.

Overall Strength:

The virtual format was a new and successful platform for this WWPHERC and NWWIHCC exercise. Partner agencies and organizations expressed appreciation for this format because it allowed each agency to gather leadership teams within their facilities as opposed to sending only a couple of representatives to a central location for a regional exercise. As Annie Riedell from

Spooner Health commented, "We should do this every year! It was great. It was very well received by our senior leaders". Luke Simington from OakLeaf Surgical Center stated, "Our entire leadership group including our executive team were all involved."

Analysis: Limited staff time for travel and funds for reimbursement often limits face to face exercise participation. The virtual format allowed greater participation.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some technical issues remained. Not all partner agencies were able to see or hear the controller at the beginning of the exercise.

Overall Area for Improvement:

If the Healthcare Coalition plans to utilize the Adobe Connect platform in the future, it is vital to provide opportunities to learn how to use Adobe Connect including a "test" session for connectivity, and sharing Adobe Connect 101 instruction sheets. This includes the controller obtaining a level of comfort with all aspects of the Adobe Connect tool.

Objective 2:

Utilize Information Sharing procedures and platforms

Core Capability:

Information Sharing (IS) (Capability 2: Health Care and Medical Response Coordination)

Activity 1:

Develop Information Sharing Procedures

Exercise Strengths

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

Strength 1: Use of the RAVE alerting system was effective with exercise participants.

Strength 2: Hospitals are well versed in the use of Wi-TRAC to assess bed availability.

Strength 3: Several agencies reported success with their Communication Plans and ability to contact internal and external partners during the exercise.

Overall Strength:

The use of the RAVE alerting system will allow notification across organizational type throughout the NWWIHCC footprint once lists are created. This exercise allowed this tool to be tested.

Analysis: Through the Healthcare Coalition, training, and other community-based events, relationships have been established between healthcare partners for Emergency Preparedness and Response.

Exercise: Areas for Improvement

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

Area for Improvement 1: Continue to utilize and build RAVE alert notification groups for widespread Information Sharing throughout the region. Resolve problems with some email addresses.

Area for Improvement 2: Expand the use of Wi TRAC to Long Term Care facilities, local Public Health Departments, and Community Health Clinics.

Area for Improvement 3: Continue to encourage Healthcare partners to reach out to partner agencies including county resources, private businesses and other public entities to build Emergency Preparedness and Response capacity.

Analysis: There is no single, common communication platform or tool utilized by all Healthcare partners within the region.

Overall Area for Improvement:

There continues to be a need to develop one platform for communicating Situational Awareness across all disciplines in the region.

Activity 2:

Utilize Communication Systems and Platforms

Exercise Strengths

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

Strength 1: Several organizations have mass communication systems in place to notify their staff and tested these platforms on November 6.

Overall Strength:

Some communication tools are currently being used and are effective for internal communication.

Exercise: Areas for Improvement

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

Area for Improvement 1: Increase awareness of mass communication systems within individual agencies.

Area for Improvement 2: Develop and utilize communication systems to reach a large number of clients with a limited number of staff. It was too cumbersome to try to contact each client by phone with only two staff members.

Overall Area for Improvement:

Continue to develop and utilize communication tools, including technology, to assist with situational awareness and emergency notifications.

Objective 3:

Plan for Continuity of Operations

Core Capability:

Shelter in Place (SIP) (Capability 3: Continuity of Health Care Service Delivery)

Activity 1:

Plan for Healthcare Organizations Sheltering in Place

Exercise Strengths

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

Strength 1: The exercise validated several agency's 96 hour plan and demonstrated they would have adequate resources.

Strength 2: Partner agencies expressed confidence in their Shelter in Place plan, including staffing and resources.

Strength 3: Many partner agencies are part of larger systems and were confident in their ability to access additional resources from sister agencies.

Overall Strength:

Previous planning in hospitals and some long term care facilities has resulted in strong 96 hour plans. Existing relationships with "system" agencies across the region or state provide access to additional supplies and staff.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some agencies were unsure of the fuel supply for backup generators.

Overall Area for Improvement:

96 hour plans on paper look great. In a real event, resources may be different than what had been anticipated. Continuing to build relationships with private businesses throughout the region for resupply needs is vital.

Objective 4:

Plan for and Coordinate Healthcare Evacuation and Relocation

Core Capability:

Evacuation/Critical Transport (EVAC/CT) (Capability 3: Continuity of Health Care Service Delivery)

Activity 1:

Develop and Implement Evacuation and Relocation Plans

Exercise Strengths

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

Strength 1: Some Long Term Care facilities already prioritize their residents and have evacuation site pre-identified in the event of an emergency.

Strength 2: Some Long Term Care facilities and Home Health Agencies have redundant copies of emergency or next of kin contact information (digital and paper).

Strength 3: Some Long Term Care facilities have well developed continuity of care plans in place to be used in evacuation or relocation.

Overall Strength:

It is acknowledged that Evacuation of any healthcare facility is a "last resort". However, several agencies within the region have well developed plans for this event.

Exercise: Areas for Improvement

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

Area for Improvement 1: Identified need to develop and educate staff on resources needed to accompany patient/client/resident in the event of evacuation. For example, how would medications be distributed? Do all clients/residents have winter clothing available?

Area for Improvement 2: Identified need to develop and implement patient/resident/client tracking in the event of an evacuation, including taking photos of patients to be included with their medical information.

Area for Improvement 3: Identified need to develop and educate staff of how to send secure and confidential medical information to a receiving facility during an evacuation.

Area for Improvement 4: Identified need to educate and develop plan for Functional and Access needs sheltering within the region.

Overall Area for Improvement:

Continue to develop robust plans for evacuation including check lists, medication distribution, next of kin contact information, and sharing of personal health information.

Activity 2:

Develop and Implement Evacuation Transportation Plans

Exercise Strengths

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

Strength 1: Some agencies recognize the need for and have established Memorandum of Understandings with local transportation companies for emergency relocation needs.

Strength 2: Some long term care facilities own their own transportation vehicles that could be used to a limited extent for resident relocation.

Strength 3: Several long term care facilities are located within the same building as a hospital. Transportation for these facilities requires movement through hallways to another part of the building.

Overall Strength:

Critical Transportation is a recognized element of the Evacuation Plans and some agencies have taken steps to reach out to local businesses for assistance in this activity.

Analysis: Recent national events and previous regional exercises have highlighted the need to be proactive regarding critical transportation assets.

Exercise: Areas for Improvement

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

Area for Improvement 1: There is a shortage of local critical transport vehicles capable of appropriately transporting skilled nursing care residents.

Area for Improvement 2: Other than MABAS in some regional counties, there is no existing method for organizing, triaging, and deploying critical transportation assets.

Overall Area for Improvement:

Identifying and deploying appropriate critical transport assets in the event of an evacuation of a skilled nursing facility or hospital is extremely challenging. Continued conversations with Emergency Management, EMS, and private businesses must be on going.

Objective 5:

Respond to a Medical Surge

Core Capability:

Medical Surge

Activity 1:

Implement Emergency Department and Inpatient Medical Surge Response.

Exercise Strengths

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

Strength 1: Hospital partners have well developed and tested Medical Surge plans.

Overall Strength:

Medical Surge capabilities have been in place for hospitals for many years.

Exercise: Areas for Improvement

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

Area for Improvement 1: Understanding the process of receiving a "waiver" in the event of an emergency needs to improve across all disciplines.

Area for Improvement 2: Need to understand the emergency credentialing process for volunteer medical staff or medical staff working within partner agencies during an emergency event.

Overall Area for Improvement

As the regional healthcare sector partners continue to expand, need to gain an understanding of how personnel from different agencies can assist other agencies in the event of an overwhelming disaster or medical surge emergency. What are the liabilities, processes, and possibilities for staff and resource sharing?

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Burnett Medical Center	Name, Phone, Email of PRIMARY POC for this document: Tamra White 715-463-7232 twhite@burnettmedicalcenter.com	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 12	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Established relationships with outside agencies and know resources available. 2) Good communication within the Command Staff and Section Chiefs 3) As the Situation Rep scenarios were released we found we were already thinking ahead and had addressed many of the new challenges presented.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Staff didn’t have a good understanding of the Emergency Policies and Procedures. 2) Staff wasn’t aware of the forms to track the patients during a patient surge. 3) We didn’t have a good plan for security and traffic control in the event.			
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
Emergency Preparedness	We didn’t have a good plan for security and traffic control in the event of a patient surge.	Update the current security plan.	Burnett Medical Center	Ned Moore	01/15/18

Emergency Preparedness	Staff didn't have a good understanding of the Emergency Preparedness Policies and Procedures.	New staff will be trained during orientation. Current staff will review the policies and procedures in their staff meetings. All staff will receive training on an annual basis and after plan updates.	Burnett Medical Center	Tamra White	No later than 02/28/18
Evacuation/Shelter in Place	Staff wasn't aware of the forms to track the patients during a patient surge.	Identify the forms to utilize to track patients in the event of a patient surge and train staff on use of form.	Burnett Medical Center	Cheri Goodner	12/31/17

Executive Summary:

Burnett Medical Center participated in the Community Based Regional Exercise with the Northwest Wisconsin's Healthcare Coalition and WWPBRC on November 7, 2017. Our initial team was comprised of the CEO, CFO, CNO, Marketing Director, Quality Improvement Coordinator, Clinic Administrator, Assistant CNO, and Compliance Officer. During the course of the exercise we did involve the Dietary Manager, Additional Nursing Staff, and Administrative Secretary. The exercise scenario involved large-scale cyber-attacks on multiple grids in parts of the United States with West/NW Wisconsin experiencing widespread power outages and communications disruptions. Temperatures dropped to the mid-20s and the incident spanned four days. Shelter-in-place plans were activated. Our facility was designated as a receiving facility for other facilities that needed to be evacuated.

Overall, our Command Staff and Section Chiefs worked well together. During the exercise we contacted our local grocery store, Dairy Cooperative for fuel, and school system for options to house non-medical individuals. We also contacted the Wisconsin Emergency Assistance Volunteer Registry and our county Emergency Management Director. We received good response and support from these entities. We also found that as the scenarios were updated we had already addressed some of the issues presented. Some of the areas we found we need to improve upon were training for staff on policies and procedures, knowing the correct forms to document patient surge information on, and a need to update our security plan/traffic control. We will be working with new and existing employees to train on the policies, identifying and training on patient surge forms, and updating the security plan. This exercise was very beneficial to our organization. While we feel it went well overall we appreciate the identification of areas that we can improve upon and will work to complete specific action steps within the next few months.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Christian Community Home Hudson	Name, Phone, Email of PRIMARY POC for this document: Mary Eells 715-381-4219 Mary.eells@cchudson.org	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Nov 6 Communication Plan Drill went well minor corrections. 2. Continuity of Care during Evacuation Plan is good. 3. Staffing Plan for Shelter in Place appears good.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Improvements for Transportation Plan for evacuation needed. 2. Update Job Responsibilities for command staff. 3. Alternate communication plan for outside providers (such as fuel supply) needed.		
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
Transportation Plan	Not enough ability to transfer.	Contact County Emergency Management for assistance Contact Transfer agreement facilities to share a transfer plan also	CCH	Brad Gradner Mary Eells	11/28/17
Job Responsibilities	Current Job Responsivities are confusing.	Utilize web site provided at this Exercise Review other temp plate plans	CCH	Mary Eells	11/28/17

Suppliers	If phone, email, are all out how to contact fuel supplier.	Will have a stay full agreement with supplier. Look for second supplier.	CCH	Brad Gradner	11/28/17
<p>Executive Summary: Date of Exercise 11/07/2017 Administrative Command Staff Ransomware Attack leading to an Evacuation of Facility 1 On Nov 6 we tested our call in plan for administration and staff this went well. 2 Our command staff assembled efficiently and was able to make decisions in a timely manner 3 Our plan to continue care for the resident when evacuated works well 1 Our transportation plan needed at time of evacuation was not adequate or timely. 2 During the Communication Drill on Nov 2 the command staff felt the job descriptions/responsibilities were confusing. 3 If we did not have phone cell phone or email how would update our Fuel Supplier</p> <p>This was very helpful because it pointed out things which we did not think of. It also gave us other resources if needed. I do plan to reach out to our local Emergency Management staff for help. I also plan to send 2 staff members for further training per your advice.</p>					

