

Northwest WI Healthcare Emergency Readiness Coalition (HERC) Virtual Community-Based Functional Exercise: “Situation Open Door”

After-Action Report/Improvement Plan

December 6, 2018

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	“Situation Open Door” Regional Virtual Exercise
Exercise Dates	<p>November 7, 2018</p> <p>A RAVE notification was intended to be sent to the participants who had registered for the exercise. This did not happen due to issues with the RAVE system. Local partners were encouraged to conduct their own internal Communication Plans that afternoon.</p> <p>November 8, 2018</p> <p>An Adobe Connect meeting room was opened at 8:15 a.m. by the Healthcare Emergency Readiness Coalition Coordinator. The Exercise began at 8:30 a.m. and concluded at 11:00 a.m. A follow up Participant Feedback Survey link was sent to all participants in the afternoon.</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>(Capability 3: Continuity of Healthcare Delivery)</p> <p>Medical Surge (MS) (Capability 4: Medical Surge)</p>
Objectives	<ol style="list-style-type: none"> 1. Train and prepare the Health Care and Medical Workforce 2. Ensure Preparedness is Sustainable 3. Utilize Information Sharing procedures and platforms 4. Coordinate Response Strategy, Resources, and Communications 5. Identify Essential Functions for Health Care Delivery 6. Maintain Access to Non-Personnel Resources during an Emergency 7. Respond to a Medical Surge
Threat or Hazard	Medical Surge, Severe Weather (snow), Infectious Disease
Scenario	At 3:00 p.m. on a Tuesday afternoon, a neighboring hospital with an attached long term care facility has experienced a severe infrastructure

	<p>failure which has prompted the need to evacuate all in-patients and long term care residents. As you are receiving report on the residents/patients you are about to welcome into your facility, you are told the evacuating facility has been dealing with a flu outbreak. So far this year, your facility has been free of flu cases. Also, the first major snow storm of the season is predicted to begin tomorrow with freezing rain changing over to snow. Eight to ten inches of snow are expected with winds 30-35 mph making travel on most roads hazardous.</p>
Sponsor	<p>Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWIHERC)</p>
Participating Organizations	<p>Total Number of Participating Agencies: 46 Total Number of Participants: 332 See Appendix A for list of Participating Agencies. See Appendix B for Participant Feedback.</p>
Point of Contact	<p>Aimee Wollman Nesseseth Coordinator Northwest Wisconsin Healthcare Emergency Readiness Coalition 1003 Prairie Circle Menomonie, WI 54751 aimee.wollmannesseseth@wisconsin.gov www.wiherc.org 715-379-6664</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 (EOC)		S		
Ensure Preparedness is Sustainable	Emergency Operations Coordination (EOC)		S		
Utilize Information Sharing procedures and platforms	Information Sharing (IS)			M	
Coordinate Response Strategy, Resources, and Communications	Information Sharing (IS)			M	
Identify Essential Functions for Health Care Delivery	Continuity of Healthcare Delivery		S		

Analysis of Core Capabilities

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Maintain Access to Non-Personnel Resources during an Emergency	Continuity of Healthcare Delivery		S		
Respond to a Medical Surge	Medical Surge (MS)			M	

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.

Analysis of Core Capabilities

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: Some organizations felt their staff have been well trained in Emergency Operations and Procedures.

Strength 2: Most organizations felt the teams assembled for this exercise worked well together, are efficient, and creative with problem-solving.

Overall Strength:

Analysis: There has been an increase in the number of organizations that feel they have implemented role-appropriate NIMS training over the past year. The majority of organizations have well developed leadership teams who demonstrate the ability to work together in challenging times.

Exercise: Areas for Improvement

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

Area for Improvement 1: Few organizations had identified and localized job action sheets for emergency response.

Area for Improvement 2: Most organizations felt the need for additional Incident Command Training for their staff, particularly for staff who work after hours or weekend shifts.

Area for Improvement 3: Some organizations felt that their Emergency Operation Plans were not easily accessible or organized for staff in the event of an emergency.

Area for Improvement 4: Emergency Operations Plan training needs to be included in new employee orientation for all staff.

Area for Improvement 5: Reviewing and updating the Emergency Operations Plan needs to be assigned to a particular job position/person to assure updates and lessons learned are being included consistently.

Overall Area for Improvement:

Analysis: The Emergency Operations Plan including identified and localized Job Action Sheets, Communication Plans, and Policies and Procedures need to be viewed as a “living document” that changes and is updated frequently as real and exercised events take place. All healthcare staff need to be trained on the contents of the EOP regularly, and should know how to quickly access the EOP in the event of an emergency.

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: Previous trainings with the Healthcare Emergency Readiness Coalition has influenced decision-making for this exercise.

Strength 2: Some organizations feel they have strong community relationships and response when community agencies are called upon, including local Fire Departments, EMS, and public agencies such as Public Health or Emergency Management.

Strength 3: Relationships and networking through the Healthcare Emergency Readiness Coalition has been a strength and asset for participating organizations.

Overall Strength:

Analysis: The participation and involvement with the Regional Healthcare Emergency Readiness Coalition has been beneficial for the agencies that were playing in this exercise. Through exercises such as this, organizations have come to understand the importance of building relationships with local response agencies prior to the emergency.

Exercise: Areas for Improvement

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

Area for Improvement 1: Building relationships and providing training with local response agencies is challenging with staff turnover and multiple shifts.

Area for Improvement 2: Some organizations have not reached out to local response agencies to determine their capabilities in times of disaster. One discipline identified in this exercise is local Pharmacies.

Overall Area for Improvement:

Analysis: Networking with local response agencies and the Regional Healthcare Emergency Readiness Coalition remains a challenge for many organizations. Efforts to train with these agencies more than once a year was an identified need.

Analysis of Core Capabilities

Objective 2:

Ensure Preparedness is Sustainable

Core Capability:

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

Activity 1:

Engage Healthcare Executives

Exercise Strengths

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

Strength 1: Many agencies had Executive Leadership at the table and participating in this exercise.

Strength 2: Even when executive leadership was not able to be at the table, there was great leadership identified within the staff members to carry out the responsibilities of the exercise.

Overall Strength:

Analysis: This type of exercise is conducive to the involvement of senior leadership, particularly in the Long Term Care, Home Care, Hospice, Dialysis and Community Health Center settings.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations identified the need for leadership members from ALL departments to participate in these exercises.

Area for Improvement 2: Some organizations identified the need to have more depth in leadership positions and to have these leaders invested in and involved in drills.

Area for Improvement 3: There is an identified need for Incident Command Training for Executive Leaders.

Overall Area for Improvement:

Analysis: Many organizations that participated in this exercise have relatively small staffs and limited numbers of leaders. Engaging current executive leadership, particularly in the hospital setting, remains a challenge. Ongoing training and exercising to familiarize executive leaders to emergency and disaster response is an identified need.

Analysis of Core Capabilities

Objective 3:

Utilize information sharing procedures and platforms

Core Capability:

Information Sharing (Healthcare and Medical Response Coordination)

Activity 1:

Utilize Communication Systems and Platforms

Exercise Strengths

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

Strength 1: Some agencies felt their internal communication systems worked very well, including one organization that had 100% compliance with staff response during their communication drill.

Strength 2: Some agencies have developed redundant communication platforms. When one system doesn't work well, the other met the need.

Overall Strength:

Analysis: Communication is always a challenge, however, some agencies drill their communication plans regularly and have identified strategies to reach compliance and success.

Exercise: Areas for Improvement

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

Area for Improvement 1: There were technical difficulties with several electronic notification systems on the day of the drill including with RAVE, Send Word Now, and e-Notify. In some cases the notification system failed completely. In others, partially.

Area for Improvement 2: There are multiple communication platforms used by multiple agencies. There is a need for ONE communication platform accessible to all.

Area for Improvement 3: There are multiple Electronic Medical Records systems utilized within the region. This is an identified barrier to information sharing regarding patient medical information in times of an emergency.

Overall Area for Improvement:

Analysis: Multiple communication platforms may create redundancy, however, they also create confusion when there is no consistent platform for all agencies to view for up to date information. An identified priority is to continue to build access to one platform, be that Web EOC, or EM Resource. Likewise, developing an easily accessible and pertinent medical information template to be included with an evacuating patient is an identified need.

Analysis of Core Capabilities

Objective 4:

Coordinate Response Strategy, Resources, and Communications

Core Capability:

Information Sharing (Healthcare and Medical Response Coordination)

Activity 1:

Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Exercise Strengths

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

Strength 1: Some agencies felt their internal communication systems with on duty and off duty staff worked well.

Overall Strength:

Analysis: As noted previously, some organizations have worked diligently to maintain the ability to communicate internally with staff and test this capability regularly.

Exercise: Areas for Improvement

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

Area for Improvement 1: In some organizations, it was noted that the leadership team failed to identify a process to notify current residents/families of the emergency and incoming residents.

Area for Improvement 2: Several agencies noted the need to update calling trees and contact information for current staff.

Area for Improvement 3: One agency identified the need to build in communication strategies for incoming surged residents (tap bells) if call lights are not available in surged areas.

Area for Improvement 4: One agency identified the need to better utilize weather watches and warnings to help determine if staff or clients are able to travel for needed services. They hope to develop a better communication process with clients and staff with weather issues in mind.

Overall Area for Improvement:

Analysis: Communication remains the most challenging element of any emergency response. Maintaining up to date contact information and developing strategies to communicate in unique circumstances is a priority.

Objective 5:

Identify Essential Functions for Health Care Delivery

Analysis of Core Capabilities

Core Capability:

Continuity of Healthcare Delivery

Activity 1:

Assess Mission Essential Functions particularly: beds, laundry, and security.

Exercise Strengths

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

Strength 1: Some organizations felt they were able to quickly identify and quantify their internal resources.

Strength 2: Several organizations have well developed plans and protocols in place for clients when travel is not safe. This includes having order sets and med lists available for clients, 3-day diets when regular services (dialysis) is not possible, and Emergency Med Kits on top of refrigerators (Hospice).

Overall Strength:

Analysis: Several organizations have been proactive in planning for emergencies with their outpatient clients. Some residential and inpatient facilities have systems in place to quickly assess their inventory for mission essential functions.

Exercise: Areas for Improvement

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

Area for Improvement 1: Many organizations identified that some of their essential functions are not currently hooked up to emergency power sources such as kitchen equipment, outlets for resident needs such as oxygen, and laundry.

Area for Improvement 2: Some organizations identified the need to develop more robust processes for maintaining durable medical equipment inventory.

Area for Improvement 3: Some organizations identified the need to test their emergency generator power supply with the idea of medical surge in mind.

Area for Improvement 4: Some outpatient services identified the need to create and provide Emergency Roadside Kits for staff who travel.

Overall Area for Improvement:

Analysis: Developing processes and systems for Staff safety, emergency power, food preparation and preservation, durable medical equipment, and laundry were identified as areas of concern for participating organizations.

Objective 6:

Maintain Access to Non-Personnel Resources during an Emergency

Analysis of Core Capabilities

Core Capability:

Continuity of Healthcare Delivery

Activity 1:

Assess Supply Chain Integrity

Exercise Strengths

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

Strength 1: Many organizations feel they have adequate contracts with vendors for emergency supplies if requested.

Strength 2: Some organizations stated they feel their understanding of supply chain integrity and management has increased since last year.

Overall Strength:

Analysis: Some organizations have been proactive in communicating with vendors and developing processes regarding supply chain management during an emergency.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations identified the need to develop a better process for onsite inventory of emergency supplies including items such as potable water.

Area for Improvement 2: Some organizations identified the need to have more in depth conversations with vendors to discuss their capabilities during an emergency.

Area for Improvement 3: Some organizations had not previously considered pharmaceutical coverage during an emergency.

Overall Area for Improvement:

Analysis: Finding a balance between stockpiling emergency supplies and having ready access to emergency supplies from outside vendors is a challenge. Some organizations have yet to hold these conversations internally or with suppliers.

Objective 7:

Respond to a Medical Surge

Core Capability:

Medical Surge (MS)

Analysis of Core Capabilities

Activity 1:

Implement Out-of-Hospital Medical Surge Response

Exercise Strengths

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

Strength 1: Several organizations identified readily accessible empty space that could be used or converted to surge space if needed.

Overall Strength:

Analysis: Most organizations indicated a willingness to assist during the request for medical surge assistance, including creative thinking, problem-solving, and requesting “mutual aid” to meet the need.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations voiced the need to identify triggers for when the Medical Surge plan should be activated.

Area for Improvement 2: Many organizations identified the need to provide better training for staff on all shifts regarding the Medical Surge plan including: consistent triage tagging, better understanding of regulatory expectations, developing processes for billing, and patient and supply tracking.

Area for Improvement 3: Some organizations identified concerns regarding a lack of staff for a medical surge event, a lack of medical equipment to move non-ambulatory residents or patients, and the lack of consistency between agencies regarding patient/resident records.

Area for Improvement 4: Some organizations stated they do not have a medical surge plan at this time.

Overall Area for Improvement:

Analysis: Preparing for a Medical Surge in an inpatient/residential setting or outpatient setting is challenging and consists of multiple factors. Many organizations within the region are just beginning to explore some of these issues.

Activity 2:

Distribute Medical Countermeasures during Medical Surge Response

Exercise Strengths

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

Analysis of Core Capabilities

Strength 1: Some organizations are part of larger systems that have corporate employee health teams to monitor staff illnesses.

Strength 2: Some organizations did not have medical countermeasure plans, but were able to think critically to solve this challenge and collaborate with local pharmacies during this exercise.

Overall Strength:

Analysis: Networking within systems and working with local pharmacies to locate and identify medical countermeasures was beneficial for the purpose of this exercise.

Exercise: Areas for Improvement

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

Area for Improvement 1: Several organizations voiced concerns about their quantity of on hand isolation PPE and viral prophylaxis.

Area for Improvement 2: Organizations that have stockpiles of supplies recognize that some supplies have expired and have not been replaced.

Overall Area for Improvement:

Analysis: Maintaining current, non-expired supplies for highly infectious diseases is a priority for most organizations within the region.

**Augusta Health and Rehabilitation
Executive Summary and Improvement Plan**

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Augusta Health and Rehabilitation	Name, Phone, Email of PRIMARY POC for this document: Jahn Bradley, 715-286-2266, jahnb@augustahealthandrehab.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> Resources available at our facility-water, food, shelter, beds, etc. Staff has been trained Fire department will help with all transitions 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> Staffing (it is challenging enough to staff our buildings currently, let alone with additional residents) Need specific job action sheets Contact with Pharmacy and local EMS about their capabilities 		
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 coordination	Need Job action sheets	By creating job action sheets	Facilty	Adam	11/31/2018
Info Sharing	Need to know capabilities of Pharmacy and EMS	Contacting Pharmacy and EMS	Facility	Adam	11/31/2018
Info Sharing	EMR access	Contact local hospitals	Facility	Adam	11/31/2018

Augusta Health and Rehabilitation Executive Summary and Improvement Plan

Executive Summary:

On November 8th, 2018, 8 leadership staff participated in a drill with regional community members. Several regional skilled nursing facilities, hospitals, hospices, and local ems teams participated. This was a drill that took place online with situations that lasted 3 + days to test our current plans and processes.

Strengths

- Resources available at our facility-water, food, shelter, beds, etc.
- Staff has been trained
- Fire department will help with all transitions

Weakness

- Staffing(it is challenging enough to staff our buildings currently, let alone with additional residents)
- Need specific job action sheets
- Contact with Pharmacy and local EMS about their capabilities
-

Overall I believe this exercise was a success. I believe we have shown we have a lot of strengths and few weaknesses that need to be addressed. We will be addressing these weaknesses in the weeks to come.

Care and Rehab-Cumberland
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Completing this form: Care and Rehab Cumberland	Amy J. Adams, RN 715-822-7062 aadams@careandrehab.org	46	5
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Our local community response was amazing. • Our team was creatively thinking ahead before the next SITREP was given. Example, we had already solved the issue of housing outside facility staff before SITREP #3 was given. • Our long term care facility is attached to our local hospital and clinic, and our pharmacy is just across the parking lot. On our other side, the High School and First Lutheran are across that parking lot. It was easier to get answers to questions from our medical director, supplies, and space due to these supportive partners. We also have attached apartments. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Our Send Word Now emergency paging test did not get a large response, and some staff were not paged at all (social work, Activities, laundry, housekeeping). The message sent out said you could text a response, but when that was done there was an error message. We need to work on our notification issues. • Potable water was an item we don't stockpile in adequate amounts. This will be addressed. • We need to create NIMS Role/Job Action Sheets to hand out to staff and volunteers. The Leadership team solved all problems during this drill, but communication with others would be simplified and accelerated with a role sheet. This sheet would also have a list of who is in charge of logistics, etc....so questions are directed to the correct person in Incident Command. 	

Care and Rehab-Cumberland
Executive Summary and Improvement 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
Emergency Operations Coordination (EOC)	Need to create NIMS compatible Role/Job Action Sheets	Leadership team will be meeting monthly to correct all noted issues. Policy will be overhauled and Job Action Sheets will be created which will include Incident Command contact people (identified by Role).	Care and Rehab Cumberland Leadership Team	Kristin Stokes, Administrator and other PRN	February 28, 2019
EOC	Education needs to occur for nursing staff in case incident happens after hours	When Role sheets are completed, education will be scheduled.	Care and Rehab Cumberland Leadership Team	DON, NHA, others PRN	February 28, 2019
Information Sharing (IS)	Tweak Send Word Now to be more functional when notifying staff of an emergency	NHA, DON and Health Unit Coordinator will be looking at access to Send Word Now by nursing (currently there is no access), change the method for replying to the message (texted replies not available), include all staff (some were not included in notification) and boost reply rate (which was low).	Care and Rehab Cumberland Leadership Team	HUC, DON and NHA, others PRN	February 28, 2019
Continuity of Healthcare Delivery	Team identified need for potable water for all staff and residents for three days	This was not part of any SITREP, but was brought up as generator was being discussed. Team is unsure as to how many days should be stockpiled, research will occur, supply will be obtained.	Care and Rehab Cumberland Leadership Team	NHA, Dietary Manager, others PRN	February 28, 2019

Care and Rehab-Cumberland
Executive Summary and Improvement Plan

Medical Surge	Team had no plans in place for tracking supplies and billing	Business Manager and Leadership Team will brainstorm ideas for tracking supplies.	Care and Rehab Cumberland Leadership Team	Business Manager , NHA, others PRN	February 28, 2019
Medical Surge	Team neglected to notify residents and their families of the emergency and the incoming residents	Activities Director and Social Worker will call an emergency resident council to inform residents. Policy will be updated to reflect this. Discussion of how families should be notified, will need further discussion.	Care and Rehab Cumberland Leadership Team	Social Work, Activities Director, others PRN	February 28, 2019
Medical Surge	Need for tap bells for incoming residents	Unsure of number of tap bells available, would need more	Care and Rehab Cumberland Leadership Team	Care and Rehab Cumberland and Leadership Team	February 28, 2019

Executive Summary:

During this drill our DON and NHA were actually at a conference and not on site. Present during drill was Social Worker, Activities Director, Dietary manager, Infection Control/Quality Assurance Nurse, MDS Coordinator. The drill went very well, all problems were solved. We had amazing community response, see below. We need to conform to NIMS format with Job and Role sheets. Our emergency communication system/procedure needs to be tweaked. We need to work out a procedure for tracking supplies and billing.

