

Northwest WI Healthcare Emergency Readiness Coalition (HERC) Virtual Community-Based Functional Exercise: “Not Your Typical Pumpkin SPICE”

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	“Not Your Typical Pumpkin SPICE” Regional Virtual Exercise Storms, Power, Information, Computers, Evacuation
Exercise Dates	<p>November 7, 2019</p> <p>A Go To 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. The Power Point and Exercise Scenarios were sent to registered organization’s points of contact the day before the exercise. A template for the Executive Summary and Improvement Plan was sent to the points of contact for each organization the day of the exercise. A follow up Participant Feedback Survey link was sent to all participants in the next day.</p>
Scope	<p>The Exercise was coordinated and controlled through a virtual platform. Partners conducted exercise play at their own facilities or agencies with key leaders and staff. The exercise encouraged functional components such as reaching out to community partners.</p>
Mission Area(s)	<p>Coordination and Response</p>
Core Capabilities	<ol style="list-style-type: none"> 1. Emergency Operations Coordination (EOC) (Capability 1: Foundation for Health Care and Medical Readiness) 2. Information Sharing (IS) (Capability 2: Health Care and Medical Response Coordination) 3. Continuity of Operations (COOP) (Capability 3: Continuity of Healthcare Delivery)
Objectives	<ol style="list-style-type: none"> 1. Identify roles and responsibilities for emergency response. 2. Coordinate response strategy, resources, and communication within the organization. 3. Organizations and individuals know how Emergency Alerts are received and take appropriate action. 4. Organizations within the community are able to communicate and share information with one another. 5. Maintain safe and appropriate patient and resident care during a power outage. 6. Identify redundant systems to maintain access to Electronic Medical Records during time of computer failure. 7. Identify triggers for evacuation.
Threat or Hazard	<p>Extreme Heat, Information System Outage, Severe Summer Weather, Loss of Power, Structural Damage.</p>

<p>Scenario</p>	<p>It is a late fall day with anticipated unseasonably hot temperatures and an enhanced chance of severe storms. Mid-morning there is a sudden loss of internet and internal phone connections due to a cut fiber optic line. In the afternoon, a Severe Thunderstorm Warning is issued for the area. As the storm moves through the facility losses power due to high winds resulting in trees down and minor structural damage to the front awning. On day two, power has yet to be restored and due to a lack of cooling systems on generator power, the facility leadership needs to consider evacuation.</p>
<p>Sponsor</p>	<p>Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWIHERC)</p>
<p>Participating Organizations</p>	<p>Total Number of Participating Agencies: 51 Total Number of Participants: 338 See Appendix A for list of Participating Agencies. See Appendix B for Participant Feedback.</p>
<p>Point of Contact</p>	<p>Aimee Wollman Nesseth Coordinator Northwest Wisconsin Healthcare Emergency Readiness Coalition 1003 Prairie Circle Menomonie, WI 54751 coordinator@nwwiherc.org 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)
Identify roles and responsibilities for emergency response.	Emergency Operations Coordination (EOC)		S		
Coordinate response strategy, resources, and communication within the organization.	Emergency Operations Coordination (EOC)		S		
Organizations and individuals know how Emergency Alerts are received and take appropriate action.	Information Sharing (IS)		S		
Organizations within the community are able to communicate and share information with one another.	Information Sharing (IS)			M	

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 safe and appropriate patient and resident care during a power outage.	Continuity of Operations (COOP)		S		
Identify redundant systems to maintain access to Electronic Medical Records during time of computer failure.	Continuity of Operations (COOP)		S		
Identify triggers for evacuation.	Continuity of Operations (COOP)		S		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for

Analysis of Core Capabilities

emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

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

Objective 1:

Identify roles and responsibilities for emergency response.

Core Capability:

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

Activity 1:

Identify roles and responsibilities for Leadership Team or Incident Command.

Exercise Strengths

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

Strength 1: Most participating agencies have robust written Emergency Operation Plans.

Strength 2: Some participating agencies have previous experience with real events which helped during this exercise with critical thinking and problem solving.

Strength 3: Most participating agencies feel their leaders have a good understanding of the Emergency Operations Plan and their roles and responsibilities during an emergency event.

Strength 4: Some agencies are part of management companies and have depth in resources, support, and guidance.

Strength 5: Most agencies reported good participation from leaders within the agency during this and other emergency exercises and drills.

Overall Strength:

Analysis: Since the last emergency exercise facilitated by the NWWIHERC, most agencies have more robust Emergency Operation Plans, and have increased the knowledge of the roles and responsibilities of leaders.

Exercise: Areas for Improvement

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

Analysis of Core Capabilities

Area for Improvement 1: Many participating agencies identified the need for ongoing training and education of the Emergency Operations Plan for front line staff and their roles and responsibilities during an emergency.

Area for Improvement 2: Some agencies stated the need to better identify leaders in key positions by purchasing Incident Command vests.

Area for Improvement 3: Some agencies identified the need to clarify the chain of command if the Administrator is not available during an emergency.

Area for Improvement 4: Some agencies identified that there is vast institutional knowledge of the facility and plans due to seasoned staff, however, this knowledge is not documented anywhere for future reference.

Area for Improvement 5: Some agencies identified the need to expand incident command positions to include leadership for volunteer management and transportation coordination.

Area for Improvement 6: Some agencies identified that they no longer have any print or hard copies of their Emergency Operations Plans. In the scenario with no power or internet capabilities, they are rethinking this practice.

Overall Area for Improvement:

Analysis: 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. Clarification of roles and responsibilities is beneficial.

Activity 2:

Consider leadership team needs over several days and continuity of operations when rest is needed.

Exercise Strengths

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

Strength 1: Some agencies have existing Memorandums of Understanding through Leading Age or their sister agencies for staffing support in extended incidents.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some agencies stated that staffing is a challenge on a daily basis. Lack of depth in staffing is a concern.

Area for Improvement 2: Some agencies stated they are unsure of their staff's personal preparedness, therefore their ability to respond to the organization in a time of emergency is uncertain.

Area for Improvement 3: Some agencies stated the need to identify and train staff for each leadership position to a level of three deep.

Analysis of Core Capabilities

Overall Area for Improvement:

Analysis: Finding and maintaining trained staff in our rural areas is an ongoing challenge. Emergency preparedness on a personal level will impact staff availability during a disaster.

Objective 2:

Coordinate response strategy, resources, and communication within the organization.

Core Capability:

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

Activity 1:

Determine and prioritize immediate action steps

Exercise Strengths

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

Strength 1: Most agencies identified patient, resident, and staff safety as a key priority.

Strength 2: Most agencies named updated Emergency binders and policies as a strength in identifying key priorities.

Strength 3: Several agencies stated they have caches of emergency supplies, medications, food, and water.

Overall Strength:

Analysis: Most agencies felt very confident in this exercise activity. They were able to identify key priorities and have Emergency Operation Plans which speak directly to these priorities.

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 rewrite some policies based on lessons learned from this exercise and from changes in their infrastructure.

Area for Improvement 2: Many organizations identified that keeping residents cool during a heat emergency was a priority. However, many of these organizations' cooling systems are not on backup generator power.

Overall Area for Improvement:

Analysis: This exercise was beneficial in helping organizations identify what systems are on backup generator power. This information will help inform emergency operation planning to find alternate ways to meet key priorities if the current infrastructure doesn't support this priority.

Analysis of Core Capabilities

Activity 2:

Identify Key Community Partners for Communication

Exercise Strengths

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

Strength 1: Many agencies stated they received positive and timely responses from community partners who were contacted as part of this exercise.

Strength 2: Many agencies stated that their staff and volunteers were eager to respond for assistance.

Overall Strength:

Analysis: Thankfully we live in an area where people are willing to help each other in times of emergencies. Organizations were successful in identifying who they would reach out to within the community.

Exercise: Areas for Improvement

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

Area for Improvement 1: Many organizations stated they didn't have an up to date, comprehensive phone number list of community partners, including vendors, available in the command center or to staff during off hours.

Area for Improvement 2: Some organizations identified the need to remember to reach out to community agencies for situation awareness and for assistance during real events and exercises.

Area for Improvement 3: Many agencies identified the need to build social media capabilities to communicate with key stakeholders.

Area for Improvement 4: One agency identified the need to have better signage for an EMS entrance if their primary entrance was compromised.

Overall Area for Improvement:

Analysis: Maintaining an accurate list of community partners and vendors is an essential part of the healthcare organization's communication plan. This task needs to be assigned to someone within the organization to guarantee completion on a regular basis.

Activity 3:

Identify Key Community Partners for Coordination and Assistance

Exercise Strengths

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

Analysis of Core Capabilities

Strength 1: Some agencies reached out to or invited County resources to participate during the exercise.

Strength 2: Many organizations have Memorandums of Understanding in place through Leading Age.

Strength 3: Some organizations stated local and county agencies are integrated into their Emergency Operations Plan.

Strength 4: Some organizations identified good working partnerships with other healthcare agencies within the same building or campus.

Strength 5: Many agencies stated they have committed staff and partners within the community who would respond in a timely manner if emergency needs were expressed.

Overall Strength:

Analysis: Most participating agencies in this exercise were able to identify community partners who would be available to assist with coordination or operations in the event of an emergency.

Exercise: Areas for Improvement

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

Area for Improvement 1: One dialysis system is under the impression that they are on a “priority list” with the utility company in the event of a power outage, however, they were not able to confirm this at the time of the exercise.

Area for Improvement 2: Many organizations identified the need to clarify and build capacity for emergency transportation resources in the event of an emergency evacuation.

Area for Improvement 3: Some agencies stated they do not have Memorandums of Understanding in place for mutual aid from like facilities or vendors.

Overall Area for Improvement:

Analysis: This exercise encouraged facilities to think about their community partners who may be available in a time of emergency. It was recognized that depending on the scenario and wide-spread impact on the community, some resources may not be available. Building these partnerships is beneficial and a best practice for healthcare facilities.

Activity 4:

Identify challenges or barriers for quality improvement

Exercise Strengths

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

Strength 1: Many participating agencies are members of a broader healthcare system or management company. This relationship allows them to learn from other sister facilities and provides the benefit of management staff who can assist with quality improvement projects.

Analysis of Core Capabilities

Exercise: Areas for Improvement

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

Area for Improvement 1: Many of the organizations participating in this exercise are independent facilities. They may not have the staff available to dedicate to quality improvement processes.

Area for Improvement 2: Some organizations identified the need to review their policies more regularly.

Area for Improvement 3: Some agencies identified the need to practice more elements of their plans (i.e. recovery) in order to determine gaps and make improvements in those plans.

Overall Area for Improvement:

Analysis: Staffing challenges for some organizations is a barrier to a successful quality improvement process. Continuing to hold exercises and drills with an After-Action Review component is essential in moving quality improvement projects forward.

Objective 3:

Organizations and individuals know how Emergency Alerts are received and take appropriate action.

Core Capability:

Information Sharing (Healthcare and Medical Response Coordination)

Activity 1:

Individuals understand the difference between WATCH and WARNING

Exercise Strengths

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

Strength 1: Some agencies stated this exercise prompted good discussion not only about the difference between a severe thunderstorm Watch vs. Warning, but about other extreme weather situations such as extreme heat or cold.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations reported that some members of their staff did not understand the difference between a Watch and Warning and how their roles and responsibilities would be different in each scenario.

Area for Improvement 2: Some organizations identified the need to expand their policies to include extreme temperatures in order to provide information to residents, families, and their activity departments when planning outings for days with extreme hot or cold temperatures.

Analysis of Core Capabilities

Overall Area for Improvement:

Analysis: Ongoing clarification of severe weather terminology and how these weather events relate to policy is an ongoing educational need.

Activity 2:

Multiple methods of Emergency Alert Notification are identified for individuals and organizations.

Exercise Strengths

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

Strength 1: Most organizations stated they regularly tested their emergency notification systems.

Strength 2: In the event that weather radios do not work within certain facilities, these organizations have created work arounds with County Dispatchers calling them directly when there is a weather event.

Overall Strength:

Analysis: Most organizations have multiple methods of receiving Emergency Alert Notification either through tools at the facility or through personal cell phone notifications.

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 more regular testing of their emergency alert notification systems.

Activity 3:

Internal Communications Plan is activated and utilized to communicate with staff, patients, residents, and stakeholders.

Exercise Strengths

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

Strength 1: Most agencies reported strong internal communication plans and were able to utilize them effectively during this exercise.

Strength 2: One organization implemented a mass notification system for their staff and felt the staff response to the Send Word Now drill was more successful than in the past.

Strength 3: One organization included providers and physicians in their mass emergency notification system which was successful.

Analysis of Core Capabilities

Overall Strength:

Analysis: Most organizations felt their internal communication systems worked well during this exercise.

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 improvement within their internal communication and plan to purchase radios.

Area for Improvement 2: Some agencies recognized their internal communication lists were out of date or incomplete (don't have cell phone numbers for all staff).

Area for Improvement 3: Some organizations identified a need to have a mass notification system for their staff.