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Christian Community Homes-Osceola	Name, Phone, Email of PRIMARY POC for this document: Brad Anfinson 2650 65 th Ave. Osceola, WI 54020 715-294-1107	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Ability to discuss problems and trouble shoot as a team. 2. Willingness to work together and ability to call out to resources as needed. 3. Staff and family availability and willingness to help. 4. Local school and a local church willingness to help. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication within our community. 2. Lack of space for additional supplies. 3. Limited diet choices. 		
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
Inter-Community Communication	Inability to communicate with lead personnel within the facility.	Will need to purchase more 2 way radios for lead team communication. Install and implement an overhead paging system	CCH	Brad	3/1/18
Additional Supplies	Limited resident care supplies for ongoing disaster and limited space for storage.	Utilize local companies to provide care products when needed.	CCH	Multiple	As Needed
Offer a variety of diet choices	Limited diet choices for residents' ongoing	Will utilize local companies for purchasing roasters/crock pots and	CCH	Mulitple	As Needed

	requests for quality of life.	food items to provide a variety of food choices in case of long term outage (longer than 3 days)			
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Executive Summary: (To be completed by Health Officer or other agency official)

The scenario took place on 11/6 & 11/7, 2017. Players involved included all administrative staff. The scenario was a widespread internet viral attack that took out power, on-line capabilities and computers. The scenario included nearby communities and was ongoing to more than 5 days requiring some facilities to evacuate their residents to other accepting facilities. It was the expectation that the facilities involved contacted local responders to evaluate the availability of assistance. Families of residents and staff were also contacted for availability. 3 strengths noted were the willingness of staff and families to help, local churches and school willing to accommodate and the ability of our administrative staff to discuss the situation and troubleshoot together. Three opportunities to improve were identified as: poor communication within our community. This will be improved by providing additional 2 way radios and installing an overhead paging system. Limited resident care supplies for long term outages and limited space for storage of supplies. Issue will be solved by utilizing local businesses for supplies. Limited food choices for long term outages and this will be solved by utilizing local businesses for food and roasters for cooking as needed. Overall this exercise was a success within our facility. Our lead team felt that the scenario itself was lacking information needed to implement specific assistance required as we didn't know what the degree of outage was (i.e. were cell phones working or would we have to travel for help). Knowing this information would change our strategic planning for this incident.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Dove Healthcare – South Eau Claire	Name, Phone, Email of PRIMARY POC for this document: Ashley Smetana, NHA 715-552-1035 asmetana@dovehealthcare.com	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Knowledge of current emergency P&P 2. Excellent teamwork 3. Broad range of knowledge and perspectives on the team			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Need more clear and concise P&P 2. Need more interaction with community resources (i.e. EOC manager) 3. Need to improve the evacuation plan		
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
Incident Command Training	The incident commander had limited knowledge of responsibilities.	Complete the incident command training provided by the Northwest WI Healthcare Coalition	Dove Healthcare – South Eau Claire	Ashley Smetana	12/15/17
Connection with EC EOC manager (Tyler Esh)	No one on the team knew who the EOC manager was.	The Incident Management Team will arrange a meeting with Tyler Esh, and	Dove Healthcare – South Eau Claire	Josh Bresina	12/31/17

		ask for his feedback on our current emergency preparedness plan.			
Ensuring evacuation P&P up-to-date, contracts current	The current evacuation plan was not sufficient.	The Incident Management Team will review and revise the current evacuation plan, and provide training to all staff on new plan.	Dove Healthcare – South Eau Claire	Ashley Smetana	1/15/17
<p>Executive Summary:</p> <p>This exercise was completed on November 7th. The people that were at the table during this exercise were: Ashley Smetana, Administrator; Josh Bresina, Environment Services Director; Kris Modl, Director of Social Services; Mandy Alvar, Director of Recreation; Joey Pettis, Director of Nursing; Angella Niblett, Therapy Director; Laurie Goodrich, Director of Nutritional Services. The scenario was a “Big Bad Thing” which involved a series of cyber-attacks on multiple grids in parts of the United States.</p> <p>During this exercise, the team discovered that its biggest strengths were its knowledge of the current emergency policies and procedures, excellent teamwork, and broad range of knowledge and perspectives from each department. That being said, we definitely have some opportunities for improvement which include strengthening our emergency policies and procedures, engaging with more community resources, and improving the evacuation plan.</p> <p>Overall, this experience was a huge success, and many lessons were learned. We left with a much better understanding of why emergency preparedness is so important. As we move forward, the Incident Management Team will continue to meet to develop and continuously improve the emergency preparedness plan. We also plan on scheduling a meeting the EOC manager for more guidance on creating the most effective emergency preparedness plan for our facility.</p>					

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Dove Healthcare – West Eau Claire</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Eden Reeg 715-552-3953 ext. 504 ereeg@dovehealthcare.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 7</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ul style="list-style-type: none"> - The network of partners we have in place - the technology we have to communicate - The response received when requesting additional staff 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ul style="list-style-type: none"> - The ability to access our partners in this specific event - The absence of a system in place to continue care due to lack of access to medical records - The need for more local partners due to the high demand of resources throughout the community 			
<p>Executive Summary: On November 15th, 2017 Dove Healthcare – West Eau Claire participated in a virtual community based table top exercise with over 60 different organizations that are part of the Northwestern Wisconsin Healthcare Coalition to simulate a disaster. The event that was simulated in this exercise was a series of large scale-scale ransomware cyber-attacks on multiple grids of the United States with reported power outages and communication disruptions that would last for 3-5 days. On the 4th day arrests were made, but the ransomware attack still persisted which triggered us to consider activating our evacuation plan. For this exercise, our Incident Command Team got together to discuss and carry out some parts of our Emergency Preparedness Plan. After the exercise, we discussed 3 strengths and three opportunities for improvement that were discovered during the exercise. Our strengths included the network of partners we have in place, the technology we have to communicate, and the response we received when we sent out a request for additional staff. Our areas of improvement include our ability to access our partners in this specific event, the absence of a system in place to continue care due to lack of access to medical records, and the need for more local partners due to the high demand of everybody in the area. Overall, this exercise was a lesson learned for our facility. We were able to build off of the exercise to close the gaps that we had in our plan to better prepare us for future events.</p>					

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Dunn County Home Health Care	Name, Phone, Email of PRIMARY POC for this document: Loni Dodge, RN BSN Program Manager 715-232-1518 ldodge@co.dunn.wi.us	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) We already have our clients assigned to a priority code. 2) We have access to our clients’ emergency contact numbers-not only in the computer, but on paper. 3) We already have two signed MOUs in place to assist with transportation if needed.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. We need to have a better system in place is there was absolutely no phone service or other means of communication. 2. We need to know where the shelters are for Dunn County-in Menomonie as well as other smaller communities. 3. The staff need to respond that they have received texts sent so we know they got the needed information.		
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
Emergency Operations Coordination	Attempted to contact the County Emergency Manager and	There should always be someone available to ask questions to.	Dunn County Administration	Not sure	

	received no answer and no return phone call after leaving a message.				
Information Sharing	Need more information back and forth from staff in the field.	We need to have a staff in service to go over our communication plan and what we expect from staff.	Dunn County Home Health	Loni-Program Manager	
Evacuation/Shelter in Place	We do not know where the shelters are in Menomonie or other smaller communities.	The County Emergency Manager needs to provide this information to the County Managers so we can in turn educate our staff.	Dunn County Administration	Emergency Manager	

Executive Summary:

Date: November 7, 2017

Players:

Loni Dodge-Program Manager

Kris Korpela-Director

Jeanie Miller, Sarah Mosack, Mary Clark: Staff RN’s

Gina Schneider, Judy Olson: Home Health Aides

Leann Bartz, Tammy Eckert: Support Staff

Scenario: Widespread large scale cyber-attack lasting at least 4 days. Power grids and telecommunications systems compromised. There is still phone service however. The FBI and Department of Homeland Security are involved. By day 4, with low evening temperatures and no electricity, the decision to evacuate high-risk patients was enacted.

In this situation, we as care providers in the patient’s homes, can still operate if needed. We would just need to use paper documentation instead of electronic. We do have access to paper charts in the office on information relating to the patient’s cares. However, if the patient lives far away and there is a fuel shortage, it may be more difficult to see that particular patient. We would need to prioritize and determine what visits are absolutely essential.

Our strengths using this scenario shows that we are already somewhat prepared. We do have a communication plan in place, but it still needs to be refined so we can share it with the rest of the staff. We also have a system to code our patients based on their

acuity and transportation needs. Each patient is given a code upon admission to homecare. Each week, a new printout of all our patients, priority codes, phone numbers and emergency contact numbers are given to all the staff so that even without a computer, we will always have these with us. During this scenario I did call a high priority patient and asked him a few questions about what he would do if there was no power. We reviewed his action plan. Also, after I had texted the staff, our aide was in a high needs client's house and she provided education right then and there to the husband about how to crank up and down the bed if no electricity. We also have two signed memorandums of understanding with two local transportation agencies who will assist us with transportation needs in the event of an evacuation.

One thing we need to improve on is with our texting. I did put out a text to all staff and only one person responded that they got the text. I had no way of knowing if everyone received the information to activate our plan. Once activated, the staff know to use the priority codes to notify patient, family members or emergency contacts but what if there was no phone service at all. How does the communication take place? Do we continue to make welfare checks? Also, in the event of an evacuation, we discovered that we do not know where the shelters are for ambulatory people with lower needs. High acuity patients would be evacuated to a hospital or nursing home. In this scenario, the temperature was in the 20's at night and with no electricity many people would need to evacuate to a warmer place with generators. We should also be more prepared on what to tell patients to bring with them if they do need to evacuate-medications, medical devices, clothes, water and snacks.

Overall, I think it was a success in that it showed that the work we have already done is important and needed in the event of an emergency. It also brought up many more questions that we need to think about and prepare for and tweak our current plan.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Eau Claire City-County Health Department	Name, Phone, Email of PRIMARY POC for this document: Kelli Engen Kelli.engen@co.eau-claire.wi.us 715-271-0425	Number of Agencies that participated in this exercise (including your own): NOT SURE	Total number of local participants (people) that participated in exercise:	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Good working relationships with partners 2. We know how ICS works 3. Large health department with approx. 60 staff 4. MRC could be activated for this situation to staff shelter			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. The need for redundant communication methods and interoperability 2. Find out more information on our local Shelter Plan 3. Lots of questions related to the specific scenario including communications, power/electricity, Does the County have an ICS structure?		
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
EOC	Would have been great to have EM at our table today to make quicker decisions about opening the EOC,	None identified	Emergency Management	Encourage and support EM in the opening	

	however he responded.			of a shelter	
<p>Executive Summary:</p> <p>The virtual exercise that the NWWIHCC conducted in early November was well designed and implemented. The Eau Claire City-County Health Department participants were the PHEP specialist and a public health nurse with preparedness experience. The health director and nursing supervisor were notified on Nov 6th that a “big bad” thing happened. The power outage scenario was great considering recent natural disasters have left communities without power for extended periods of time. Our health department certainly didn’t have the right players for a power outage scenario, but identified critical players such as;</p> <ul style="list-style-type: none"> • County Emergency Manager • Facilities management • Communication Center • Administration. <p>We were fortunate to have other healthcare partners participating and were able to talk through some critical task via the chat feature on Adobe. We also have depth in our health department to staff areas for a critical incident. Staff has also been trained in ICS and knows the general structure to how the system should work.</p> <p>Opportunities included working towards a county wide communication system that local government could use during a critical incident as well as community partners. Also identified was the need to know how sheltering would be activated in this incident. A bigger picture question came up about the County as a whole having a multi department ICS structure and the feasibility of planning for something like this.</p> <p>We learned that when exercising it is critical to have key players such as emergency management and facilities management at the table.</p> <p>The health department will explore the feasibility with county EM to identify stakeholders related to sheltering and potential county wide ICS.</p>					

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Golden Age Manor</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Dana Reese 715-268-7107 Dana.reese@co.polk.wi.us</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 7</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 4) We have an offline report that can be utilized for med admin in the case of internet outage. 5) We have a larger building with an ample food supply to last us 7+ days. 6) We have extra space to house additional residents.</p>		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 4. We were not prepared with the job action sheets. 5. We are not sure of our contracts/availability of supplies with medical supply/food distributors 6. Unsure of our generator run time on a full tank of fuel/contract for additional fuel.</p>			
<p>Executive Summary: We participated in the virtual emergency preparedness drill on 11/7/2017. There were 7 people on site in our location that were part of the exercise. This group included department management staff from most of our departments. The scenario was that there was a cyber threat that was interrupting power/internet usage for our campus and the larger Midwest area. The scenario kept getting worse as the exercise continued. Towards the end of the exercise we were one of the facilities that was a receiving facility and would be asked to take on additional residents possibly from other campuses. At this time one neighboring facility called and we told them that we could take on 20 of their residents if they could supply extra staff to help out with those residents. That facility said they could send staff as well. Three strengths that we identified were: we have an offline report through our electronic medical record that would allow us to print off the medication administration sheets so we could still take care of our residents. We have a larger building with ample</p>					

storage and food supply for 7+ days and we have the extra space to house additional residents. Three of the opportunities that we identified were: We were not prepared with job action sheets, we are not sure of our contracts/availability with our medical supply and food distributors and that we are unsure of our generator run time on a full load with a full tank of fuel.