SITREP 1: NHA and DON notified via text of emergency. Need for beds identified. Charge Nurse from hospital notified and request for recliners made. Medical Director (MD was in attached clinic) notified of expected admissions. Activities Director went to basement and counted nine cots available. Team identified five available beds, Med-Surg. was able to give us six recliners. Home Medical Supply Rice Lake contacted and was able to supply all needed beds within 12-16 hours. Person designated to talk to evacuating facility contact person and figure out who needs a bed and who would be OK in a recliner. Also to determine if MARs are coming with them, if they are electronically available, or if our facility needs to contact their pharmacy for copies of MARs. Dietary notified of incoming residents and staff, meals prepared for arrival (lunchtime). Activities Director notified all clergy via email of emergency and asked availability of clergy for emotional support, six clergy replied affirmatively. Health Unit Coordinator

Care and Rehab-Cumberland

Executive Summary and Improvement Plan

notified to order more linens from Aramark for ASAP delivery. Local pharmacy notified of emergency and arrival of 10-15 residents, nothing needed at this time. Discussion of Porta Potties—residents would be unable to use them, team not sure if needed. Local hotel called, no answer.

SITREP 2: Incident Command activated. Barron County Sheriff notified via non-emergency number of drill and need for assist with unloading of residents from school bus. Fire and police would be available. Supplies-HUC. Social Work and Activities—support/volunteers/runners. Food—Dietary Manager. Medical—Infection Control RN. Incident Commander—MDS Coordinator until DON/NHA return. Discussion of volunteers to man the phones (this is where need for Job Action Sheets was identified). Activities Director emailed her volunteers and asked if there was an emergency would they be available, 12 volunteers replied yes. Discussion of where beds would be set up. Email sent to Regional Manager of our company to inform them of emergency.

SITREP 3: Infection Control Nurse and emailed Barron County Public Health. Medical Director informed in person, orders received for prophylactic Tamiflu for all Care and Rehab residents and staff. Call made to Apothecary pharmacy to give them heads up on incoming orders, PharmD notified us that everyone would have a few doses each until rest of order came in, then rest of doses would be sent over. Call made to high school regarding space availability for staff if needed, answer was yes. Call made to First Lutheran Church regarding space availability for staff if needed, answer was yes. No answer at local hotel. Business Manager contacted and notified, asked to obtain air mattresses and personal supplies for incoming staff. Two of the attached apartments are not rented, staff would have a kitchen and shower along with air mattresses. Discussion of where resident beds would be set up: south or west dining rooms, chapel, attached apartment's dining room. Need for residents to stay in their rooms discussed. Infection Control RN decided to have main dining room as sick room for all incoming residents with symptoms. Incoming residents without symptoms would be segregated elsewhere, probably the Chapel. Our residents would stay in their rooms per policy during an outbreak. Discussion of our therapy staff assisting with feeding in rooms. All staff informed they need to stay due to inclement weather, compensation approved by Incident Commander. DON and NHA notified via text of influenza among incoming residents. Discussion of incoming staff signing in with their phone numbers to facilitate communication. Discussion of tap bells—number needed for incoming residents.

SITREP 4: Dietary Manager has a weeks' worth of food (Dietary also prepares meals for attached hospital, has reserves). Dietary will assess and request a delivery if needed. Generator is able to run for 96-120 hours on propane and diesel supplies. Water is identified as a potential issue here, Dietary Manager identified Culligan as a possible source. Staff housing has already been addressed under SITREP 3. If any resident's condition worsens, they will be wheeled down the hall to ER. Emergency Resident Council meeting discussed (should have been earlier). Other hospital departments notified of emergency FYI: lab, radiology, ER.

Care and Rehab-Cumberland
Executive Summary and Improvement Plan

SITREP 5: Incident Command Team realizes that supply and resource billing has not been addressed. All staff thanked. Coordinate return of residents to their home facility, assist their staff as needed. Our bus could take 12 residents in wheelchairs if needed. Housekeeping notified to do terminal clean of public and surge areas, our staff to assist.
HOTWASH: Discussion of contacting Ombudsman during emergency which was not done. Water. Billing. Alert system. Job Action Sheets. Tap bells. AMAZING community response.

Care and Rehab-Ladysmith
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Care & Rehab- Ladysmith	Name, Phone, Email of PRIMARY POC for this document: Ann Novak RN/BC NHA anovak@careandrehab.org 715-532-5015 Ext. 1100	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • The teamwork that our individual team showed, each of the individuals involved had their own expertise and knowledge regarding the situation and using that were able to come up with reasonable solutions for the emergency situation. • Thinking outside the box. When developing our plan of attack our group was able to come up with solutions quickly and with logical reasoning for the plan. • If our team didn’t know the answer to the question raised the individual was able to figure out where to find the answer. (example: reporting the illness/disaster to the appropriate entity) 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Working better with the attached organization. We are attached to a hospital and only one member of their team (shared) was able to attend the exercise. Questions raised may have been easily answered by personnel from that organization that we did not know. • Kitchen equipment – not all on Emergency power. This could lead to some difficulty with preparing food for larger numbers of residents and staff. Also doing dishes – dishwasher not on emergency power. • Laundry Services – not on Emergency power – will need to maintain appropriate amounts of linen and having a place to wash linen if longer than 3 – 5 days. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Care and Rehab-Ladysmith
Executive Summary and Improvement Plan

	that should be corrected				
Information Sharing	The unknown of how to care for the influx of new patients.	<p>The facilities we could potentially take patients from need to be compatible with our system or have the ability to access the sending facility records to continue with quality care. There is the opportunity to have web based systems that could be accessed by individuals from another facility or the staff who have come with the new patients do decrease the time involved in printing or deciding what information is needed in an emergency.</p> <p>Work with IT for both facilities to determine if this is a feasible option between facilities.</p> <p>If computer sharing is not an option then we do have some steps in place</p> <ol style="list-style-type: none"> 1) Paper Charts, 2) Computer charts that can be printed – Computer program to easily print information needed in case of a emergency evacuation. 3) Wheelchairs available for our current residents – may need to request sending facility to ship 	Both Long Term Care Facilities, sending and accepting patients.	NHA & DON	Ongoing not sure this will be easily attainable.

Care and Rehab-Ladysmith
Executive Summary and Improvement Plan

		<p>wheelchairs separately if unable to send with the resident.</p> <p>4) Medication cards / carts – can be sent with – Need to determine identification of the residents coming in or going out.</p>			
Medical Surge	Determination of how many patients can our facility handle.	<p>Initially we were thinking we could take up to our bed allowance (50), however it was determined with the help of the facility sending residents we could potentially take up to a total of (75) which could mean we would be able to take an additional (25) depending on our census. (using extra beds – cots – and potentially beds from the attached hospital) But who would be able to make that determination, if the Administrator was gone.</p> <p>Develop a plan of action to help with this determination.</p>	<p>Our Facility would be the only one able to make this determination.</p> <p>Depends on multiple factors including – help from other facility, medical needs, and our own staff issues. Then of cours the ability to get the information #1 to provide the care needs appropriately.</p>	Change Nurse / DON / NHA	
Food & Supplies for emergency situations.	Currently we do have food and supplies on hand for up to a week of need.	Work with suppliers and food companies to develop a plan if needed for longer periods of time for delivery options.	Work with supplier and vendors on plan of action in this type of emergency situation.	Dietary Manager , Supply Manager	

Executive Summary:

On November 8, 2018 Care and Rehab leadership staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, hospice 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.

Strengths:

- A. The teamwork that our individual team showed, each of the individuals involved had their own expertise and knowledge regarding the situation and using that were able to come up with reasonable solutions for the emergency situation.
- B. Thinking outside the box. When developing our plan of attack our group was able to come up with solutions quickly and with logical reasoning for the plan.
- C. If our team didn't know the answer to the question raised the individual was able to figure out where to find the answer. (example: reporting the illness/disaster to the appropriate entity.)

Opportunities:

- A. Working better with the attached organization. We are attached to a hospital and only one member of their team (shared) was able to attend the exercise. Questions raised may have been easily answered by personnel from that organization that we did not know.
- B. Kitchen equipment – not all on Emergency power. This could lead to some difficulty with preparing food for larger numbers of residents and staff. Also doing dishes – dishwasher not on emergency power.
- C. Laundry Services – not on Emergency power – will need to maintain appropriate amounts of linen and having a place to wash linen if longer than 3 – 5 days.

Overall this drill was a very positive experience. Our staff had a great time working through the scenario and when a new portion was introduced it didn't throw us for a loop. It only showed that our group is diverse and able to think on our feet to come up with a plan to implement fairly quickly. We do have areas that do need improvement such as the sharing of information to care for the influx of patients that would be unknown to our facility. The need to look at both our kitchen and laundry services in the event of an emergency that would last days / weeks. We will continue to work toward developing a workable plan with local services and other facilities that could be in a similar situation. Will also work on internal facility relationships (attached hospital) to use both our resources to provide care.

Christian Community Home-Hudson
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Christian Community Home - Hudson	Name, Phone, Email of PRIMARY POC for this document: Debi Mager 715.386.4536 debi.mager@cchudson.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> We have a knowledgeable team that has worked well together for many years. All Directors were willing to pitch in and help however they were/are needed. Some of the leadership team have prior experience with actual disasters, from their previous jobs. We have intact policies that went along with the drill. The policies we do have in place were tested in the drill and found to be strong and accurate. Examples: Weather Policy, Communication Policy. We have contracts in place with vendors which do have wording for disasters. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> We do not have a Medical Surge plan in place. We all took notes so that our Director of Operations can create the new plan/policy. We do have policies in place already that will be included with the Medical Surge plan. It would be beneficial to include more line staff in the drills. The more practice staff have, the more comfortable they will be in an actual disaster. Training. Concentrate on training our lead staff – nurses, lead aids. Training will ensure each staff knows what to do. During the drill, there were several staff who did not know what to do when they were asked. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Christian Community Home-Hudson
Executive Summary and Improvement Plan

	that should be corrected				
Medical Surge Plan	We do not have a formal plan or policy in place	Our Director of Operations will create a Medical Surge Plan, using the notes from the drill to assist in the process.		Mary Eells	11/13/18
Training for Lead Staff	Directors have been trained, but lead staff need training – nurses and lead aids/med aids	Put together a plan to train lead staff		Jennie Orman	Ongoing
Job Action Sheets	Make sure all are current and correct – make sure each person knows their responsibilities	Work on reviewing and correcting		Mary Eells	Done by 5/1/19

Executive Summary:

On November 7 and 8, 2018, 6 leadership staff and 1 maintenance staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, and hospices played. This was a drill that took place online/via phone with situations that involved 5 scenarios, to test our current policies and procedures.

Strengths:

1. We have a knowledgeable team that has worked well together for many years. All Directors were willing to pitch in and help however they were/are needed. Some of the leadership team have prior experience with actual disasters, from their previous jobs.
2. We have intact policies that went along with the drill. The policies we do have in place were tested in the drill and found to be strong and accurate. Examples: Weather Policy, Communication Policy.
3. We have contracts in place with vendors which do have wording for disasters.

Opportunities for Improvement:

1. We do not have a Medical Surge plan in place. We all took notes so that our Director of Operations can create the new plan/policy. We do have policies in place already that will be included with the Medical Surge plan.
2. It would be beneficial to include more line staff in the drills. The more practice staff have, the more comfortable they will be in an actual disaster.

Christian Community Home-Hudson
Executive Summary and Improvement Plan

3. Training. Concentrate on training our lead staff – nurses, lead aids. Training will ensure each staff knows what to do. During the drill, there were several staff who did not know what to do when they were asked.

The November 7 drill did not work as planned, due to system problems on the hosts end. However, our Director of Operations walked around and spoke to lead staff. She presented a scenario and asked what steps they would take. She was able to identify that we need more training of lead staff. This is something we will be working on.

Overall, we feel our participation in this drill was successful. We were able to identify areas of weaknesses and also areas where we excelled. We determined we need to create a Medical Surge Plan. The drill helped us to realize what we need to put into the Plan. We did email outside organizations and were encouraged to see the quick responses from the organizations and our vendors. We have attached the copies of the emails.

Christian Community Home-Osceola
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Christian Community Homes of Osceola	Name, Phone, Email of PRIMARY POC for this document: Heidi McGeehan 715-294-1119 Heidi.McGeehan@cchosceola.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> We communicate well as a group and each have a good understanding of our roles and responsibilities in a disaster. We were able to prioritize well and easily adjust our plan as needed to address unforeseen barriers. We have great teamwork and work well and efficiently together. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> We need to improve upon our staff communication plan. It needs to be better explained and more efficient. We need to develop a better process for onsite inventory of emergency supplies in a disaster and gain a better understanding of what we can expect from our vendors in a disaster in terms of timeliness of support. We need to further develop and explain our Emergency Management Team so that it is clear to everyone what the plan is, not just those most familiar with it. 		
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
Job Actions Sheets/role definition	Currently we do not have job action sheets with job	Work on developing.	CCHO	Administrator and Directors	

Christian Community Home-Osceola
Executive Summary and Improvement Plan

	responsibilities attached to all areas of the IMT.				
Contracts with outside agencies	Become more familiar, understand what is to be expected from contracted services in an emergency.	Read through contracts and reach out to contact to discuss scenarios and responses.	CCHO	All Department Heads	
Emergency Manager	Find who the Emergency Manager is.	Contact County	CCHO	Administrator	
Develop Medical Surge Plan	Currently we do not have a medical surge plan	Work on developing	CCH	Administrator and COO	
Evacuation Policy	Needs polishing and detail	Work on developing, reach out to community members to develop a definite plan	CCHO	Administrator and Directors	
Emergency Communication Plan	Needs detail	Develop plan to include specifics on who does what and in what order	CCHO	Administrator and Directors	
Access to MAR/TAR	Back up precautions needed	Currently back up is on desktop computer, need a plan that is more quickly accessible if need to evacuate quickly	CCHO	Administrator and Directors	
Generator	More information needed on capabilities	Reach out to Maintenance Director and contracted services if necessary	CCHO	Administrator, Director and Maintenance Coordinator	

Executive Summary:

On November 7th and 8th of 2018 the leadership at Christian Community Homes of Osceola participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, home health agencies and local EMS teams took part. This was a drill that took place online with 5 situations spanning over three consecutive days which tested our current plans and processes.

Strengths:

1. We communicate well as a group and each have a good understanding of our roles and responsibilities in a disaster.
2. We were able to prioritize well and easily adjust our plan as needed to address unforeseen barriers.
3. We have great teamwork and work well and efficiently together

Opportunities for Development:

1. We need to improve upon our staff communication plan. It needs to be better explained and more efficient.
2. We need to develop a better process for onsite inventory of emergency supplies in a disaster and gain a better understanding of what we can expect from our vendors in a disaster in terms of timeliness of support.
3. We need to further develop and explain our Emergency Management Team so that it is clear to everyone what the plan is, not just those most familiar with it.

This drill was a successful endeavor through which we learned a lot about the strength of our organizations emergency preparedness plan. It became clear that we have a great team dynamic and are internally strong however our external relationships need development. As we go forward we will build on our strengths and develop our weaknesses.

Court Manor Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Court Manor Health Services	Name, Phone, Email of PRIMARY POC for this document: Melissa Estain, Executive Director 715-682-8172 mestain@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 16	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Our team reviews disaster preparedness monthly during our safety committee meetings. • We were able to quickly identify our resources. • Emergency plan is updated, telephone numbers are readily available as are the Emergency Disaster plan binders which are located throughout the facility on both levels. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Not having enough of the following back-up supplies: extension cords and isolation PPE. • 1 of 2 boilers down. Need back up heating source if the 2nd boiler goes down before we get the new ones installed (replacing both boilers). • Equipment to get non-ambulatory residents up the stairs in the event of an emergency. 		
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
Nursing Supplies	Isolation Supplies-It is noted that not enough supplies on	Facility will need to evaluate current supply and order accordingly and ensure the backup supply remains in	Court Manor (although it would be helpful	Marlys, DNS	

Court Manor Health Services
Executive Summary and Improvement Plan

	hand for an emergency such as this scenario.	place (and if supply is used it gets ordered timely, so we don't run out).	if sending facility could send supply with).		
Maintenance Supplies	Extension cords-It is noted that we are not keeping enough extension cords readily available for the nursing dept in the event of an emergency/loss of power.	It is determined that there will be 3 power cords per unit kept in each nurse's station. This will be a total of 12 extension cords. There will be additional power cords kept within the maintenance shop for additional use if needed.	Court Manor	Rick, Maint.	
Emergency Equipment	Emergency sled/slide- we have no way to safely transport our residents up and down the stairs (other than a full back board and blankets) in the event of power loss and there are residents on the lower level.	Will further discuss the option of purchasing a rescue sled.	Court Manor	Melissa, ED	

Executive Summary:

Strengths:

1. Our team reviews disaster preparedness monthly during our safety committee meetings.
2. We were able to quickly identify our current resources and what resources potentially could be needed.
3. Emergency plan is updated, telephone numbers are readily available as are the Emergency Disaster plan binders which are located throughout the facility on both levels.

Opportunities:

1. Not having enough of the following back-up supplies: extension cords and isolation PPE.
2. 1 of 2 boilers down. Need back up heating source if the 2nd boiler goes down before we get the new ones installed (replacing both boilers).

3. Equipment to get non-ambulatory residents up the stairs in the event of an emergency.

Overall, this drill was a huge success. It gave my team the opportunity to have an open discussion surrounding the potential emergency. It allowed us to test our own in-house procedures. We were able to determine our strengths and opportunities that we may have not thought of during other drills. We were able to quickly determine things that we would need such as identifying and implementing incident commander, linens, beds, ID bands, elopement risks/wander guards, food, bed arrangements and placement to accommodate not only the additional admitting patients but also to isolate and manage due to the influenza outbreak. We discussed how to staff during a staffing crisis and when additional staff cannot come to the facility due to snow storm (who lives closest that could walk to work or ride a snowmobile; who has a snowmobile that could go around town to gather more of our employees, where would staff sleep/shower, etc.). Something we previously had not discussed; however, it came up at the end of the drill was top priorities for restoring the facility back to normal. It is quickly noted that cleaning is of utmost importance due to having patients that came from a facility that was experiencing an influenza outbreak. Next, we established that we need to replace our exhausted staff with those that perhaps weren't able to help us out by coming into work due to the snow storm. Then we would relocate residents to their original location within the facility. This drill gave us the opportunity to think of worst-case scenario and how we would work through each challenge.

Davita Dialysis Center-Siren
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:	
November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Completing this form: Siren Dialysis/Davita	Casey Segarra, 715-349-4220, casey.segarra@davita.com	46	2	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ul style="list-style-type: none"> • I feel we have a very good emergency plan in place that covers most of the items brought up in this exercise. • We have a shelter-in-place plan for the event staff or patients would not be able to leave the facility safely. • We have good processes in place for preparing our patients for emergencies – providing them with their orders/medication list, 3 days diet if they were not able to make it to treatment – these are updated every 6 months. 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ul style="list-style-type: none"> • Patients and other healthcare facilities are unable to communicate with us outside of normal business hours via phone. Our answering service message does not have an alternate phone # to call. There is a posting on the front door for the event of emergency/closure to call. Emergency kit does have contact information if unit was not open. • Will provide education to staff on this drill and the emergency plan we have in the event we might need to use our “emergency standing orders” they are aware of them. • Reminders to use our weather watch & warning signs in event of inclement weather. Calling patients to determine if they should attempt to come in for treatment or wait until weather has passed and provide them with education. 		