Overall Area for Improvement:

Analysis: Communication continues to be point of frequent failure during real and exercised events. Coming up with solutions remains a priority.

Objective 4:

Organizations within the community are able to communicate and share information with one another.

Core Capability:

Information Sharing (Healthcare and Medical Response Coordination)

Activity 1:

Identify Key Partner phone numbers and have them available in the Communications plan to manage these types of incidents.

Exercise Strengths

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

Strength 1: Some agencies have built relationships with key community partners and have their contact information readily available.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations identified that there have been changes in key local and county personnel. They recognize the need to reach out and introduce themselves to build new relationships.

Analysis of Core Capabilities

Objective 5:

Maintain safe and appropriate patient and resident care during a power outage.

Core Capability:

Continuity of Operations

Activity 1:

Utilize Down Time Procedures appropriately to maintain charting and documentation or patient care.

Exercise Strengths

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

Strength 1: Many organizations identified well established down time procedures.

Strength 2: Many organizations stated they have policies in place to support functions that would not work without power or internet capability.

Overall Strength:

Analysis: Many organizations have thought through and established policies and plans to accomplish key functions in the event of down time.

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 create or modify plans to print or retrieve patient information in the event of a power outage or the inability to access the regular patient electronic medical records.

Activity 2:

Discuss what key functions must continue in spite of a lack of power and identify alternate methods of delivery of these functions.

Exercise Strengths

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

Strength 1: All agencies identified patient safety as their top function and key priority.

Exercise: Areas for Improvement

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

Analysis of Core Capabilities

Area for Improvement 1: Some organizations identified the need to create or expand their policies for functions such as transportation, medication distribution in the event of evacuation, and notification of patient and resident families of emergency event.

Objective 6:

Identify redundant systems to maintain access to Electronic Medical Records during time of computer failure.

Core Capability:

Continuity of Operations

Activity 1:

Identify Redundant Data Center locations and how to access these documents.

Exercise Strengths

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

Strength 1: Many organizations stated they have centralized data storage through their management companies and a good understanding of who they would need to contact to access those records.

Strength 2: Some organizations stated they have the ability to access patient records off line.

Overall Strength:

Analysis: Many organizations have created or identified methods to continue their access to patient electronic medical records in the event of a computer failure or power outage.

Exercise: Areas for Improvement

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

Area for Improvement 1: Some organizations stated they need to better understand the process to access patient electronic medical records in the event of a computer failure or power outage.

Activity 2:

Consider what documentation would need to accompany a patient/resident in the event of evacuation

Exercise Strengths

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

Strength 1: Some agencies have written Evacuation plans which include a check list of items and equipment that needs to accompany patient or residents to an alternate care site.

Analysis of Core Capabilities

Exercise: Areas for Improvement

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

Area for Improvement 1: Many organizations indicated it would be a challenge to produce paperwork quickly for patient or resident evacuation.

Area for Improvement 2: Some organizations do not have a robust evacuation plan that includes a check list of items and equipment that needs to accompany patients or residents to alternate care sites.

Area for Improvement 3: Some organizations stated they need to think through what durable medical equipment or staff would need to go ahead of patient or resident arrival at an alternate care site.

Overall Area for Improvement:

Analysis: Some organizations identified the need to expand and build evacuation capabilities particularly around what paperwork, equipment, and medications would need to accompany patients or residents leaving the facility during an evacuation.

Objective 7:

Identify triggers for evacuation.

Core Capability:

Continuity of Operations.

Activity 1:

Refer to policy to determine existing triggers or discuss what may be considered appropriate triggers for evacuation and re-entry.

Exercise Strengths

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

Strength 1: Some organizations stated they have triggers identified for evacuation within their policies and procedures.

Exercise: Areas for Improvement

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

Area for Improvement 1: Several organizations stated they do not have a policy or procedure for re-entry into the building following an evacuation.

Area for Improvement 2: One organization stated they need to work on “vertical” evacuation plans which currently do not exist.

Analysis of Core Capabilities

Area for Improvement 3: Some organizations stated they need to work on their transportation policies for evacuation and re-entry.

Area for Improvement 4: Some organizations stated their evacuation triggers are based on a case by case situation in part dependent on information from outside agencies (i.e. fire department).

Overall Area for Improvement:

Analysis: Based on this exercise, it was easier for organizations to follow existing policies for evacuation as opposed to the process for reentry. Building this capability and expanding policies and procedures for evacuation is an area of improvement.

American Lutheran Communities-Menomonie
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: American Lutheran Communities-Menomonie Dunn County	Name, Phone, Email of PRIMARY POC for this document: Taylor Kollross, Program Administrator Taylor.kollross@americanlutheranhomes.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Updated Emergency Preparedness Policies and Procedures 2. Updated MOUs and facility partnerships through Leading Age and Corporation 3. Good communication and quick response times from accepting buildings during evacuation and COO to start calling tree and coordinate PR			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Update incident command roles in evacuation binder 2. Ensure agency/pool staff are educated on emergency preparedness roles (especially charge nurse) 3. Current loan generator does not have full function capabilities has new one will have once placed in December (i.e. cooling)		
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
Organizations and individuals know how they receive	All staff, especially agency or pool staff, may not know the	This will be fixed by ensuring the agency and pool staff are adequately trained	ALC-Menomonie	Administrator and/or	11/15/2019

American Lutheran Communities-Menomonie
Executive Summary and Improvement Plan

Emergency Alerts and take appropriate action.	line of communication or roles for Emergency Preparedness.	and educated on emergency preparedness.		Director of Nursing	
Identify roles and responsibilities for Emergency Response.	There was some confusion on who is responsible for certain roles and the roles were not up-to-date in the evacuation binder.	To fix this the Evacuation Binder will be updated to represent all current practices and procedures.	ALC-Menomonie	Administ rator	11/15/2019
Identify redundant systems to maintain access to patient and resident medical information during a time of computer failure.	Making sure staff know what needs to follow a resident with them in an emergency.	Staff education will be provided.	ALC-Menomonie	Administ rator	11/15/2019
Identify triggers for evacuation and re-entry.	There was some uncertainty on who would be responsible for deeming the building safe to return to and continue operations.	Contact local officials to determine if there are requirements to returning to building and continuing operations.	ALC-Menomonie	Administ rator/En vironme ntal Services Direct	11/15/2019

Executive Summary: (To be completed by agency official)

American Lutheran Communities – Menomonie participated in a wide scale drill with the Northwest Healthcare Emergency Readiness Coalition. The drill was completed on November 7, 2019, starting at 8:30am. The drill ended on the same day at 11:00am. American Lutheran Communities – Menomonie had four participants active in the drill: Administrator, Taylor Kollross, Plant Operations Director, Larry French, UWEC Practicum Student, Katelyn Kegen and Maintenance Technician, Cody Stark.

The scenario imposed on the facility first started out as potential for severe storms and unseasonably hot and humid temperatures. The situation escalated to a Tornado Watch in addition to the fiber optic line being accidentally cut by the nearby construction crew. All internal communication was down. The Tornado Watch turned into a Tornado Warning and the front

American Lutheran Communities-Menomonie

Executive Summary and Improvement Plan

awning became destroyed during the storm. The fiber optic line was still out and all power was lost during this phase of the storm. The generator did kick in but the air conditioning is not controlled by this, due to this the residents were uncomfortable and the decision was made to evacuate the building. The residents and staff were able to return to the home facility four days following the initial storm.

Strengths:

1. We have updated Emergency Preparedness Policies and Procedures
2. We have updated MOUs and facility partnerships through Leading Age and Corporation
3. We had good communication and quick response times from accepting buildings during evacuation and our COO started the corporate calling tree and coordinated public relations right away

Areas of Improvement:

1. We needed to update incident command roles in evacuation binder
2. We need to ensure agency/pool staff are educated on emergency preparedness roles (especially charge nurse)
3. Our current loan generator does not have full function capabilities has new one will have once placed in December (i.e. cooling), if we had this in this situation, we would not have had to evacuate our building

Overall, I feel American Lutheran Communities-Menomonie successfully navigated this drill simulation. The team onsite knew exactly what to do and walked through all of our severe weather and power outage policies and procedures. Our corporate team knew who to contact and our IT started downtime procedures. We had good communication and were able to “evacuate” our 29 residents quickly. Due to this drill, we have started to work on our pool and agency emergency preparedness communication. We also updated our incident command forms and are excited to have a new generator the first of 2020. The biggest takeaway from the exercise is staying calm and prioritizing what needs to be done first during emergencies.

American Lutheran Homes-Mondovi
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: American Lutheran Homes- Mondovi	Name, Phone, Email of PRIMARY POC for this document: Tonya Lisowski, Administrator 715-926-0501 Tonya.lisowski@americanlutheranhomes.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Communication with other facilities within our organization 2. Emergency Preparedness Policies & Binders 3. Being able to prioritize our needs			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Using our County Resources 2. Communicating with facilities outside of our organization 3. Not knowing response time and how many staff would be available		
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	Using our county resources	Remembering to contact our county emergency manager during a time of crisis	ALH-Mondovi	Everyone	11/19/19
Information Sharing	Communicating with facilities outside of our organization	We recently signed an MOU agreement with several other facilities through Leading Age. If our sister facilities don't	ALH-Mondovi	Administrator	11/19/19

American Lutheran Homes-Mondovi
Executive Summary and Improvement Plan

		have availability we can contact outside facilities too.			
Emergency Operations Coordination	Not knowing how many staff would be available	Make sure staff understand what their responsibilities may be during a crisis	ALH-Mondovi	Administrator/Dept. Heads	Next All staff in service discuss responsibilities.

Executive Summary: (To be completed by agency official)

11/7/19

- Who played- Tonya Lisowski, Administrator, Andrew Hagen, Plant Operations Director, Jenny Lilyquist, DON, Darcy Wall, Social Services, and Sandy Glomski Activity Director
- What was the scenario? The day started off with a projected heat index near 100 degrees and an enhanced chance of severe storms. Our facility made sure there was adequate water and Gatorade available for staff and resident, we turned down the temperature so the air conditioner would kick in, we canceled any outdoor activities or outings and made sure there were activities indoors, we kept an eye on local news stations, and our cell phones, we also pulled the shades of the windows to keep the sun out. A tornado watch has been issued until 6pm and our internet and internal phones went down and we had to initiate down time procedures. Staff were instructed to use their cell phones for communication and MARs and TARs were printed off for each resident using our down time computer. Staff continue monitoring the weather on their cell phones and local weather stations. We contacted our PR firm to let them know to use our resources to notify the community and families that our phone system is down at this time. Around 3:35pm a Severe Thunderstorm hits and we lose power to our facility due to downed trees. Our front entrance is also un-usable due to an awning that was damage and is still hanging loosely to the front. Our generator did kick in and is allowing us to use emergency lighting and power sources only, our elevator does still function. Staff have been notified that they will need to stay until the next shift is able to get in, we called Excel Energy to make sure they are aware of the outage. Our generator is natural gas so we don't have to worry about running out of a fuel source, however the air conditioner is not powered by the backup generator, we will need to closely monitor the temperature of the facility and have limited the opening and closing of our freezer and cooler in our kitchen. We blocked the front entrance on both sides and have posted signage instructing anyone entering to come through one our Assisted Living entrances or our rear entrance. The following day power has still not been restored and the heat index continues to be extremely high, it is becoming too hot and humid in the facility and we have decided that we need to evacuate as the power may not come back on for at least 3 days. We contacted our sister facilities. Menomonie was able to accept 8 residents and was able to bring their bus and 2 staff to help with transportation. We initiated our evacuation protocol and needed to send their chart, clothing, personal items (glasses, dentures, hearing aids,

etc.), and a 3-day supply of medication along with the residents. Prairie Pointe was able to accept 13 of our residents and was also able to help out with transportation, however they need us to send CNAs to help with cares as they don't have staff capabilities, so we need to ensure CNA staff are there to help during the evacuation time. Elmwood was able to take the remaining residents. However, they were not able to provide transportation so we needed to use our transport driver and van and bus to take the residents to Elmwood. 4 days later power has been restored and we have worked with our COO and IT director at Grace Lutheran Communities and have cleared our residents to re-enter our facility.

- 3 Strengths: Communication and relationships with other facilities within our organization is very good, our policies and evacuation binder were very well organized and detailed in what we need to do in the above situations, and we were also very good at prioritizing what our needs would be.
- 3 Opportunities: Communication with our county emergency manger and other facilities outside of our organization were not utilized during this exercise we went internally only and we were unsure of what staff would be available depending on the conditions and the time of day what the actual response time would be.
- Overall, was it a success or a lesson learned? I think this was a success, however there were also lessons learned and a lot of scenarios that were discussed.
- With this experience, how will you implement what you learned as you move forward? I think moving forward we will be conscious of our limitations and including at times our building structure.