Overall, this experience was a success and a lesson learned. It was fun to work through a specific scenario and come up with ideas, the hard part was that there were so many unknowns to work through. For example, to what extent would communication be working, etc.? With this experience we will continue working on our emergency preparedness policies to address the opportunities and other things going forward.

<p>Date of Exercise: November 6 & 7 Virtual Exercise</p> <p>“Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form:</p> <p>Good Samaritan Society-St. Croix Valley</p>	<p>Name, Phone, Email of PRIMARY POC for this document:</p> <p>Shelli Wissink 715-483-9815 swissink@good-sam.com</p>	<p>Number of Agencies that participated in this exercise (including your own):</p> <p>(Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise:</p> <p>8</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Communications: Contacting Administrator, Rehab/Skilled Consultant, GSS Corporate Headquarters, Onshift Staff Alert, and Emergency Management Coordinator at Polk County. 2) Shelter in Place process is effective: Identifying food, water, and natural gas resources and how long those resources will last. 3) Evacuation: Identifying the top 40% of most at risk residents, dividing into four categories of priority, and where to and how to evacuate them. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Communication to global outreach: Develop a more detailed and categorized list of contact information for all resources to ensure easy access at time of emergencies. 2) Evacuation: Educate on protocol as to how to send secure and confidential medical information and medications with evacuated residents to maintain HIPAA privacy. 3) Evacuation: Educate on all possible transportation resources available, including driver’s license requirements for GSS-SCV bus. 4) Evacuation: Develop a general checklist or utilize a Personal Effects inventory form for documentation purposes on items being sent with each evacuated resident. 5) Waivers: Educate on possible waivers available and if a copy is available in the Emergency Preparedness Book. 			

<p>Date of Exercise: November 6 & 7 Virtual Exercise "Big Bad Thing" Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Hayward Area Memorial Hospital/Waters Edge</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Tim Gullingsrud, CEO 715-934-4321 tgullingsrud@hamhwe.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 7</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Communication without partners including ambulance director Sawyer County (EOC), Public Health, Sawyer County Emergency Preparedness Pat Sanchez 2. Sharing/reinforcement of our internal plan for both hospital/nursing home, we are one facility working together 3. Validation of infrastructure to self-sustain for at least 96 hours/MOUs for additional fuel / supplies</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Invite county EOC/LCO – determine what resources other entities in the county have at their disposal (How many have generators and what is the duration of their sustainability). 2. Increase MOUs to additional facilities – specifically for evacuation plans. 3. Food supply – confirm PAR levels of supplies including medications/food if we are the receiving facility of an evacuation – how many can we take depending upon the resources they may be able to bring with them.</p>		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Emergency Operations</p>	<p>Unsure of other community resources abilities/limitations</p>	<p>Determine what resources other entities in the county have at their disposal (How many have generators, sustainable for how long).</p>	<p>HAMH/WE</p>	<p>Lisa/? Jan</p>	<p>1-1-18</p>

Resource expansion	Current resource plan maybe inadequate to accommodate evacuation from another facility	Increase MOUs to expand resource capability if needed.	HAMH/WE	?Jan	1-1-18
PAR Levels	Unsure if current PAR levels of supplies could meet the need if we are the receiving facility	Food supply – confirm PAR levels of supplies including medications/food if we are the receiving facility of an evacuation – how many can we take depending upon the resources they may be able to bring with them.	HAMH/WE	?Jan	1-1-18

Executive Summary:

On 11-7-17 Hayward Area Memorial Hospital/Waters Edge participated in a table top disaster exercise including a cyber-attack..... Participants included Tim Gullingsrud CEO (IC); Cheri Morgan Marketing Director (PIO); Lisa Anderson, Emergency Department Nurse Manager; Dave Desersa, Building Operations Director (Safety/Security Officer); Kelly Grubbs, representative from Information Systems; Jan McKichan, Water's Edge representative; Sandy Harm, Hospital Director of Nursing,(Liaison Officer).

Strengths included

1. timely establishment of Incident Command
2. actual communication with key emergency partners including Sawyer County Public Health, Sawyer County Emergency Management Director, Ambulance Service Director
3. Confirmation of emergency generator capability/sustainability; food supplies; waste disposal.
4. Timely determination of continued vs. discontinued services considering the available resources
5. Exploration of safety/security options (established lockdown status)
6. Sharing of information across organization to include shelter in place plans for hospital and nursing home staff, patients/residents/tenants; staffing plan/contingency plan
7. Determination of staffing considering request to become the receiving facility of evacuated nursing home/CBRF residents.

Scenario: a series of large-scale cyber-attacks on multiple grids in parts of the United States has occurred. While details are still being sought, authorities believe power grids and telecommunications systems have been primarily targeted. The upper Midwest has been particularly hard hit.

Areas for improvement include:

1. Invite county EOC/LCO entities that would be affected by emergency management strategies – determine what resources are available at their disposal (How many have generators and what is the duration of their sustainability).
2. Increase MOUs to include additional facilities – specifically for evacuation plans.
3. Food supply – confirm PAR levels of supplies including medications/food if we are the receiving facility of an evacuation – how many would our facility be able to shelter depending upon the resources they may be able to bring with them.

Feedback from the participants was positive, having the ability to “table top” in our own facility was helpful and realistic. Recommendation from our group was to hold this type of exercise twice a year.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Hayward Health Services</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Tammy Kurtz 715-634-2202 tkurtz@nshorehc.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise:</p>	<p>10</p>
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Teamwork, ability to recruit volunteers from within the community 2. The exercise helped us to more aware of each Department and individual roles, original role assignments changed while going through the exercise. 3. It allowed us to reach out to other community members for example the courthouse which is one of our previous agreement evacuation sites and other SNF’s and made a new contact with the LCO clinic to provide emergency services or for an alternative evacuation site.</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Inadequate amounts of fuel on site to run the generator with heat for longer than 27 hours. 2. Inadequate water and food supplies for 5 days for residents, staff, and volunteers. Although we have a list of supplies and the role defined who charge of different supplies is, we do not have a system of drivers and vehicles to transport resident supplies in case of an evacuation. 3. When we reached out to our dialysis Center to inquire about our two dialysis residents we were made aware that they did not know what we needed to do to make sure the dialysis residents needs were met.</p>		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Generator</p>	<p>Amount of fuel stored at the facility</p>	<p>We reached out to area business’s including private users of diesel fuel such as contractors.</p>	<p>Hayward Health Services</p>	<p>Gary Facility Mainten Director</p>	<p>11/15/17</p>

Supplies	Amount of potable water and food	Working with our corporate and contracted food services to obtain appropriate supplies	Healthcare Services Group	Char-Dietary Manager	11/30/17
Mass community Evacuation	The courthouse did not feel that they could accommodate a large number of residents from us, and competing SNF that also have the courthouse as an evacuation site	Working with LCO clinic and as alternate evacuation site	Hayward Health Services	Tammy-LNHA Administrator	11/30/17

Executive Summary:

Hayward Health Services Executive summary Hayward WI
Submitted By: Tammy Kurtz-LNHA- Executive Director

Hayward Health Services participated in the NWWIHCC and WWPHERC Virtual Exercise on November 7 2017. Participants from the facility were representatives from Administration, Nursing, Business Office, Social Services, Activities, Nutritional Services, Housekeeping/.laundry, and maintenance, Health Information /Supply Clerk and Resident Coordinator.

The scenario was; appears to be a series of large-scale cyber-attacks on multiple power and telecommunications systems grids in parts of the United States. Projections are for disruptions for 3-5 days.

Our internal Emergency Response was set into motion. The emergency response team was gathered and individual predetermined assignments were distributed. Priorities were discussed and actions and were put into motion. Some job assignments were rearranged for efficiency and knowledge base. The group discussed the emergency generator and came to the conclusion that we had enough fuel to last only 27 hours. We began to discuss our options and to obtain additional fuel or possible evacuation due to low temperatures. We were able to find sources of fuel that would not need an electrical power source to pump the diesel fuel. We reached out to our sister facility that was able to receive residents according to the scenario. We began the logistics of transferring residents based on needs, and transferring of supplies to meet those needs. The courthouse; which is one of our predetermined temp shelters called with concerns of the volume that they could or could not take in. With this discovery we began reaching out to alternates sites.

Although we had transportation for residents in our plan, going through the exercise we were unclear if we would have enough resources to load and deliver additional supplies to the receiving facility. During this process we were able to expand and recruit further volunteers that would assist in emergencies.

This was a learning experience, it showed us that even though some things are on paper, going through the exercise identified gaps that we had in our plan. The community involvement made us as a community look at the multiple needs of entities. The exercise

had us think “outside” of the box for alternate resources. Our emergency plan is new and this exercise helped our entire team become more familiar with the plan and everyone’s role within the plan.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Heartland Hospice – Eau Claire</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Laurice Hillman 715.214.2485 work 715.226.1597 cell lhillman@hcr-manorcare.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 4</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: Knowledge of where emergency book was located Quick contact of staff (benefits of a small office) Willingness of sister offices out of state to offer assistance</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: Lack of appropriate materials in print – most was electronic Lack of knowledge of job action sheets – who should do or is responsible for what actions. Too few people trying to do too many items</p>		
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
On call book	Lack of items available in print	Creation of a paper on call book		Laurice	
<p>Executive Summary: On 11.07.2017 we joined approximately 50 other entities/representatives in an emergency preparedness drill. Included in the drill was the administrator, office manager, director of professional services and account liaison. “The Big Bad Thing” was a cyber-attack affecting the power grid and telecommunication systems in the upper Midwest that lasted 4+ days. With the beginning of the drill, our corporate office and sister offices in Minnesota were notified via of the “big bad thing” by the administrator. 4 participants were in an office in the agency and duties were assigned. DPS implemented call tree and an email was sent to all</p>					

employees of the incident. Staff was instructed to contact patients based on their priority codes (no actual patients were called) and ensure that they could shelter in place. Visits were prioritized based on need. DME vendor notified of potential need of additional oxygen for home patients. Three strengths: Knowledge of where emergency book was located, Quick contact of staff (benefits of a small office), & Willingness of sister offices out of state to offer assistance. Three areas of improvement: Lack of appropriate materials in print – most was electronic, Lack of knowledge of job action sheets – who should do or is responsible for what actions & Too few people trying to do too many items. We quickly identified other areas of opportunity including: need for generators, incident command training, need for emergency manager number. We have a list of action items to complete including: incident command training, additional training of staff on emergency plan.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Hearts of Gold, Inc. Home Care	Name, Phone, Email of PRIMARY POC for this document: Barbara Jensen, RN 715-468-2931 Bj1jensen1@charter.net	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 1	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Identify those patients that need immediate measures to assure that they are able to remain at home 2) Helpful for players in the field to ask questions and get different responses and ways to handle different scenarios 3) Home health staff being of assistance to others during a disaster either to assist in shelters needing medical needs or out in the field assisting with needs.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Identify phone numbers and alternate phone numbers of those patients that are dependent on electricity to meet their needs 2) Evacuating patients that are not safe to remain in their homes 3) Difficult to get different ideas being the only one from our agency attending the exercise (did discuss with other agency employees at a later date)		
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 Communications	Patients with electricity medical needs and be able to reach them	Contact Medical Supply groups that service our patients with Oxygen needs and what their emergency plan is, and sharing that information with our patients Public Education to encourage our patients or caregivers to take responsibility for themselves and have emergency plans in place	HOG	BJensen	123117

	Cell Phone use for information sharing and communication	Recommend that people have cell phone charge boosters that aren't electricity dependent	HOG	Bjensen	123117
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Executive Summary:

On November 6th and 7th Hearts of Gold Home Care participated in a Virtual Community-Based Exercise the

Big Bad Thing is a series of large-scale cyber-attacks on multiple grids in parts of the United States. Authorities believe power grids and telecommunications systems have been primarily targeted. The upper Midwest has been particularly hard hit, with widespread power outages and communications disruptions. Working with Emergency Management to get to patients that are dependent on electricity to meet their medical needs and making sure they are safe. Depending on how large a scale the disaster is would make a big difference, with our agency seeing patients in five different counties, and which ones are being affected. Also, keeping communication open to emergency personnel to see where staff from Hearts of Gold could be of assistance either in shelters or out in the field.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Heritage of Elmwood Nursing Home	Name, Phone, Email of PRIMARY POC for this document: Ellen Thompson, NHA Ellen.thompson@heritage-elmwood.com 715-639-2911	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Clear policies and procedures to follow in the Emergency Manual 2) Communication among different departments within the building. 3) Clear and decisive leadership coming from NHA			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Need clarification on how long the generator can run for, and open communication 2) Need to establish an MOU with the School District of Elmwood, possibly along with the use of their transportation. 3) Need an updated Water Agreement with WaterCare.		
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
RAVE Notification	No notification was received.	Need to have contact information inputted into the system	NWWIHCC	Aimee Wollman Nesselth	TBD
Emergency Manual Education	Not all staff is educated on the Manual at this time	All staff need to complete education	Heritage of Elmwood	NHA	11/10/17

Executive Summary:

Emergency exercise occurred on 11/7/2017 and ran from approximately 8:30 a.m. to 11:00 a.m. The leader of the exercise within this facility was the NHA. She utilized the Activity Director and the lead of Environmental Services. She also reached out to her “mothership,” Grace Lutheran Communities, which included the Corporate Compliance Officer, Clinical System Director, Chief Operating Officer, and the NHA of Syverson Lutheran Home.