**Davita Dialysis Center-Siren
Executive Summary and Improvement 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
Train and Prepare & Information sharing	Staff unaware of the standing dialysis Rx orders.	Staff meeting to review and address all aspects of the emergency plan.	Davita	FA	12/6/18
Organizational Capability	Under-utilization of the weather signs and communication.	Staff meeting to review weather signage and discuss what to do in a severe weather event, contacting patients and staff.	Davita	FA	12/6/18
<p>Executive Summary:</p> <p>On November 8th myself and in-center staff in coordination with NWWI Healthcare Emergency Readiness Coalition via virtual Adobe Connect room. We discussed 5 SITREP scenarios to test our emergency plan in our center. Will follow up and educate entire staff at teammate meeting in December to review this exercise.</p>					

Deerfield Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Name of Agency or Jurisdiction Completing this form: Deerfield Care Center	Name, Phone, Email of PRIMARY POC for this document: Jen Anderson 715-243-3933 janderson@preshomes.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Space-we currently have an empty 15 bed household that would have been able to accommodate more than the SITREP requested also have a large auditorium that can be used for residents or staff sleeping and/or triaging • -Availability of management team, being a part of a larger campus (SNF, CBRF, RCAC, Independent apartments), more leaders, corporate support • -Corporate Employee Health team to assist on the staff side with obtaining and coordinating Tamiflu and monitoring staff illnesses 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • -We need to identify a DME company, in and add contact information to emergency manual list of vendors • -Consider adding additional staff who are certified to drive the bus, currently only have 5 staff certified, what if they were not available? • -Investigating regulatory requirements or notifications if we were to surge capacity 		
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
Access to excess DME	No contact info for local agencies	Locate agencies and gather contact information, add to emergency manual	SNF	Jen	11/16/18

Deerfield Care Center
Executive Summary and Improvement Plan

Access to transportation for residents	Currently only have 5 staff certified to drive bus	Will identify and have several other staff members who will be certified to drive bus in case of emergency	SNF/Corporate	Jen	1/30/19
Investigate regulatory implications of surging capacity	We are unsure of what if any regulatory implications exist	Identify who to contact at DHS and learn of requirements of who needs to be notified etc.	SNF	Jen	12/14/18

Executive Summary:

Overall, we felt quite prepared for this particular situation as we currently have a 15-bed household that we are not actively using. This includes full DME and equipment for 15 additional residents. Though this would mean surging our license capacity. We spent much of the time in discussion about how we would handle this situation if we did NOT have the available household. We had a very productive discussion about strategies to use other areas of our building and outside agencies to gain access to DME. We are fortunate to be part of Presbyterian Homes and Services who has 45 other facilities in the tri-state area. We could certainly call on administrative, manpower and DME needs from those partners. We have a close working relationship with the county health department which will be helpful in dealing with the influenza concerns. If we are the evacuating facility, we have a web-based EMR that can be access from anywhere which we truly believe to be a benefit should our residents need to leave in a hurry. Overall this was a very realistic situation and initiated some great discussion among our team about emergency preparedness.

Dove Healthcare-South
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Dove Healthcare – South Eau Claire	Name, Phone, Email of PRIMARY POC for this document: Ashley Smetana, NHA 715-895-9037 asmetana@dovehealthcare.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Increased preparedness for supply chain needs in an emergency compared to last year. • Significantly improved understanding of the overall emergency preparedness by the leadership team compared to last year. • Excellent identification of “what ifs” that were not thought of before. The team thought outside of the box and thought about other areas that we would need to be prepared for that were not thought of over the past year. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Determining the best way to get accurate and important medical records (i.e. MARs) from other providers. • Determining what regional resources we would still be able to use in an emergency, and which resources we need to have a back-up in place for. • Develop a better communication process for staff that are off-duty. The current process is inefficient. 		
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 the team was told to activate medical surge, a lot	The safety committee team should meet to re-assess the max capacity during a medical surge situation. The	Dove Healthcare – South Eau Claire	Safety Committee	01/31/2019

Dove Healthcare-South
Executive Summary and Improvement Plan

	of questions were raised in regards to “what is our capacity aside from licensed beds?”	assessment should include factors such as available staff, beds, privacy, infection control, resources, etc. Based on this assessment, a plan should be developed that describes how many people (residents, staff, and volunteers) we can accommodate during a medical surge situation.			
Oxygen MOU needed	When the team started talking about supplies needed during an emergency, O2 was discussed. The E-Plan was referenced to determine what our agreement was with our current vendor, and it was noted that there is not an MOU with our current vendor in there.	The Administrator will develop an MOU with our current O2 vendor.	Dove Healthcare – South Eau Claire	Ashley Smetana , NHA	12/31/2018
Ensure back-up supplies factor in numbers for medical surge situations	All departments noted that they had enough back-up supplies to accommodate our census and staffing levels for a minimum of 72 hours, however, not sure if those supplies would last that long in a medical surge situation where the numbers in our building would be much higher	All department heads will re-evaluate their supplies and ensure that they have enough back-up supplies to accommodate numbers that we would see in a Medical Surge situation.	Dove Healthcare – South Eau Claire	Department Heads	01/31/2019

Dove Healthcare-South
Executive Summary and Improvement Plan

<p>A process for Dialysis patients needs to be developed</p>	<p>During this situation, it was noted that if transportation companies closed because roads were so bad, then dialysis patients would not be able to get to their appointments. There was no plan developed for this.</p>	<p>At the next clinical issues meeting, this issue will be discussed and a process will be developed</p>	<p>Dove Healthcare – South Eau Claire</p>	<p>Clinical Issues Committee</p>	<p>01/31/2019</p>
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Executive Summary:
The management team at Dove Healthcare – South Eau Claire participated in the “Situation Open Door” Exercise on November 8th, 2018. This exercise allowed the team to practice using the Emergency Preparedness plan, and as a result, the team identified areas that they are strong in and areas that they can improve in. The team members that participated in this exercise are listed below:

- Ashley Smetana, Administrator
- Darcy Laramy, Director of Nursing
- Josh Bresina, Environmental Services Director
- Sheila Moehle, Director of Nutritional Services
- Mandy Alvar, Recreation Director
- Angella Niblett, Rehab Director

In response to the emergency presented in this situation, the team identified that the emergency preparedness plan was very helpful and had many strengths. This strengths include, but are not limited to, excellent MOUS, strong evacuation process, and helpful tools.

While many strengths were identified, the team was able to identify more detailed specifics that need to be considered in an emergency. These topics include dealing with the media, protecting HIPAA, dialysis patients, and back up E Tanks for high-flow O2 users.

Action plans, as described above, were discussed. These team members are also all a part of the Safety Committee, a subgroup of QAPI. This committee will ensure the above action plans are being followed, and that the other “smaller” details are also addressed and added to the E-Plan.

Elroy Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Elroy Health Services	Name, Phone, Email of PRIMARY POC for this document: Echo Bristol, Executive Director 608-462-2000 ebristol@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • We have a very resourceful and intuitive team and who are all very experienced in emergencies and knowledgeable about community resources and steps to follow in a disaster. • We have already made some local connections with County Emergency Management, Fire Dept., Transportation Services, and Public Health to collaborate, prior to this event. • We have many resources available to us – we have great connections with local hospitals and have 2 sister facilities within a fairly close range that we can pull resources and staff from if necessary. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We need to work on add more red outlets in our hallways so that residents on oxygen, etc. have emergency power access. (Most of our emergency outlets are at the nurses’ station/maintenance/dietary areas.) • We need to figure out a better or automated system for contacting staff. (Question if there is an app or computer program that could help us with this. Looking into having our IT department follow up on this.) • Need to figure out a solid system to log residents in as they enter building, would we use computer or paper log – what specific information would we need to gather, etc. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Elroy Health Services
Executive Summary and Improvement Plan

	that should be corrected				
Power Sources	Lack of power to residents with special needs such as oxygen, etc.	More red outlets need to be installed.		Matt/Don	
Communication	We do not have a good system of contacting staff. Currently it is a phone tree. There are much more automated and quicker systems now.	Currently it is a phone tree. There are much more automated and quicker systems now. Will have IT look into an app or computer program that can send text, voice to phones and emails all simultaneously.		Echo/IT	
Process for tracking, logging and identifying who comes in the building	We do not have a good system established to log and track residents as they enter our building, what belongings they bring with, etc.	Will establish a committee to come up with a system to track and log residents entering facility.		Janet/Linda	

Executive Summary:

On Nov. 8, 2018, 9 Elroy Health Services 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. It involved situations that taxed our facility staffing, equipment, supplies, and generator, as well as storms which impacted the ability of resources to be delivered or staff to travel to and from the facility.

Strengths:

1. We have a very resourceful and intuitive team and who are all very experienced in emergencies and knowledgeable about community resources and steps to follow in a disaster.
2. We have already made some local connections with County Emergency Management, Fire Dept, Transportation Services, and Public Health to collaborate, prior to this event.
3. We have many resources available to us – we have great connections with local hospitals and have 2 sister facilities within a fairly close range that we can pull resources and staff from if necessary.

Opportunities:

Elroy Health Services
Executive Summary and Improvement Plan

1. We need to work on add more red outlets in our hallways so that residents on oxygen, etc. have emergency power access. (Most of our emergency outlets are at the nurses' station/maintenance/dietary areas.)
2. We need to figure out a better or automated system for contacting staff. (? If there is an app or computer program that could help us with this. Looking into having our IT dept follow up on this.)
3. Need to figure out a solid system to log residents in as they enter building, would we use computer or paper log – what specific information would we need to gather, etc.

Overall, this drill was a success as it helped us to identify some gaps in our systems which we can rectify so that we can have a more fluid operation in the event of an actual emergency. The recent emergency situation with the local flooding in our community was another situation that helped us to recognize areas that we can improve as well. As a whole, our facility functions fairly well in emergencies and has a good team with good systems that works well. With some slight tweaks we will have a great emergency response team.

Florence Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Florence Health Services	Name, Phone, Email of PRIMARY POC for this document: Sue Mattson 715-528-4833 smattson@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Current evacuation plan already in place. Evacuated two times in past. • Ability to house up to 15 residents in facility within 2 hours. • Ability to have additional supplies delivered within 24 hours. Food within 24 hours. • Local Ford garage available for transport assist. • Community support 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Contact information for local support agencies. • Job action sheets for staff during medical surge. • Rest areas for staff working extended shifts. • Intake form for incoming residents. 		
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	No job action sheets	Create Job Action Sheets	Florence Health Services	Sue Mattson	2/8/2019
Information Sharing	Contact community agencies for contact information	Add contact information for disaster plan	Florence Health Services	Mike Johnson	12/8/2018

Florence Health Services
Executive Summary and Improvement Plan

Continuity of Healthcare Delivery	Rest area for Staff	Designate areas, procure cots, mattresses, bedding	Florence Health Services	Mike Johnson and Kim Manley	2/8/2019
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Glenhaven, Inc.
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Glenhaven,INC.	Name, Phone, Email of PRIMARY POC for this document: Julie N. Schone 715-265-4555 j.schone1@glenhaveninc.com	Number of Agencies that participated in this exercise (including your own): 46	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"> • We already have connections with local departments and agencies to help us with any emergency. • We only had a group of 5 staff but all were great at bringing up ideas and suggestions for us to be more efficient when an emergency arises. • The facility already has in place Policies and Procedures needed in the event of an emergency. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We need to work on Job Action Sheets and make them available for Department Directors so they are aware of their roles in the event of an Emergency. • We have a Chain of Command List but need to have the Department Directors have a list of their department employees available to them at all times. Whether the Department Director is in the Facility or off campus. • Have a list of residents with their primary contact number available, much like our staff contact list, to save time other than having to look them up on the computer. 			
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

Glenhaven, Inc.
Executive Summary and Improvement Plan

Job Action Sheets/Role Definition	Currently do not have Job Action Sheets	Need to work on developing Job Action Sheets and orientate Department Directors on those sheets and their roles/duties.			
Emergency Procedures	Need more in services/training for staff.	We will talk about this at the monthly in services to make sure that all staff is aware of the procedures to follow in case of an Emergency.			
IC Training	Need all Directors to have IC training	Will train staff on IC procedures.			
RN's Available	Un-aware that RN coverage might need to be 24/7	Need to discuss with the DON that this might be something that is needed with taking in residents with IV's or other issues where RN coverage is needed.			

Executive Summary:

On November 8th 2018, 4 Leadership staff, Director of Dietary, Director of Activities, Director of Finance and Director of Environmental Services along with 1 observer, Maintenance Tech, participated in a drill with multiple other communities. This was a drill that took place online with situations lasting 3+ days to test our current plans and processes.

Strengths:

1. For having a small group they were all willing to input what their thoughts and concerns were when doing this exercise. A lot of good questions came up and we were able to work through them and get them answered.
2. We already have local connections with the County and Public Health to work with us in the event of an emergency and with companies to supply such things as fuel, food and water.
3. We have in affect an Emergency Preparedness Book and a Safety Manual/ Emergency Management Plan Book.

Opportunities

1. We need to work on Job Action Sheets and make them available to the Department Directors. Will need to do training on those sheets.
2. We have a Chain of Command List but each Director need to have their own employee list available to them whether they are in the Facility or off campus.

3. Along with the employee phone list it would benefit us to have a list of residents with their primary contact phone number available. Would save us some time rather than looking it up on the computers.

It was great to be involved in this drill. Going through the scenarios and being able to discuss what actions would need to be taken was a good opportunity to evaluate what we have in place already to be able to deal with an emergency. We had questions and ideas come up as to what we need to move forward with and improve on for this process.

Golden Age Manor
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Golden Age Manor	Name, Phone, Email of PRIMARY POC for this document: Dana Reese, 715-268-7107 dana.reese@co.polk.wi.us	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • We have already made local connections with County Emergency Management and Public Health to collaborate, prior to this event • We have a strong team with many years of experience at our location to work through scenarios and feel prepared for a disaster • We have a generator that is more than capable of sustaining our building with power for 3 days at a time, between fuel fill ups 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • More training could happen throughout the year to make the charge nurses more comfortable to implement first steps during a disaster • Need to identify job action sheets and define roles. • We had doubts about our pharmacy coverage in the case of an emergency. 		
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
Training	We feel that some staff may not be	Set an annual training plan to address areas we can further train on.	GAM	Administ rator	1/30/2019

Golden Age Manor
Executive Summary and Improvement Plan

	fully comfortable with the plans we have created				
Job Action Sheets	Currently do not have specific written defined roles for all positions	Develop these job action sheets	GAM	Leadership Team	3/31/2019
Pharmacy Coverage	Unsure of documentation from Pharmacy how we are covered	Contact pharmacy for more specific coverage guidelines	GAM	DON	1/30/2019

Executive Summary:

On November 7 and 8, 2018, 6 GAM 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.

Strengths:

1. We have already made local connections with County Emergency Management and Public Health to collaborate, prior to this event
2. We have a strong team with many years of experience at our location to work through scenarios and feel prepared for a disaster
3. We have a generator that is more than capable of sustaining our building with power for 3 days at a time, between fuel fill ups

Opportunities:

1. More training could happen throughout the year to make the charge nurses more comfortable to implement first steps during a disaster
2. Need to identify job action sheets and define roles.
3. We had doubts about our pharmacy coverage in the case of an emergency.

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.

Good Samaritan Society-St. Croix Valley
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Completing this form: Good Samaritan Society- St. Croix Valley	Scott Wilhelm, 715-483-2710, swilhelm@good-sam.com	46	13
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Excellent knowledge from past experience that could be applied to various tasks. This helped us to create a plan to correct problems and move forward to care for all the people that would be brought to us in a time of need. • Also department based knowledge was excellent. When a question or concern was brought up the department leader knew the answer or knew where to look it up. Staff know who to contact to get information on who we should contact for help from department head supports, community supports, county supports, Corporate supports, and City supports. • Great Leadership, our Director of Nursing takes charge when our administrator was out of the building as in this scenario. She gave lots of good input and was also always listening to other employees input to help effectively solve problems that came up. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We need to make sure our policies and procedures are updated and the information in them need to have appropriate information on what staff has decided. Policies and procedures need to be accessible to all staff when a time of emergency occurs so that they can properly respond. We also need to add some plans including a med surge plan and updated calling tree. • We need to have better overall team involvement and input from all departments. • Have better training or Job Aids for staff. Have Job Action sheets so staff know what to do in the times of emergency. This would help give them the knowledge and checklist to give staff members more confidence to proceed through an emergency. 	

Good Samaritan Society-St. Croix Valley
Executive Summary and Improvement Plan

			<ul style="list-style-type: none"> Evaluate electrical grid within the building in the case of natural disaster causing us to loss of power or loss of natural gas. 		
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
Med Surge	Need to add a plan	We need to get a team of people together to write a plan that is collectively agreed upon.	Nursing	Shelli	
Job Aids	We observed nothing existed	Create Job Aides to assist staff	Facility	ALL	
Emergency Management Plan	We did not take in outside evacuees	Revise plan to include and/or update possible plans of outside disasters	Administration	Scott	
Dialysis / Davita	Unaware of their needs	Meet and understand what their needs are going to be	Davita	Kristi	
Evacuee effects inventory	No procedure in place	Add it in to our procedures	Social Services	Julie	
Contract with outside agencies	Ensure contracts are current and still applicable	Need to reach out to contracted entities to ensure that agreements are still in place and meet our needs.	Administration	Scott	
<p>Executive Summary: On November 8th, 2018 thirteen Leadership staff participated in a drill that involved our local community. It involved a local hospital with an attached Long Term Care Facility. At 3 PM on a Tuesday there was an infrastructure failure that caused the need to relocate 10-15 residents/patients and after residents/patients were located at the facility a severe winter storm hit. Our Leadership Staff worked together to resolve and assist the needs that the hospital was having. We involved local emergency agencies and our Critical Incident Network (CIN) line from National Campus.</p> <p>Overall, I believe that if encountered with the situation the staff at this facility had the problem solving competencies to effectively proceed through this incident. It was great to see staff working together to solve these complex problems that they</p>					

Good Samaritan Society-St. Croix Valley
Executive Summary and Improvement Plan

have not encountered before. They found some policies and procedures that need to be updated and/or added into our organization. They also noticed that If this did happen, staff would benefit if we would have add job aides to assist them in this process. Most staff gave input on what we should do in various situations as it applied to their department. I also saw great leadership qualities displayed by department leadership throughout this process. After this Regional Virtual Exercise, we will improve upon on our processes and will be better prepared, if an incident like this one ever occurs. This exercise will help our facility become better and help us strive to have better relationships with organizations in our community.

Good Samaritan Society Homecare-St. Croix Falls
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Good Samaritan Society Homecare - SCF	Name, Phone, Email of PRIMARY POC for this document: Courtney Engquist, Director Cengquis@good-sam.com 715-483-5505	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • We have a great team that shows a strong willingness to cooperate and strong teamwork to help us prepare and get through an emergency situation. • We have geographically located case managers in all areas of our service areas. • We have an Emergency Response Manual, Calling tree, and critical care identifiers of clients already in place. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We need to compile and make available to case managers PPE kits, and Emergency Roadside kits. • We need to work on community involvement/assistance with emergency situations. Such as oxygen needs, and fingerpoke Vs blood draw, and expedited assistance request from mother company and contracted services. • Need to identify triage list of questions for emergency intake of referrals 			
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
Calling Tree	Outdated-missing employee	Needs updated	GSS Homecare	Jessica Clos	1/1/2019

Good Samaritan Society Homecare-St. Croix Falls
Executive Summary and Improvement Plan

Intake Triage List	Identified need for	Create list of specific triage questions for intake	GSS Homecare	Kristina Reiling	1/1/2019
PPE & Emergency Roadside Kits	Identified need for	Purchase/Create and make available kits for all case managers	GSS Hoemcare	Courtney Engquist	1/1/2019

Executive Summary:

On November 8th, 2018, the Good Samaritan Society Homecare in SCF WI 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.

Strengths:

1. We have a great team that shows strong teamwork and a strong willingness to cooperate to help us prepare and get through an emergency situation.
2. We have geographically located case managers in all areas of our service area.
3. We have an Emergency Response Manual, calling tree and critical care identifiers of clients already in place.