Atrium Post-Acute Care of Marshfield
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form Atrium Post-Acute Care of Marshfield	Name, Phone, Email of PRIMARY POC for this document: Robin Kraschnewski MARPAC-MDS2@atriumhsl.com 715-387-1188	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Emergency Plan in place 2. Current and continued Emergency Preparedness education completed 3. 3-day Emergency Food/Water Supply		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Weather Alert and Phone land line- monthly check/testing 2. Emergency Vest Implementation 3. Check/add policy for Command Post and appropriate steps			
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 and Education	1. See above	monthly audit	Maintenance	Lynn	11/18/19
Evacuation	2. See above	research vest options, \$, budget approval, corporate approval, make/implement policy, education	Nursing, NHA	Rhonda (NHA)	12/18/19

Atrium Post-Acute Care of Marshfield
Executive Summary and Improvement Plan

Emergency Operations Coordination	3. See above	review new company policy (if one in place), education	Nursing, NHA	Lannette (DON)	12/18/19
<p>Executive Summary: (To be completed by agency official) On 11/7/2019, Robin K- MDS RN, Judy C.- Environmental Services Director, and Lynn- Maintenance Director participated in a Northwest Wisconsin Healthcare Emergency Readiness Coalition exercise- "Not Your Typical Spice- Storms, Power, Information, Computers, Evacuation." The objective to this exercise was to work through the emergency situation, come up with facility strengths and weaknesses, and form plan with an outcome. This exercise gave a beginning scenario with 5 situation that added information to the scenario. With each situation, there were different question and consideration that we had time to discuss, answer, and form our plan.</p> <p>We came up with 3 strengths:</p> <ol style="list-style-type: none"> 1. Already have an Emergency Plan in place (Emergency Preparedness binder with policies); 2. Have completed current (October Emergency Preparedness Education) and continued education in place. 3. 3day Emergency Food and Water Supply <p>Improvements:</p> <ol style="list-style-type: none"> 1. Weather Alert/ Phone Land Line Testing 2. Emergency Vest/ Policy 3. Command Post Policy and Emergency Steps <p>We presented the exercise information to the IDT members on 11/8. The strengths and improvements were agreed upon by the team and an implementation plan was formed with responsible individuals assigned parts. Also, was agreed upon that the exercise would be presented at next staff meeting with the plan and summary.</p>					

Augusta Health
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Augusta Health	Name, Phone, Email of PRIMARY POC for this document: Adam Price 715-286-2266 Ext 125	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Community support 2. Supplies and equipment preparedness 3. Staff knowledge of evacuation procedures			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Medical records access 2. Chain of command if administrator were not available 3. Decision makers upon Administrators absent		
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
Better access to medical records upon the loss of internet or major disaster	Finding a way to access records when the internet is down	Work with the IT department and the patient care web base to learn a better way to access records	Augusta Health	Adam Price	11/14/19

Augusta Health
Executive Summary and Improvement Plan

Establish a chain of command for major decision making	There is a need to make sure that the proper chain of command is in place when the administrator is not available	Work with the management team to establish a list of managers to give direction in the event of an emergency or disaster	Augusta Health	Adam Price	11/14/19
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Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11/07/19
- Who played- Adam Price, Aggie Wottreng, Nancy Forde, Kelly Welke, Mary Smieja, Clarissa
- What was the scenario? Internet outage, with severe weather during hot weather in Sept.
- 3 Strengths: supplies and equipment on hand, great community support and staff with knowledge and understanding of policy and procedures for extreme weather conditions
- 3 Opportunities: strengthening our chain of command, better understanding how to access medical records with no power or internet
- Overall, was it a success or a lesson learned. I believe that overall it was both a success and a lesson learned
- With this experience, how will you implement what you learned as you move forward. Moving forward it is very important that we have access to are medical records and other patient information, also we will meet with the management team to establish a chain of command to ensure that the facility runs smooth upon the unavailability of the administrator due to the situation at hand at the time.
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Avanti Health and Rehabilitation
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Avanti Health and Rehabilitation	Name, Phone, Email of PRIMARY POC for this document: Jeff Smith, jeffs@avantihs.com (715)356-6016	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Established plan of action 2. Dependable resources 3. Newer Building, generator, etc.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Training of Staff 2. Cellular Service/Communication 3. Knowledge of 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
Continuity of Healthcare Delivery	Training of Staff	In Service, walk through of building, scheduled audits of supplies		Jeff Smith	
Communication/Information Sharing	Cell Service/Communication	Acquire 2-way radio		Cindy/Jeff	
Training and Education	Knowledge of Plan	Mandatory In-service, Drills		Cindy/Jeff/Nursing	

Executive Summary: (To be completed by agency official)

- Date of exercise- November 7, 2019
- Who played- Cindy Robinson, Amy Stolar, Jessica Pultz, Katherine Hume, Jeff Smith, Kathy Drake, Sarah Alf, Krystal Maulson, Cindy Wiesendanger

What was the scenario? Bright, sunny weekday in mid-September with temperatures in the mid-90s with heavy humidity.

Construction workers next door have accidentally struck the fiber optic line, thereby cutting all communication for telephones and internet connections. Workers have advised the facility they are unsure how long it will take to repair the lines.

It is now mid-afternoon, and as we are dealing with the loss of connectivity and other functions through the fiber optic cable, a severe thunderstorm Warning is issued. As the storm hits, we lose power due to straight line winds. Across the street, you can see trees down over the top of the road on top of power lines and branches. The generator has kicked on, and is functioning appropriately.

An awning at the entrance of the building has been damaged and is hanging precariously. You cannot use the entrance at this time.

Plan of action: In an Emergency/Disaster first contact the Administrator. If unable to reach the administrator, at least two (2) supervisors must be contacted and be able to respond. The chain of contact is:

1. Administrator
2. Director of Nursing
3. Maintenance Supervisor
4. Assistant Director of Nursing
5. PM Supervisor
6. Maintenance Assistant
7. Director of Social Services
8. Business Office Manager
9. Dietary Manager
10. Activity Director
11. Medical Records
12. MDS Coordinator
13. Transportation

Avanti Health and Rehabilitation

Executive Summary and Improvement Plan

Staff is to take action from the administrator. In the administrator's absence, the charge nurse on duty will give directions until one of the above individuals are on site. Staff will refer to the Emergency Plan book, located at the nurse's station, External Threats section.

- 3 Strengths: See above
- 3 Opportunities: See above
- Overall, was it a success or a lesson learned. Overall, our facility was a success.
- With this experience, how will you implement what you learned as you move forward. What we've learned from this experience is that more drills and in services, will keep staff and new hires up to date on the policies and procedures.

Burnett Medical Center and Long-Term Care
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Burnett Medical Center	Name, Phone, Email of PRIMARY POC for this document: Tamra White, 715-463-7210, twhite@burnettmedicalcenter.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 13	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Established paper downtime procedures 2. Good responses from outside entities contacted 3. Previous experience with similar real-life event helped with critical thinking during this exercise. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Due to changes in staffing, retraining needed for certain Incident Command staff, and need to identify back-ups/staff needs during an incident that is expected to last beyond 24 hours. 2. Need to develop a spreadsheet that outlines equipment tied to specific generators and what IT resources are completely dependent on fiber optic capability. 3. Need to update Communications Plan with additional phone numbers. This listing also needs to be posted in the Incident Command Center for easy access. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Burnett Medical Center and Long-Term Care
Executive Summary and Improvement Plan

	that should be corrected				
Incident Command	Some new staff did not recognize their functions during the exercise.	We already have Incident Command staff training scheduled for 11/20/19.	NWWIHERC	Ned Moore	11/20/19
Resources	We did not have quick and accurate evidence of equipment tied to which generators throughout the facility. Also, needed to contact IT staff for clarification on which systems were run on fiber optic versus in-house servers/DSL.	Maintenance and IT staff will create spreadsheets that outline which equipment is tied into which generators in the facility and what IT systems are run off internal versus external servers/internet both fiber optic and DSL.	Burnett Medical Center	Daryl Willert and Leah Wilson	01/31/20
Communications	Our Communications Plan did not have the numbers needed to contact during this exercise. This listing was not posted in the Command Center.	The Communications Plan will be updated and posted.	Burnett Medical Center	EP Cmte	12/31/19

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11/07/19
- Who played- Incident Command Staff, Maintenance Staff, Long Term Care DON, HR, ED/Acute Care Manager, County Emergency Management Director, EMS, Phone Company, Electric Company, Local Church, Kitchen Staff, Email sent to Division of Quality Assurance
- What was the scenario? SPICE (Storms, Power, Information, Computers, Evacuation). Over the course of five different situation reports, the exercise went from chance of severe storms to need for evacuation due to several days without power.

Burnett Medical Center and Long-Term Care Executive Summary and Improvement Plan

- 3 Strengths: As above.
- 3 Opportunities: As above.
- Overall, was it a success or a lesson learned. It was both. Several wins during the exercise, but we also learned some areas required some updating and retraining.
- With this experience, how will you implement what you learned as you move forward. Our team will utilize the information learned from this exercise and from our upcoming Incident Command training to proactively improve our capacity to handle events that have more of a likelihood of occurring in the future.

Cumberland Care and Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Cumberland Care and Rehab	Name, Phone, Email of PRIMARY POC for this document: Amy Adams, MDS Coordinator Care and Rehab Cumberland 1100 Seventh Avenue, Cumberland WI 54829 715-822-7062	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Excellent community response, sister facilities in the state 2. Building and location: attached to hospital, sturdy cement block building 3. Staff and volunteer response to request for help was great and a fantastic leadership team! 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Learned important items about our new addition—not sturdy, need to change evacuation plan 2. Emergency power in new addition is very limited 3. Staff and volunteer response to Send Word Now was much improved over last year; and we already knew about our generator capacity and abilities from last year. 		
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
New addition is built to withstand 110 mph winds, old	Severe weather plans need to include South	Policy will be rewritten, will have a physical drill to practice within the next three months.	Care and Rehab Cumberland	NHA, DON, all staff	02/29/2019

Cumberland Care and Rehab
Executive Summary and Improvement Plan

building is much sturdier	residents moving to safer building				
If power is provided by generator, new wing only has 8 outlets that will work. Old building is completely powered, including tub room and kitchen.	Will need to move oxygen dependent individuals/those with powered medical equipment to old wing.	Awareness for leadership team after generator power goes on to look at resident list.	“	Leadership team	02/29/2019
Provisions will need to be made for personal laundry as those machines will not be powered.	Will need to make provisions for resident personal laundry if power outage is greater than a week.	Leadership needs to brainstorm alternatives as laundry is in the basement of the attached apartments which will be on community power grid and not powered by generator.	“	Leadership team	02/29/2019
The attached apartment building will not be powered, need discussion of if and how to care for those community residents.	Do we have a responsibility to the attached apartment building, if so, what specifically?	Leadership needs to discuss what if anything we will offer to those community residents.	“	Leadership team	02/29/2019

Executive Summary: (To be completed by agency official)
 11/07/2019. As last year, our DON and NHA were off on a retreat with other Care and Rehab staff and were off premises. Social worker, infection control RN, MDS coordinator, Activities Director, HUC, Dietary Manager participated. There was a loss of internet, then a tornado with extended power outage. We learned from Maintenance that our new wing will have only 8 outlets that will run off of generator power but the old building is completely powered including kitchen and tub room. We also learned from the Maintenance Director (we are attached to a hospital) who built the new wing that the new wing was built to withstand winds of 110 mph only. Resident personal laundry is not going to be powered. We learned our old building is sturdier than the

attached hospital and that the hospital may not be able to offer much in the way of maintenance assistance immediately, but they would block off our entrance awning danger area for us right away.

The community radio station was willing to put out a public service announcement regarding how families could reach us (cell phone numbers) during the emergency. Our cell phones have wireless hot spots and will be able to connect the laptops to the internet—all our medical records are completely electronic. EMARs will be available. We notified Barron County emergency services (Mike Judy). The Hospital has an analog phone which we knew but did not have the number for—this has been added to the emergency manual. Evacuation would be smooth as we have a 20-person capacity van. Staff texted back if they would be available for 1-2-3 or 4 days. One of our med carts would be taken with us to one of our five sister facilities throughout the states of WI and MN. We would be able to take a nurse, possibly two nurses and two CNAs with us for our ten residents.

We feel confident that our responses were well thought out and workable. The responses from community partners, staff, volunteers, and Maintenance were very good. Thank you.