This facility followed its Emergency manual policies and procedures. There were four major action procedures reviewed during the drill, and they are as follows: 1. Utilizing the Vision Downtime laptops to print medical records, 2. Shelter in Place policy and procedure, 3. Communication Plan, and 4. Evacuation policy and procedure. These policies and procedures provided clear direction to this facility in what to do in case of an emergency.

One of the biggest strengths and tools identified was the ability to print Resident medical information such as MARs and TARs needed in the event the electronic system was down. These items can be printed off without the use of the internet, as long as the laptop they reside on is charged. Additionally, we have the use of our “mothership” corporation, Grace Lutheran Communities, which is a very beneficial resource. As we went through this scenario, we constantly referred to our Emergency Manual, which was recently updated to meet the new regulations set forth by CMS. This allowed for this exercise to run smoothly, without having to ask the question, “What do we do next?” Lastly, as a small building, it is fairly easy to communicate among departments, and different individuals. One area of improvement needed is for all staff members to complete education regarding the new Emergency Manual policies and procedures. This is currently in process, through our employee education portal. All employees should completed the education by 11/10/17. Another improvement needed is an updated water agreement with our water provider, in case we do not have drinkable water in the building in an emergency. Lastly it was noted that we did not receive the RAVE notification, and this was communicated to Aimee Wollman Nesseth who will work on getting this facility signed up for this notification.

Overall, this exercise was a successful lesson learned. This facility was able to identify what worked really well, and where there are holes and gaps in our response measures. This facility feels confident that if there was an emergency, it would be able to respond appropriately and quickly to what needed to be accomplished.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Indianhead Medical Center</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Shannon Jack 7154687833 sjack@indianheadmedicalcenter.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 6</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Knowing Who to Call (Sheriffs Dept., Carol Buck) 2. Knowing Our 96 hour plan (Proactive in initiating) 3. Worked Well as a Team (Included Home Care, Med Surg.</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Signage to divert general public as to where to go 2. Make Lab and X-ray department more capable on generator power 3. Unknown if internal paging works on generator power</p>		
<p>Executive Summary: On November 6th of 2017 there was a large cyber-attack on the Midwest. We tested our internal communication and notified all staff of impending disaster by email. On the second day (November 7th at 8:30 am) we received notification that all power grids were attacked. We immediately went to generator power knowing we could operate for 200 hours on current diesel supply. This allowed heat, phones and all essential services for patient care to be operational. Our disaster management team assembled which consisted of 6 individuals to manage the disaster.</p> <p>Our three strengths include: Knowing who to call (internal and external) were up to date and easy to access, Proactive in initiating our 96 hour plan, and we worked well as a team including all hospital departments. Our three weaknesses include: Hanging signage early in drill to notify public as to where to go, limited capacity in lab and x-ray for generator power, and unknown if internal paging system was operational under generator power. We felt this lesson was a success as our team worked well in implementing our plan and working together. We have learned as to where we need generator power in the future, making signage in advance, and testing our intercom system under generator power. We have tasked our Director of Facility Maintenance to look into all deficiencies.</p>					

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Interim Health Care-Hudson	Name, Phone, Email of PRIMARY POC for this document: Deb Schwisow 715-377-9617 dschwisow@interimhealthcare.com	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 13	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Brainstorming, creative ideas, resourcefulness 2) Skilled staff, RN’s, CAN’s 3) Resources, family members of staff that are Army members, personal vehicles for inclement weather.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Zello app on phones for communication 2) Client emergency form availability and updated 3) Working with EC office on resources		
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
Client Emergency Forms	Needs updated and more readily available	Adding to intake checklist. Updating form with newest version. Putting hard copy in readily available binder in both offices.	Reeducation to all intake staff and new clients	Renee updating packets. Katie education staff	11/14 staff meeting EC, 11/16 staff meeting Hudson
Phone numbers and address of resources	Updating a hard copy of resources in area	Update with current information	Update the list and place a hard	Deb will update	11/14/17

			copy in each offices emergency book		
Communication if all communication is down	If no landlines, cellphones, Tiger Texting Availability need Zello Walkie Talkie Apps on cell phones	Download Zello Walkie Talkie App on all work phones	Team meetings download App on all Interim Cell Phones	Katie will inform staff at team meetings	11/14/17 staff meeting EC 9/16/17 staff meeting Hudson

Executive Summary:

November 7, 2017 at approximately 0830 Interim Healthcare was notified that there was a large scale cyber-attack. Lea E. Administrator, Katie A., DHCS, Renee S., Office Manager, Kelli O., Billing Dept., Deb S., Human Resources participated. Scenario: Wide spread power outages have occurred. Long term emergency plans are being set in motion. Patients with immediate life threatening situations were identified, such as oxygen machines, wound vacs or any other type of electrical powered equipment. Patients with wound vacs were identified to change over to wet dry dressings. Clients that were at risk of needing evacuation from living environment were identified and resources were contacted to assist with moving clients to facilities, motels, where ever there was back up energy and heat. Interim Healthcare contacted the local Emergency Operations Center for assistance.

Three Strengths:

1. Skilled nursing staff and CNA’s to assist with patient care.
2. Brainstorming and staff family members who are Army reserve
3. Resources such as personal vehicles that can travel in inclement weather.

Three Opportunities:

1. Hard copy of client emergency forms in emergency binder readily available.
2. Zello Walkie Talkie App on company cell phones
3. Work more with Eau Claire office to assure they are up to speed on all procedures.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Lac Courte Oreilles Community Health Center	Name, Phone, Email of PRIMARY POC for this document: 715-638-5100 715-638-5179	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local 9 participants (people) that participated in exercise:	9
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. We can operate the basic functions of the clinic through the support of a generator. This includes basic internal phone communication between HC and tribal entities 2. Staff are willing to participate and staff with expertise special areas are accessible. IT support is strong. 3. We have preplanning from the past of community volunteers and shelter in place for clients with special needs. We have a shelter designated and an MOU with the LCOHC school.			Please identify the top 3-5 Areas of Improvement You Observed During this Exercise: 1. Review the shelter in place plan and identify responsibilities within the tribal entities. 2. Recruit volunteers for community support and communication throughout the communities. 3. Update our list of clients who will likely need support in an emergency 4. Review and update out ICS Tribal 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
Emergency Communication	Missing resource	Phone list for LCO emergency staff Practice call outs for staff	LCOHC	Emergency Preparedness	
Sheltering plan	Missing clear plan and key personal	Shelter in place plan	LCOHC	Community Nursing and	

				Em Prep, LCO EM	
Shelter in place plan	Identified resources	Identified community support members and shelter in place resource locations	LCO EM and LCOHC EM	Community Nursing and Em Prep LCO EM	

Executive Summary:

The exercise started at LCOHC at 8:15 in the LCOHC large conference center. There was an internet connection problem and the initial review needed to take place in the LCOHC Emergency Coordinator’s office. The conference room set up was successful within 15 minutes. The Emergency Preparation Coordinator and Acting Health Director reviewed the scenario and exercise goals and determined that LCOHC could take part in the exercise. The members of the IC staff were alerted via the overhead announcement system 8151 that there was an emergency drill and request for those members of the staff who are identified as ICS staff to come to the large conference room as they were able. The following took part: Finance x 2 members, Community Health Director, IT x 2 members, Medical Director, Health Director, assistance Health Director, and Emergency Preparedness Coordinator.

Our scenario focus was supporting the clients of the Health Center Community who would have predicted special needs during an emergency involving power outage and communication outage. We moved to involve the radio station WOJB and LCO Tribe Emergency Manager (did not contact but noted). We worked to identify clients and community members who would have special needs by review of the Electronic records to find clients who would need O2 or ambulation support. We worked to identify the messaging and the best method we could use to get the message out. We looked at staffing planning. We tried to identify ways to communicate efficiently using little gas and travel. We found it a challenge to connect with the LCO community and the Sawyer County resources and staff. We identified resources in Sawyer County Search and Rescue volunteers and Sawyer County Medical Reserve Core and LCO Fire and Rescue. With their help, further identification the clients would be made, i.e. who have recurring trips for emergencies and special needs in the community areas?

We requested the medical director to help us identify medical clinic capabilities and patient priorities. It was decided that one way we could support the community was by offering evaluation and medical support for hypothermia. We would be able manage body temperature evaluation and treatment for hypothermia and frostbite. We identified the safety messages needed to prevent carbon monoxide poisoning. We worked to identified central locations to communicate with communities. Resources identified were Motorola 2-way radios for volunteers and CB communication. We started to plan ICS teams and staffing rotations over the extending scenario to 72 hours.

Overall this exercise was evaluated as a success by staff taking part. We will work to support community involvement and connections between neighbors and we work on Sheltering plans and improving communication.

As we move forward, we will work with emergency management at the tribal and county level. We will generate a list LCO phone contacts for emergency, Sawyer County and State. We will generate a list of clients who are likely to need support in an emergency and work to develop shelter in place, Communication, community contacts, and resources.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Ladysmith Care Community</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Jenny Abernathy 715-532-1717 jennya@ladysmithcarecommunity.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 1</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. We have a great team and who are all willing to work to assure we are prepared for a disaster. 2. We have already made some local connections with Rusk County Emergency Management and Public Health to collaborate, prior to this event. 3. We have many resources available to us as we plan. 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. We need to work on emergency backup power for heat and power in a true event. (Realized that our heat is not on backup generator). 2. Need to identify job actions sheets and define roles and develop plan for disaster. 3. Downtime process for documentation for medical records, need to solidify our process. 		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Emergency power</p>	<p>No workstation on emergency power for EMR access/MAR access, etc.</p>	<p>Work on developing our station for down time and assure all staff are educated.</p>	<p>LCC</p>	<p>Tonya/Chris</p>	

Job Actions Sheets/role definition	Currently do not have written defined roles.	Need to work on developing process	LCC/Rusk County Emergency	Jenny/H eidi	
Communication with County	Process not in place for communication	Work with Tom Hall	LCC/Rusk County Emergency	Chris E	
Evacuation plan	Currently do not have a written evacuation plan	Will develop plan.	LCC and contracted entities	Jenny/Di rectors	
Food and Supplies stockpile for 96 hours	We currently do not have a completed assessment and plan	Work with suppliers and food companies to develop a plan and educate staff	Betty/Chris/Heidi	Betty/He idi/Jenny	
Contracts with outside agencies	Current contracts expired or very outdated	Need to reach out to contracted entities and assure renewal of contract and assure still meets our needs. Develop new contracts and processes as needed. Need to have main spot to keep contracts	Jenny/Directors/ Outside entitites	Jenny/Di rectors	
Process for evacuating residents and assuring identification and appropriate items with each as we evacuate	Currently do not have process	Work on a process for: <ul style="list-style-type: none"> • charts/ care plans/ MARS/TARS/ Medications • wheelchair/equipment labeling • red/green/yellow for resident condition • bands for residents (name, DOB, DNR status) • How we contact POA/family and track and communicate. • List of residents at IC (where did resident relocate to and contact information) 	Heidi/Lisa/Rachel Sara		

		<ul style="list-style-type: none"> Time cards for staff (paper) 			
IC training for Admin and directors	Admin and EDON have training. Need others to have.	Set up training for leadership staff online	Online	Jenny/Lisa	
<p>Executive Summary: On November 6 and 7, 2017, LCC leadership staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, hospices and local EMS teams played. This was a drill that took place online with situations that lasted 5+ days to test our current plans and processes.</p> <p><u>Strengths:</u></p> <ol style="list-style-type: none"> We have a great team and who are all willing to work to assure we are prepared for a disaster. We have already made some local connections with Rusk County Emergency Management and Public Health to collaborate, prior to this event. We have many resources available to us as we plan. <p><u>Opportunities:</u></p> <ol style="list-style-type: none"> We need to work on emergency backup power for heat and power in a true event. (Realized that our heat is not on backup generator). Need to identify job actions sheets and define roles and develop plan for disaster. Downtime process for documentation for medical records, need to solidify our process. <p>Overall, this drill was a huge success. It was a great time for us at our organization to walk/talk through this scenario and discover what processes we do not have in place internally. We did not play with the outside organizations, as we have many gaps internally that we identified. As we go forward, we will work on the above areas of improvement and continue to work with our regional partners in developing relationships and partnerships.</p>					

<p>Date of Exercise: November 6 & 7 Virtual Exercise</p> <p>“Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form:</p> <p>Lake Superior Community Health Center</p>	<p>Name, Phone, Email of PRIMARY POC for this document:</p> <p>Tanya Bourdeau tbourdeau@lschc.org 715-395-5391</p>	<p>Number of Agencies that participated in this exercise (including your own):</p> <p>(Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise:</p>	<p>We had 11 participants at LSCHC.</p>
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Activated the ICS. Contacted key players that were not present. Demonstrated open lines of communication between all key players. 2. Netgain Hosting (our data hosting) has backups in multiple locations and a dedicated Security Team. We feel confident in their ability to handle cyber security issues as they arise. 3. We have adequate resources, reference materials and training. We have a fully developed EOP. We have an EP team that meets weekly. 4. The size of our staff is strength. We have enough people for manpower yet small enough to know everyone by name. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. We need some guidance/written documentation of who should report to work in the event of an emergency. Who are the key players? Who has access (Keys) to the buildings? 2. What is our plan for back up communications when all means of communications are down? 3. Need more ICS training 4. Identify key players at the local hospitals and update the External Contact list. 			