Opportunities:

- 1) We need to compile and make available to case managers PPE Kits and Emergency Roadside Kits.
- 2) We need to work on community involvement/assistance with emergency situations. Such as oxygen needs, and fingerpoke vs blood draw, and expedited assistance requests from mother corporation and contracted services in a surge situation.
- 3) Need to identify and create a triage list of questions for emergency intake of referrals in a surge situation.

Overall, we felt the NWWIHERC Virtual experience was a valuable experience that enabled our agency to evaluate the plans that we have put in place for emergency management. Although many of these scenarios are often facility- based, this exercise gave homecare staff some valuable discussion points and helped us come up with some proactive approaches to emergency preparedness. For example, we decided that a triage intake tool would be valuable in the event of any emergency as well as developing PPE and Roadside kits for each nurse to ensure that they have an adequate supply of protective equipment readily available. We have contacted local pharmacies to determine how to best meet client medication needs in the event of a medical surge. Prior to this exercise our emergency management plans were rather general. This exercise has helped leadership identify some key areas of focus to maintain operations and prevent any interruptions in care. For example, we are reaching out to our therapy partners to identify and outline their role, we are also reaching out to our parent corporation to determine their willingness to adapt and be flexible with policies in the face of an emergency. We have as a group discussed how an emergency would impact our workflow and developed tools and practices that will assist us with providing exceptional patient care. As an agency, we are now better prepared to act in the face of an emergency and our actions will be more coordinated.

Grace Lutheran Communities: River Pines and Prairie Pointe
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Grace Lutheran Communities- River Pines & Prairie Pointe	Name, Phone, Email of PRIMARY POC for this document: Jennifer Cohen jennifer.cohen@graceluthfound.com 715-598-7801	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> We felt that our team was very collaborative and had good insight into what would be needed and what next steps we would take. We felt that we were organized and had most of the information we would need during this event. We felt that the resources we had prepared in advance assisted with this exercise. We felt that the space available and overall size of our building was to our benefit during this exercise. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> Not having enough medical surge supplies including dietary disposables, isolation equipment and viral prophylaxis. Staffing would be a primary concern during this type of event. Our EMR would not be prepared to load individuals not associated with a room number if we were to cohort individuals or exceed our bed capacity. Our communication plan could be improved with additional contact 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

Grace Lutheran Communities: River Pines and Prairie Pointe
Executive Summary and Improvement Plan

Medical Surge	We would not have enough inventory on-hand for a potential outbreak	We should increase our inventory of disposable dietary equipment, isolation equipment and availability of viral prophylaxis.	Grace Lutheran Communities	Robin Fosterling Jennifer Cohen	11/16/2018
Continuity of Healthcare Delivery	Our EMR could not immediately handle a resident surge beyond our existing bed count Staff with medical conditions may need medications	We will work with IT to determine a back-up plan or have blank MARs, TARs and care cards available. Verify if pharmacy would be able to provide crucial medications to staff who have medical conditions	Grace Lutheran Communities	Jennifer Cohen	11/30/2018
Emergency Operations Coordination	Our internal communication process	Ensure managers have emergency contacts readily available. Establish facility-specific job action sheets	Grace Lutheran Communities	Jennifer Cohen	11/30/2018

Executive Summary:

River Pines and Prairie Pointe had 10 interdisciplinary participants during the exercise on 11/08. We participated in all 5 situational reports and found that our strengths included:

1. We felt that our team was very collaborative and had good insight into what would be needed and what next steps we would take.
2. We felt that we were organized and had most of the information we would need during this event. We felt that the resources we had prepared in advance assisted with this exercise.
3. We felt that the space available and overall size of our building was to our benefit during this exercise.

We determined our weaknesses to include:

1. Not having enough medical surge supplies including dietary disposables, isolation equipment and viral prophylaxis.
2. Staffing would be a primary concern during this type of event.
3. Our EMR would not be prepared to load individuals not associated with a room number if we were to cohort individuals or exceed our bed capacity.
4. Our communication plan could be improved with additional contact information.

Grace Lutheran Communities: River Pines and Prairie Pointe
Executive Summary and Improvement Plan

Our facility has identified target capabilities with corrective actions. These will be completed by responsible individuals. Overall, we feel this exercise was helpful and beneficial.

Hammond Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Hammond Health Services	Name, Phone, Email of PRIMARY POC for this document: Laurie Edelman 715-796-2218 ledelman@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Strengthened community partnerships – police, village, pharmacy. • Excellent resourcefulness to determine how we could set up additional beds quickly. • Great teamwork! It was exciting to see all departments working together to problem solve through this event. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Need to do a better job of educating all staff on our EOP. • Most of management team was not aware of where to find the key for the storage shed which holds additional supplies and equipment. • Backup generator – if roads are bad during a snowstorm, this would hinder us getting a back-up generator in a timely fashion. • We did not have a quickly accessible form in our EOP to give direction on care needs for residents, whether we’re evacuating or accepting residents. 			
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

Hammond Health Services
Executive Summary and Improvement Plan

Continuity of Healthcare Delivery	No form in EOP to provide information on resident specific care needs.	Take current care guide form used in facility for admission and add items such as diagnosis and allergies.	HHS	Hermie Freese/Kim Anderson	11/30/18
Emergency Operations Coordination	Management team unaware of where key is kept for shed holding additional equipment & supplies.	Education of team, including nurses.	HHS	Jon Eggen	11/15/18
Information Sharing	Need to ensure better and increased education of all staff related to EOP	Add additional information to general orientation related to EOP. Schedule all staff in service to review EOP and familiarize staff with elements contained.	HHS	Laurie Edelman	12/30/18

Executive Summary:

This was an excellent exercise where we were able to include our entire management team. The team problem solved together and shed light on areas of weakness. It also helped the team to see that you need to think outside the box sometimes when you're in an emergency situation. We left the table feeling good about the basics we have in our EOP but also learned of areas for improvement.

Hayward Area Memorial Hospital and Water's Edge
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Name of Agency or Jurisdiction Completing this form: Hayward Area Memorial Hospital and Water's Edge	Name, Phone, Email of PRIMARY POC for this document: Heather Sheehan	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Overall we have the necessary policies/systems/contact lists/MOUs completed and on our portal to provide direction. • Integrated campus was a huge benefit in providing flexibility and additional support and resources to manage the event. • Sitting as a group, going through the exercise, and talking about each scenario from different perspectives was really helpful and a great learning experience for us all. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We realized we do not practice enough nor do we have the necessary leadership invested and involved in drills. • Need to get more depth of leaders involved in drills for after hours and relief. • Scripting for communication and quick access to policies/info for staff (difficult to find). 			
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	Not having depth of contact for	Contact sheriff's dispatch.	HAMHWE	IC/Adm	11/8/18

Hayward Area Memorial Hospital and Water's Edge
Executive Summary and Improvement Plan

	emergency contacts.				
Info Sharing	Internally we do not share enough	Updates on portal and overhead paging if necessary.	HAMHWE	IC	11/8/18
Surge	Surge plan does not address surge from other facility.	Need to update surge plan.	HAMHWE	Team	11/8/18

Executive Summary:

Scenario 1 we agreed to accept the 10-15 residents, spread between CC and hospital. Talked through communication and chain of command when administration is not available. Talked about how to admit and chart on residents and RCAC being an option to house staff that are coming with residents. We reviewed our policies and opened incident command.

Scenario 2 we assigned primary incident command positions (IC, PIO, Liaison, Safety, Planning, and Logistics). Talked through staff, supply, and space planning and decided to use the loading dock to get residents off the bus. Contacts made to Sawyer Co emergency operations and Coalition Coordinator.

Scenario 3 we talked through the facility protocols for infectious disease management and designation of “dirty” hall in both CC and RCAC. We talked about where we would get beds/futons from to house staff that need to stay overnight. We contacted Sawyer Co Public Health to determine availability of Tamiflu. We talked through how to best contact families and the public to notify them to not come in. Considered lockdown but decided against this at this point.

Scenario 4 was sort of planned for with scenario 3. Will likely cancel non-essential services and be able to use outpatient beds/chairs for staff who need to stay. We discussed whether we can use hospice/clinic staff, even for non-care functions like food service if necessary. We have the necessary 96 hour food supply on hand along with enough fuel for the generator if power were to go out. We took the opportunity to plan ahead and test red phones in the event that we were to lose telephone service.

Scenario 5 we discussed how we would transport back to the facility and the work that would still need to be done after the residents left. Cleaning of “dirty” units would need to be complete prior to moving residents/patients back. Discussed the need to possibly give time off to individuals who put in long shifts during the event. And when all is over and everyone survived – celebrate the good work done by everyone.

Hayward Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Hayward Health Services	Name, Phone, Email of PRIMARY POC for this document: Nolan Santikko, ED (715) 634-2202, nsantikko@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • We have an organized team of individuals that practice disaster awareness quarterly by utilizing our Emergency Action Plan binder. • Our interdisciplinary team remained calm and collective by utilizing our resources being from a small town. • Our implementation and timing on each task were quick because we know what resources to use and when to use them. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • With management changing throughout the year, we need to focus on training of the emergency preparedness right away. • We need our Dietary Manager well trained on having our 3-day supply of food ready for when these emergencies do happen and making sure our 3-day water supply is ready as well. • We also need to know how long our emergency power generator will last and how long our supplies will last with being over licensed beds and extra staffing in the building hosting other residents for an emergency. 			
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

Hayward Health Services
Executive Summary and Improvement Plan

Emergency Power	Identify how long our emergency power will last. How much fuel per hour during an emergency power outage.	Record how much fuel is used up during a monthly load test and document how many cans up fuel extra is in the building. Purchase more fuel cans if necessary.	Hayward Health Services	Maintenance Manager	1/1/2019
Job Actions Sheets	Currently do not have any written defined roles. Just what is in our Emergency Action Binder.	Need to identify which employee does what task during an emergency. Also, who must be notifying which source in the community.	Hayward Health Services	Management Team	1/1/2019
Food and Supplies	We currently do not have assessment and plan in place	Work with suppliers on emergency food supply, water supply, and central supply of all items needed for cares.	HCSG, Culligan, Hayward Health Services	Central Supply Coordinator, Dietary manager, executive Director	1/1/2019
Communication with outside resources	Making calls with outside resources for emergencies.	Call our sources for emergencies to make sure they are still able to help out, shelter, and provide transportation in emergencies.	Hayward Health Services	Executive Director	1/1/2019
Continuing Education for all staff	Nursing and Management staffing training	Nursing and Management staff working on process for evacuation or admitting residents for: Charts/care plans/MARS/TARS/ Medications/Labeling residents with bands/Contacting family and	Hayward Health Services	Management team	1/1/2019

Hayward Health Services
Executive Summary and Improvement Plan

		POA/Wheelchairs needed/Time cards for staffing.			
<p>Executive Summary: On November 7 and 8, 2018, 9 leadership staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, hospice, home health, and EMS teams played. This was a drill that took place online with situations that lasted 3+ days to test our current plans and processes. This was a critical thinking exercise that utilized our Emergency Action Plan binder and the sources in the community we would use to house 10 residents from another LTC facility attached to a local hospital. Each scenario made our team think deeper and deeper into our action plans and the supplies we would need to make this successful for health and safety of our residents and staff members.</p> <p>Strengths:</p> <ol style="list-style-type: none"> 1.) We have an organized team of individuals that practice disaster awareness quarterly by utilizing our Emergency Action Plan binder. 2.) Our interdisciplinary team remained calm and collective by utilizing our resources being from a small town. 3.) Our implementation and timing on each task were quick because we know what resources to use and when to use them. <p>Opportunities:</p> <ol style="list-style-type: none"> 1.) With management changing throughout the year, we need to focus on training of the emergency preparedness right away. 2.) We need our Dietary Manager well trained on having our 3-day supply of food ready for when these emergencies do happen and making sure our 3-day water supply is ready as well. 3.) We also need to know how long our emergency power generator will last and how long our supplies will last with being over licensed beds and extra staffing in the building hosting other residents for an emergency. <p>Overall, this drill went very well for Hayward Health Services. It was a great opportunity to get our contracted head managers and our interdisciplinary team together to brain storm together as a team. This was a great drill because most staff are aware of different emergencies that happen to our facility, but not for others that may need assistance. We did not have enough time to make the calls to our outside resources for example, EMT, Hayward Busing Company, etc. Going forward, we will make sure all our vendors are always on the same page and ready for emergencies. We will work towards keeping up with all emergency supplies, training off all staff members and continuing education from present staff. We will work on the above areas of improvement by utilizing our corporate and regional partners to make sure our residents and staff will be safe during an emergency.</p>					

Hearts of Gold
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Name of Agency or Jurisdiction Completing this form: HEARTS OF GOLD 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): 46	Total number of local participants (people) that participated in exercise: 2
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 • Previous planning/training in Emergency Preparedness has influenced much of the decision making done today. • Staff discussion deciding how many of the patients we could admit to home care with the present case load. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Prioritizing our patients • Job action sheets and delegating roles to staff • Very limited staff, with many roles trying to be completed 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible
Information Sharing	Need to have more communication back and forth from staff in the field and office staff	Need to go over communication plan and what is expected from the staff.	Hearts of Gold Homecare	Barb Emergency Manager
Job Action Sheets/ Role Definition	Currently do not have Job Action Sheets/ Written Role Definition	Need to work on developing process	Hearts of Gold Homecare	Barb Emergency Manager

Executive Summary:

November 7 & 8, 2018 Virtual Exercise

At 3:00 PM on a Tuesday afternoon, a neighboring hospital with an attached long term care facility has experienced a severe infrastructure failure which has prompted the need to evacuate all in-patients and long term care residents. A call comes into the general number of our Home Care organization asking if we can support 8 in-patients who are being discharged to home sooner than expected. Admitting to Home Care 8 patients decisions had to be made – do we have orders, Face to Face documentation, new medications the patient’s may be on, are they coming home with them, are scripts sent to the pharmacy, do we have the staff to admit them being a small agency with only 1 full time, and 1 part-time case manager all decisions that had to be made. As we were deciding on the patients to admit, a report on the patients you are about to admit, you are told the evacuating facility has been dealing with a flu outbreak. On top of that the first major snow storm of the season is expected to begin tomorrow with freezing rain changing over to snow. Eight to ten inches of snow are expected with winds 30-35 mph, making travel on most roads hazardous. Now you are looking at staffing issues with increased case load, communicating to patients regarding the upcoming weather may impact your services during this time of inclement weather. Most importantly the staff’s safety is most important. The snowstorm is over and the roads are being cleared, the office is getting back to normal.

Strengths:

- 1) The network with our community partners in the coalition is a strength
- 2) Previous planning/training in Emergency Preparedness has influenced much of the decision making done today.
- 3) Staff discussion deciding how many of the patients we could admit to home care with the present case load.

Opportunities:

- 1) Prioritizing our patients
- 2) Job action sheets and delegating roles to staff
- 3) Very limited staff, with many roles trying to be completed

Home care would continue to provide cares as needed, with inclement weather, patients would be prioritized what visits absolutely need to be done. Patients who are med management all have an extra 3 day medi-pak set-up that has been placed on top of the patient’s refrigerator, so when the nurse can’t get to the patient’s home, a call will be made to the patient to inform them the nurse will not be able to make her scheduled visit, due to the weather and remind the patient of the extra medi-pak on top of the refrigerator, and a regular visit will be made once the weather clears.

Good exercise was a success in that it showed that the current emergency plans and training already put into place was important and needed in the event of an emergency, but there are always more questions that we need to think about and prepare for because you never know when a disaster will arise.

Heritage of Elmwood
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Heritage of Elmwood 232 East Springer Ave. Elmwood, WI 54740	Name, Phone, Email of PRIMARY POC for this document: Ellen Thompson 715-639-2911 ellen.thompson@heritage-elmwood.com	Number of Agencies that participated in this exercise (including your own): 46	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"> • Policies and procedures available, as well as an Emergency Manual and Evacuation Binder, both of which can be used in this situation. • Clear and decisive leadership delivered by leadership team. Use of chain of command for emergency situations. • Strong supply of essentials (medications, medical supplies, food, water) that could be used in this type of scenario 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • No clear policy available for this type of “Medical Surge” situation, including corresponding forms. • Clarifications needed for staff on who to contact if NHA is not immediately available. • Need to perform annual Emergency Manual review 		
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-Nesseth	TBD

Heritage of Elmwood
Executive Summary and Improvement Plan

Emergency Policy and Procedure	There was no policy available for Medical Surge of Residents	Need to implement such a policy, or find where that policy is if it is developed	Heritage of Elmwood	NHA	11/30/2018
Supplies needed-gravity feeding supplies	Questioning if this is available to do at our facility	Talk with DON to see if this is available to do, order supplies if necessary	Heritage of Elmwood	NHA	11/30/2018

Executive Summary:

Emergency exercise occurred on 11/8/2018, and ran from approximately 8:30 AM to 11:00 AM. The leader of the exercise within this facility was the NHA. She utilized the Environmental Services Director throughout the exercise. She shared the situation exercise with her leadership team on 11/9/2018, and assessed how they responded to the situation, post exercise. She also utilized the NHA of American Lutheran Homes- Menomonie. The Scenario ran as follows:

“At 3:00 p.m. on a Tuesday afternoon, a neighboring hospital with an attached long term care facility has experienced a severe infrastructure failure which has prompted the need to evacuate all in-patients and long term care residents. A phone call comes into the general phone number of your organization asking if your organization can receive 10-15 residents from the evacuating facility within the next hour or two. Your administrator is off-site today at a training about 3 hours away. You have decided to activate Incident Command in a conference room to plan your next steps. Update: You were successful in planning to surge your facility. As you are receiving report on the residents/patients you are about to welcome into your facility, you are told the evacuating facility has been dealing with a flu outbreak. So far this year, your facility has been free of flu cases.

NOTE: The first major snow storm of the season is predicted to begin tomorrow with freezing rain changing over to snow. Eight to ten inches of snow are expected with winds 30-35 mph making travel on most roads hazardous. The snow storm materialized and some staff have been asked to stay longer than their expected shift. The National Weather Service states the storm could continue for 36-48 hours. You have had to house employees from the evacuating facility in your own facility due to their inability to travel home. 36-48 hours later, the snow storm is over and the roads are being cleared. The infrastructure issue at the evacuating facility has been resolved and residents are being returned to their original facility. Your medical countermeasures have been successful and you have not experienced any additional flu cases in your facility. All departments/clinics/facilities are now open.”

This facility followed its Emergency manual policies and procedures. There were six major action procedures reviewed during the drill, and they are as follows: the ability to accept evacuating residents from another facility, ability to call additional staff, departments, and outside resources in, when needed in an emergency situation, ability to allocate supplies and facility resources

in an emergency situation, ability to shelter in place, ability to follow infection control procedures, and ability to re-supply building post emergency event.

The strengths that were identified were clear policies and procedures available in emergency situations, clear chain of command and decisive leadership, and strong supply of essentials needed in an emergency situation. As we went through this scenario, we utilized our Emergency Manual as well as our Evacuation Binder. As we progressed through this exercise, we also identified several areas of improvement. These include needing to define more clearly what our “Medical Surge” policy and procedure is, establishing the ability to provide gravity tube feeding, developing a flow sheet for resident hand off in an emergency situation, which may or may not include specific job roles during this type of situation. Once these areas of improvements are addressed, this facility will feel more prepared if this type of situation were to occur.

Overall, this exercise was a “successful lesson learned.” This facility was able to identify what worked really well, and where there are gaps in our response measures. This facility feels that once improvements are made, it would be able to respond to this type of emergency situation, and would be able to determine action steps needed throughout the situation.