Chippewa Manor Nursing and Rehabilitation
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Chippewa Manor Nursing and Rehabilitation, Corp.	Name, Phone, Email of PRIMARY POC for this document: Brandon Thorsness, NHA 715-723-4437 Brandon.thorsness@chippewamanor.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Our current generator is a large capacity/output generator 2. We already use EMRs extensively 3. We have solid evacuation sites			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Need to more specifically define our procedure for distributing medications post-incident 2. Create an “easy” button in our EMR to quickly produce necessary reports from the EMR 3. Place a sign outside an entrance to clearly identify the “EMS Entrance”		
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	We need more handheld radios	Purchase more radios	Administration	Administrator	TBD (2020 budget)

Chippewa Manor Nursing and Rehabilitation
Executive Summary and Improvement Plan

Communication/Information Sharing	Making sure one (1) person is identified to make and receive calls to/from families during an incident	The Communications Director will have that responsibility	Administration	Communications Director	11/14/2019
Continuity of Healthcare Delivery	Better defined policy on how medications for clients will be transferred and administered in a crisis	Nursing Dept will develop a clearer procedure	Nursing	DON	TBD (goal of before 2020)

Executive Summary: (To be completed by agency official)

On 11/7/2019, a large interdisciplinary team gathered to participate on the fall Regional Virtual Exercise training module, hosted by the Northwest Wisconsin Healthcare Emergency Readiness Coalition. The primary goal of participating was to identify and remedy any weaknesses in disaster planning and action plans. The following departments were represented: Administration; Nursing; Social Services; Dietary; Activities; and Maintenance. Some departments had more than one representative in attendance.

The team worked through a disaster drill that had a sequence of progressively worse operational concerns occurring. Working through those issues, there were positive findings as well as concerns that arose, requiring further attention. Our generator is very capable of supporting the campus and over a long period of time; we have already operationalized an EMR program throughout the campus; and we have good offsite evacuation locations. We also determined that we needed to strengthen our procedure for ensuring medications follow an evacuated client; we needed to develop an ‘easy’ button in our EMR program that would allow for one-click operations to produce a series of reports that would likely be needed in an evacuation; and that our ‘ambulance’ entrance was not marked at all. We already identified the means and measures necessary to remedy those concerns. The experience would be categorized as successful, given the concerns we noted from it.

**Christian Community Home-Hudson
Pine Ridge Assisted Living
Executive Summary and Improvement Plan**

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Christian Community Home – Hudson and Pine Ridge Assisted Living	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): 51	Total number of people who participated in the exercise at your facility. 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Our generators power the entire building, all lights, and plug ins. Our power outage policy and procedure addressed the necessary concerns. We have back-up contracts for emergency replacement of the generator if there is a failure. 2. We have a countywide transfer agreement with nursing home facilities in St. Croix County. This is updated monthly by St. Croix County. 3. After reviewing our power outage, generator, and evacuation policies, we determined only minor updates will be needed.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. We need to update our transportation policies regarding an evacuation. 2. We will develop a checklist for what goes with the resident in an evacuation situation. 3. We need to review our recovery policy and make it more specific.			
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

**Christian Community Home-Hudson
Pine Ridge Assisted Living
Executive Summary and Improvement Plan**

Transportation Policy	We do not have a signed contract to assist us with transportation, in the event of an evacuation.	Our Director of Operations will reach out to St. Croix County Emergency Services to discuss adding a transportation policy to our current transfer policy and to clarify the assistance we can get from St. Croix County.		Mary Eells	January 1, 2020
Evacuation Checklist	We observed that we need something simple that we can pull and distribute to staff, regarding what supplies and information goes with the resident in the event of an evacuation. The details are in the policies but we feel in an emergency situation, it would be beneficial to have a checklist.	Our Director of Operations will create a simplified checklist for staff to follow when residents are being transferred.		Mary Eells	January 1, 2020
Recovery Policy	During the discussion regarding bringing residents back to the organization, we discovered the	Our Director of Operations will construct a checklist of steps that need to be completed by Administration to determine the necessary procedures before the building can be reopened and residents can return.		Mary Eells	January 1, 2020

**Christian Community Home-Hudson
Pine Ridge Assisted Living
Executive Summary and Improvement Plan**

	policy was not very clear.				
<p>Executive Summary: (To be completed by agency official)</p> <p>The November 7, 2019, drill involved extreme heat and stormy weather with fiber optic and power outages. We had five members of our leadership team participating in the drill: Mary Eells, Director of Operations; Jennie Orman, Director of Nursing; Debi Mager, Director of Mission Advancement; Brad Gardner, Maintenance Manager; Brenda Magadanz, Pine Ridge Director. We were able to test multiple policies we already have in place and discovered many strengths that include (1) our power outage policy addressed necessary concerns; and (2) we have a countywide transfer agreement with nursing home facilities in St. Croix County; and (3) we determined our power outage, generator, and evacuation policies only need some minor updates. We also were able to discover a few areas to be addressed that include (1) our transportation policy needs some updates; and (2) we want to develop a checklist for resident evacuations; and (3) our recover policy needs to be made more specific.</p> <p>Overall, we feel our participation in this drill was successful. It was a great opportunity to test our policies and procedures. We were able to identify areas of weaknesses and also areas where we excelled. The discussions caused our group to determine that we want to also look at our policies and procedures for our independent living facility. We also decided that next year we will have more staff participate in the drill. We set up dates for two future internal drills for 2020.</p>					

Christian Community Homes of Osceola
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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): 51	Total number of people who participated in the exercise at your facility. 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Good knowledge of procedures 2. Each member of the team had good knowledge of their specific responsibilities 3. Good communication throughout team			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Train all nurses on procedures 2. Staff knowledge in general 3. Review community contact list and update as needed ongoing		
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
Move storm band	Weather radio receives poor reception in current location	Move the radio to a location with an open line of site or install an external antennae	CCHO	Kevin and Brad	

Christian Community Homes of Osceola
Executive Summary and Improvement Plan

<p>Communication without power and internet</p>	<p>We rely too heavily on staff's ability to utilize their own phone if there were no phone lines or internet in the building</p>	<p>Purchase Go Phones and include in the emergency kit.</p>	<p>CCHO</p>	<p>Heidi</p>	
<p>Alternative Evacuation routes identified</p>	<p>If the main exit is compromised knowledge of alternative options to exit the building are not readily available</p>	<p>Identify alternative routes for exiting/evacuating the building. Giving scenarios with different exit points compromised.</p>	<p>CCHO</p>	<p>Kevin, Brad and Heidi</p>	
<p>Knowing what the generator powers exactly</p>	<p>We were discussing HVAC systems capabilities without power and realized we were unsure</p>	<p>Looking at generators with the capabilities to operate all needed systems including HVAC</p>	<p>CCHO</p>	<p>Kevin and Brad</p>	

Court Manor Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Court Manor Health Services	Name, Phone, Email of PRIMARY POC for this document: Melissa Estain, ED 715-682-8172 mestain@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 24	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Staff were able to respond immediately as to what steps of action needed to be taken. 2. Facility has the resources that allow for a quick, efficient process to ensure the residents are taken to safety and receive continuity of care. Ex: hot spots on our phones, sister facilities in the area, support center resources from our company that can be put in action very quickly. 3. Emergency Operations Plan is current and it is reviewed monthly.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Generator is very old 2. Generator is not hooked up to the air conditioning units 3. All staff do not know the difference between tornado warning vs. watch		
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
Proper functioning generator	Generator is at least original to the 1972 facility. Known issues with it.	Generator needs to be replaced. Until then, we have a backup plan for a company to come to the facility. They can be here within an hour is what we have been informed.	North Shore Healthcare	ED/Maint/RD O/Support center	Target date: 5/11/20

Court Manor Health Services
Executive Summary and Improvement Plan

To have air conditioning when the power is out	Generator is not hooked up to the air conditioning units.	When the generator gets replaced, have it get hooked up to the air conditioning units as well. It doesn't have to be all, but at least need to have 1-2 cool zones.	North Shore Healthcare	ED/Maint/RD O/Support Center	Target date: 5/11/20
All staff to understand the difference between watch vs warning	Staff were asking what the difference was- "which one means what?"	Re-educate staff on warning vs watch. Provide emergency cheat cards to the staff to wear with their name badge.	Court Manor	ED/BOM/BO A/DNS	Target date: 12-11-19

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11/7/19 0830-1100
- Who played- Colleen Pankratz, Rick Ohlsson, Jason Hellen, Heidi Austin, Pam Ward, Robyn Klaboe, Lauren Baisden, Melissa Estain, Sarah Pully, Kate Smith, Lilly Boyle, Dixie Johnson, Josh Newago, Keisha Wilmer, Elaine Weiss, Kelly Kmetz, Sherry Beckman, Jeanie Kurtz, Diane Garz, Karen Petras, Linda Bissell, Megann Kubacki, Donna Hudson, and Staci Galloway.
- What was the scenario? Unseasonably hot temps with a heat index of near 100 degrees, chance of severe storms, later issued a tornado watch. Then the internet and internal phone lines were down and then a fiber optic line was accidentally cut by nearby construction crews. A little while later a severe thunderstorm warning was issued and we lose power due to strait line winds. We had trees down over the roads and power lines. Generator is currently functioning but now the power has been out for 24 hours. Power was not restored until 4 days later.
- 3 Strengths: 1. Staff were able to respond immediately as to what steps of action needed to be taken., 2. Facility has the resources that allow for a quick, efficient process to ensure the residents are taken to safety and receive continuity of care. Ex: hot spots on our phones, sister facilities in the area, support center resources from our company that can be put in action very quickly. 3. Emergency Operations Plan is current and it is reviewed monthly.
- 3 Opportunities: 1. Generator is very old, 2. Generator is not hooked up to the air conditioning units, 3. All staff do not know the difference between warning vs watch
- Overall, was it a success or a lesson learned. It was both. We were able to successfully discuss all the scenario points and determine exactly what we would do based upon worst case scenario. A lesson learned was realizing that not all staff understand the difference between a watch and a warning. Staff are concerned about the generator not lasting through an

Court Manor Health Services

Executive Summary and Improvement Plan

event as such due to the old age of it and because it does not always fully function (start up for example) smoothly like it should.

- With this experience, how will you implement what you learned as you move forward. We will educate staff regarding watch vs warning. We will work on obtaining a new generator and at that same time see if it can be hooked up to some of our cooling units so we have proper “cool zones” in our facility.

Divine Rehabilitation and Nursing at St. Croix
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Divine Rehabilitation and Nursing at St. Croix	Name, Phone, Email of PRIMARY POC for this document: Eric Jacobson, Administrator 715-483-9815 ejacobson@divine-hc.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Knowledge: A lot of seasoned staff 2. Systems are solid 3. Skill at emergencies			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Communication 2. Availability of important numbers to anyone off hours		
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
Response Strategy, Resources and Communication Coordination	Lost in D Manual	Recreate a cheat sheet with phone numbers	Administrator	Admin	11/20

Dove Healthcare South, Eau Claire
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Identified less obvious areas that would be affected by the disruption of internet. Ex. ALF alert pendants will not activate when pressed with no wifi. Fire panel would not work. Policy in place for 30-minute checks if that occurs. 2. Utilized IT services to assist in defining difference between a fiber optic disturbance and a fiber ring disturbance. 3. Dialog regarding the definition of severe weather as it pertains to extreme heat and extreme cold and comparing preparation differences between a severe “summer” storm watch/warning and a “winter” storm watch and warning. Policy review pertaining to winter storms.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Increase knowledge base on both an individual and team level regarding the global effect on loss of internet. 2. Problem solved with discussion of use of hot spot connection, media connections to communicate with the community, paper files stored by social services with contact info, admission, information, primary care providers. 3. Need to develop/formalize an alternate entrance route in event main route is disabled. Identified existing supplies, such as cones, caution tape, and signage to keep traffic away from damaged areas but also identify re-routing emergency vehicles first, then employee, physicians, pharmacy, families.			
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

Dove Healthcare South, Eau Claire
Executive Summary and Improvement Plan

<p>Defining extreme weather and the impacts it has.</p>	<p>Heat/heat index – over 90 degrees Cold/wind shield – 30 degrees Winter snow watch/warning: defined by local weather reports and monitored on weather radios (3 in building)</p>	<p>Review of the current policies for severe weather, as it pertains to rain/summer like storms. Transportation systems are contracted to outside vendors who determine appropriate conditions. Patients should be informed of external weather conditions to assist with proper decision making to leave the building. Define guidelines for staff to follow in the event of poor driving conditions, extreme cold or heat.</p>	<p>Dove Healthcare – South Transportation Companies</p>	<p>Safety Committee</p>	<p>12/2019</p>
<p>Phone/Internet disruption. How it affects the communication of the building inside and out.</p>	<p>Define how each department can continue to function without either access. Missing a detailed communication plan to create other methods of effective communication with medical staff, families, community. Marketing liaison to help determine other media sources of communication.</p>	<p>For each department, develop a non-electronic list of contacts relevant for daily function, prioritizing patient safety first. Put frequent safety checks in place for ALF residents due to call light system being affected by wireless. Implement manual ways of communication (bells, whistles), proper observation for more confused patients.</p>	<p>Dove Healthcare - South</p>	<p>Safety Committee</p>	<p>11/2019</p>
<p>Securing the building in the event of damage and creating alternate routes.</p>	<p>Who needs to access the building? Identified alternate route for emergency services, medical staff, building maintenance, food services, etc.</p>	<p>Verify presence of caution tape, cones, barriers, to secure the building for safety of persons and to identify a clear new, alternate entrance. Contractor information present, identify areas of damage control.</p>	<p>Dove Healthcare - South</p>	<p>Safety Committee</p>	<p>11/2019</p>

Executive Summary: (To be completed by agency official)

Date of Exercise: November 7th, 2019

6 participants present representing therapy, maintenance, housekeeping, dietary, recreation.