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>Contacted Netgain in response to SitRep1: What are the alternate means of communication if phones are down? (Email and portal). How would you reach Netgain?</p>	<p>Netgain is going to find out if they have a satellite phone. Netgain is going to provide us with their fax number Netgain is going to provide us with a direct contact for the Security Team.</p>	Netgain	EP	
	<p>Job Action Sheets Several of the Job Action Sheets were assigned to the same person. Some people had several sheets some had none.</p>	<p>The IC should assign Job Action sheets to all available bodies. No-one should get stuck with more than one. After reviewing the Job Action Sheets, it was determined that they could use some updating and adjustments.</p>	EP Group/Safety Committee	EP	
	<p>Who are the key players? Who should respond in the event of an emergency? Who has access to the buildings (keys)</p>	<p>Determine who the key players are that would come in to work in the event of an emergency. Need to document and write up a procedure and checklist. Determine who should have keys to the building and sign out the keys to the key staff,</p>	EP Group/Safety Committee	EP	

	Not sure what to do if all means of communications are down.	What is our plan for back up communications when all means of communications are down? Determine when to use runners. Satellite phone – only good with other satellite phones	EP Group/ Safety Committee	EP	
	Not familiar with IC Structure	Need more ICS training	EP Group/Safety Committee and Leadership		
	We do not have a list of the key players at the local hospitals in the area.	Identify key players at the local hospitals and update the External Contact list.	EP Group/Safety Committee		

Executive Summary:

On Tuesday 11/7/2017 at 0830 LSCHC participated in a Large scale cyber-attack virtual exercise. Key players were assembled after receiving notification of the attack on 11/6/2016. The team consisted of Dayle Patterson (CEO), Ronni Murphy (QI/Compliance/Risk), Jessie Peterson (Marketing/Grants), Mel Whittington (Oral Health Educator), Amy Losiewski (Billing Manager), Tanya Bourdeau (HIT Manager/Evaluator), Lori Theis (Dental Assistant), Crystal Meyer (Safety Officer/HR), Cheryl Larsen (Dental Manager), Alyssa Peoples (HCAO Manager), Hannah Johnston (Clinic Manger/Safety Officer).

After SITREP 1 we reached out Mike Elling (COO/CFO) as he was not able to attend the exercise. We let him know this is a drill and that if this was a real work emergency his presence would be requested. We also reached out to Chris Dhaemers (IT) as our HIT Manager was evaluating the exercise. Overall we did a great job activating the ICS. Next we reached out to Netgain (our data hosting and IT support)). We discussed that we are having a Large Scale Cyber Attach drill and asked if they had an internal process for this type of situation. The analyst said he would immediately loop in the Security Team and escalate the situation right away.

Our 3 strengths are that we were able to activate the ICS in a timely fashion. Contacted key players that were not present. Demonstrated open lines of communication between all key players. Netgain Hosting (our data hosting) has backups in multiple locations and a dedicated Security Team. We feel confident in their ability to handle cyber security issues as they arise. We also have adequate resources, reference materials and training. We have a fully developed EOP. We have an EP team that meets

weekly. In addition, the size of our staff is strength. We have enough people for manpower yet small enough to know everyone by name.

The opportunities for improvement are that we need some guidance/written documentation of who should report to work in the event of an emergency. Who are the key players? Who has access (Keys) to the buildings? We need to figure out a plan for back up communications when all means of communications are down. Our key players need more ICS training. And, it would be helpful to identify key players at the local hospitals and update the External Contact list.

Overall, the exercise was a success. This provided us the opportunity to initiate the ICS, to test our EOP and to see where our gaps are. We look forward to more exercises in the future.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Lakeview Medical Center</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Mark Manning 715-234-1515 Manning.mark@lakeviewmedicalcenter.org</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 16</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Participation of staff and outside resources 2) Brain Storming – ability to get answers, knowledge of resources 3) Identify Priorities 4) Staff communication 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Update HICS organizational board 2) Emergency Operations Plan (EOP) <ol style="list-style-type: none"> a. Identify second lead person for EOP Job Commanders in event first is not available b. Create binders / tracking of location for updates (currently online) c. Add system contacts d. Patient Tracking – how/process sheet <ol style="list-style-type: none"> i. Create two binders for two triage locations 3) Create scenarios for SendWordNow for easier communications 		
<p>Executive Summary: Tuesday, Nov. 7, 2017</p> <p>Drill Scenario: Upper Midwest power grids and telecommunication systems – widespread power outages and communications disruptions, non-operational for 3 – 5days.</p> <p>Participants: Brad Groseth, CAO; Sherry Johnson, CNO; Mark Manning, EMS Manager; Karla Potts-Shufelt, ED Manager; Kelly Flach, Surgery Manager; Rohini Dhand, Outpt Services Manager; Val Dehline, Quality Patient Safety Manager; Lynette Stipp,</p>					

Dialysis Manager; Tammy Koger, Volunteer Services Manager; Donna Bednar, Nursing Supervisor; Jim Draganowski, Plant Operations Manager via phone; Robin Erickson, Home Health Care Secretary; Mary O’Donnell, Medical Staff Coordinator; Stacy Osterbauer, Administrative Assistant; Lisa Janty, Process Engineer; Bronwyn Nelson, Executive Administrative Assistant

On Tuesday, November 07, 2017, at approximately 8:30am, a widespread power outage and communication disruption occurred. Hospital generators resumed hospital power. Donna Bednar, Nursing Supervisor initiated the LMC Emergency Operations Command / Incident Center utilizing the SendWordNow one call system notifying the Administration Team. Incident Command assessed staffing needs, sent out SendWordNow one call for staffing, upon arrival to staffing pool staff were assigned roles/responsibilities. Main Marshfield contacted and given full report on situation. All medical supplies, fuel, staffing, and bed capacity was evaluated and monitored throughout event. All non-emergent surgeries, clinic functions, and daily operations were canceled. Clinical areas assessed for supplies and medical needs priorities. Facility secured and locked down, triage setup in two locations for receiving patients/families. Continued welfare checks of Home Health Care, Hospice and Dialysis patients were initiated. Shelter in place was initiated and facility prepared to receive patient surge from area long term care facilities. Outside resources were contacted and utilized.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Marshfield Clinic Comfort & Recovery Suites</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Jennifer Cohen, Administrator 715-450-3188 Jennifer.cohen@graceluthfound.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 9</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: Effective policy binders Actions were completed versus discussions being held IDT involvement instead of just administrative type staff</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: Audio/technology issues ISC JAS training Training on location of contacts</p>		
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>Audio/technology Issues</p>	<p>Audio from Adobe was intermittent, so information was missed at times.</p>	<p>Technology should be set-up ahead of time, with audio and visuals tested if possible. Redundancy built in- leader to summarize key points Documents made available ahead of time</p>	<p>Marshfield Clinic Comfort & Recovery Suites</p>	<p>Jennifer Cohen</p>	<p>Next tabletop</p>

ISC JAS Training	Staff were unfamiliar with Job Action Sheets and who would be responsible for representing the various responsibilities.	Training/orientation to be offered to staff to identify roles and appropriate individuals to be assigned to each role. Those individuals will familiarize themselves with their specific JAS. ICS Training if time permits.	Marshfield Clinic Comfort & Recovery Suites	Jennifer Cohen	11/30/2017
Training on layout of binders and where information is located- in particular contact information	Staff not yet familiar with layout of Emergency Preparedness Binder and Evacuation Binder. Information was not able to be located in some situations.	Each facility will hold a staff meeting to discuss and review the binder contents and layout. Staff will be tasked with reviewing each binder individually to become familiar with information.	Marshfield Clinic Comfort & Recovery Suites	Jennifer Cohen	11/10/2017
<p>Executive Summary: Exercise was performed on 11/07/2017. Both Marshfield Clinic Comfort & Recovery Suites- Eau Claire and Wausau were in participation. Staff that participated included Administrator, two health unit coordinators, chef, two physical therapist, occupational therapist and two registered nurses. The scenarios included widespread cyber-attacks that targeted power grids and telecommunications and also a disaster that resulted in the need to evacuate the facility. Strengths and opportunities were identified. Strengths included effective policy binders, actions were completed instead of simply discussions being held and IDT involvement instead of just administrative type staff. Opportunities were testing audio/technology prior to tabletop exercises, review of ISC JAS and providing better orientation to staff regarding the contents of emergency and evacuation binders and where information can be located.</p> <p>Overall, the exercise was a success. The facilities believe that the actual testing and calling of contacts was highly beneficial in that it verified communication could be sent and received. It also helped to get into the mindset of the emergency instead of just a discussion. I believe that lessons learned are a success during drills because it allows for issues to be rectified prior to an actual event. I also think the event was beneficial because most of the individuals had never experienced an exercise or a drill to that extent. It was a great example that could be duplicated internally for our own tabletop exercises.</p>					

Date of Exercise: November 6 & 7, 2017 Virtual Exercise “Big Bad Thing” Exercise Due 11/15 to Aimee	Name of Agency or Jurisdiction Completing this form: MCHS Home Health & Hospice	Name, Phone, Email of PRIMARY POC for this document: Barb Jaderborg 715-579-2933 Jaderborg.barbara@mayo.edu	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 2 full time	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> The network with our community partners in the coalition is a strength. We know our Public Health and EM managers. Downtime process with Epic gives more patient information access. Home health and hospice has capable leaders in a crisis with strong support from the hospital including PIO resources 24/7. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> Communication among our department must improve so all are in the know. Our supervisors need to attend the NIMS 100,200 and 700 to understand incident command language and use of incident job action sheets. The incident job action sheets need to be practiced. Downtime Epic report printing process has not been practiced. 			
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
	Communication within the	Practice improved handoff communication between supervisors	MCHS HHH	Karly Mucks	1/31/18

	department is fragmented	/MOC when the first call of crisis comes into the department.			
	Lacked practice of actually running downtime report on special Epic printer	Each supervisor and administrative assistant performs downtime report run as an annual competency.	MCHS HHH	Kathy S	1/31/18
	If no communications do we have all staff report to Eau Claire for briefing? The new Spring St office?	Need clear pre-crisis plan of where to meet if enotify and other communication do not work.	MCHS HHH	Erin S	12/1/17

Executive Summary:

- The emergency virtual exercise started Monday 11/6/17 when contact was initiated by the regional health care coalition to the MCHS Home Health and Hospice leadership. The leaders were informed by email “NWWIHCC Alert: This is a Drill! The "Big Bad Thing" Virtual Exercise begins November 7th at 0830. Notify key players. To join the exercise tomorrow, go to: <https://connect.wisconsin.gov/dhsdphr1mem/> and join as a guest. Please reply "acknowledge" upon receipt of this message.” After this was received it was not communicated to the key players.
- Karly Mucks Director of Regulation and Barb Jaderborg RN participated for the entire exercise with input from Erin Shadbolt Director of Home Health & Hospice, Supervisor Amanda Larson RN, and Supervisor Erin Liebelt RN.
- The scenario a ransomware attack has been carried out by a group of lone-wolf terrorists. Power and communications are significantly compromised and there appears to be no timetable. Communication is compromised from the beginning. HHH leadership communicated with the hospital administrator on call and incident command is established at the MCHS regional level. Patients may not have phone or power depending on area. We are uncertain if our enotify would reach our staff. Direct staff to report to the Eau Claire 3rd floor site for assignments if unable to call. If unable to call patients, we would prioritize visits per the triage codes printed from our downtime report.
- Since we are unsure where the power is out we would institute labor pool and assign callers to track patient condition asking key questions. Do you have power? Discuss wearing winter coat, gloves in home for warmth. Without power for 3 days will you be able to stay in your home? If not what is your plan? Do you need assistance? Information tracked, if unable to locate working staff or patient needs assistance beyond our resources county emergency management is notified.
- One of our strengths is the network with our community partners in the coalition. We know our Public Health and EM managers. If they are unable to provide resources we would reach out to the regional coalition partners.
 Other strengths identified include the downtime process with Epic gives more patient information access.
 Third Home health has capable leaders in a crisis, and the hospital offers PIO resources 24/7.
- Opportunities observed: Communication among our department supervisors could improve so all are in the know; supervisors need to attend the NIMS 100,200 and 700 to understand incident command language and incident job action sheets; and the downtime Epic report printing process has not been practiced.
- Overall the exercise was a lesson learned that we need to practice parts of the overall response to increase our communication with our staff, community partners and their resources to assist our patients if evacuation is necessary.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: OakLeaf Surgical Hospital	Name, Phone, Email of PRIMARY POC for this document: Luke Simington lsimington@oakleafsurgical.com 715-895-9441	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 18	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Downtime process for electronic medical records system is solid and working well. • Excellent team work and ability to bring solutions to the table by solid management team. • Solid 96 hour plan. • Good working relationship with Health Care Coalition partners. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • No knowledge of what the emergency credentialing process looks like for incoming medical and clinical staff. (liability) • No knowledge of whether or not any government agencies need to be notified in case of MRI quench. • Need better understanding of what radiology equipment is on emergency power. 			
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
Medical Surge	When taking in patients and staff from other facilities no one in the IC group knew the process for	Ensure that credentialing process and policy link with credentialing sign in form that is in EOP	OakLeaf Surgical Hospital	Erma Radke	

	credentialing of volunteer staff in our facility.				
Shelter in place	In the event of a long term power outage MRI may quench. No knowledge of who should be contacted (if anyone) in the event of a quench.	Check regulations to see if EPA or any other agency needs to be notified in the event of a quench.	OakLeaf Surgical Hospital	Nate Kotewa	11/9/2017
Medical Surge	Limited knowledge of what radiology equipment is on emergency power which would partially dictate what medical procedures would be able to continue.	Check electrical prints and determine what major radiology equipment is on emergency power.	OakLeaf Surgical Hospital	Luke Simington	11/8/2017
<p>Executive Summary: At 13:31 on 11.6.2017 OakLeaf Surgical Hospital was notified by our HCC of a drill taking place on 11.7.2017 at 08:30 via automated phone message and email. Leadership group was notified of the drill.</p> <p>At 08:30 on 11.7.2017 the drill started. OakLeaf Surgical Hospital activated there Emergency Operations due to the power and communication outages dictated by the drill coordinator. Roles in the incident command were assigned as needed. There were 18 people from the leadership group present. Discussion took place to determine usage of EMR downtime forms, generator fuel capacity and availability, number of procedures scheduled and that they needed to be cancelled. Discussion took place about how and who would contact patients about cancelled cases. Corporate partner was contacted to discuss how a cyber-attack would impact business operation. Generator fuel supplier was contacted to see about fuel availability. Fuel was readily available with</p>					

only a 1 hour delay. OakLeaf made the decision to cancel all cases until power and communication were fully restored. OakLeaf then would become a support facility taking on public and evacuees for shelter purposes.

As the drill went on into days 3 and 4 OakLeaf was contacted by Oakwood Health Services and was asked to take on 7 residents from their facility. Many questions of the acuity of these patient arose which prompted a call from Oakwood Health Services to OakLeaf Surgical Hospital’s emergency operations center. Oakwood Health Services administrator and director of nursing called and discussed needs of the patients and care needed. OakLeaf Surgical then agreed to take on the 7 patients. Oakwood Health Services was responsible for transporting these patients to OakLeaf via their resident transport vehicle. OakLeaf Surgical Hospital at this point started directing public to other shelter facilities so that they could focus on only evacuees that needed medical assistance.

As the drill wrapped up the group discussed recovery phase and what that would look like.

OakLeaf learned more about what their capabilities are in the instance that they would need to take in patients from other facilities.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Oakwood Health Services	Name, Phone, Email of PRIMARY POC for this document: Rebecca Rouse, 715-833-0400 rrouse@northshore.healthcare Executive Director	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Emergency food plan 2. Emergency Water Plan 3. Emergency Transportation 4. Who and what buildings we evacuate to.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Generator fuel supply and how long it lasts 2. Communication 3. Job Action Sheets		
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
Emergency Operations	Job Action Sheets	Job action sheets complete and staff education	Oakwood Health Services		
Communication	Internal communication (walkie talkies, phones lines down)	Purchase of emergency walkie talkies	Oakwood Health Services		
Generator	Fuel supply and how long the generator lasts	Determine how long it will take to get a backup generator, determine how much fuel we have on hand, and what we need on hand	Oakwood Health Services		

Executive Summary:

November 11th, 2017, Oakwood Health Services participated in a community based virtual emergency preparedness drill. The scenario was a cyber-attack that created power outages, communication disruptions, and had a ransom ware component. Our EOC consisted of the Medical records director, maintenance director, and Executive Director, DON, and Administrative intern. The team was gathered in one room and then planned to delegate tasks out as needed. The initial scenario was that the building would experience these disruptions for 3-5 days. As we initiated our procedures, there were a few areas where improvements could be made. These include clarifications regarding our generator fuel supply and a back-up generator, communication inside and outside of the facility if power is down and cell phone lines are compromised, and the creation and inclusion of job action sheets in our EOP. Each of these items have solutions and because of this drill are now being addressed.

The virtual drill also brought out strengths on our EOP. Our emergency food and water plans are up-to-date and the providers can supply us with everything we need to stay operational. The facility also has multiple contracts with transportation companies that can get our residents out of the building quickly if evacuation is needed. Finally, the procedures and process we have for evacuation and where we are evacuating to our in place and will be effective if they need to be utilized. This virtual drill was both a success and a lesson learned. There were areas where our EOP succeed and there were instances where we learned where our EOP could be improved. With this experience we will be working with our community to implement the changes we need and ensuring that each area we identified for improvement is resolved.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form Pierce County Health Department (Home Care)	Name, Phone, Email of PRIMARY POC for this document: Dianne H-Robinson, PHN Interim Health Officer/Director Pierce County Health Department 412 W. Kinne St. P.O. Box 238 Ellsworth, WI 54011 dhrobins@co.pierce.wi.us Phone: 715-273-6755 ext. 6563	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Previous planning/training in Preparedness has greatly impacted our decision making in many areas covered today. • Our Home Care Nurses have many years of nursing experience as well as knowledge in preparedness training. • Our current client Plans of Care include emergency phone number for our clients. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Staffing- we only have 2 Home Care Nurses and they may be unavailable to give full Plan of Care update to other staff members. • How to get ongoing Situational update information to clients, without having to call the each individually • Emergency contact for clients is not kept in one spot. 			
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
Emergency Public information and warning	Not all client emergency contact information was in the same place.	Nightingale Notes is coming out with Risk Assessment tab that we hope to implement completing for our clients	Pierce County Home Care	Home Care Director	05/19/2018

Executive Summary:

Tuesday, November 7, 2017

Players in the room included Dianne H-Robinson, Interim Health Office/Director, Michele Madsen, Office Specialist, Angela Hines, Environmental Health/Public Health Specialist, and Melanie Johnson, Home Care Nurse

A series of large scale cyber-attacks on multiple grids in part of the US. Authorities believe power grids and telecommunication systems have been primarily targeted with some sort of ransomware. The upper Midwest has been particularly hard hit and power and communications were significantly compromise. Local governments implemented continuity of operations plans and healthcare systems and facilities activated their long term plans.

Pierce County Home Care (PCHC) activated their incident command system with the EOC in the Health Department. Contact was made with the Pierce County Emergency Manager to facilitate needs at the county level.

Our strengths during this exercise included; knowledge, experience and having a Public Health Emergency Plan that included new components relating specifically to Home Care and our clients, past exercising and training for our staff, including our Home Care Staff and having health department staff that is very versatile and willing to do assigned tasks and use job action sheets for guidance.

Areas of improvement for PCHC include: Staffing, our staff is experienced but we do only have 2 home care nurse and 2 home health aides. Our public health nurses would assist but it is not the same as having trained home care nurses. Another area would be figuring out how to keep our clients informed on what was happening without having to call each one individually. Lastly was finding emergency contacts for our clients, we were able to find them but the information was not kept in the same place for all clients.

Over all we felt this was a good exercise. We felt our current emergency plans and the training our staff has had is a great strength for our department. We need to figure out how to keep everyone informed and have one place to keep client emergency contact information.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Pioneer Health and Rehab	Name, Phone, Email of PRIMARY POC for this document: Tara Nenahlo, Interim Administrator (715) 455-1178 tara.nenahlo@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. “Mother-ship” support 2. Newly revised emergency preparedness policies and procedures 3. All department heads are familiar with the building, not just the Environmental Services Director			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Need more community based MOUs for different services 2. Establish and incident command communication action sheet for the corporate office 3. Develop an emergency preparedness orientation for all new employees		
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
Critical Transportation	Lack of transportation in the case of an evacuation	Create an MOU with the neighboring school to utilize the school buses in the case of an evacuation	Pioneer Health and Rehab	Administ rator	11/28/2017
Information Sharing	Delegation of duties	Develop an incident command job action sheet to know the delegation of duties externally at the corporate office	Grace Lutheran Communities/Pio neer Health & Rehab	Administ rator	11/28/2017

<p>Emergency Operations Coordination</p>	<p>Preparing new direct care staff for an emergent event</p>	<p>Incorporate a new employee emergency preparedness training program</p>	<p>Pioneer Health and Rehab</p>	<p>Director of Environmental Services/Administrator</p>	<p>11/28/2017</p>
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Executive Summary:

The tabletop discussion conducted on 11/07/2017 where a mock disaster was presented to members of the leadership team at Pioneer Health and Rehab. Those of which who were able to participate in the mock disaster within the facility include: Tara Nenahlo, Administrator, Erica Salsbury, Director of Social Services/Activities and Connie Harmon, Director of Culinary Services. Outside of the facility, we also had contact with another Grace Lutheran Communities skilled nursing facility, Xcel energy, St. Croix Hospice, and our interim maintenance director. The scenario was based on a widespread power outage in NW Wisconsin because of a ransomware attack by lone-wolf terrorists, resulting in a facility evacuation.

As mentioned above, we feel our strengths are having our mother-ship (Corporate office), who is able to provide our small, 30 bed nursing home, with more resources and support. Secondly, having recently revised our emergency preparedness policies and procedures, we have the literature available for what needs to occur in a specific emergency situation. Lastly, we feel that our department heads “know the building.” Referring to the fact that, we do not necessarily have to rely on the environmental services director in these circumstances. Three opportunities include establishing memorandums of understanding with our gas company for long periods of generator usage and a local organization to help with transportation. Next, as a corporation we need to develop an incident command sheet for our corporate office to establish specific job duties in the time of an emergency. Lastly, continuing education of these policies is imperative and that should begin with a new employee. We would like to establish an emergency preparedness orientation for all new employees. This was a great learning experience for our facility, because although it was not a true emergency we were able to take a step by step situation to better prepare ourselves. We plan to continue improving and practice our policies, in hopes that we never need to truly utilize them, but will be prepared in case we do.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Plum City Care Center and the Seasons</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Carla Hutter 715-647-2401 chutter@rphfcorp.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 3</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Our current plan is pretty well thought out. 2. Community members and outside services are in place. 3. Currently are well stocked with necessary items needed.</p>		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. We need to inform our other staff of our plan. 2. We need to improve our communication system, example: computers so we have access to med sheets. 3. That we need to have better transportation and involve outside resources.</p>			
<p>Executive Summary: Gary, Jake, and Carla participated in the Northwest WI Healthcare Coalition and WWPHERC virtual exercise in November 7, 2017. The scenario was that there was a cyber-attack and the power was expected to be out for 3-5 days. We reviewed the generator use and it runs for 1 week and holds 133 gallons of fuel. We realized that we needed to have a contract with Binkowski oil so that we can make sure that the tank stays full and that company will be responsible for re-fueling the tank during an outage. Gary did contact Binkowski Oil following the exercise and a contract is being developed. Strengths-1. We have a generator that will run for 1 week on a full tank. 2. We have a contract in place with Chippewa Valley Hospital and Martin Bros. for food and water. 3. We have access to water from the Spring at the end of the street. Opportunities-1. We needed to figure out, if we shelter in place, where all residents and staff would sleep that had heat and how we would provide toileting and personal hygiene to all residents.</p>					

2. Transportation would be a challenge. Would need to call family members and staff to transport residents. Have three sister facilities, Amery, Thorp, and Black River Falls that we can transport residents to. Also have Spring Valley Health Care Center, Elmwood, Pepin, and Durand where we could transfer residents.