Ladysmith Care Community
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Ladysmith Care Community	Name, Phone, Email of PRIMARY POC for this document: Jennifer Abernathy, NHA 715-532-1717 jennya@ladysmithcarecommunity.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 12	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Lots of representation from each of our facility departments (much better from last drill) • Able to reach out to local EM coordinator, Regional LTC RFOD and pharmacy during drill for questions to be answered • Expertise and experience that we have on our team! 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Need to have all EM information and materials that we need to run a drill in totes to be able to just pull out and go in true emergency • We need to investigate an internal application to be able to communicate/notify our staff of situations • Need to have quick reference document for staff to grab when a situation happens 		
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
EOP and resources	We have most of our resources for a true emergency, but have to pull it all together and	Put together EM totes to be able to pull out and have all resources at hand. Need to purchase radios, vests and clipboards to add to totes.	LCC	Jen/Heidi	

Ladysmith Care Community
Executive Summary and Improvement Plan

	have in one spot to be ready to go.				
Staff education of plan	We do not have a resource for staff as a quick reference to go to with our primary EM processes.	Develop a quick reference for staff to have readily available at nurses' stations to be prepared of what to do in an emergency until IC is established.	LCC	Jen/Heidi/Chris	
Complete set of job action sheets	We do not have all of the needed JAS needed for IC positions	Need runner and recorder JAS	LCC	Jen	
Communication concerns	How do we communicate with families, staff (internal/external).	Develop standards for what we communicate and how with families. Investigate app for staff communication. Develop a "tree" of knowing who to call first/who is closest in an emergency to call in.	LCC	Chris	
Signage during disasters	Would be difficult for families and others from community to find where to go as we do not have good signage.	Work on plan for numbering doors to have ability to direct families and community resources.	LCC	Chris	
Lockdown procedure	We currently do not have a lockdown process	Develop a lockdown process and educate all staff.	LCC	Chris/Jen	
Concerns with having heat in LNH on emergency generator	Our generator does not support EM heat in LNH.	We need to develop a plan for potential evacuation of those residents to our other buildings.	LCC	Chris/Heidi	

Executive Summary:

On Nov 8th, we were notified that a neighboring hospital with a LTC unit has experienced an infrastructure failure and will need to evacuate 15 patients to our facility. We were able to accommodate 15 patients to be admitted to our Cameo room, but would need to know the acuity, as our emergency power might not be enough to accommodate high acuity patients. We spoke with

Jessica Radtke, our regional RFOD about what our process would be to assure we could take these patients and provide cares under our license. We activated Incident Command and talked through how we would take care of these patients and concerns such as supplies, food and beds. The sending facility will provide staff as needed.

Situation update: We were informed that patients coming were exposed to flu outbreak and infected. We then put our facility into lockdown for isolation to prevent the spread of the flu. We needed to assure that privacy and dignity were maintained at all times and that infection control practices followed. Staff were also told that they could not work in other areas of our facility to avoid spreading infection. We notified Public Health for input and to inform them of situation. We contacted suppliers to assure that we were able to get supplies to take care of our patients.

Situation update: We were now informed that a snow storm is coming and winds, freezing rain and projected 8-10 inches of snow in next 36-48 hours. We had to house staff overnight and assure that we had enough staff to meet the needs of our resident/patients.

Strengths:

- Lots of representation from each of our facility departments (much better from last drill)
- Able to reach out to local EM coordinator, Regional LTC RFOD and pharmacy during drill for questions to be answered
- Expertise and experience that we have on our team!

Weaknesses:

- Need to have all EM information and materials that we need to run a drill in totes to be able to just pull out and go in true emergency
- We need to investigate an internal application to be able to communicate/notify our staff of situations
- Need to have quick reference document for staff to grab when a situation happens

We were able to accommodate the needs of the patients and were able to found several area to improve in. This drill was a huge success and were able to see our improvements from our last drill.

Lake Superior Community Health Center
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Completing this form: Lake Superior Community Health Center	Ronni Murphy, 218-336-3583, rmurphy@lschc.org Back up contact: Cheryl Larsen 715-395-5387 clarsen@lschc.org	46	6
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ul style="list-style-type: none"> • Our group was great at idea generation. When it was determined patients may need to be transported out of an ambulance a member suggested we get an emergency MOU in place to have nearby nursing home staff lift the patient as our staff our not trained. Very ingenious, and great thinking during a "crisis." • We have all of the "basics" in place. We have an EOP, we have job sheets, we have designated IC staff, we know our team very well (about 100 staff total) so we know who to pull in for certain situations. • Staff members that were new to the team knew that we had certain EP operating procedures, likely from previous staff training. That shows our training is working and staff are retaining it! 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ul style="list-style-type: none"> • We need to update our EOP for 2018 and 2019. The basic mechanics are in place, we just need formally review and have staff review it. • We need to make sure our calling tree is up to date. We have been working on this, it was assigned to a designated staff in 2018. • We need to make sure our HAN contacts are up to date. If we had received a HAN call it likely wouldn't have gotten through as our contact is out of date. 	

Executive Summary:

The exercise we participated in on 11/8/18 began with a local hospital with attached long term care facility having an infrastructure issue that resulted in patients needing to be transferred. After patients were moved, weather shifted and a snow storm loomed on the horizon. The storm hit and caused facilities to have to activate shelter in place plans. During this time a flu epidemic hit. After the snow storm calmed down (2-3 days) it was determined patients could be transferred back to the initial facility as it was repaired.

Our clinic cannot house patients in beds but we opted to open our doors as an urgent/acute care setting for overflow as needed. Our Incident Command team: CEO, COO, Medical Director, and Clinic Managers met at our Superior, WI location conference room to determine if we had enough staff and supplies to function as an urgent care. We elected to function this way with the caveat that we may have to shut down operations if they surged too high. We also noted there are 2 hospitals in the area with numerous urgent care and clinical settings. It is unlikely we would ever see high surge capacity. We received approval from the CEO to ask medical staff to stay late for expanded hours if patient need arose. During expanded hours care we triaged flu patients and provided prescriptions for Tamiflu, etc. We ran out of masks for patients to wear in medical so we pulled them from our dental department to hand out to symptomatic patients. We reached out to local public health to ask if any reporting of the flu epidemic had been completed and if we should be altering our response based on our small clinic size. When the poor weather began to hit we closed our doors per policy. As needed, we offered cab rides to patients that did not have their own transportation. When operations should have resumed the following day it was too snowy. Our CEO updated our inclement weather line to alert staff the office was closed. This caused clinic managers to update our phones with the closure and cancel patients on our schedules (remotely). The cancelation resulted in a text to all patients scheduled that their appointment was canceled. We updated our website and social media, as well as local radio/TV to let them know our clinic was closed due to severe weather. Once the roads were clear and the buses were running, we resumed operation and got patients re-scheduled (front desk staff completed this task). We also updated website/social media/radio/TV that we were once again operational (clinic managers and marketing manager). Once operations were flowing smoothly our safety committee met to complete an after action report and share findings/improvements with the Leadership Team.

We had a small group for this exercise as many of our Leadership and Safety Committee members were out of the office at other, previously planned, engagements. Our group consisted of Ronni, Tanya, Angela, Kasey, Nina, and Lori. We had presence from administration, medical records, quality improvement/compliance/risk, dental, and HIT/EHR.

Though our group was small, it was effective. We quickly spotted that we needed some updates to our emergency preparedness efforts. Our EOP has not been updated and re-shared with Board and staff members for 2018. We also realized we have not updated our Order of Succession sheets with new staff for 2018. This is also an opportunity for us to “beef up” our emergency preparedness training with staff. We will review the current training and determine if anything should be added.

The simulation provoked less engagement from LSCHC as we cannot take patients in that require a bed and we do not have capacity to surge either. However, we used it as an opportunity to function as an “urgent care” and take on patients with acute needs. Because of this, we simulated patients that would require lifts and that caused us to need an emergency MOU which was a great topic for our group to review. When we hit the flu epidemic portion of the simulation, we realized we have a need to carry extra masks and gloves (at least during winter months) so we can protect both staff and patients. We determined our masks and gloves do not carry an expiration date so we can stock up without fear of expiration. We also took this time to reach out to public health and determine if there is any required reporting from our clinic in case of flu epidemic and what precautions we should take to protect staff and patients. Should our staff wear masks as well as patients? Can we request that all patients seen during this time wear a mask, etc.

As a whole, our group was engaged and provided great ideas to help during the crisis. We were limited in response due to less administrative staff being available to “make calls.” Though our CEO/Incident Commander was unavailable to participate directly, she provided rapid response/approval via email as we worked through the simulation (i.e. approval to get an MOU with the local nursing home). We will plan to follow up with administrative staff and our safety committee to mitigate identified weaknesses after this drill.

Maple Ridge Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Maple Ridge Care Center	Name, Phone, Email of PRIMARY POC for this document: William Wolf	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> Members of the leadership team are all problem solvers and have “WILL MAKE IT HAPPEN” attitudes. Already have an Emergency Preparedness plan in place with contacts, contracts etc. (but not complete). Facility is large enough to handle a large number of ‘outers’ if community needed it. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> Need to look at how to expand our resources if we had to accommodate extra workers (meals, bed rolls etc). Need to work on our secondary communications (no written P&P in place). Need to have jobs/roles action sheets identified and personnel trained 		
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
1)Resource storage	Would not have had enough resources for 96hrs	Identify a storage area to house nonperishables and water	Self	Wolf	Jan 2019

Maple Ridge Care Center
Executive Summary and Improvement Plan

2)Secondary communications	Staff call in tree was interrupted due to cell tower outage	Need to have a secondary communication system Policy/Procedure in place	Self	Ldrship team	Dec 2018
3)Job action sheets	Personnel didn't know their disaster roles	Match up JAS to leader current roles and/or strengths	Self	Ldrship team	?

Executive Summary:

On Nov 7 & 8 2018, 6 leadership staff participated in a drill with many regional communities. Several regional SNFs, 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.

Strengths:

- 1) Members of the leadership team are all problem solvers and have “WILL MAKE IT HAPPEN” attitudes.
- 2) Already have an Emergency Preparedness plan in place with contacts, contracts etc. (but not complete).
- 3) Facility is large enough to handle a large number of ‘outers’ if community needed it.

Opportunities:

- 1) Need to look at how to expand our resources if we had to accommodate extra workers (meals, bed rolls etc.).
- 2) Need to work on our secondary communications (no written P&P in place).
- 3) Need to have jobs/roles action sheets identified and personnel trained

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.

Marshfield Clinic Comfort and Recovery Suites
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Marshfield Clinic Comfort & Recovery Suites – Eau Claire	Name, Phone, Email of PRIMARY POC for this document: Courtney Brockmiller 715-836-1224 Courtney.brockmiller@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): 46	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"> • Readily available resources • Team knows where to find emergency binder and how to use it • Team is flexible and willing to adjust scheduling/pick up shifts to assure we are prepared for an emergent/disaster event 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Need to update our downtime documentation paperwork for medical records. • Need to create a mass email group for email notifications • Update current contact information • (Do we need a P&P for medical surge situation? Bring as agenda item to next management meeting.) 			
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

Marshfield Clinic Comfort and Recovery Suites
Executive Summary and Improvement Plan

Contact Information	Not up-to-date, missing some phone numbers	Update contacts, phone numbers, add phone numbers	CRS	DON, NHA	11/13/2018
Public Health Information	Do not know name/phone number for Public Health Officer, or Public Health Manager	Called Eau Claire County Public Health office; they were able to email DON with this information; added to Communication P&P	CRS	DON	11/8/2018
Mass Communication	Who to contact, what is their contact info., best way to reach	Add a contact for mass email/review with NHA; add to Communication P&P in Emergency Preparedness Binder	CRS	DON	11/13/2018
Knowledge of Emergency Preparedness Binder/Tote	Ensure staff review binder and sign off, know where to locate binder and tote (what is in it)	Have all staff review and sign off	CRS	DON	11/13/2018
Downtime Binder	Update all forms	Print blank copies of all assessments, charts, care plans, MARs, TARs/ensure all are up-to-date	CRS	Nursing	11/9/2018
Review Medical Surge Protocol	Review if protocol is needed and/or up-to-date	Review at next management meeting	CRS	NHA, DON	11/14/2018
<p>Executive Summary:</p> <p>On November 7 and 8, 2018, Marshfield Clinic Comfort & Recovery Suites – Eau Claire leadership staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, hospices, and local EMS teams participated. This was a drill that took place online with situations that lasted 5+ days to test our current plans and processes.</p> <p>Strengths:</p> <p>1) We have resources readily available and easily accessible.</p>					

Marshfield Clinic Comfort and Recovery Suites

Executive Summary and Improvement Plan

- 2) Our team knows where to find the emergency binder and how to use it.
- 3) Our team is flexible and willing to adjust scheduling/pick up shifts to assure we are prepared for an emergent/disaster event.

Opportunities:

- 1) We need to update our downtime documentation paperwork for medical records.
- 2) We need to create a mass email group for email notifications.
- 3) We need to review and update current contact information.

(Do we need a P&P for medical surge situation? Bring as agenda item to next management meeting.)

Overall, this drill was a success. It was a great time for us at our organization to go through the motions of the scenarios presented and discover what steps could be improved upon. We were able to communicate with outside organizations and add to/update our current practices. 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, reviewing and educating staff, and updating material as needed.

**Mayo Clinic Health System-Home Health and Hospice
Executive Summary and Improvement Plan**

<p>Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: MCHS Home Health and Hospice</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Barb Jaderborg RN 715-579-2933, jaderborg.barbara @mayo.edu</p>	<p>Number of Agencies that participated in this exercise (including your own): 46</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: Top 3 Strengths</p> <ul style="list-style-type: none"> • Staff Email communication of incident and ongoing communication. • Intake, supervisor, and staff assistance participation with Manager On-Call went well. • Felt successful staff response to email. <p>Other strengths included collaboration with:</p> <ul style="list-style-type: none"> • Security Check in option available for the weather emergency. • Hospital Administration On call was accessible and open to assisting home health and hospice if needed. • Eau Claire Public Health responded to email communication re:influenza. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise: Top 3 Opportunities for Improvement:</p> <ul style="list-style-type: none"> • Identify Incident Commander responsibilities and what is appropriate to delegate to others • Fix Enotify barriers. We are planning on trying a drill of enotify tonight (completed). • Email Scripting template needed for requested staff response. <p>Other opportunities</p> <ul style="list-style-type: none"> • Ability to pull useful reports that indicate upcoming visits and patients with certain types of skilled needs (i.e CADD pumps, lab draws, etc) and add to office staff dashboard • Identifying mandatory “touch points” with staff over the entire emergency 			

**Mayo Clinic Health System-Home Health and Hospice
Executive Summary and Improvement 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
Ensure Preparedness is sustainable	3 HHH manager/leaders present. JG, EL, JE, and KM missing.	Involve more leaders in future exercises	HHH leadership	Erin S	Nov.2019
Information Sharing	Need Staff email communication template including option of “reply to” Email coordinator in scheduling or intake. Email should have global crossing emergency huddle # and schedule for mandatory check in.	Draft scripted email template and link to EOP communication plan. Include screen shot for setting up response option field.	HHH	Kathy S Barb J	Dec 2018
Information Sharing	Phone directory needs emergency	Add “emergency” Global crossing # to staff phone directory	HHH	Donna A	Dec 2018

Mayo Clinic Health System-Home Health and Hospice
Executive Summary and Improvement Plan

	global Huddle number added.				
Information Sharing	Report needed for next day visits with location	Miranda provided appointments for upcoming visits Epic report and is adding to dashboard. Erin S will request to the Report Work Group. We would like to be able to filter And add to our dashboard.	HHH leadership, Epic	Kathy S., Erin S., CeAnn, and Miranda	Jan 2019
Information Sharing	Crystal report for care plan problems	View report for immediate identification of CADD pumps	HHH leadership, Epic	Miranda Nursing Supervisors	Jan 2019
Emergency Operations Coordination	Did not use Enotify for staff communication but would like to in the future if groups were current	Frank Wrogg contacted . Our emails of updated phone numbers, staff changes need to be acted on by IT.	HHH and Help Desk IT	Donna Ash and IT	Jan 2019

Executive Summary:

MCHS Home Health and Hospice participated in the regional emergency exercise on Nov. 8, 2018. This exercise scenario involved the local hospital that has an emergency and needs to discharge 8 patients to home.

These patients are coming home to our service area and need to be admitted to home health.

Strengths identified through this exercise were:

1. Staff Email communication of incident and ongoing communication,
2. Intake, supervisor, and staff assistance participation with Manager On Call went well and
3. Successful staff response to communicating emails.

Opportunities for improvement:

1. Identify Incident Commander responsibilities and what is appropriate to delegate to others
2. Fix Enotify barriers.
3. Develop Email Scripting templates for requested staff response.

Mayo Clinic Health System-Home Health and Hospice Executive Summary and Improvement Plan

The exercise offered our leadership team and frontline staff opportunities to communicate and problem solve as we processed the home health admissions and continued our hospice care. We had successful communication with multiple hospital administrators and public health. Overall we felt it was a valuable exercise.

Mellen Manor
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Mellen Manor Health and Rehabilitation	Name, Phone, Email of PRIMARY POC for this document: Brandy Thimm 715-274-5706 bthimm@mellenmanor.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • The leadership team was very good at critical thinking and figuring out what needed to occur and when. • Our internal communication worked very well. • We all had very positive input and continued encouraging each other throughout the drill. We had good attitude for best readiness for emergencies. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We need to find all external communication contact information and organize it into a detailed list so it is available for everyone. • We have the tools we need for everything but are a bit unorganized, we need to find more structure. • We need to do more training follow up. 			
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
External Communication	We do not have an organized list of all external communication lines that we need to use during an emergency.	I will be gathering all critical vendors and surrounding areas phone numbers and will be creating an “External Contacts” form to attach with our Emergency Operations Plan.	Mellen Manor	Brandy – BOM / Emergency Manager	Target date of 12/1/2018

Mellen Manor
Executive Summary and Improvement Plan

Organization	We are a little unorganized and need to gather our information into a more organized system.	I will be gathering all of our information needed for the EOP and will organize it.	Mellen Manor	Brandy - BOM / Emergency Manager	Target date of 12/1/2018
Training	We need to do more training and testing with all staff regarding Emergency Operations so every staff member is on the same page.	Weekly meetings will occur for leadership staff, and quarterly meetings will occur for all staff.	Mellen Manor	Brandy – BOM / Emergency Manager	Ongoing
Personal Protective Equipment	We identified that we do not have enough personal protective equipment in house in case of emergency.	We will be contacting our supply vendors to get more in stock	Mellen Manor	Rebekah – RN, DON	Target date of 12/1/2018
Job Duties	We identified that we need a short summary to give each staff member so they get the key concepts of operations.	I will be creating a short summary for each staff member to review.	Mellen Manor	Brandy – BOM / Emergency Manager	Target date of 12/1/2018

Executive Summary:

On Thursday, November 8 our facility, Mellen Manor Health and Rehabilitation participated in the table top exercise which was very beneficial for us. We pulled our eight leadership team members together, including: Tawny, Administrator; Brandy, Business Office Manager/Emergency Manager; Brenda, Director of Social Services; Rebekah, Director of Nursing; Holly, Dietary Manager; Kari, Activity Director; Greg, Maintenance Director & Amanda, MDS Coordinator. All 8 of us participated in the exercise, learning things that we are proficient at and things that we need work on. We discovered that we are all very good at critical thinking and fast thinking all while staying positive. We didn't get discouraged if we didn't know the exact answer, rather we picked up the phone and called who we needed to contact. We discovered that our internal line of communication works great, and we were able to activate it right away. We have a system in place that I send out a mass text message stating "911-Please report to work as soon as possible". We also discovered that we are all great at throwing in positive input and continued encouragement. We have great attitudes for best readiness during emergencies.