Successfully able to identify and problem solve within the knowledge base of the group but also reach out, during exercise, to outside vendors to assist with identifying barriers and other possible barriers that could exist given the building scenario.

Brought attention to the reality that external extreme heat and cold are also hazardous conditions to consider when patients, employee, and vendors are going in and out of the elements. Able to cross educate with other department experts to increase knowledge of the response team in the event that the “expert” of that department is not present at the time. Opportunities are there to increase awareness, communication, and alternate planning of impactful events such as weather and building damage. We were able to identify areas that should have an improved paper trail vs. the reliance of electronic data, that could be interrupted and also a system in place that updates it accordingly.

Overall this scenario broadened the knowledge of the depth that technology and mother nature can affect the care of our patients. Alternative preparation is essential as the exact resources we use to find contacts, communicate, etc. would not be there. We have many systems already in place that allowed us to build on these scenarios vs. start from scratch, which is credited to the hard work we have put into our emergency preparedness manual and studies. Continued meetings on these topics will be added to the safety committee agenda for continuation of conversation and education as we enter the changing of seasons and changes in staffing.

Dove Healthcare West, Eau Claire
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Dove Healthcare – West, Eau Claire	Name, Phone, Email of PRIMARY POC for this document: Madeline Stilwell mstilwell@dovehealthcare.com 715-552-1030 ext. 12504	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. The team worked very well together by communicating how to best handle the problem through each of the departments and how resident’s safety would be handled throughout the entire event. 2. Dove’s Emergency Preparedness binder is reviewed yearly through the Safety Committee to ensure that the policies and procedures are up to date. 3. The preventative maintenance programs that are in place are effective in making sure the building is prepared in the event of an emergency. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. There is a need to make sure that when roles are assigned to certain managers the nomenclature matches throughout the Emergency Preparedness binder to prevent confusion of who has what roles. 2. We identified a need for two more coordinators within the Emergency Preparedness team. A volunteer coordinator, and a transportation coordinator. 3. We identified that our code slips that tell staff what to do in an emergency need to be even more accessible in the emergency preparedness binder. 			
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

Dove Healthcare West, Eau Claire
Executive Summary and Improvement Plan

Binder Correctness	When going through the job descriptions it was noticed that some of the roles did not have the correct directors assigned to those roles. For example, the public relations officer was assigned to the administrator, but the later on in the binder the role was referred to the regional marketing coordinator.	This item can be fixed through by reviewing the role lists and ensuring the correct nomenclature is used throughout the binder.	Administration	Madeline Stilwell	Rough draft complete and will be reviewed by the safety committee.
Added Roles	It was identified that there was a need for more coordination for the volunteers and transportation.	The role of the transportation coordinator and volunteer coordinator will be created. These roles were assigned to the Transportation Lead and the Activities director.	Transportation Lead – Doug Peterson Activities Director - Kris Metcalf	Juliane Ader and Kris Metcalf	Rough draft complete and will be reviewed by the safety committee.
Additional Code Slips	In our emergency preparedness binder, it was identified that there was a need to have the emergency preparedness slips put in the pocket as well, so staff would have one more spot to use it as a resource.	Dove’s administrative assistant, Kyli, was asked to laminate more slips and the administrative intern will put them in the binder pockets once they are complete.	Environmental Services	Tim Meltz	More slips were made 11/11/2019 Added to the administrative binders and will be distributed to the members of the Safety Committee for them to add to their binders.

Dove Healthcare West, Eau Claire
Executive Summary and Improvement Plan

<p>Create a chiller failure policy and procedure in an event of a shut down.</p>	<p>There is not a current policy in place in regards to extreme heat with a chiller failure.</p>	<p>In the event that the chillers failed while there was extreme heat and the power was out the first step would be to bring in fans and A/C window units to keep the residents cool with the use of the back-up generator. If that was not feasible and there was generator failure/overload, Dove has a MOU with two generator companies in the area and they would be able to come in and get two areas that are off generator power running. Two additions have separate chillers that could be brought online by a separate generator and be cooling areas for the residents.</p>	<p>Environmental Services and Administration</p>	<p>Madeline Stilwell, Tim Meltz, and Kendall Rosemeyer</p>	<p>Rough draft complete and will be reviewed by the safety committee.</p>
<p>Update Evacuation Policy and Procedure to include the vests.</p>	<p>With the new vests we received there is the need to update the evacuation policy to include the protocol of what to do with the vests.</p>	<p>The current procedure does not include the vests, so this will be updated by the environmental services director to instruct staff on how to use these in an evacuation.</p>	<p>Environmental Services</p>	<p>Environmental Services Director - Tim Meltz</p>	<p>A draft will be submitted to the safety committee once completed.</p>

Executive Summary: (To be completed by agency official)

On November 7, 2019 the Director of Nursing Shelby Kolar, Environmental Services Director Tim Meltz, Rehabilitation Director Louis Alix, Recreation Director Kris Metcalf, Nutritional Services Director Tricia Thatcher, Health Information Director Juliane Ader, and Administrative Intern Madeline Stilwell of Dove Healthcare – West, Eau Claire, a skilled nursing and rehabilitation facility, met to complete an exercise in emergency preparedness. In the exercise a series of events were given to the team. The team talked through what actions Dove Healthcare – West, Eau Claire would take in each event, who would be responsible in each scenario, and who would be the necessary contacts. The exercise was an evacuation due to a power outage from a severe storm while the internet and internal phone systems were down and the re-entrance of the building at a later date. The team did well in identifying what was needed to be done in order to keep residents safe, they communicated well among each other to problem-solve how to correctly coordinate communication to staff and families, and talked through what all would need to be completed before re-entrance of the building. Areas of improvement for the team include ensuring that there is someone to coordinate transportation and volunteers as these are time-consuming roles, making sure code slips that tell staff what to do in an emergency are more readily available in the emergency preparedness binders, and creating a policy and procedure as to what to do in the event of cooling equipment failures.

Dove Healthcare West, Eau Claire
Executive Summary and Improvement Plan

Overall, this exercise was a success. The management team is very experienced on the inner-workings of Dove Healthcare – West Eau Claire which allowed them to quickly ensure the safety of the residents, stabilize the incident, and preserve the property through the implementation of policies and procedures. As we move forward, we will be making a couple of adjustments to our Emergency Preparedness binder to ensure that the information is as current as possible.

Ellsworth Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Ellsworth Care Center	Amy Jo Mercer Ellpac-adminassist@atriumhsl.com 715-273-5821 Eileen Mewes Ellpac-mds@atriumhsl.com 715-273-5821	Number of Agencies that participated in this exercise (including your own): 51	Number of people who participated in the exercise from your organization: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Had procedures for some of the scenario already in place. 2. Good Communication among the group 3. Sent out an email to include the docs. To inform them of the emergency phone number we have if phones were to go out.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Transportation 2. Confirming that our relocation area still in place. 3. Preparing a good plan for different events that could take place during the disaster		
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
Identify systems to maintain access to patient and resident medical information	Updated Face Sheets and MARS	Print weekly MARS and Face Sheets On Friday	LTC	Preparedness Team	

Ellsworth Care Center
Executive Summary and Improvement Plan

Coordinate response Strategy and communications	Identify Key Community Partners for communication	Contact County Emergency Manager	LTC	Preparedness Team	
Transportation	Unsure of the buses	Talk with local school, as well as reaching out to Companies with the coach buses	LTC	Preparedness Team	

Executive Summary: (To be completed by agency official)

Date of exercise- November 7th, 2019

Who played- NHA, MDS, Social Worker, DON, Maintenance, Dietary Manager, Med Rec., AA, Activity Director

What was the scenario? Severe Weather, Heat index along with a storm, fiber optic cable was cut from construction

My fellow team members and I attended the webinar for Emergency readiness as a table top exercise within in the facility
 The exercise was weather emergency along with power outage with computers and phones down.

We felt our strengths were that we have procedures in place for weather emergency and have drills for these issues during the severe weather months. We have had issues with power outages and computers and phones down and have developed procedures for dealing with these issues as well.

Areas of improvement are: Communication with key community resources for availability of vehicles for transportation if needed. Preparedness for resident medical information put in place and copies of MARS and Face sheets copied weekly on Friday for staff if computers are down. We have an emergency phone in the nurses’ station for when phones are down. Also Nurse to have their Cell Phone to use as well

We felt the seminar made us think about what we would need to improve on when such emergencies arise and plan how we will correct issues

Frederic Nursing & Rehabilitation
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Frederic Nursing & Rehabilitation 205 United Way Frederic, WI 54837	Name, Phone, Email of PRIMARY POC for this document: Patricia E Linehan, Administrator 19-admin@atriumlivingcenters.com 715-327-4297	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 2	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Facility Emergency Manual covered all scenarios. 2. Employees are in-serviced annually & through internet training. 3. Local & County Agencies are integrated in our plan & routinely contacted when environmental situations arise. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Facility needs to secure cell phone numbers of outside agencies. 2. Contact outside agencies during drills on a regular basis. 3. Portable emergency generator contact should natural gas be disrupted for our inhouse generator. 		
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 outside agencies can be contacted when	Secure cell phone numbers for outside agencies	Call & obtain numbers as needed.	FN&R	Maint Director	12-31-2019-2019

Frederic Nursing & Rehabilitation
Executive Summary and Improvement Plan

phone service is disabled					
Outside agency involvement	Document outside agency involvement	Log when local agencies are contacted	FN&R	Maint Director	Ongoing
Disruption of natural gas for generator	Generator would not have fuel to operate	Call generator PM company for information to procure portable generator if necessary.	FN&R	Maint Director	12-31-2019

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11-7-2019
- Who played- Facility Administrator & Maintenance Director
- What was the scenario? Extended power outage with severe weather
- 3 Strengths: See Above
- 3 Opportunities: See Above
- Overall, was it a success or a lesson learned. Great refresher of what is included in the facility Emergency Plan Manual.
- With this experience, how will you implement what you learned as you move forward. We will continue to include outside agencies when an internal or external drill is performed or when an actual power outage, phone outage, etc. occurs to ensure both parties are in concert with facility and county wide emergency preparedness.

Frederic Nursing & Rehab (FN&R) participated in an exercise presented by NW Wisconsin Healthcare Emergency Readiness Coalition on November 7, 2019. The exercise proposed situations which involved extreme heat and humidity or extreme cold, disruption of internet and phone service, severe thunderstorm warning, and extended power outages. The facility Administrator and Maintenance Director participated and referred to the facility Emergency Plan Manual. While participating, we identified that our plan does have policies and protocols to ensure residents are safe and if an evacuation should be needed, we have systems in place and staff training to ensure a smooth completion of our processes. Drills are performed semi-annually and annually to keep staff refreshed on the processes which includes contacting county agencies.

We did identify that if our phone system is down, we could use personal cell phones, but we did not have outside agency cell phone numbers that we could contact. The Maintenance Director at FN&R will be tasked to obtain at a minimum an emergency number at the County Sheriff’s Office and local hospital. Documentation will be made when drills are performed showing outside agencies were notified and aware of a potential situation at our facility assuring their

awareness and ongoing participation. Facility generator runs on natural gas. Should this supply be disrupted, our generator would not function. Maintenance Director to contact generator preventative maintenance company for emergency number to obtain a portable generator if needed.

Fresenius Kidney Care: Chequamegon Bay and Hayward Dialysis Sites
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Fresenius Kidney Care: 1. Chequamegon Bay-Ashland 2. Hayward Dialysis	Name, Phone, Email of PRIMARY POC for this document: Nichelle Kemp 715-634-3220 715-682-4333 Nichelle.kemp@fmc-na.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Experienced staff: participation 2. Policy knowledge 3. Ashland Clinic through event in 2016 were knowledgeable and lead team discussion			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Ashland clinic no generator-would need generator on site and water buffalo 2. Hayward/Ashland: need to identify shelters in the area 3. Printing off patient transfer reports monthly and having available in emergency containers		
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
Identify Roles/Responsibilities for Emergency	Some confusion on who’s role was what	Discussion and delegation of each team member’s role	Ashland/Hayward Dialysis	FA	11/11/19
Response Strategy, Resources and	Communication Resources and	FA and MSW to get radio stations and EOS contact information.	Ashland/Hayward Dialysis	MSW FA	11/11/19

Fresenius Kidney Care: Chequamegon Bay and Hayward Dialysis Sites
Executive Summary and Improvement Plan

Communication Coordination	Communication in an emergency				
Receiving Emergency Alerts	Struggles with multiple alert methods	Discussion of radio stations. iPhone alerts/apps. Personal and family preparedness	Ashland/Hayward Dialysis	FA	11/11/19
Organizations within community to share info	List phone numbers available for all staff	Community organizations phone numbers is to be posted near phones. Currently only in one binder	Ashland/Hayward Dialysis	FA	11/11/19

Executive Summary: (To be completed by agency official)

Three areas of strength:

- Experienced staff that are used to protocols with blizzards, severe thunderstorms, and tornados given our usual weather and geography.
- Drill and training are conducted quarterly and staff is prepared.
- Knowledge of the area and resources available for such events and situations. Most of Chequamegon Bay staff live within walking distance to clinic and are able to adequately staff clinic in inclement weather. Hayward staff has willingness to stay in clinic and/or hotels during inclement weather to ensure clinic is appropriately staffed.