3. Would have staffing issues as staff would need to be home with their own families.

This experience was very helpful. It caused us to look at our current plan more closely and we realized that we did need to look at a few areas. Of course, a lot of things would depend on the weather. We are working on a contract with local fuel company to make sure that our generator continues to run. Realized that we would need to move all residents into the dining room for sleeping as there would be heat in the dining room. That is the only area where we could move all the residents for warmth and safety. Lighting would be limited and poor. We realized that some new staff need training on how to run medication and treatment sheet if the power is out. Discussed getting more extension cords so that we have access to the red outlets in the halls and at the nurses' station for things such as oxygen and cooking using the electric roasters. Need to get some more food grade buckets for water and store securely so that they are clean and easily accessible when needed. Also realized that we need to have a contract in place with local fuel company to keep our generator running.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Sawyer County Health and Human Services	Name, Phone, Email of PRIMARY POC for this document: Mary Slisz-Chucka, RN 715-638-3410 mslisz-chucka@sawyerhs.hayward.wi.us	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Many buildings in the county have generators 2) Plans exist to guide participants during disasters. 3) The partnerships that develop between and within the counties are an asset in a large scale disaster.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Many new Sawyer Co HHS staff have not completed minimal ICS training and have not participated in exercises to practice incident management roles in disaster response. 2) Plans exist to guide staff in disaster response but staff is unaware of location of plans. 3) Plans should include policies and procedures to identify vulnerable populations in the county.		
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
Emergency Operations Coordination	List of staff exists for incident management roles; however, staff is unaware of and	Training of new staff in National Incident Management System courses and exercise accordingly.	Sawyer Co Health and Human Services	Health and Human Services Director	December 2018

	untrained regarding roles during disaster.				
Information Sharing	Plans exist but location of plans is not known to staff members	The location of hardcopies and electronic versions of the plans should be identified and made known to all employees.	Public Health	Health Officer	December 2018
Community Preparedness	Written plans should include policies and procedures to identify high risk individuals.	Revision of Mass Care plans should be updated to include ways to identify vulnerable populations. Plans should also include contact numbers for the EOCs in hospital and long term care facilities.	Public Health	Preparedness staff	December 2018

Executive Summary:

On November 7, 2017, the “Big Bad Thing” virtual exercise occurred with the Adobe Connect system for regional communications. The scenario included a series of large-scale cyber-attacks on multiple grids creating widespread power outages and communication disruptions. The exercise continued for many days with cold temperatures and fuel shortages necessitating evacuation of local long-term care facilities.

Sawyer County Health and Human Services staff immediately realized the potential staff shortage that could occur in this situation. An increased number of incoming calls and concern for personal matters would contribute to this shortage. If a shelter was necessary, a clear mass care plan would be needed to guide the limited staff in the requirements of operating this type of facility. While plans exist to guide employees with shelter operations, the location of the plans are unknown to employees. Many employees are untrained in the National Incident Management System and have not had practice as to the roles they would be required to fulfill in a disaster. Vulnerable populations in the county may suffer due to lack of knowledge of their location potentially leading to an increased number of fatalities.

Some of the identified strengths noted during this exercise included resources located in the county such as generators, volunteers, and organizations that could assist in the response. Plans exist in the county to guide staff in opening and operating a shelter. Partnerships with the NWWIHCC, Red Cross, and Salvation Army would aid the ability to open and operate a shelter. Sawyer County has a strong Emergency Management department instrumental in disaster situations.

Overall, the exercise proved to be a lesson learned demonstrating exercise is necessary to identify agency response in a disaster of this magnitude. With this experience, revision of plans should be ongoing to identify gaps in plans. In addition, staff member training in the National Incident Management System should occur to ensure continuity of operations in the event of a disaster. Information regarding location of plans in hardcopy and electronic format needs to be shared in order to successfully implement mass care operations. Staff should be well-versed of the duties they may be called upon to complete in this type of situation.

Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Shell Lake Health Care Center	Name, Phone, Email of PRIMARY POC for this document: Jennie Klassa 715-468-7292 Ext. 24 Jenniek@shelllakehealthcc.com	Number of Agencies that participated in this exercise (including your own): (Please leave blank)	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) We have a plan 2) Manual and forms in place 3) Community contacts in place			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) Need ham radio or CB Communications 2) Central location for emergency equipment accessible to all at all times. 3) Rotary phone/landline 4) Additional buses		
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
Emergency Equipment	No central accessible after hours location	Cabinet on 2 nd floor install and stock	EVS	Bill	TBD-ASAP
Emergency Communication	Need CB	Procure CB	EVS	Bill	11/8/17
Rotary Non Electric Phone	All phones centralized	Need separate line, standard phone	EVS	Mary	ASAP

Executive Summary:

All Department heads participated. Large scale loss of communication /electricity. We have generator backup systems- larger concern is if all phone types failed how do we call out. We need a CB or Ham radio set up and education on how to use this. Also noted after hours. All staff need to access Emergency Supply. Set up new plan to make these available to afterhours staff. Our phone lines are all comm linked. Need a single line phone if the lines don't work. Plan to get.

Strengths: Our EOP plan book was ready and categorized. Resources were available. Community partners identified and willing to participate. MOU in place.

Lessons learned/ Areas we had not thought of:

Develop a “needs to review list”.

We have assigned specific tasks to complete a timeline to complete these.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Spoooner Health</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Missy Eckburg- Hess ED Director meckburghess@spoonerhealth.com Annie Reidell – Safety Officer areidell@spoonerhealth.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 11</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Have generator power for 2 weeks with backup plan for refuel. 2) City water and sewer generator backup (learned that as part of this drill). 3) Have 1 week of food in house. Also learned during the drill that we may be able to rely on EOC for emergency food and water. 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Will increase LP fuel current supply to 3-5 days for heating goal min 7 days. 2) Need to determine how much cooking capabilities we would have on back-up power and heat. 3) Should the city sewer go down – we would need to evacuate. 4) EMR system down - must go to backup for downtime procedures. 		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Emergency Operations</p>	<p>No job action sheets in policy</p>	<p>CFO forwarded the job action sheets to place in hard copy folders. Link also provided in policy. Policy updated</p>	<p>ED</p>	<p>MEH and AR</p>	<p>11/7/2017</p>

Shelter in place	Need to develop our shelter in place portion of the policy	Developed out shelter in place plan to ensure that designated command are up to date with requirements.	ED	MEH and AR	11/9/2017
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Executive Summary:

On November 7th, 2017, Spooner Health participated in a virtual Region 1 exercise involving a cyber-attack and what steps our facility would take if this were to occur in real life. Many hospitals participated in this exercise. Spooner Health had 11 attendees. Strengths are to include Spooner Health has generator back up for a minimum of two weeks, city water and sewage has a back-up generator and this facility will have at least one week of food for an average of 90 people throughout the facility. Areas to improve are how much cooking capability our kitchen has, if city sewer goes down Spooner Health is to evacuate and if EMR system is down, we would have to go to downtime procedures that staff may not be familiar with.

Spooner Health will be contacting city water and sewage, local Washburn County EOC and whomever may need to be involved to help update policies, run drills and be better prepared for a major shutdown. Yearly drills will be conducted and as a facility, we really learned a lot from this virtual experience. It was engaging, it was informative to see what other facilities were doing and we hope this happens every year.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Spring Valley Health and Rehabilitation Center</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Kevin H. Larson, BSHCA, CNHA, FACHCA 715-778-5545 x 203 kevinl@svhcs.org</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 5</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Initial emergency responses by participants were appropriate and very efficient. 2) Participants comprehended the gravity and breadth of losing power and communication capabilities. 3) Participants were very creative and resourceful when developing deeper levels of contingency plans (i.e. plan C, D, etc.) when first response and plans (plans A and B) were impeded or even failed. 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Verifying systems and validating plans; what building mechanicals are operational on the emergency generator? Water pumps? All HVAC or just some HVAC? 2) Developing alternative sources of energy and relationships with those suppliers. 3) Evaluate how quickly emergency generators can be switched to an alternative energy source: converting from natural gas to LP and what connectors and peripheral devices are needed to make that conversion. 		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Emergency Generator-Multiple Fuel Sources</p>	<p>Lack of knowledge on alternative energy sources.</p>	<p>Research operational manuals for alternate fuel sources and the procedure for connecting and supplying alternate fuel source. Establish business</p>	<p>Spring Valley Health and Rehabilitation Center</p>	<p>Administrator and Director of</p>	<p>12/31/17</p>

		relationship with LP Center/Supplier. Outline expectations in a service agreement between both parties.	LP Vendor	Buildings and Maintenance	
Emergency Generator-Capabilities and Capacities	Unequivocal affirmation and validation of building systems (heating, a/c, hot water, water pumps) serviced by emergency generator	Observe and record observations on the building systems (heating, a/c, hot water, water pumps) operating during an emergency generator test.	Spring Valley Health and Rehabilitation Center Hovland’s Heating Technician	Administrator and Director of Buildings and Maintenance	12/31/17
Water Supply	Dependability and reliability of water source from the municipality (Village of Spring Valley) without power.	Review with the Village of Spring Valley Public Works Department the water supply in the event of significant and area-wide power supply interruption. Are Spring Valley water supply pumping stations on emergency generators?	Spring Valley Health and Rehabilitation Center Village of Spring Valley Public Works Department	Administrator and Director of Buildings and Maintenance	12/31/17
<p>Executive Summary: Date of Exercise: November 7, 2017 Who Played: Administrator/Chief Executive Officer, Director of Buildings and Maintenance, Director of Dining and Support Services, Nursing Clinical Care Coordinator, Accounts Payable Coordinator. Scenario: Significant and extended loss of power and communication capabilities. Three Strengths:</p> <ol style="list-style-type: none"> 1. Initial emergency responses by participants were appropriate and very efficient. 2. Participants comprehended the gravity and breadth of losing power and communication capabilities. 3. Participants were very creative and resourceful when developing deeper levels of contingency plans (i.e. plan C, D, etc.) when first response and plans (plans A and B) were impeded or even failed. <p>Three Opportunities:</p>					

1. Verifying systems and validating plans; what building mechanicals are operational on the emergency generator? Water pumps? All HVAC or just some HVAC?
2. Developing alternative sources of energy and relationships with those suppliers.
3. Evaluate how quickly emergency generators can be switched to an alternative energy source: converting from natural gas to LP and what connectors and peripheral devices are needed to make that conversion.

Overall it was a success.

With this experience, how will you implement what you learned as you move forward?

Research operational manuals for alternate fuel sources and the procedure for connecting and supplying alternate fuel source.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: The Deerfield</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Jen Anderson, Administrator janderson@preshomes.org 715-243-3933</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 12</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: -Deerfield’s generator power runs off of natural gas supply that is unlimited -Deerfield has large amounts of common space, Auditorium etc. that can be used as staging areas and/or shelter for families of staff etc. -Deerfield is art of parent organization Presbyterian Homes & Services which has 45 other campuses in the tri-state area who may be able to assist if not affected themselves.</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: -Updated contact list in facility emergency manual -Contingency plan for acquiring additional food to feed not only residents but staff and possibly their families -If this event were taking place in the summer, we would not have air conditioning on generator power</p>		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Emergency Manual</p>	<p>Contact list for vendors and staff in Emergency Manual</p>	<p>Needs updating</p>	<p>Deerfield</p>	<p>Jen</p>	<p>11/10/17</p>

Food resources	Will we have enough food to feed residents, staff and possibly others sheltering with us?	Identify additional food resources	Deerfield	Jen/Katie	11/15/17
Air conditioning	Were this event to occur in summer months, we would not have air conditioning	Identify resources of fans and other cooling mechanisms	Deerfield	Jen/David	11/15/17

Executive Summary:

The Deerfield QST management team participated in the November 6th and 7th 2017 Virtual Community-Based Exercise of a big bad thing which was a large-scale cyber-attack which limited power and communication grids over multiple days over a large geographical region of the upper Midwest. Team members discussed through 4 SITREP scenarios how we would respond to the disaster and potential barriers. We identified three strengths as follows:

- Deerfield’s generator power runs off of natural gas supply that is unlimited
- Deerfield has large amounts of common space, Auditorium etc. that can be used as staging areas and/or shelter for families of staff etc.
- Deerfield is part of parent organization Presbyterian Homes & Services which has 45 other campuses in the tri-state area who may be able to assist if not affected themselves.