Aside from the strengths and things we are good at, we did discover some weaknesses. We have the communication contact numbers that we need for external vendors and organizations, but we do not have them organized in a format that is easy to find and use. We also discovered that we have the tools that we need to use in case of emergency, but we need more structure and

Mellen Manor
Executive Summary and Improvement Plan

organization. Lastly, we discovered that we do not have the proper training follow up. We do the training, but we do not follow up to ensure we do continued training and testing with staff.

Overall, we were able to identify a lot of positive things that benefited us. We discovered that we have more done than we thought we did, and we took advantage of testing our policies and communication plans. We are going to take the stuff that we learned and use it to better ourselves. We enjoyed the exercise and look forward to participating in more in the future.

Memorial Medical Center-Ashland
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Memorial Medical Center, Ashland	Name, Phone, Email of PRIMARY POC for this document: Jim Whyte jwhyte@ashlandmmc.com 715 68505176	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Nursing Supervisor updates WITRAC daily • MMC has ability to house staff in the event of emergency • Natural Gas. If supplies uninterrupted MMC can sustain 7 days or longer. Electricity. XCEL energy, rerouted to 3 different areas, if one area is taken out in an emergency, electricity can be switched instantly to one of the other areas, having all 3 substations taken out at the same time is unlikely. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Returning to normal, Incident Command needs to begin planning for returning to normal right at the beginning of an event. • Needs leaders who are going to be running emergencies to participate in the drills. • Need more HICS training for senior leaders and managers. 			
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 Power	Based on the scenario MMC would have sufficient power for	Hard copy MAR’s should be sent with incoming patients,	Transferring facility		Immediate

Memorial Medical Center-Ashland
Executive Summary and Improvement Plan

	the duration of that event.				
Job Action Sheets/Role definitions	MMC has written job action sheets for HICS.	These were not used for the drill. Seniors leaders need to participate in drills.			
Communication with County	No correction.	No correction needed. Phone communication and Radio Communication was available.			
Evacuation Plan	Evacuation Plan needs updating.	While an evacuation plan is in place it is not very specific. This should be updated by the Emergency Preparedness Coordinator.			
Managing Flu Outbreak	There wasn't a plan for this initially. We came up with one.	This was an interesting hiccup in the scenario. Consulting with pharmacy and Infection Control, MMC had 50 available doses of Tamiflu available. It was determined that exposed unvaccinated patients would be prophylactically treated with this supply. The hospital would have vaccinated staff manage already sick patients.			
Contracts with outside agencies	MMC has MOU with NWWIHERC	Need MOU with local Nursing Homes and Facilities if transferring out of town is not an option.			
Process for evacuation residents, assuring identification and appropriate items	MMC participated as a receiving facility. Based on the scenario, this storm would have had little impact on MMC's facilities. Staffing would be another issue.				

Memorial Medical Center-Ashland
Executive Summary and Improvement Plan

with each as we evacuate					
Staffing		MMC while it has experience with a situation like this, a formal action should be developed to facilitate holding staff over and housing them.			

Executive Summary:

MMC participated as a receiving facility. We did not consider that we would evacuate under the conditions of the drill. We determined we could manage 15 additional patients based on the census we currently had. I was helpful to know that as a CAH we can accept more patients than what we are licensed for during an emergency.

MMC would have canceled non-emergency surgeries. This would free up the Recovery area for additional patients. Along with filling unfilled beds. MMC also has observation beds that could be utilized. Arrangements would have been made to house staff for the duration and we would have called in staff who could make it to the hospital prior to conditions deteriorating. We have a number of staff who live locally who have 4WD vehicles and UTV's to transport staff to the hospital. MMC has 30 mass casualty cots that could be set up in areas to support additional staff. MMC had sufficient food and other supplies to support patients and staff on emergency power for 96 hours.

Overall MMC is in good shape to handle this type of situation. We have exceptionally stable fuel supplies for electricity with a capable backup generator. The area is well adapted for the weather, even extremely severe winter weather.

Middle River Health and Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Middle River Health & Rehab	Name, Phone, Email of PRIMARY POC for this document: Christy Frye, 715-398-3523 christyf@avantihs.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 12	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Staff was willing to step up and do what needs to be done • The building structure accommodates isolation because we have so many separate areas • We have the capability to accommodate residents and staff for an extended period of time 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • We could specify more definitive rolls to do the different tasks • We need to have job action sheets created and available • Need to develop a log to track expenses for the visiting residents while they are here, ex: oxygen, supplies, medications. 		
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
Information Sharing	Need to update emergency contact lists	We discovered that our phone list for area fire departments was not accurate. Many of the outlying fire departments are volunteer and so either no one answered or it was a wrong number. We have since changed our emergency phone list to just call 911. Also, in our			

Middle River Health and Rehab
Executive Summary and Improvement Plan

		Emergency Preparedness book many of the numbers and/or account numbers needed to call are spread out throughout the different sections so we are developing one list of all of these for easy access as well as keep them in their separate sections.			
Emergency Operations	Currently do not have written defined roles for different departments during the actual event	We need to develop a sheet that can be used during an emergency for the person in charge or designee to quickly fill out and hand out so everyone knows their rolls and expectations			
Emergency Operations	We do not have a quick grab folder/kit for an emergency	We have a large binder that has all of the emergencies but felt it would be good to have a folder/kit/guide that would have emergency and non-emergency phone numbers, job action sheets and in a central location for events during non-business hours			
Emergency Operations	There is no set action on keeping track of equipment	Need to develop a log just for equipment and supplies. What equipment did the other facility bring in, if any and how do we make sure our equipment does not leave with them if they don't bring their own whether it is w/c, oxygen, hoysers, etc.			
Emergency Operations	Currently do not have process	Need to develop a system to track expenses for medical, dietary, housekeeping, etc. both for extra staff and supplies and how to make sure our supplies are replenished adequately. This also includes for who the payer source is for the residents coming in and how to bill for extra needs such as pharmacy and if the evacuation is for more than 1 day which facility bills and how to get reimbursed for those days.			

Executive Summary

On November 8th, 2018 Middle River Health & Rehab's executive staff participated in a drill with regional and local communities. Several area and regional skilled nursing facilities, hospitals, home health and EMS teams took part in. This was a drill that took place online and went from 8:30 am to 11:00 am to test our current plans and processes. The drill was regarding in-take of residents (surge capacity) from another facility with different scenarios as the drill progressed.

Strengths:

1. Staff was willing to step up and do what needs to be done
2. The building structure accommodates isolation because we have so many separate areas
3. We have the capability to accommodate residents and staff for an extended period of time

Opportunities:

1. Define specific rolls and expectations
2. Develop a quick at-a-glance emergency preparedness folder/kit
3. Tracking and labeling of equipment and medical supplies
4. Develop plan to log expenses for billing
5. Have a plan in place for exiting residents

Overall:

This drill was a great opportunity to revisit our processes we have in place and gave insight on making improvements where needed in any emergency. We were testing our surge capacity and ability to swiftly receive, assess and provide shelter for patients from another skilled nursing facility in this scenario but it also gave us a chance to talk about our processes if we were the facility that had to evacuate and gave us an opportunity to look at what we had in place if that were to occur.

Oakwood Health Services
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
November 7 & 8, 2018 Virtual Exercise "Situation Open Door" Exercise	Completing this form: Oakwood Health Services	Jon Richardson 715-838-4252 Jrichardson@nshorehc.com	46	12
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ul style="list-style-type: none"> • EOP plan to communicate with corporate, staff, residents and families was carried out-to get started on the resources and cooperation we needed. • Plans to procure supplies was acted upon quickly. • Plan to call/recall staff was acted on very early in exercise. Discussions included ability to house and feed staff in the facility for an extended period. 			<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ul style="list-style-type: none"> • Procurement: We did not know how much time on portable O2 our residents would have if we lost power (and our O2 concentrators). Facility did not have regular process for inventory of DME. We needed to do physical count of beds, O2 equipment, etc. • We don't have a process for tracking off-duty employees during emergency situations. • Facilities EOP does not have specific direction for staff as far as which systems will or will not work during use of back-up generator and did not include location of laptops, printers, extension cords, etc. that may be needed. 	

Oakwood Health Services
Executive Summary and Improvement 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
Transport	Facilities EOP does not contain agreements with public transport for emergency transportation if mass evac were to be necessary	Contact Eau Claire Transit and Student Transit to obtain agreements and emergency contact information and capabilities	Administration	Carissa/Jon	
Procurement	Evaluate need for and add critical vendors to Emergency Contact List (i.e. O2 vendor)	Add to list as well as possible other resources such as other food distributors (Indianhead Food) and neighboring facilities (ALFs, etc.)	Admin	Jon	
Continuity of care during emergency	If facilities power is out we don't have specific directions for staff as to where to find and power laptops and printer for EMAR as well as communication	Add specific steps in EOP for staff to identify which outlets will work on back-up generator and where to find usable laptops, printers, extension cords, etc. Also need to include the back-up power system limitations (amount of power available-[amps]) as well as a list of what equipment/systems will not function	Maintenance	Curt	
Communication	Facility has no Employee Tracking System facility also need to add specific	Find or develop a tracking tool for off-duty staff during emergency event. Develop plan and contact people at facility and/or corporate that would	Admin	Jon/Carissa	

Oakwood Health Services
Executive Summary and Improvement Plan

	plan to notify family members and community of news via social media avenues. Not all Internal Managers Have walkie-talkies	update social media. Continue purchasing walkie-talkies and develop procedure for their use within the facility.			
Recovery	Facility does not have a formulated plan to schedule on-coming staff to relieve workers during recovery after extended shifts due to emergency	Develop staff recovery plan	HR	Amanda	

Executive Summary:

On November 8, 2018 leadership staff participated in an exercise in partnership with the Northwest Wisconsin Emergency Readiness Healthcare Coalition. The drill included hospitals, emergency responders, SNFs, ALF, Home Health as well as other health and safety providers in the region.

The situation that we were presented with was an evacuation scenario whereby the facility was asked to accept 10-15 evacuees from another (fairly distant) SNF. The simulation lasted over 72 hours and was complicated by a substantial winter storm that severely hampered transportation as well as a loss of power during the event.

Strengths:

1. EOP plan to communicate with corporate, staff, residents and families was carried out-to get started on the resources and cooperation we needed.
2. Plans to procure supplies was acted upon quickly.
3. Plan to call/recall staff was acted on very early in exercise. Discussions included ability to house and feed staff in the facility for an extended period.

Opportunities:

1. Procurement: We did not know how much time on portable O2 our residents would have if we lost power (and our O2 concentrators). Facility did not have regular process for inventory of DME. We needed to do physical count of beds, O2 equipment, etc.
2. We don't have a process for tracking off-duty employees during emergency situations.
3. Facilities EOP does not have specific direction for staff as far as which systems will or will not work during use of back-up generator and did not include location of laptops, printers, extension cords, etc. that may be needed.

Summary

The drill was a great experience for our management team. Many department heads had not had the opportunity to participate in an exercise like this before. It was helpful for them to have to think critically and make decisions about operations when situations turn potentially dangerous. Team many good ideas such as looking at current residents to see if any would be able to discharge a little early to help accommodate the needs of the incoming evacuees and considering if the facility had any very high risk residents that would need possible discharge to the hospital prior to the storm's arrival.

Most of the team have never had to think critically about how to react and how different operations can become during emergencies. For example the idea of housing residents in a large common area as well as integrating care (in our building) with employees from another facility. There was also discussions about the potential for our staff to "live" in the building for a few days and the challenges that may be faced because of that.

Osceola Medical Center
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Osceola Medical Center	Name, Phone, Email of PRIMARY POC for this document: Richard Haider 715-294-5643 richard.haider@myomc.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 6	CEO CNO Clinic Director Clinic Lead ED Manager EP Manager
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Communication • Agencies buy in & willingness to help • Policy review 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Dial My Calls (Emergency Communication System) not fully activated at OMC yet • Antivirals / Antibiotics having them in-house for staff • Patient Medical Records 		
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
Information Sharing	Mass communication system not completed	IS department is currently working on it	IS	IS Manager	May 2019
Continuity of Healthcare Delivery	Expired Antivirals	Antivirals / Antibiotics having them in-house for staff	Pharmacy	Pharmacy & Clinic Manager	May 2019

Osceola Medical Center
Executive Summary and Improvement Plan

Emergency Operations Coordination	Medical Records	Training	IS & Med Surg Managers	IS & Med Surg Managers	Ongoing
Executive Summary: This exercise was a good one, glad to have key department able to participate, on short notice, good communications, & policy review, & situational awareness.					

Parkview Home
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Park View Home	Name, Phone, Email of PRIMARY POC for this document: Melissa Walthall, NHA 715-698-2451 mwalthall@parkview-cc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Emergency Preparedness Plan very detailed, provides good direction. • Many local employees that are able to respond initially in the event of a situation. • Had a relocation of residents from a local AL that needed to come to Park View so familiar with scenarios. • Communication Plan was tested on November 7 and had 100% compliance. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • If Medical Records goes down, Pharmacy faxed us a MAR and didn’t meet what we needed. • Update Emergency Preparedness Plan with staff and vendor changes. • Train – what is carried on the train that passes through Woodville. Are we at risk? • Transfer Agreement – add an agreement with Baldwin Care Center for continuity of care in the event of emergency. 		
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	Incorrect MAR	Working with Pharmacy on correct MAR	Health Direct	Heather	11/8/18
Emergency Plan	Update contacts that are not correct	Update Plan to indicate appropriate contacts.	Park View Home	Melissa	11/30/18

Parkview Home
Executive Summary and Improvement Plan

Emergency Operations	Train – what is on the train	Contact Village of Woodville to see what is transported or who to contact	Park View Home	Melissa	11/19/18
Executive Summary: On November 8 the following members of Park View’s team were present for this drill: Melissa Walthall, NHA, Heather Malean, DON, Sheena Harder, Medical Records, Becky Bune, MDS Coordinator, Patty Myra, Dietician, Jenny Timm, Activity Director, Polly Dusek, Social Worker, Mark Fedie, Maintenance. We used and participated in the 5 scenarios that were given by the Northwest Wisconsin Healthcare Emergency Readiness Coalition. Good discussion on all 5 scenarios that generated positive conversation and feedback for improvements.					

Pierce County Health Department
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Pierce County Health Department (PCHD)	Name, Phone, Email of PRIMARY POC for this document: Dianne H-Robinson 715-273-6755 dhrobins@co.pierce.wi.us	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • PCHD uses Everbridge as a call down system to inform staff of emergencies or drill. The system is drilled quarterly so staff is familiar on how to respond. • PC Home Care has nurses on-call 24/7. • PCHD is trained in ICS and could stand up and local EOC • PCHD has pre-existing relationships with community partners. <ol style="list-style-type: none"> 1. i.e. EMS and ADRC 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Staff is unsure if a call came into the Home Care voice mail after hours does the message tell the caller to call 911 if this is a Public Health Emergency. • The Home Care on-call calendar is a paper document and not available from outside the office. • Home Care Nurse have current client’s Plan of Care in their position but if they were not available and the internet was down, office staff would not have access to them. Communication with them would be very difficult as would assessing the complexity of our current case load. 			
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

Pierce County Health Department
Executive Summary and Improvement Plan

Emergency Operations Coordination	The staff at the table for the exercise were unsure if the Home Care voicemail was set up to instruct the caller to call 911 if it was a medical emergency.	Staff will assure that all Health Department voice mails start with “if this is a Public Health or Medical Emergency, hang up and call 911”	Pierce County Health Department	PCHD office specialist	
Emergency Operations Coordination	There is a home care nurse on call 24/7 but the calendar is in paper for and not available if outside the office.	The department will figure out how to make the home care nurse 24/7 call schedule available to Management Staff when out of the office. Possibly adding a Home Care Nurse Call Calendar to the department’s Google Calendar system	Pierce Counth Health Department	PCHD Office Specialist	
Medical Surge	Client’s Plan of Care is not available to all staff if there was not access to the internet. This would make communicating with clients and assessing case load complexity difficult.	Client’s Plan of Care will be printed out and kept in a binder in a locked cabinet in the Office Specialist’s office. She will	Pierce County Health Department	PCHD Office Specialist	

Executive Summary:

The 2018 virtual community-based exercise “Situation Open Door” was held on Thursday, November 8, 2018. Health Department participants included the Preparedness Coordinator, Home Care Office Specialist and the Environmental Health Specialist. Our home care program is within the health department and the health department has been working with preparedness planning for a number of years so the exercise went very smoothly. If the initial call came in outside of office hours, we were unsure if our

Pierce County Health Department
Executive Summary and Improvement Plan

voice mail instructed calls to call 911. Home care has nurses on-call 24/7, but the on-call schedule is only available in paper form in the office. We were asked to take 8 patients, it would have been difficult to know if that was feasible as our client's Plan of Care are not accessible if the home care nurses are not available or the internet was down. Most of our staff is trained in ISC so standing up a Health Department EOC would transition smoothly and we have good connections with our county and community partners (ADRC, highway, and local EMS, in this situation). Over all this was a valuable exercise and we have a few improvements to make.

Pioneer Health and Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Pioneer Health & Rehab	Name, Phone, Email of PRIMARY POC for this document: Erica Salsbury, 715-455-1178, erica.salsbury@pioneernursinghome.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Communication within our own community i.e. school and fire department • Vendor Resources that are available • Team Work ideas by all department heads. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Updating Emergency Policy Binder • Reviewing our evacuation plan in case we need to escalate • Responsibilities of each department head. 		
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
1. Emergency Operations Coordination	Binder updated Calling Fire department	Review with IDT, add items change as needed. Fire Department notified us that we need to just call 911 as they are the only ones that can dispatch	PHR Barron County Dispatch	IDT IDT	Dec 31 st 11/8/18

Pioneer Health and Rehab
Executive Summary and Improvement Plan

2. Continuity of Healthcare delivery	School, Fire Hall do not have cots for staffing/housing Generator /how long will it run /last (fuel)	Fire Department was going to contact Red Cross Contact Cummins to review	Prairie Farm Fire Department Cummins	Bill Env. Director PHR	11/15/18 11/8/18
3. Information Sharing	Getting a policy /information for staff and families Evacuation Bag	Educate on how all will be notified in case of an emergency Updated emergency bag info	PHR	IDT	Dec 31st

Executive Summary:

On November 8th 2018 4 leadership staff participate in a drill with many regional communities. This was a drill that took place on line with situations to test our current plans and processes. We were given a scenario and as a IDT we worked through made phone calls and discussed our actions that would need to be taken.

Strengths:

1. Communication within our own community i.e school and fire department
2. Vendor Resources that are available
3. Team Work idea's by all department heads.

Opportunities:

1. We need to work on updating the emergency policy binder, beef it up.
2. Review our evacuation plan in case WE need to evacuate.
3. Identify and implement responsibilities of each department head.

Overall, this drill was a great success. It was fun to see how close our team is and the ideas and actions each contributes. We called and talked to outside organizations in our community and vendors for our facility and it was great to see how each plays a part in case of an emergency. Some of the places we contacted was our pharmacy, Martin Brothers about food distribution, the fire chief, our local/neighborhood school principal, Mckesson, etc. As we continue to move forward we will work on and develop new systems and continue to work with our local and regional partners to increase our success with emergency systems, when disaster strikes.