Three areas for improvement:

- Chequamegon Bay being proactive in attaining the back-up generator and water buffalo in a timely manner.
- Hayward being proactive and ensuring that the generator is adequately fueled and the ability to obtain more fuel in a timely manner.
- Becoming more familiar with the local shelters in the area for both clinics.

Fresenius Kidney Care: Multiple Locations
Executive Summary and Improvement Plan

<p>Date of Exercise: November 7, 2019 Virtual Exercise</p> <p>“Not Your Typical Pumpkin SPICE” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form:</p> <p>Fresenius Kidney Care for the following locations: Duluth 2835 Eveleth 2837 Grand Rapids 2838 Superior 2839 Spirit Valley 3208 Cloquet 3286 Hibbing 3975</p>	<p>Name, Phone, Email of PRIMARY POC for this document:</p> <p>Amy Allen, Area Team Lead Amy.allen@fmc-na.com 218-341-0245</p>	<p>Number of Agencies that participated in this exercise (including your own):</p> <p>51</p>	<p>Total number of people who participated in the exercise at your facility.</p> <p>8</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Corporate has Emergency systems/procedures already in place (able to access patient treatment records offline through Lexmark, Facility Specific Emergency manuals updated annually) 2. Facilities already familiar/practiced with downtime procedures if not able to get into EMR (using paper treatment sheets and entering EMR at a later time) 3. FMC Corporate Emergency/Disaster Team 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Some clinics still need to update their 2019 Emergency/Disaster manuals 2. FMC Emergency Hotline is given to all patients, could improve by assisting patients to save the phone number in their cell phones 3. We think that power company has us on priority area for restoring power due to providing life-sustaining treatments, but have no verification of this. 			
<p>Target Capability</p>	<p>Identify the Observation you saw</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>

**Fresenius Kidney Care: Multiple Locations
Executive Summary and Improvement Plan**

	that should be corrected				
Emergency/Disaster Manuals	Several clinics need to update their emergency/disaster manual for 2019	Clinical Managers of these units tasked with completing Emergency/Disaster manual update	FMC Clinic	Clinical Managers and ATL	12/31/2019
Confirmation with power company	Going under the assumption that our clinics that do not have access to generator are in a priority zone with power company due to providing life-sustaining treatments. No record of confirmation of this.	Biomed staff to call power company to confirm, and to get best contact in case of a power outage.	FMC biomed staff	Biomed ATOM	12/31/2019

Executive Summary: FMC Dialysis Clinics in Northern MN Area: (To be completed by agency official)

On 11/7/2019 the FMC Northern MN dialysis clinics participated in the “Not Your Typical Pumpkin S.P.I.C.E.” regional virtual exercise led by the Northwest Wisconsin Healthcare Emergency Readiness Coalition. There were representatives from the following clinics, including clinical managers, area team leads, and area technical operations managers: Duluth 2835, Eveleth 2837, Grand Rapids 2838, Superior 2839, Spirit Valley 3208, Cloquet 3286, and Hibbing 3975. Participants included: Amy Allen ATL, Raeanne Stark ATL, Jesse Steel ATOM, Adam Preble ATOM, Heather Richards CM, Amanda Barnstorf CM, Kate Hart CM, and Sonja Ramsdell CM.

The virtual exercise consisted of 5 situation reports bringing us through an escalating scenario with: high temperatures; fiber optic internet lines going down; storm activity with a Tornado Watch followed by a Severe Thunderstorm Warning; power outage but with generator power for dialysis clinic locations; and physical damage to the entrance of the facility. We identified strengths to include onsite emergency/disaster manuals, staff experience with down-time processes, access to generators in multiple clinic locations, and access to assistance from the FMS Corporate disaster response team in the event of prolonged system issues in clinics. We did call and test the FMS Emergency Hotline during this drill as well. Opportunities identified included encouraging patients to enter FMS emergency hotline into their phones in addition to giving the number on paper to them; contacting the power company to discuss the need for and confirm priority status during a power outage; emergency/disaster manuals in some

Fresenius Kidney Care: Multiple Locations

Executive Summary and Improvement Plan

clinics that still need to be updated for 2019. We discussed that there is a mindset in our area that we don't get disasters or have to deal with them, and that these exercises are very beneficial in helping to change that mindset and better prepare our staff and clinics in the event that we do experience emergency disaster situations. We will now take our opportunity items and execute on them and look forward to participating in community events in the upcoming year to continue improvement with our emergency/disaster preparedness.

Golden Age Manor
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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): 51	Total number of people who participated in the exercise at your facility. 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Our generator is oversized and can power our entire facility and AC without issue 2. We have a very experienced leadership team. 3. We have offline access to our eMAR			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Our county has a new emergency manager, and we are not familiar with this person yet. 2. Some of our policies/contact info need to be updated 3. We do not have a good system for weather radios, we have had a hard time finding a product that gets reception in our building. So, we rely on our county dispatch to notify us of any severe weather.		
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. Contacts	Making contact with our new	Contact should be made, rapport established	GAM	Dana Reese	12/31/2019

Golden Age Manor
Executive Summary and Improvement Plan

	county emergency manager				
2. Policies/Procedures	Contacts out of date, some language needs to be updated in policies	Policies/Procedures to be updated	GAM	Dana Reese	11/30/2019
3. Weather Radios	No weather radio coverage currently	Figure out an option that will work in our building	GAM	Matt Schwegman	1/31/2020

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved.

On November 7, 2019, 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 multiple days to test our current plans and processes.

Strengths:

1. Our generator is oversized and can power our entire facility and AC without issue
2. We have a very experienced leadership team.
3. We have offline access to our eMAR

Opportunities:

1. Our county has a new emergency manager, and we are not familiar with this person yet.
2. Some of our policies/contact info need to be updated
3. We do not have a good system for weather radios, we have had a hard time finding a product that gets reception in our building. So, we rely on our county dispatch to notify us of any severe weather

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. 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.

Hammond Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Hammond Health Services	Name, Phone, Email of PRIMARY POC for this document: Laurie Edelman ledelman@nshorehc.com 715-796-5286	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. EOP is strong/comprehensive 2. Our generator covers a lot of the building 3. We have many resources in this county, and our company helps out a lot as well 4. Foresight – team really dug into the situation and the possibilities that could arise in an actual emergency. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Transportation – need to consider alternatives in an event where many facilities may also be needing transportation 2. Staffing problems/having roles covered – With staffing already being a reoccurring issue, we need to consider the additional challenge of staffing during an emergency 3. Using our resources, not hesitating to reach out/be first in line 		
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

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Connection with our county emergency officer	We did not know who our officer was during the activity	Maintenance director to find out who the officer is and reach out/establish a connection	HHS	Jon Eggen	11/30/19
Instructions for use of emergency vests	We had to take time to discuss what should be put in the emergency vest when residents are evacuated.	After the activity, we concluded what items/documents to put in the emergency vests. A list will be printed and put on the box in the storage room for easy access in the event of a real emergency for staff to refer to	HHS	Hermie Freese	11/30/19
Knowledge of generator capabilities	We were unsure whether our generator runs the A/C	Contact an outside agency/electrician to determine what capabilities our generator has	HHS	Jon Eggen	11/30/19
Flash lights at central nurses' station	If power went out, staff may need to rely on cell phones for light	Put flashlights and extra batteries at the nurses' station	HHS	Jon Eggen	11/15/19
Updated transportation in EOP	Some transportation options were not listed in the EOP	Additional transportation options and numbers added to the EOP	HHS	Jon Eggen	11/15/19

Executive Summary: (To be completed by agency official)

On November 7, 2019, Hammond Health Services conducted a Virtual Emergency Exercise. Our management team was present for the exercise, which consisted of five events that described the progression of the emergency. In the first situation, the heat index was expected to be near 100 degrees, and there was a chance of severe storms later in the day. In the second situation, a tornado watch was issued, and a fiber optic line had been cut, leaving the building with no internet or internal phone use. The third situation brought on a tornado warning, and straight-line winds left the building with no power, kicking our generator on. In the fourth situation, power has been out for 24 hours, and the heat index is still high. Evacuation is now necessary, since power will not be restored for another two-three days. In the fifth and final situation, the power is back on and residents are able to re-enter the building.

In going through each situation in the exercise, we came across areas where we needed to stop and discuss what we should do, where other times we had a plan already mapped out that just needed to be communicated. Our team showed competency and confidence in addressing each of the problems that came up. We knew to utilize the many resources in our area, followed our EOP

Hammond Health Services

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guidelines, prioritized the needs of our residents and staff, and dug into all the possibilities we would need to be thinking of in the event of a real emergency. We found some areas where we needed additional clarification or resources, such as additional transportation, instructions for an evacuation, generator capabilities, and community resources. Overall, this activity was a success, and our team demonstrated the leadership and knowledge necessary to get through an emergency. The exercise also shed light on some areas for improvement, which will be addressed in the coming weeks.

Hayward Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Hayward Health Services	Name, Phone, Email of PRIMARY POC for this document: Hayley Heino- hheino@nshorehc.com 715-634-2202	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. We have a very well written established EOP emergency operations plan for our facility. 2. Community support/resources 3. Staff involvement regarding EOP, drills, surveys.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Although we have a great EOP, our improvement lies with consistently having it updated-and improve our resident assessment for transport and destination. 2. Regarding this themed drill, we need to have more generator knowledge- and whether we do AC consideration with generator or if we purchase fans due to potential extreme heat (equipment needs). 3. Preparation readiness-we need to purchase new bags/DNR bracelets.			
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 Operations Coordination	EOP updated regularly.	Bring to monthly safety meeting	Hayward Health Services	Steph/haley, Bruce	11/29/19
Continuity of Healthcare Delivery	Ordering more emergency preparedness supplies	Bring to safety meeting as well.	Hayward Health Services	Jenny	11/29/19-1/1/2020
Continuity of Healthcare Delivery and Communication/Information Sharing	Generator AC information	Safety meeting, bring to stand up meeting, and education from Bruce.	Hayward Health Services	Bruce	11/29/19

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved.

Hayward Health Services participated in the Northwest WI Healthcare Emergency Readiness Coalition Virtual Exercise on November 7th, 2019. This included six critical members of our leadership team. The team was made up of the Executive Director Hayley Heino, the Director of Nursing Rachel Boles, Medical Records Jenny Enk, MDS nurse Cathy Jaglowski, Business Office Manager Stephanie Tesch, and our Activity Director Linda Badagliacco. The scenario was involving storms, power outages, information, computers and potential evacuation. It begins with a very high heat index and temperatures at an unseasonably hot rate. This then leads to a severe storm as well, which creates a shortage and the internet and phone lines are down. Along with the loss of connectivity and other functions through the fiber optic cable, the storms are in full force and our awning is down and damaged. This prevents us from using the exit. The power has been out for over 24 hours, and will not be back up for two-three more days. Us being a long-term care facility, evacuation is what we must do.

During extremely hot days, we cancel/adapt any outings we may have that day dependent upon weather. In this hot scenario, we would cancel or adapt. Hydration stations would be in full force and residents would be placed in our “cool zone”, which is the day room. Temperature monitoring would be going on hourly, and would be giving popsicles and fans would be going. Radios, phones and emergency alerts would go off on our phones, and we would ensure we have enough water, ice, food and any other similar item. If our phone system/internet went down which did happen to us, we use a recovery laptop. We have a call out to Court House and Water’s Edge to confirm if they have power or not and go from there. We are not fully electronic yet so we can retrieve information from this laptop. We would then ensure we have flashlights, as well as E tanks and o2 red outlets. We would all be posting on our own social media pages as well our power is out.

When it came to the storm as well as the extremely hot temperatures, we need any resident that has oxygen to be plugged into our emergency O2, and or if we did not have power to ensure we have enough filled tanks. The food and water amounts we need cannot exceed three days, and with the power out for that amount, evacuation is our result.