And three areas of opportunity:

- Updated contact list in facility emergency manual
- Contingency plan for acquiring additional food to feed not only residents but staff and possibly their families.
- If this event were taking place in the summer, we would not have air conditioning on generator power

This was a successful exercise that got us all thinking outside of our comfort zones about potential issues that could arise and how we might respond to them. We plan to complete the follow up for the areas of opportunity soon to improve our facility and community emergency preparedness.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Twin Ports Health Services</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Peggy Rahkonen 715-398-2315 prahkonen@nshorehc.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 12</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: Placement of resident already established Emergency phone numbers ready and listed Transportation contacts/arrangements set</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: Explore options during back-up generator operation PCC photos (resident identifier) updated Communication with pharmacy on medication needs</p>		
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
	Resident Identifier	Upload current photo of residents into electronic record	Facility	Admissions	12/2017
	Back-up generator capabilities	Maintenance to educate designees	Facility	Maintenance	12/2017
	Pharmacy med supply	Communicate with pharmacy on delivery options	Pharmacy	DNS	12/2017

Executive Summary:

On 11/7/17, the IDT at Twin Ports Health Services engaged in an emergency preparedness drill facilitated by Northwest WI Healthcare Coalition. The scenario was terrorist cyber-attack resulting in loss of power and communication. The facility had to evacuate residents to a safe location. Twin Ports Health Services carried out a plan to transport residents in a systematic and prioritized fashion in groups of 5 to Essentia-Superior (acute care) and Superior Health and Rehab (SNF). During this drill, three strengths identified were in the accessibility of contact info for community assistance, transportation accessibility/plan, and the transfer plan for residents. Three opportunities for improvement include identification photos for all residents, back-up generator capabilities, and the limitation of an automated dispensing unit requiring power for continued access to medications; therefore the need to plan for additional supply with pharmacy. A process improvement plan is being initiated and reviewed by the IDT to determine on-going success with the current emergency plan.

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Villa Marina Health and Rehab Center 35 N. 28th Street Superior, WI 54880</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Lori Randa, NHA lorir@avantihs.com 715-392-3300</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 10</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise: 1) Facility leadership engaged in the exercise. 2) Policies and procedures in place 3) Creative solutions generated.</p>			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1) The leadership discovered unanswered questions. For example, would our natural gas fueled generator continue to work with a cyber-attack? (answer later received from SWL& P=yes) 2) Kitchen convection oven not on the generator 3) Many residents do not have winter coats.</p>		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Generator</p>	<p>Will the generator operate?</p>	<p>NHA contacted Superior Water and Light and Power, Aaron Anderson, Supervisor</p>	<p>SWL&P</p>	<p>Lori Randa, NHA</p>	<p>11-08-17</p>
<p>Convection Oven</p>	<p>Can it be connected?</p>	<p>NHA contacted Service Electric, Nick to obtain information</p>	<p>Service Electric</p>	<p>Lori Randa, NHA</p>	<p>11-07-17 Bid to come next 2 weeks</p>

Resident Winter Coats	Obtaining winter coats/winter clothing	SS Director to reach out to residents and families to bring in coats/hats/gloves	Villa Marina	Ellie Andrews, S.S.	12/01/17
<p>Executive Summary: Date: 11/6 & 11/7, 2017 Who Played: Villa Marina Leadership Team:</p> <ol style="list-style-type: none"> 1. Jen M, MDS 2. Angie M. HR/BOM 3. Marie A. 4. Chris P., Therapy Director 5. Heidi P. D.M./ESS 6. Lori R., NHA 7. Brent D., Maintenance Director 8. Paul R, Activity Director 9. Bobbie S., DON 10. Cindy S., Medical Records 11. Ellie A., S.S. Director <p>The Table Top Exercise was a huge success. Please refer to page one for Action Plan.</p>					

<p>Date of Exercise: November 6 & 7, 2017 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Willow Ridge Healthcare</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Melissa McArdle, 715-268-8171, mmcardle@rphfcorp.com</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 4</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Well-developed Shelter in place policy and procedure 2) Knowledgeable directors and teamwork- re: building, resources, creative brain storming 3) Shared resources between Riverbend and Willow Ridge as well as support from our corporate office 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Lack of transportation 2) Lack of preparation to evacuate: storage- food/water/supplies 3) Limited by capacity of backup generator 		
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>
<p>Critical Transport</p>	<p>Lack of contracts with transport companies and limited options for transport</p>	<p>Contact various transport companies and establish contract.</p>	<p>Willow Ridge Healthcare</p>	<p>IDT</p>	<p>11/24/17</p>
<p>Information Sharing</p>	<p>Lack of process to share information</p>	<p>Communication Plan being finalized.</p>	<p>Willow Ridge Healthcare</p>	<p>IDT</p>	<p>11/24/17</p>

Emergency Operations Coordination	Lack of coordination with local and county agencies	Increase coordination with local and county agencies to better prepare for disaster.	Willow Ridge Healthcare	IDT	11/24/17
<p>Executive Summary:</p> <p>Willow Ridge Healthcare participated in the Northwest WI Healthcare Coalition Emergency Preparedness Virtual Exercise on 11/06 and 11/07/17. Participants included Melissa McArdle, administrator of Willow Ridge, Joe Gates, administrative Intern of Willow Ridge, and Tim Laurishke, maintenance director of Willow Ridge, and Kayla Bleskacek, administrator of Riverbend. The scenario began as a shelter in place event in which power was lost due to a terrorist attack. Due to the attack, Willow Ridge had to rely on the backup generator, which runs on natural gas. This means the residents of Willow Ridge were safe to shelter in place. However, the backup generator has limited capacity, so minimal outlets would work, minimal lights would be on, etc. The backup generator does allow for the building to continue being heated to proper temperature.</p> <p>Our strengths identified were a well-developed shelter in place policy and procedure, knowledgeable directors and team work, and shared resources between Riverbend and Willow Ridge as well as support from our corporate office. The opportunities we discovered were lack of transportation arrangements, lack of preparation to evacuate, and limited by capacity of backup generator. We feel this exercise was both a success and a lesson learned. In doing this exercise we realized we have many components in place if the need for shelter in place ever occurred, this includes policies and procedures outlining the steps to be taken in such an event, a backup generator to support continued operations of the building, and arrangements in place for backup supplies. However, we did learn that we are not prepared if the building needed to be evacuated. As a team we have identified the need to focus on evacuation preparedness. This includes but is not limited to staff education, transportation arrangements, and information sharing.</p>					

<p>Date of Exercise: November 6 & 7 Virtual Exercise “Big Bad Thing” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Western Wisconsin Health</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Linda Maday, RN 715-684-1304 Linda.maday@wwhealth.org</p>	<p>Number of Agencies that participated in this exercise (including your own): (Please leave blank)</p>	<p>Total number of local participants (people) that participated in exercise: 31</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Ability to flex to different roles/positions 2) 31 staff from varying departments attended giving more staff a “bird’s eye view” of how Incident Command rolls out. 3) Incident Command roles were quickly assigned and our own Emergency Preparedness manual and job action sheets readily available. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1) Need to improve our emergency communications throughout the facility and for staff offsite. 2) Expansion of MOU’s. Currently only one written MOU is on file. Lengthy discussion was held with pros/cons to having MOU’s (i.e. not legally binding so what is efficacy of having). We do have verbal agreement with local schools for use of their facility and transportation. 3) Contacting appropriate staff and assembly/management of labor pool 4) Traffic control (inside and outside of facility) including triaging process for large number of people presenting whether in need of medical care or just warm place to stay. 			
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>

Emergency Communication	Individual departments need to develop process that works for them and then share information with other departments.	Expand current use of Send Word Now to more departments. Develop calling trees. By improving this, a labor pool can be established more quickly. (Note: Our triage process has not been tested to any great degree since October, 2016 when the result of that triage process produced a poor response. More practice is needed.)	WWH department managers	Department Managers with aide of HR Personnel	2/7/18
Use of MOUs	WWH has only verbal agreements for sharing other locations for shelter and transportation to those sites	First study proper development and use of MOUs, then develop MOUs as found relevant for our needs (food, water, pharmaceuticals)	WWH Facilities Services and Materials Management.	Trent Y. and Amy Jo T.	2/7/18
Clarification of when and who to contact when assistance needed (i.e. do we go across state lines to MN for help before going up chain of command per HICS to our county level).	Staff did not agree on which entity should first be contacted for support when our resources are being exhausted.	EP Coordinator contacted Regional HCC Coordinator to discuss and clarify. Medical Surge management will meet with local nursing homes (4) to discuss their plans for evacuations and/or shelter in place.	WWH EP Coordinator	Linda Maday	11/9/2017
<p>Executive Summary: On November 7, 2017, a wide variety of 31 staff and administrative members from WWH met and participated in a regional Emergency Preparedness Exercise sponsored by the NWWIHCC and WWPHRC. Incident Command was opened to manage the scenario of complete loss of power at our facility for the specified time. Through the course of the exercise it became clear that our organization needs to clarify expectations and roles to resolve three identified weak links in our emergency preparedness. We learned that not all departments have yet implemented either “Send Word Now” or some type of calling tree so they, as individual departments, can clearly communicate their specific needs to their employees. By being better able to clearly communicate what</p>					

we need from whom, our labor pool can be established more quickly and efficiently. The triage process is also an area of concern. It has not been practiced at WWH to any great degree for some time and simply stating we would triage does not show proficiency with this skill set. While we currently have verbal agreements with the local school district for use of the high school in Baldwin (as a shelter) and their buses for transportation needs, it was felt more MOUs could be beneficial for other needs when our resources are limited. These include food, water, linens, pharmaceutical supply and sharing of pharmaceutical services with the local drug store, fuel sources, and pet shelter.

Staff members attending provided positive feedback that this exercise was indeed helpful in realizing how quickly we would exceed and exhaust our resources, the challenges we would face and decisions that would need to be made as to what services could continue and what/when services would need to be cut “for the greater good”. Current discussions with our administration as to how best to proceed to address these deficiencies are now in process in conjunction with our Safety Committee.

APPENDIX A: AREA AND REGIONAL EXERCISE PARTICIPANTS

Participating Organizations
Regional
Northwest Wisconsin Healthcare Coalition
Community Health Clinic
Lake Superior Community Health Clinic
Home Health Care and Hospice
Chippewa County Home Health Care (Observer)
Dunn County Home Health Care
Heartland Hospice
Hearts of Gold
Interim Health Care-Hudson
Mayo Clinic Home Healthcare and Hospice
Pierce County Home Health Care
Hospitals
Burnett Medical Center
Hayward Area Memorial Hospital
Indianhead Medical Center
Lakeview Medical Center
Spooner Health
Western Wisconsin Health
Local Public Health Departments
Eau Claire City-County Health Department
Douglas County Health Department (Observer)
Pepin County Health Department (Observer)
Sawyer County Health and Human Services
Long Term Care Facilities
Burnett Medical Center Continuing Care Center
Christian Community Homes-Hudson
Christian Community Homes-Osceola
Dove Healthcare-South
Dove Healthcare-West
Golden Age Manor
Good Samaritan Society-St. Croix Valley
Hayward Health Services
Heritage of Elmwood
Ladysmith Care Community

Marshfield Comfort and Recovery Suites-Eau Claire and Wausau
Oakwood Health Services
Pioneer Health and Rehab
Plum City Care Center
Shell Lake Health Care Center
Spring Valley Health and Rehab
Syverson (Observer)
The Deerfield-New Richmond
Twin Ports Health Service-Superior
Villa Marina Health and Rehabilitation-Superior
Water's Edge-Hayward
Willow Ridge-Amery
Surgical Center
OakLeaf Surgical Center
Tribal Health Clinic
Lac Courte Oreilles Community Health Clinic

APPENDIX B: PARTICIPANT FEEDBACK

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Pre-exercise briefings were informative and provided the necessary information for my role in the exercise.	1	2	3 3.97	4	5
The exercise scenario was plausible and realistic.	1	2	3	4 4.37	5
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	4 4.20	5
Participants were actively involved in the exercise.	1	2	3	4 4.37	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4 4.37	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4 4.39	5
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4 4.37	5
After this exercise, I am better prepared to deal with capabilities and hazards addressed.	1	2	3	4 4.27	5