Recover Health
Executive Summary and Improvement Plan

<p>Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form: Recover Health</p>	<p>Name, Phone, Email of PRIMARY POC for this document: Nicole Keene-Kelly 715-215-2637 Nkeene-kelly@recoverhealth.org</p>	<p>Number of Agencies that participated in this exercise (including your own): 46</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> <ul style="list-style-type: none"> • We don’t commonly think of disasters such as infrastructure failing. This drill was extremely beneficial because it could literally happen to any facility at any time. While we are a home health company and the drill was focused on long term care facilities, it’s a talking point to bring back. What if we had an infrastructure issue at our office? Who would that impact? • The chat room was a great feature as it allowed different entities to seek answers and voice concerns that others may not have thought about. • We have a strong leadership team in house that will be useful in the event of an emergency. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ul style="list-style-type: none"> • Virtual exercises are difficult for me. We are a small office with a lot going on, so it was just me doing this exercise. At least when it’s in person, you have guaranteed partners or groups to work with. • Along with that, I think it’s important for different entities within the same community to work together during these sort of exercises. If a disaster happened, we’d have to work together to develop plans. Working as solo institutions doesn’t provide enough support. • While I was glad questions directly regarding home health agencies were provided, I feel like often there is not enough emphasis on home health during these drills. For example, yes taking 8 new patients under care in such short notice can be difficult, but I felt as if the questions following that weren’t as thought out as for the different agencies. 			

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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Leadership Team Roles/Plan	We have a strong leadership team, but roles in an emergency may need to be identified.	Work on definitive plan of action in emergent situations. Example: clinical sup is in charge of clinical plan (nursing staff, assignments, priority of care, etc.), branch administrator is in charge of in house delegation, account executive reaches out to outside facilities to coordinate, etc.	In House	Leadership Team	
Information Sharing	How would we access records if the facility needing help had their computers go down?	I'm wondering if it would be totally barbaric to have a universal medical record system. We have access to Epic for HSHS and Mayo so that we could access what we needed to in the event there was an emergency. Is it an outrageous idea to have all health systems/facilities have access to each other's records?			
Additional Staffing Resources	We don't have a set plan to ensure additional staff in case of an emergency	Develop a plan with our Regional Director to indicate where we can pull staffing from in the event we had a local emergency.	In House	Leadership team/Regional Director	
<p>Executive Summary: On November 8th, I participated in a virtual emergency exercise regarding an infrastructure fail at a nearby SNF/short term care facility. I was 1 of many participants from various communities, facilities and entities in the surrounding counties. While there were strengths and weaknesses of the exercise as a whole, I also noticed strengths and weaknesses of my individual agency.</p>					

Recover Health

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Strengths

1. Recover Health has a very strong leadership team. We all strive to get problems solved efficient and effectively, and we are a team that I believe would help keep others calm in the event of an emergency.
2. We are constantly adding to our EPP manuals, which provides us with good resources in emergent situations.
3. We have recently updated phone tree/communication protocol.

Weaknesses

1. We are limited on staff which could hinder our ability to provide help in emergencies.
2. Our leadership roles in emergent situations need to be more structurally defined.
3. We need to develop a resource booklet of necessary community groups we may have to reach out to in an emergency.

Overall, I have realized I prefer a live exercise compared to a virtual one. It is difficult for me to prepare when I'm the only one working through it. I also think it's more beneficial to get people together from the same community to discuss in real time how everyone would work together. However, it is always nice to have a refresher on different emergencies in order to provide takeaways to bring back to the office.

Rib Lake Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Rib Lake Health Services	Name, Phone, Email of PRIMARY POC for this document: Dawn Krueger. dkruieger@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 13	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Good problem solving and team work • Have already made good connections with transfer sites and key personnel in Fire and Police. • Emergency Operation Plan is written and easy to follow. • Our facility is in a very small community with above average community support available in the event of a serious disaster. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Individual departments need more structured guidelines. • With new hires, educating them with the emergency plan, and updating the call 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
Individual department protocol	Newer department heads not familiar with protocol	Will have written protocol by key departments and education.	n/a	NHA	12-31-18

Rib Lake Health Services
Executive Summary and Improvement Plan

Food & water supply if over three days	Current emergency supply is only for three days.	Meet with local grocer on possibility of food and supplies if needed, will invoice for a later date.	N/A	NHA	11-10-18
Extra assist for nursing services	Question arose during Virtual Exercise if the nursing staff at our local clinic would be available to assist	Will discuss with medical director at QAPI meeting if Clinic staff would be available to assist if needed	N/A	NHA	11-28-18

Executive Summary:

The Virtual Exercise was an excellent opportunity to assess the strengths of our Team in an emergency situation, and to identify any areas requiring process improvement.

Sawyer County Health and Human Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Sawyer County Health & Human Services	Name, Phone, Email of PRIMARY POC for this document: Mary Slisz-Chucka, 715-638-3410, mslisz-chucka@sawyerhs.hayward.wi.us	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Participants were aware of the resources onsite that could be utilized in this type of incident. • Participants understood the importance of working with partners such as Emergency Management, NWWIHERC, MRC, and volunteers. • Plans are updated and hard copies are accessible. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • ICS training and exercising is necessary in order to effectively establish incident command. • More communication is needed with hospitals, emergency medical services, and long-term care facility staff. • Electronic access to policies and procedures proved to be difficult. 		
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	Exercise participants recognized the need for ICS structure; however, more practice is needed applying ICS to a real incident.	Increase awareness in the need for ICS training. Employees need to understand their role in disaster as a county employee.	Sawyer County Health & Human Services	All SCHHS staff	June 2019

Sawyer County Health and Human Services
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Information Sharing	During coordination of response strategy, resources, and communication, some communication occurred with EM and the hospital. A unified command system was not mentioned.	Exercises practicing unified command should be implemented. Using WEBEOC may be beneficial for collaborating a multiagency response.	Sawyer County Health & Human Services	SCHHS working with Sawyer County EM	June 2019
Continuity of Healthcare Delivery	When discussing mission essential functions of staff, staff, and space, participants recognized difficulty in accessing medical materiel. Participants did not voice confidence in the ability to handle urgent/emergent patients.	Increase communication with hospital, EMS, LTCF staff.	Sawyer County Health & Human Services	SCHHS staff	June 2019
Medical Surge	During implementation of out-of-hospital medical surge response, staff realized that medical surge/mass clinic plans existed; however, duplicate plans in the common drive created difficulty in understanding where updated plans were located.	Old plans, policies, & procedures need to be filed away to make updated plans more accessible.	Sawyer County Health & Human Services	Health Officer and Public Health Staff	June 2019

Executive Summary:

On November 7 and 8 2018, the “Situation Open Door” virtual exercise occurred with the Adobe Connect system for regional communication. The scenario included an evacuation of a hospital/long-term care facility causing numerous patients/residents to be relocated to our long-term care facilities, home care and hospice, dialysis centers, and the hospital. This influx of

patients/residents also prompted the need for public health/community health clinics to offload urgent care and emergency department patients. The scenario continued for several days during which a major snow storm was predicted. To further complicate the situation, the evacuating facility had been experiencing a flu outbreak.

Participation was limited to staff from public health, birth-to-three, and environmental health. The HHS director was also available and the ARDC supervisor. If this incident became a reality, all HHS staff would be necessary to properly staff the incident; however, the many HHS staff are unaware their roles would change. This multiagency incident could warrant a unified command system and this was not mentioned during the exercise. Communication occurred with the hospital yet there was no request for hospital resources to enable HHS to carry out the mission. Hardcopies of the plans were retrieved quickly; however, staff were unaware of the electronic location of all updated plans. Many newer employees are untrained in the National Incident Management System and have not had practice as to the roles they may be required to fulfill in a disaster.

Some of the identified strengths noted during this exercise include partnerships with NWWIHERC, Sawyer County Emergency Management, MRC, and volunteer organizations. The participants were aware of the resources available onsite for this type of incident. The plans that exist for disasters are up-to-date and organized in the hardcopy format.

Overall, the exercise demonstrated to staff the need for increased participation in ICS training and exercises. The experience of this exercise detailed the need to increase awareness in the location of disaster plans to all staff members. Electronic devices to store update plans are in progress and once this occurs, training on the resources will give staff the confidence to handle any disaster.

Shell Lake Health Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” 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, Administrator Shell Lake, WI 54871 715 468 7292 ext 24	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Plan in place • Update the plan with changes • Strong departmental leadership • Departmental knowledge of plan • Ability to delegate and organize • Communication 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Access to records for clients coming in • Door alarm system-protecting vulnerable residents from wandering if alarms deactivated. • Review and clarify check list for receiving evacuated clients. 		

Spring Valley Senior Living and Health Care Campus
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Spring Valley Senior Living and Health Care Campus [Spring Valley Health & Rehabilitation Center and Valley Villas Assisted Living]	Name, Phone, Email of PRIMARY POC for this document: Kevin H. Larson, BSHCA, CNHA, FACHCA, Administrator Chief Executive Officer Ph. 715.778.5545 x203 e-mail: KevinL@svhcs.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Emergency Generator capabilities. • Availability of space and durable equipment especially in an incident involving a surge in transfers. • Community volunteers, support, and responsiveness. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Job Action Sheets availability. • Transferring, receiving, processing of essential information and materials/supplies for the care of individuals (ex. MARs, TARs, medications, O₂, etc.). • Updating or even executing new memorandums of understandings especially covering services and responsibilities for incidents involving an extended durations. 			
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 not operational or even available in a	Research best practice job action sheets. Adapt, communicate, and	Spring Valley Health & Rehabilitation	CEO, AIT Intern, and	ASAP but no later than

Spring Valley Senior Living and Health Care Campus
Executive Summary and Improvement Plan

	situation or incident.	implement job action sheets to be operational.	Center and Valley Villas Assisted Living	Director of Assisted Living	February 1 st , 2019.
Transferring, receiving, processing of essential information and materials/supplies for the care of individuals(ex. MARs, TARs, medications, O₂, etc.).	In the event of a patient surge, no Checklists of essential information or materials to care for individuals being received.	Investigate existing Checkoff Sheets that are evidence based that include essential information and materials/supplies in the event of a surge in transfers in order to provide care to individuals being received. Examples would include face sheets, medication administration records, treatment administration records, medications, essential supplies (O ₂ , concentrators, suction machines, etc.).	Spring Valley Health & Rehabilitation Center and Valley Villas Assisted Living	CEO, AIT Intern, Director of Nursing and Clinical Services, and Director of Assisted Living	ASAP but no later than March 1 st , 2019.
Updating or even executing new memorandums of understandings especially covering services and responsibilities for incidents involving an extended durations	Out dated or lack of Memorandums of Understanding among cooperating organizations or agencies	Adopt best practice memorandums of understanding with cooperating or neighboring organizations and agencies. Memorandum of understanding should outline both short-term and long-term events and cover such items as lending staff, borrowing essential equipment, providing supplies, transporting, contacting personal representatives, purchasing billing and payment responsibilities	Spring Valley Health & Rehabilitation Center and Valley Villas Assisted Living	CEO, AIT Intern, and Director of Assisted Living	ASAP but no later than April 1 st , 2019.
Executive Summary:					
<ul style="list-style-type: none"> <i>Date of exercise: 11-08-2018</i> 					

Spring Valley Senior Living and Health Care Campus Executive Summary and Improvement Plan

- *Who played:* Administrator/Chief Executive Officer, Director of Buildings and Maintenance; Director of Dining and Support Services, Director of Nursing and Clinical Services (Acting), Nursing Administrative & Scheduling Coordinator; Director of Resident Services, Accounts Payable Coordinator; Administrative Assistant Coordinator, Administrator In Training Intern, and Director of Assisted Living
- *What was the scenario?* Patient/Resident Surge
- *3 Strengths*
 - Emergency Generator capabilities.
 - Availability of space and durable equipment especially in an incident involving a surge in transfers. Community volunteers, support, and responsiveness.
 - Community volunteers, support, and responsiveness.
 - Participants were very creative and resourceful when assessing needs and evaluating procedural and action steps.
- *3 Opportunities*
 - Job Action Sheets availability.
 - Transferring, receiving, processing of essential information and materials/supplies for the care of individuals(ex. MARs, TARs, medications, O₂, etc.).
 - Updating or even executing new memorandums of understandings especially covering services and responsibilities for incidents involving an extended durations.
- *Overall, was it a success or a lesson learned:* Affirmative
- *With this experience, how will you implement what you learned as you move forward*
 - Research best practice job action sheets. Adapt, communicate, and implement job action sheets to be operational.
 - Investigate existing Checkoff Sheets that are evidence based that include essential information and materials/supplies in the event of a surge in transfers in order to provide care to individuals being received. Examples would include face sheets, medication administration records, treatment administration records, medications, essential supplies (O₂, concentrators, suction machines, etc.).
 - Adopt best practice memorandums of understanding with cooperating or neighboring organizations and agencies. Memorandum of understanding should outline both short-term and long-term events and cover such items as lending staff, borrowing essential equipment, providing supplies, transporting, contacting personal representatives, purchasing, billing and payment responsibilities.
- Executive Summary and Improvement Plan/Correction Action presented to and reviewed with the Spring Valley Health Care Services, Inc. Board of Director by AIT Intern J. Gossen at the Board of Directors Regular Monthly Meeting on November 28th, 2018 prior to submittal to the Northwest Wisconsin Healthcare Emergency Readiness Coalition.

St. Joseph’s Home Health and Hospice in Chippewa Falls
Executive Summary and Improvement Plan

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Completing this form: St. Joseph’s Home Health and Hospice in Chippewa Falls	Chris Makuck- 715-717-7442 (direct ext) 715-717-7485 (main office) Christopher.makuck@hshs.org	46	4
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Home Care staff was very willing to pitch in to meet the needs of the incoming patients. This included hospice staff willing to help however possible and the greater majority of staff indicating they would be available as manpower if needed. • SWN (Emergency communication tool) functioned well including response choice to indicate how each colleague felt able to assist. Message was received by all colleagues on at least one of their devices. • Utilizing incident command in the past for actual weather events allowed us to smoothly move through the addition of the severe weather factor to the exercise because we had practices and processes in place from opportunities we encountered in the past. Also, familiarity with incident command and actual practice in the past, allowed everyone 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Initially, we did not have adequate staff to admit all 8 patients from the SNF same day. Due to inclement weather, we needed to find creative ways to ensure patient needs were met while staff safety was maintained. • Triage codes were missing in our EMR on 2 patients and incorrect (higher) on 4 others. Opportunity to review importance of assigning triage codes initially and updating regularly. • The ability for field staff to access and serve patients who must be seen, is significantly limited by poor weather and unsafe roads. Opportunity exists to better coordinate 4 wheel drive vehicles and drivers with appropriate field staff and to potentially work 	

St. Joseph’s Home Health and Hospice in Chippewa Falls
Executive Summary and Improvement Plan

to focus on their responsibilities and the actual event rather than on what they should be doing within the incident command structure.			with local snowmobile clubs to provide transportation in dire situations.		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Healthcare Delivery	Triage codes were missing in our EMR on 2 patients and incorrect (higher) on 4 others. Opportunity to review importance of assigning triage codes initially and updating regularly.	Communicate with involved staff and remind them of the importance/necessity to assign a triage code initially and then to ensure that it is updated appropriately as patient progresses or declines.	SJCF HHH	Kim Davis	11/13/18
Communication	Send Word Now was received by all colleagues but not on work devices for several	Work within SWN to ensure that all colleagues have work cell numbers and emails listed as contacts as well as personal numbers.	SJCF HHH	Kathy Briggs	Ongoing
Continuity of Healthcare Delivery	The ability for field staff to access and serve patients who must be seen, is significantly limited by poor weather and unsafe roads.	Incident command to coordinate 4 wheel drive vehicles to transport staff in future weather events. In addition, contacts will be made with local snowmobile clubs to make arrangements for potential transportation via snow machine to	SJCF HHH	Chris Makuck	Ongoing

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		high priority patients and those imminently dying if weather makes traditional travel potentially unsafe.			
Continuity of Healthcare Delivery/Staff education	Some colleagues used good strategies to adjust and reschedule patients. This knowledge may help other colleagues to be more effective during future events.	Provide education/information to staff regarding some of the strategies used by other colleagues to adjust schedules, etc. with the aim to help everyone improve effectiveness while maintaining safety during future events. This information will be communicated to staff via the monthly newsletter and email. Info will also be communicated out in advance of future weather events	SJCF HHH	Kathy Briggs and Chris Makuck	11/12/18

Executive Summary:

On November 8,2018, 4 members of our leadership team participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, home cares and local EMS teams played. This was a drill that took place online with situations that lasted 3+ days.

Strengths:

1. Home Care staff was very willing to pitch in to meet the needs of the incoming patients. This included hospice staff willing to help however possible and the greater majority of staff indicating they would be available as manpower if needed.
2. SWN (Emergency communication tool) functioned well including response choice to indicate how each colleague felt able to assist. Message was received by all colleagues on at least one of their devices.
3. Utilizing incident command in the past for actual weather events allowed us to smoothly move through the addition of the severe weather factor to the exercise because we had practices and processes in place from opportunities we encountered in the past. Also, familiarity with incident command and actual practice in the past, allowed everyone to focus on their responsibilities and the actual event rather than on what they should be doing within the incident command structure.

Opportunities:

1. Initially, we did not have adequate staff to admit all 8 patients from the SNF same day. Due to inclement weather, we needed to find creative ways to ensure patient needs were met while staff safety was maintained.

St. Joseph's Home Health and Hospice in Chippewa Falls

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2. Triage codes were missing in our EMR on 2 patients and incorrect (higher) on 4 others. Opportunity to review importance of assigning triage codes initially and updating regularly.
3. The ability for field staff to access and serve patients who must be seen, is significantly limited by poor weather and unsafe roads. Opportunity exists to better coordinate 4 wheel drive vehicles and drivers with appropriate field staff and to potentially work with local snowmobile clubs to provide transportation in dire situations.

Overall, this event was successful with patient needs being met while maintaining patient and staff safety. The impact of the event on our business was well mitigated. Several areas of opportunity and consideration going forward were identified and can be addressed to make future events go even more smoothly.

Twin Ports Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Twin Ports Health Services	Name, Phone, Email of PRIMARY POC for this document: Peggy Rahkonen, Executive Director Twin Ports Health Services 1612 N. 37 th Street Superior, WI 54880 PRahkonen@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 14	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Our team reviews disaster preparedness monthly with all staff. • We review our resources available and everyone knows what the resources are. • Emergency plan is updated, telephone numbers are readily available as are the Emergency Disaster plan binders which are located throughout the facility on both levels. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Not having enough of the following back-up supplies: extension cords and isolation PPE. • Need to have a better identification system for our resident’s. Such as arm bands. • Equipment to get non-ambulatory residents out of the facility quickly in the event of an emergency. 		
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
Nursing Supplies	Isolation Supplies-It is noted that not enough supplies on hand for an	Facility will need to evaluate current supply and order accordingly and ensure the backup supply remains in place (and if supply is used it gets ordered timely, so we don’t run out).	Twin Ports	Peggy ED	11/1/2018

Twin Ports Health Services
Executive Summary and Improvement Plan

	emergency such as this scenario.				
Nursing	Residents do not wear identification on them while in facility. The receiving location would not be able to identify them.	Facility will purchase arm name bracelets to keep on the nurse's carts that can be pulled and put on the resident immediately before transfer.	Twin Ports	Roxanne, Medical Records	11/1/2018
Emergency Equipment	Enough equipment to be able to transport resident's safely and quickly during an emergency.	Facility will to an assessment of equipment needed to purchase to ensure timely and safety evacuation of residents is able to be completed.	Twin Ports	Peggy, ED	11/1/2018

Executive Summary:

On Nov. 7th and 8th, 2018, 14 leadership staff as well as direct care staff for input participated in a community drill. Skilled nursing facilities, hospices, hospitals and local EMS teams participated in the drill. This was a drill that took place online with situations that lasted 5+ days to test our current plans and processes.