This exercise was very useful and realistic to a potential scenario that could happen here. Strengths and weaknesses began to unravel themselves as the scenario progressed. With this drill, we must have a concrete Emergency Operations Plan, and we very much do. Hayward Health Services has a very thorough EOP, which helps in many different scenarios. The amount of community support and resources we have in regards to an emergency is quite amazing. This however revealed some opportunities for improvement as far as solidifying who we use for transportation and sister facilities we potentially bring our residents to. Staff involvement is one of Hayward's strengths as well as it is evident our staff care for our residents, and would do anything for them in any situation. We look forward to these drills as it generates outside thinking and excitement in finding a resolution in a given situation. Although our EOP is very thorough and informative, we need to consistently update it with current information, numbers, contacts as those can change within a year, or even months. This also has shown that we need to consistently inventory our equipment needs regarding preparation readiness for scenarios like this. We must also solidify if our generator can give off emergency AC, or if we need to purchase more fans for hot situations like this one. This is exactly why we do drills like this, as you can never predict life unfortunately. Moving forward, we will be working on our kinks that surfaced through this exercise, and will begin improving them starting now, and will be bringing our EOP to our monthly safety meeting and reviewing and updating consistently. This creates a sense of facility awareness for us, and how crucial it is to have everything updated. We thank you for allowing us to participate in this community drill, as they truly are crucial to do.

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

<p>Date of Exercise: November 7, 2019 Virtual Exercise</p> <p>“Not Your Typical Pumpkin SPICE” Exercise</p>	<p>Name of Agency or Jurisdiction Completing this form:</p> <p>HAMH/WECC</p>	<p>Name, Phone, Email of PRIMARY POC for this document:</p> <p>Candi McConnell M.S., C.P.G. Residential Care Apartment Complex Director Water’s Edge Senior Living 11040 N State Rd 77 Hayward, WI 54843 Phone: (715) 934-4308 Fax: (715) 934-4371</p>	<p>Number of Agencies that participated in this exercise (including your own):</p> <p>51</p>	<p>Total number of people who participated in the exercise at your facility.</p> <p>7</p>	
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Sufficient policies were already in place to guide us through the exercise. 2. The campus has a lot of resources (HAMH, WE, Essentia, Northlakes) 3. Real experiences have tested the policies and allowed for improvement for this event. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Incident command documents need to be updated with current information, phone numbers. 2. Question if access is available to the Admin hallway in order to open incident command and use the red phone. 3. Need to identify a process to contact supply partners ie: Walmart. Specifically, when the intranet is unavailable. 			
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>

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

<p>Operational Communication Redundant methods of Emergency Alert systems are in place as well as policies.</p>	<p>Incident command documents need to be updated with current information, phone numbers.</p>	<p>Incident command documents need to be updated with current information, phone numbers.</p>	<p>HAMH/WE</p>	<p>EP Comm.</p>	<p>11/28/2019</p>
<p>Continuity of Operations The following was discussed: down time procedures, evacuation triggers</p>	<p>Current hard copies of policies and procedures are not readily available in the event the internet/intranet is unavailable</p>	<p>Develop a process to store on hard drive or print policies and procedures each quarter.</p>	<p>Risk Mgt/Safety</p>	<p>Danielle Anderson</p>	<p>11/21/19</p>
<p>Emergency Operational Coordination</p>	<p>Verify that appropriate staff (ie house supervisor) has access to admin hallway, incident command documents and red phone</p>	<p>Need to clarify with building operations access for the admin hallway.</p>	<p>HAMH/WE</p>	<p>B. OPs</p>	<p>11/28/2019</p>

Executive Summary:

Date of exercise- November 7, 2019 @ 0830

Who played- Heather Sheehan, VP Senior Services; Candi McConnell, RCAC Director; Tracey Jensen, RN Educator; Teresa Scharlou, DON Care Center; Shelby Scalzo, Patient Access Lead; Janice Anderson, Executive Support Nursing; Gary Fox, Northlakes Clinic

What was the scenario? Tabletop exercise held today with 5 different situation reports and 3 main objectives. The objectives included: Emergency operations coordination, communication/information sharing, continuity of healthcare delivery.

SITREP 1 (Situation Report # 1)

Early morning humidity, unseasonably hot temperatures in the mid-90's with a heat index expected near 100 degrees, also enhanced chance of severe storms later today.

SITREP 2 (Situation Report # 2)

National Weather Service has issued a Tornado Watch for the area until 6 p.m. Suddenly, it is discovered that the internet and internal phones are down. It is unknown how long it will take to repair the line. You must go to "down time" procedures.

SITREP 3 (Situation Report # 3)

Update: Dealing with the loss of connectivity and other functions through the fiber optic cable. At 3:35 p.m. you receive an alert that you are now under a Severe Thunderstorm WARNING. As the storm hits, you lose power due to straight-line winds. As you look across the street you can see trees down over the road on top of power lines and branches and leaves are blown everywhere.

SITREP 4 (Situation Report # 4)

Update: Power has been out for over 24 hours now and a second day of high temperatures and high humidity. Your buildings do **NOT** have cooling systems on Emergency Power, and the building is becoming uncomfortably hot and humid. The power company is not expecting power to be restored for at least two-three more days. You are needing to consider evacuation at this time.

SITREP 5 (Situation Report # 5)

Update: Power restored after four days, and all systems are running. Operations are returning to normal, roads are open and structural damage has been repaired.

3 Strengths:

1. Sufficient policies were already in place to guide us through the exercise.
2. The campus has a lot of resources (HAMH/WE, Essentia, Northlakes).
3. Real experiences have tested the policies and allowed for improvement for this event.

3 Opportunities:

1. Incident command documents need to be updated with current information, phone numbers.
2. Question if staff have access to the Admin hallway in order to open incident command and use the red phone.
3. Need to identify a process to contact supply partners ie: Walmart if the intranet is unavailable.

Overall, was it a success or a lesson learned. Overall the table top exercise was a success. We felt there were sufficient policies and procedures already in place to guide us through each situation (Heat Related Illness Policy and Procedure, Code Alert Severe Weather, Down Time Phone Policy, Down Time Computer Policy, and Evacuation or Shelter in Place Policy and Procedure) . Because we have a campus, we also have many resources including a hospital, long-term care center and two clinics. We were able to test our mass communication system (send word now) via the down time procedure. The test was successful however, it took about 12 minutes from the time of the call to the first mass communication notice.

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

With this experience, how will you implement what you learned as you move forward. Moving forward we will have a process in place to access current policies and procedures in the event the intranet is down.

Heritage of Elmwood
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Heritage of Elmwood Nursing Home	Name, Phone, Email of PRIMARY POC for this document: Ellen Thompson, NHA 715-639-2911 ellen.thompson@heritage-elmwood.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Strong, clear policies and procedures to be followed during an emergency situation and evacuation situation 2. Strong relationships with outside organizations, both within the management company, and other organizations 3. Strong leadership within the facility, and great resources from Grace Lutheran Communities			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Need to formalize and strengthen Emergency/Evacuation Kit 2. Need to review and update Evacuation Policy 3. Need to coordinate future tabletop exercises with other Grace Lutheran Communities facilities		
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
Strengthen Emergency/Evacuation Kit	The kit is not well prepared and is lacking many items	Facility should look to other resources and facilities to see how their kit is set	Heritage of Elmwood	Ellen Thompson	12/31/2019

Heritage of Elmwood
Executive Summary and Improvement Plan

		up, and develop the kit according to building needs			
Review and Update Evacuation Policy	The policy has not been updated this year, needs to be signed off on and dated	Evacuation Policy and Procedure needs to be reviewed, dated, and signed off on by NHA	Heritage of Elmwood	Ellen Thompson	11/22/2019
Further coordination needed among Grace Lutheran Communities for future exercises?	Should Grace Lutheran facilities be coordinating better during future exercises?	Have a topic of conversation at next NHA/DON meeting about thoughts on this matter and how we should proceed	Grace Lutheran Communities	Ellen Thompson	11/25/2019

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11/07/2019
- Who played- Heritage of Elmwood Interdisciplinary Team, lead by Ellen Thompson and Randy Weber
- What was the scenario?

It is a bright and sunny weekday in mid-September. The temperatures this past week have been in the low 80s, however, you can tell from the early morning humidity that the weather will be changing today. You heard on the news that there will be a couple of unseasonably hot temperatures in the mid-90's with a heat index expected near 100 degrees. There is also an enhanced chance of severe storms later today.

Update: It is now 10 a.m. and the day has been going well. The National Weather Service has issued a Tornado Watch for the area until 6 p.m. You have felt sorry for the construction crew who have been working next door in the high humidity. It appears that they have been digging to replace some city infrastructure. Suddenly, it is discovered that the internet and internal phones are down. Shortly thereafter, a member of the construction crew comes into the building to tell you that a fiber optic line has been accidentally cut. It is unknown how long it will take to repair the line. You must go to "down time" procedures.

Update: It is now mid-afternoon. As you are dealing with the loss of connectivity and other functions through the fiber optic cable, the expected severe storms are starting to move across the region. At 3:35 p.m. you receive an alert that you are now under a Severe Thunderstorm WARNING. As the storm hits, you lose power due to straight-line winds. As you look across the street you can see trees down over the road on top of power lines and branches and leaves are blown everywhere. The generator has kicked on and is functioning appropriately. An awning at the entrance to your building has been damaged and is hanging precariously. You cannot use this entrance at this time.

Heritage of Elmwood
Executive Summary and Improvement Plan

Update: The power has been out for over 24 hours now. In spite of yesterday afternoon’s storm, this is the second day of high temperatures and high humidity. The generators continue to function, however, some of your buildings do NOT have cooling systems on Emergency Power. For you, the building is becoming uncomfortably hot and humid. The power company is not expecting power to be restored for at least two-three more days. You are needing to consider evacuation at this time.
Update: Power has finally been restored after four days. The fiber optic line is fixed and all systems are running. Operations at your facility are returning to normal. Roads are open. Structural damage has been repaired.

3 Strengths:

1. Strong, clear policies and procedures to be followed during an emergency situation and evacuation situation
2. Strong relationships with outside organization, both within the management company, and other organizations
3. Strong leadership within the facility, and great resources from Grace Lutheran Communities

3 Opportunities:

1. Need to formalize and strengthen Emergency/Evacuation Kit
2. Need to review and update Evacuation Policy
3. Need to coordinate future tabletop exercises with other Grace Lutheran Communities facilities

Overall, was it a success or a lesson learned.

This was a successful tabletop exercise for the Heritage of Elmwood. The facility had the necessary policy and procedures, resources, and contacts in place to ensure the simulated safety and welfare of residents and staff.

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

Moving forward, the Heritage of Elmwood will continue to utilize outside resources and strengthen relationship with necessary stakeholders and organizations.

Outside Agencies worked with:

- Spring Valley Health and Rehab Center and American Lutheran Communities- Menomonie

Ladysmith Care Community
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Ladysmith Care Community	Name, Phone, Email of PRIMARY POC for this document: Jennifer Abernathy 1001 East 11 th Street North Ladysmith, WI 54848 715-532-1717 jennya@ladysmithcarecommunity.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 20	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Increased participation from staff, buy in improving regarding emergency management. Participation from Public Health, ADRC and Rusk County Emergency Manager. 2. Have a good Emergency Operations Plan started, just need more in depth needed. 3. Emergency Management tubs for IC are in place, just need to work on accuracy of them.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Communication is a huge area for improvement ie. Cell phones, badges, update IC flowsheet 3 deep, downtime procedures 2. Need to develop re-entry process, as well as finalize evacuation plans 3. Generator – are cooling units, time clocks on and available in times of no power.			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Identifying roles and responsibilities for EM response	How do we identify staff when they are called in the event of emergency	1. Roles are identified in tubs/clipboards, but need to assure they are correct and have correct labels and documents.	LCC	Jenny/Jessica H	

Ladysmith Care Community
Executive Summary and Improvement Plan

		<ol style="list-style-type: none"> 2. No lockdown procedures, including identifying staff when they present to building. Badges need pictures and need to be on the staff member. 3. Liaison will need county EOC badge to get in. 			
Coordinate response, resources and communication in emergency	How to we decide action plans and how do we communicate?	<ol style="list-style-type: none"> 1. How do we get staff to come in? Policy to incentivize staff to come in. 2. Arm bands for different days of different colors to manage staff. 3. Badges for visitors of different color. 4. Process when/if timeclocks do not work. 	Jenny		
Maintain safe and appropriate care during an emergency	Downtime procedures policy not in place and have not educated on how to continue with key functions	<ol style="list-style-type: none"> 1. Cell phones available on med carts to be able to call families 2. Need to have binder with face sheet, WI consent for emergency. Each resident needs 2 copies of these items, 1 to stay for SW to use to call families and 1 copy to go with resident if evacuation is needed. 3. Cell phone from Verizon with capability to send texts to all staff in event of emergency 4. Need more walkie talkies to communicate internally 	Jenny/Nancy		

Ladysmith Care Community
Executive Summary and Improvement Plan

<p>Redundancy of systems to maintain quality patient care during computer failure.</p>	<p>We do not have redundant areas of critical documents needed to provide care.</p>	<ol style="list-style-type: none"> 1. Need binder with each resident printed once a week and/or with admissions and discharges. 2. "Remind" app for families to sign up to get notices. 3. Written process for the redundancy. 	<p>Jenny</p>		
<p>When do we evacuate</p>	<p>Identify and have a written policy/process of when to evacuate</p>	<ol style="list-style-type: none"> 1. Identify triggers for evacuation 2. Where do we evacuate to? 3. Generator capability 4. If evacuate, how do we get food delivered to where we evacuate to? 5. Labeling of doors with numbers and NSEW. 6. Re-entry to facility resident assessment 	<p>Jenny</p>		
<p>How do we receive alerts regarding emergency</p>	<p>Process identified and how we treat watches vs. warnings. Staff preparedness needs to be developed.</p>	<ol style="list-style-type: none"> 1. When do we cancel outings? 2. Guidelines for staff to be prepared during severe weather 3. Weather radio batteries not being checked and could be dead. Tom Hall will give us 2 more for LM. 	<p>Jenny</p>		
<p>How do we communicate with others in the community</p>	<p>Continue to work on EOP and include community resources and how to work with them.</p>	<ol style="list-style-type: none"> 1. How do we notify next of kin? App/phone call? 			
<p>Executive Summary: On November 7, 2019, we participated in "Not your typical pumpkin spice" drill. The temperature has been unseasonably warm and storm warnings are starting in afternoon. We were under a tornado watch and also found out that our internet and intranet</p>					

and phones are down, as an optic line has been cut. Then a storm hits with straight line winds we lose power and generators are kicked in. Temperatures are high and residents are getting uncomfortable and power is not scheduled to come back for 2-3 more days. We needed to consider evacuation.