Strengths:

1. Our team reviews disaster preparedness monthly with all staff.
2. We review our resources available and everyone knows what the resources are.
3. Emergency plan is updated, telephone numbers are readily available as are the Emergency Disaster plan binders which are located throughout the facility on both levels.

Opportunities:

1. Not having enough of the following back-up supplies: extension cords and isolation PPE.
2. Need to have a better identification system for our resident's. Such as arm bands.
3. Equipment to get non-ambulatory residents out of the facility quickly in the event of an emergency.

Overall, this drill was a huge success. It gave my team the opportunity to have an open discussion surrounding the potential emergency. It allowed us to test our own in-house procedures. We were able to identify opportunities as well as weaknesses that the facility could come upon during an actual crisis. We were able to quickly determine things that we would need such as identifying and implementing incident commander, talked through the whole process such as identification of residents, location, where everyone would go, meeting the rules and regulations such as infection control. We discussed how to staff during a staffing crisis and when additional staff cannot come to the facility due to snow storm how we would get them to the facility. We discussed the facility going back to daily routines after the all clear sign was put in place. It is quickly noted that cleaning is of utmost importance due to having patients that came from a facility that was experiencing an influenza outbreak. Next, we discussed replacing the staff that stayed and worked due. Then we would relocate residents to their original location within the facility. This drill gave us the opportunity to think of worst-case scenario and how we would work through each challenge. This facility had a total evacuation in July 2018 due a refinery fire. The evacuation went well.

Villa Marina Health and Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Villa Marina Health and Rehab. 35 N 28 th St. Superior WI, 54880	Name, Phone, Email of PRIMARY POC for this document: Lori Randa NHA LoriR@avantih.com Andy Paszak-Maint Director Andyp@avantih.com 715-392-3300	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Facility leadership engaged • Policies and procedures in place. • Creative solutions generated 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Need intake medical surge policy and procedure • Generator power to kitchen equipment. • Obtain MOU with local National Guard 		
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 Plan	Develop Plan	NHA will begin developing policy.	Facility	Lori Randa	11-12-2018
Generator Power To kitchen	Connecting power to generator transfer switch	Maintenance Director will gain information and oversee project	Benson Electric and facility	Andy Paszak	Started process 11-12-2018
Obtain MOU with National Guard	Establish relationship	NHA will communicate with N.G.	Facility	Lori Randa	11-8-2018

Executive Summary:

Exercise occurred Nov. 7th and 8th, 2018 with eight leadership staff. Villa Marina found the policies and procedures that are in place are effective. The incident command system was put into effect to assure all needed rolls were filled. Discussion of medical records and medication access occurred. Villa Marina established areas that can be utilized for ill residents for isolation. In a long term event such as several days' food and supplies were discussed and found it to be well prepared. We did identify that our kitchen is not on generator power and will plan a solution. Villa Marina does not have an intake medical surge policy, we will be developing that policy.

The leadership staff at Villa Marina worked well as a team. They worked through each situation together to the most effective means available with the best interest of residents in mind. Everyone benefited in identifying weak points and strong points. Overall the exercises given were successful and left the staff feeling more prepared.

Wausau Comfort and Recovery Suites
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Wausau Comfort and Recovery Suites	Name, Phone, Email of PRIMARY POC for this document: Nicole Westberg, HUC Nicole.westbery@graceluthfound.com Erin Koehler, DON Erin.koehler@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • We have a team who works well together and are willing to assure we are prepared for an event like the given scenario. • We have open communication between all parties involved both internally and externally. • We have collaborative viewpoints brought together to form a common goals, and able to utilize our available resources 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • If an emergency happened on a weekend, obtaining the necessary staff in a short timeframe outside of regular staff including pharmacy, hospitalist, PT/OT. • Since we are only a 12 bed facility, the challenge is to house as many residents as we can, along with our current residents. Challenge purposed was terminally cleaning and turning over patient rooms. We have limited housekeeping and supplies. • Design job action checklists for transport, linen, and restock. 			
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

Wausau Comfort and Recovery Suites
Executive Summary and Improvement Plan

Emergency operations/Phone tree extension	No phone tree for extra staff outside of the CRS pool.	Work on developing this with ASC, MC, NHA, and other CRS facilities	GLF and MCHS	NHA	12/13/18
Resident room turnover	Who is contacting on call housekeeping and linen supplier. Also can staff terminally clean rooms with current stock of products in house.	DON would contact head of housekeeping who then would contact his on call phone tree. Also our linen provider company would be contacted by housekeeping to determine need for linen.	MCHS	DON	12/13/18
Job action sheets/role definition	Currently do not have written defined roles.	Need to work on developing process	GLF and MCHS	NHA/DON	12/13/18
Specialty Food and Supply for 72 hours	We currently do not have a specific plan for obtaining nutrition supplements outside of a day to day operation.	Work with suppliers and pharmacy to develop a plan and educate staff. Also have resident bring current stock of ie: tube feeding if able.	GLF and MCHS	NHA/DON/MCHS supplies dept	12/13/2018

Executive Summary:

On November 8, 2018, 7 staff participated in a drill with many regional communities. Several regional skilled nursing facilities, hospitals, hospice, HHC, and local EMS teams played along. This was a drill that took place online with situations that lasted 3+ days to test our current plans and processes.

Strengths:

- 1) We have a team who works well together and are willing to assure we are prepared for an event like the given scenario.
- 2) We have open communication between all parties involved both internally and externally.
- 3) We have collaborative viewpoints brought together to form a common goals, and able to utilize our available resources

Opportunities:

- 1) We need to work on phone tree for outreach departments
- 2) We need to identify job action sheets and define roles and develop plan for disaster/crisis
- 3) We need to complete our process for room turnover and linen supply
- 4) Solidify process for obtaining specialty food supplies such as tube feeding.

Wausau Comfort and Recovery Suites
Executive Summary and Improvement Plan

Overall this drill was a success. It was a great time for us at our organization to walk through this scenario and refresh on what processes we have in place internally and what is still needed. Going forward we will work on the above areas of improvements and continue to work with our community partners in insuring continuity of patient care.

Western Wisconsin Health
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8, 2018 Virtual Exercise “Situation Open Door” Exercise	Name of Agency or Jurisdiction Completing this form: Western Wisconsin Health	Name, Phone, Email of PRIMARY POC for this document: Linda Maday-EP Coord. 715-928-2502 (cell) Linda.maday@wwhealth.org	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Outside local resources/agencies are clearly known; good working relationship with each. Many are on first name basis; i.e. local fire, EMS, police, county EP staff • Current EP Manager and Coordinator share an excellent working relationship by sharing information, holding frequent meetings to discuss and identify gaps, problems, challenges and accomplishments. • Progress this past 12 months with our Send Word Now program. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Need to identify a trigger number which is needed to activate our med surg plan. • Investigate and define the information and/if that information in the patient medical record can be printed for quick evacuation and if this could be done offsite. • MOU’s • ESTABLISH COMMUNICATION POLICY / PROCEDURE Additional: <ul style="list-style-type: none"> • MOU’s • Tamiflu stock in house and local retail pharmacy • Define method to quarantine or confine a particular wing of our facility if needed for infectious outbreak • Emergency power to IC locations 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Western Wisconsin Health
Executive Summary and Improvement Plan

	that should be corrected				
Med Surg	Lack of defined Trigger Point	Identify trigger point for activation of medical surge event and revise current P&P to reflect this.	WWH	Stephanie Johnson	3-1-19
Information Sharing	Lack of knowledge r/t med record information for rapid evacuation	Consult with HIM to discuss and identify needs/solutions	WWH	Kasey & Linda Meier	3-1-19
Continuity of Health Care Delivery	Lack of MOU's	Establish plan for developing MOU's with local agencies for fuel, food and transportation	WWH	Alison-CEO; Adam-CFO Robb-EP	3-1-19
Access to non-personel resources	Identify amount of Tamiflu available at facility level	Investigate amount of Tamiflu available through WWH and local retail (Village Pharmacy incl. 3 locations)	WWH	Linda M. Mike-Pharm & Village Pharmacy-Baldwin	1-1-19
Communication	Unknown geographic location of key staff for emergent event	Discuss / develop geographic list of first, second and third tier contact of key staff for emergency event.	WWH	HR Dept Erin B. & Maggie C..	2-1-19

Executive Summary:

On 11-8-18 WWH staff participated in a regional drill, "Situation Open Door". We communicated via the Adobe System with our Regional Coordinator, Aimee Wollman-Neseth and other coalition members to share and discuss how we would respond if such an event were to actually occur.

During the course of this exercise, we completed real time phone calls to three outside agencies; local EMS (Perin Dooley, Paramedic), local fire (Chief Gary Newton) and St. Croix County Public Health Dept. (Kelly Engman).

We tested our Send Word Now system and identified we had made progress from last year and learned we need continue to update data within our system and train users how to appropriately respond. Current plans include monthly drills within all departments to improve our response and ability to manage the system.

Key areas of concern were identified:

1. Medical records-identify what is the minimum that can be printed for an unexpected surge and/or evacuation and can this be done off site.
2. MOU's-little work has been completed in this area since first defining the need to do so last year during this same exercise.
3. Patient and visitor tracking. Despite EP efforts to complete sufficient training with key staff this has not been tested in a drill form.
4. Define and Establish a facility wide Communications Plan.

The EP Manager plans to take this report before a full Managers' meeting to discuss our findings and suggest plans for change; meeting is scheduled for 12-21-18.

Willow Ridge Healthcare-Riverbend Senior Living
Executive Summary and Improvement Plan

Date of Exercise: November 7 & 8 Virtual Exercise “Big Bad Thing” Exercise	Name of Agency or Jurisdiction Completing this form: Willow Ridge Healthcare Riverbend Senior Living	Name, Phone, Email of PRIMARY POC for this document: Melissa McArdle, 715-268-8171, mmcardle@rphcorp.com	Number of Agencies that participated in this exercise (including your own): 46	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ul style="list-style-type: none"> • Knowledge of resources and emergency policies and procedures in place. • Well-developed emergency policies and procedures • Great relationships with local county emergency management, public health, and surrounding health care facilities 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ul style="list-style-type: none"> • Communication with all staff • Limited by capacity of backup generator • Limited equipment to assist in removing residents from bus 		
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
Job Action Sheets	Need better training/understanding of jobs and roles	Train department heads/staff on emergency procedures and job specific actions	Willow Ridge and Riverbend	Admin/Maintenance Director	
Communication with employees	Need a better system to inform employees of emergency situation	Obtain an app that all employees with smart phones download. Obtain list of employees without smart phones to	Willow Ridge and Riverbend	Directors /Bus Office	

Willow Ridge Healthcare-Riverbend Senior Living
Executive Summary and Improvement Plan

		ensure they receive individual phone call or text of emergency situation			
<p>Executive Summary: On November 7 and 8, 2018, four 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 3+ days to test our current plans and processes. We found both facility strengths and weaknesses when we participated.</p> <p>Strengths:</p> <ol style="list-style-type: none"> 1. Knowledge of resources and emergency policies and procedures in place. 2. Well -developed emergency policies and procedures. 3. Great relationships with local county emergency management, public health, and surrounding health care facilities. <p>Opportunities:</p> <ol style="list-style-type: none"> 1. Knowledge of resources and policies and procedures in place. 2. Well-developed emergency policies and procedures. 3. Great relationships with local county emergency management, public health, and surrounding health care facilities. <p>Overall, this drill was a huge success. It was a great time for our organization to walk/talk through this scenario and discover what processes we do not have in place internally. We identified there were not many barriers during this specific drill. We knew what processes we needed to take and as a team we were able to handle each scenario brought forth. 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. We will continue to educate our employees on our emergency policies and procedures to ensure they are comfortable and confident with processes. The department managers not present in this drill will be in-serviced on the drill scenarios so they are able to understand our facility capabilities and work towards continual improvement.</p>					

EXERCISE PARTICIPANTS

Participating Organizations
Regional
Northwest Wisconsin Healthcare Emergency Readiness Coalition
Community Health Clinic
Lake Superior Community Health Clinic
Dialysis Center
Davita-Siren
Home Health Care and Hospice
Good Samaritan Society Home Care-St. Croix Valley
Hearts of Gold
Mayo Clinic Home Healthcare and Hospice
St. Joseph's Hospital Home Care and Hospice
Hospitals
Hayward Area Memorial Hospital (Water's Edge)
Memorial Medical Center-Ashland
Osceola Medical Center
Western WI Health-Baldwin
Long Term Care Facilities
Augusta Health and Rehab
Care and Rehab-Cumberland
Care and Rehab-Ladysmith
Christian Community Homes-Hudson
Christian Community Homes-Osceola
Court Manor Health Service
Deerfield Care Center
Dove Healthcare-South
Elroy Health Services
Florence Health Services
Glenhaven
Golden Age Manor
Good Samaritan-St. Croix Falls
Grace Lutheran Communities
Hammond Health Care
Hayward Health Services
Heritage of Elmwood
Ladysmith Care Community
Maple Ridge Care Center
Marshfield Comfort and Recovery Suites-Eau Claire

Mellen Manor
Middle River Health and Rehab
Oakwood Health Services
Parkview Home
Pioneer Health and Rehab
Plum City Care Center
Rib Lake Health Services
Shell Lake Health Care Center
Spring Valley Health and Rehab
Twin Ports Health Service-Superior
Villa Marina Health and Rehabilitation-Superior
Water's Edge (Hayward Area Memorial Hospital)
Wausau Comfort and Recovery Suites
Willow Ridge
Public Health Departments
Pierce County Health Department
Sawyer County Health and Human Services

APPENDIX B: PARTICIPANT FEEDBACK

Types of Agencies Included in the Participant Survey	Total Number of Responses=87
Hospitals	6
Public Health Agency	5
Home Care/Hospice	8
Long Term Care	65
Community Health Clinic	1
Dialysis	1
Other	1

Disciplines Included in the Participant Survey	Total Number of Responses=87
Administrator/Executive Director	21
DON/Nursing	14
Facilities/ Maintenance/Environmental Services	8
Social Services	6
Support Staff	9
Emergency Preparedness Manager/Emergency Management Coordinator	8
Health Officer	0
Other	21

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The use of the virtual platform to facilitate this exercise was beneficial.	1	2	3	4 4.34	5
The exercise scenario was plausible and realistic.	1	2	3	4 4.33	5

Assessment Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Exercise participants included the right people in terms of level and mix of disciplines.	1	2	3	4 4.12	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4 4.34	5
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4 4.41	5

COMMENTS: RECOMMENDATIONS ON HOW THIS EXERCISE AND FUTURE EXERCISES COULD BE IMPROVED OR ENHANCED?

- No recommendation/None
- We could have probably improved our communication with the hospital prior to the exercise by contacting them to find out who would be playing. Also we could reach out to LTCF to see if they are participating to enhance the communication between all facilities.
- Require entire department participate per organization
- Have them more often
- I think it was great please keep it up We will include more staff next year.
- Decrease discussion time by offering scenarios prior to event.
- I thought it was very informative. I wouldn't change anything.
- Some questions could not be answered. If references could be made available that would help.
- Some questions that the group had were not answered, the ones that had been answered were not clear enough.
- Only suggestion which is already known is to work on the RAVE system for notification. Aimee continues to be a stellar regional coordinator. Without her leadership, cooperation, skill and expertise, we would not be where we are today at our facility for our preparedness program.
- A tad more realistic.
- Continue to have the specific scenarios for the different type of provider such as LTC, home health and hospice.

- I would suggest that the EOP for each facility needs to be available to every participant prior to the meeting.
- It was laid out nicely in order to follow.
- Give examples of what would work
- It would have been helpful to have some more concrete solutions to problems that were presented. I understand that this was to help discuss some of these questions, but I still felt like there should have been more specifics as to how to handle some situations.
- Test system prior to going live. Phone interference was distracting and hard to understand what was said.
- This was my 1st table top discussion and after many on scene drills I thought it was very effective.
- I did not know such a thing existed, it was great my first time, very good.
- We enjoy these exercises and the opportunity to run through scenarios! Thank you for putting these on!
- The one area that I think was missed/overlooked was the exit of sending the residents back to their facility. Sending them back is just as difficult as bringing them in, and much more to it than this exercise projected. If they came in with no w/c then how did they leave? If the receiving facility loaned them w/c then how did they make sure to retain them as well as any bedding/clothing/etc that was used for the incoming residents.
- Maybe a little more input from the group - it is hard to read the comments during the program and talk with ourselves.
- None, very pleased with presentation.
- A live scenario would be beneficial.
- More time to work out issues that arose in the scenarios.
- Instead of a given timeframe to finish each scenario – we could announce when we are done or the lead could ask if anyone needs more time, could move things along quicker.
- Bigger words on the screen it was hard to read.
- Better technology.
- I would recommend not having so long of a time in between the steps. The narrator was excellent, the exercise itself was enlightening and made us all think of the roles we would play and how to do them if an event like this or any event occurred.
- I think it was great and our organization was now prepared to play and have great discussions. Thank you!
- It was my first one, and I thought it was a great exercise. I can't think of any improvements or recommendations to improve.
- I thought it was great the way it was.

- I would like to have discussed other scenarios as well- what if we were the facility that had to evacuate? I realize the issues could go on and on.....
- Possibly doing different scenarios. That way we can utilize our emergency preparedness book more.
- Seems to be fine as is.
- This is the second exercise I have done like this. Both were beneficial to the facility and staff. I think it works that way you have it.
- More clarity on if it was functional or table top. Most sessions said to discuss, but it seems we were expected to complete tasks.
- We thought it was great and appreciate being able to be involved! Thank you!
- Change the scenario to fully involve CHCs or stand-alone clinics. Or run two scenarios to accommodate large and small entities. Thank you for hosting this, we really appreciate being able to do this virtual exercise!
- We felt like there was too much time in between. We were often waiting to move on.

COMMENTS: PLEASE SHARE CAPABILITIES, TOPICS OR THEMES FOR FUTURE EXERCISES

- Reverse the roll to be the sending facility.
- Information sharing always seems to be a capability that could be improved!
- Child abduction.
- Hazardous stuff/ Shooter
- Mass evacuation/casualty
- Loss of power
- Perhaps railroad car derailment with chemicals involved and wind a crucial factor.
- Repeat the evacuation of hospital LTC with surge patients to home health and hospice but consider transportation issues for the patient's leaving the hospital, or medication shortages.
- Hazardous material event.
- I would suggest repeating this emergency preparedness training several more times.
- How to go about getting agreements between other facilities and ourselves to help in these instances.
- Just throw something at us! I believe our team is cohesive and can handle it. Great scenario!
- Our group says active shooter.
- Workplace violence, power outage.

- Mass clinic Med surge
- Active shooter in the building.
- Communication loss
- 2 day snowstorm, tornado.
- Power outages
- Active shooter, situation where we would be the ones evacuating our residents.
- I think a scenario where you need to evacuate your people to another site would be good. How do you send them, their records, what belongings, etc.? What do you do if you are on that side of the spectrum.
- High winds, loss of power, generator stops functioning, snow storm. All in the same scenario. Yikes!
- Active shooter.
- Tornado, power outages, shootings.
- Chemical spill - train derailment.
- Active shooter.
- Fire, communication systems failure, flood, infrastructure failure at participating clinic site instead of outside entity.
- Active shooter.
- Fire or Tornado as those are high on our lists of possible scenarios that could happen in our area
- Something similar to today's topic.
- We have suggested before that these patients may go to a hotel instead of dispersed to homes. So I am not sure if only 8 patients were involved. Or only 8 to us. Would be interesting to test the scenario to relocate to a hotel and see the results. It would be easier to staff than dispersing to homes and all the travel unknowns etc. Great exercise- truly a challenge, and we learned a lot.