The following were areas we are working on:

1. Communication is a huge area for improvement ie. Cell phones, badges, update IC flowsheet 3 deep, downtime procedures
2. Need to develop re-entry process, as well as finalize evacuation plans
3. Generator – are cooling units, time clocks on and available in times of no power.

We also did have some great things!

1. Increased participation from staff, buy in improving regarding emergency management. Participation from Public Health, ADRC and Rusk County Emergency Manager.
2. Have a good Emergency Operations Plan started, just need more in depth needed.
3. Emergency Management tubs for IC are in place, just need to work on accuracy of them.

Overall, our team is growing and making improvements each time we drill. We have many things to work on, but we can see and feel progress.

Maple Ridge Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Maple Ridge Care Center	Name, Phone, Email of PRIMARY POC for this document: William Wolf 715.635.1287 wwolf@carriagehealthcare.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Team work 2. Strong relationships with in the local community (resources) 3. Education/background in Emergency Preparedness and Response			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Communication with community 2. Communication with employees 3. Non-perishable food supplies		
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
Communications with community	No way to communicate to our community (mass) easy	Designate a member of the Leadership team (FB savvy) to post messages on our website and FB	Self	Dannie H.	Jan 2020
Communication with employees	Need a better way to communicate	Set up text ‘groups’ to send out mass communications	Self	Department leads	Dec 2019

Maple Ridge Care Center
Executive Summary and Improvement Plan

Food Storage	Not enough no-cook food in storage	Continue to work on and expand our E-supply of non-perishable food	Self	Beth N/Wolf	On-going
<p>Executive Summary: (To be completed by agency official)</p> <p>On Nov 7, 2019 Maple Ridge Care Center participated in Northwest WI Healthcare Emergency Readiness Coalition’s virtual exercise “Not Your Typical Pumpkin SPICE”, where we experienced multiple problems during very hot and sever weather. Overall the exercise was a success and I feel our facility would have weathered the storm.</p> <p>We recognized our strengths as; 1) having excellent teamwork within our facility, 2) having a great relationship with our community resources and support agencies, 3) having individuals in the leadership team with EP/ER backgrounds. We identified our areas of opportunity as; 1) being able to communicate to our community (mass), 2) being able to communicate with our employees (mass) quickly, 3) have enough no-cook nonperishable food on hand.</p>					

**Marshfield Clinic Comfort and Recovery-Marshfield
Executive Summary and Improvement Plan**

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Marshfield Clinic Comfort and Recovery-Marshfield	Name, Phone, Email of PRIMARY POC for this document: Danijela Decker NHA Ph. 715-221-5033 Dana.decker@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility: 9	Additional 9 staff members responded via text for DRILL
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication: we have a great team of Comfort/Recovery, Marshfield Clinic, and Marshfield Hospital staff, who work well together, and are working to assure we are prepared for a disaster. 2. Our SNF is part of a strong medical campus with multiple resources of equipment, and expertise, to assist in a disaster. 3. We are part of a strong local community and have reached out prior to this drill to the local fire department and County Emergency Management. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. We need to work on a plan for emergency backup power for air conditioning (heat is connected to emergency backup power, but cooling is not.) 2. We need to prepare for vertical evacuation, and locate “sled” locations within the campus. 3. Downtime process for documentation for medical records, need to solidify the process. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Marshfield Clinic Comfort and Recovery-Marshfield
Executive Summary and Improvement Plan

Emergency Power	Emergency Power is not supporting air conditioning.	Building services has several fans available. Ice, water, popsicles, and other cooling resources are available, and connected to emergency generators.	Building Services Dietary		11/12/19
Contracts with outside agencies	Current contracts in the process of completion	Reached out to local SNF and hospital, to add additional emergency shelters to the ones already in place.	NHA		
Process for evacuation of patients	Current process needs a few updates.	-pink patient identification vests requested from HERC -securing “sleds” should vertical evacuation be required -ensuring enough wheel chairs are available	NHA Security will bring sleds Security		
Downtime process for documentation of medical records	Currently do not have sufficient “blank paper” printed for charting	Emergency disaster computer is always powered up, staff frequently practices “downtime” procedure. Ensure sufficient number of charting forms available for extended downtime.	NHA		

Executive Summary:

On November 7, 2019, Nine campus leaders and staff members participated in a drill with many regional communities involved. During the drill, additional 9 staff members were contacted via text about the emergency drill, and all responded. This was a drill that took place online with situations that lasted “several days” to test our current plans and processes. There were several scenarios including heat index, tornado watch, power/fiberoptic outage, evacuation, returning to “normal” operations.

Top 3 Strengths identified:

1. Communication: we have a great team of Comfort/Recovery, Marshfield Clinic, and Marshfield Hospital staff, who work well together, and are working to assure we are prepared for a disaster.
2. Our SNF is part of a strong medical campus with multiple resources of equipment, and expertise, to assist in a disaster.
3. We are part of a strong local community and have reached out prior to this drill to the local fire department and County Emergency Management

Top 3 Opportunities identified:

Marshfield Clinic Comfort and Recovery-Marshfield

Executive Summary and Improvement Plan

1. We need to work on a plan for emergency backup power for air conditioning (heat is connected to emergency backup power, but cooling is not.)
2. We need to prepare for vertical evacuation, and locate “sled” locations within the campus.
3. Downtime process for documentation for medical records, need to solidify the process.

Overall, this drill was a huge success. It was a great opportunity to bring our organizations’ key players (building services, security, risk and safety specialist, administrator, dietary, nursing, social services and others) together, to talk/walk through the scenarios. The drill helped us verify what worked well, and identify few pieces that may require additional review. Since the drill, we have reached out to additional regional players (local hospital for example), and will continue to work on developing/solidifying relationships.

**Marshfield Hospital-Eau Claire
 Eau Claire Comfort and Recovery Suites
 Wausau Comfort and Recovery Suites
 Executive Summary and Improvement Plan**

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Marshfield Hospital Eau Claire Eau Claire Comfort and Recovery Suites Wausau Comfort and Recovery Suites	Name, Phone, Email of PRIMARY POC for this document: Richard Schahczinski, 715-858-8549. Schahczinski.richard@marshfieldclinic.org	Number of Agencies that participated in this exercise (including your own): <p style="text-align: center;">51</p>	Total number of people who participated in the exercise at your facility. <p style="text-align: center;">15</p>	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Redundant emergency power capacity 2. Redundant water supply 3. Multiple staff and supply resources from within the system			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Expandable capacity for emergency communications 2. Readily available access to contact numbers and names for vendors. 3. Lack of sufficient vests for IC		
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 Hospital-Eau Claire
Eau Claire Comfort and Recovery Suites
Wausau Comfort and Recovery Suites
Executive Summary and Improvement Plan**

Provide expanded emergency communications	Identified that we didn't have sufficient communication devices other than phones	We need to purchase additional 2-way radios that can be located/immediately available to critical individuals	Campus Security	Eugene Gutsch	1/1/20
Provide an up to date and accurate list of suppliers/vendors with contact numbers to be kept in the EOP	We noted that we had a list of responsible suppliers and vendors in our EOP for facilities but we didn't have a phone or contact number available for them.	We need to have these names and numbers in our EOP and kept in our facilities, supply, and security offices in case of immediate need	Hospital Supply chain, facilities.	Tate Larson, Michael Helland, Rich Schahczinski	1/1/20
Have sufficient equipment/supplies in IC to run an IC	We noted that during our startup we purchased equipment in limited numbers for our IC.	We need to purchase another batch of Vests for IC identification and make sure supplies are sufficient to run an IC event	Hospital Supply Chain, Emergency Management Committee	Sam Ebner, Rich Schahczinski	1/1/20

Executive Summary:

Date: 11/7/19

Time: 0830-1100

Participants:

Comfort and Recovery Suites, Eau Claire WI. Campus

Tara Nenahlo, Courtney Brockmiller.

Comfort and Recovery Suites, Wausau WI. Campus

Erin Kolar(?), Josh Urmanski, Michael Buono, Sara Berna.

Marshfield Medical Center, Eau Claire WI. Campus

Melissa Hunt, Lindsay Carberry, Richard Schahczinski, Eugene Gutsch, Darren Jordahl, Julie Henderson, Marcy Schneider, Shawn McCarthy, Lexi Schwartz

**Marshfield Hospital-Eau Claire
Eau Claire Comfort and Recovery Suites
Wausau Comfort and Recovery Suites
Executive Summary and Improvement Plan**

Scenario: As noted in the Drill.

Strengths/Opportunities: Noted in the Exercise Summary

Overall, Success-Lesson learned: Communication and overall strength and experience of the group. Identified that we needed to look at Incident Command and start to focus our education on IC implementation and operations.

How do we implement what we learned: We will look at having drills that will address specific elements and focus on that efficiency versus a broad and over-reaching drill. We identified weaknesses and realize focusing on these areas will be a better investment for improvement.

Final Summation: As evaluator; I feel that the group we had today had a variety and diverse level of experience and education. There were only a few that actually experienced a true disaster event. These staff provided their education and experience to improve upon our operation. We identified that we had a “silo” type of program that really didn’t totally include all of our partners and we lacked resources because of that. We saw that our documents lacked some information that would be of value in a true emergency.

We, as a group, agreed to work in a collaborative effort to improve our EOP and look at how we can use focused drills to improve on our weakness and opportunities.

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

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: MCHS Home Health & Hospice	Name, Phone, Email of PRIMARY POC for this document: Kathy Schmiedeskamp 715-464-0623 Schmiedeskamp.kathy@mayo.edu	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. “some” tools for resources 2. technology & communication tools 3. Daily work environment for staff that are used to being independent of the office			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. no scenario for “heat/humidity” 2. test of technology (MiFi and hot spot) 3. Resources for contacts in an emergency: Communication MOC – improve messaging and where it lives		
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
No scenario for “heat/humidity”	We did not have a scenario in our Emergency Plan due to the fact it was not a high need based on our HVA.	Barb will update EOP procedure with extreme heat/ humidity guidance	MCHS HHH	Barb	11/17/19

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

Test of technology for using MiFi or Hotspot with multiple users	We have not had to use or test this. We have a couple of extra Mifis, but how many staff can we plan to support if needed in the office.	Kathy will research the connectivity options with the vendor Verizon.	MCHS HHH	Kathy	11/17/19
Resources for contacts in an emergency: Communication MOC – improve messaging and where it lives	How would we get to this info if the intranet was down, or home without electricity to power your laptop. Develop scripting to be used by MOC. Where will this live to be accessible in an emergency. Today none of our attendees had current messaging to use.		MCHS HHH	Amanda	11/17/19

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved. Therefore, such things as:

- Date of exercise- 11/7/2019
- Who played- Barb Jaderborg, Kathy Schmiedeskamp, Jessica Entzminger, Mary Thelen
- What was the scenario? Heat and humidity, with loss of fiber to office, then a thunderstorm and loss of electricity
- 3 Strengths: Resources, Technology for communication and EMR, staff ability to work independent of office
- 3 Opportunities: Include heat/humidity in plan, verify technology for office to use MiFi/hotspot, improve resources to be used for communication so we don't miss anything when we send to staff for the plan
- Overall, was it a success or a lesson learned. Success. We feel well equipped to handle most of the challenges and it shined a light on those areas we can improve.
- With this experience, how will you implement what you learned as you move forward. Share with the rest of our team to raise their awareness of the gaps and the strengths we can draw on in these emergency situations.

Mellen Manor
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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): 51	Total number of people who participated in the exercise at your facility. 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Prioritizing what needs to be done. 2. Thinking outside of the box. 3. Thinking of resources to utilize. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Delegating roles and responsibilities. 2. Disorganization and jumping around. 3. Not focusing on what the task is at hand and solving that problem. 		
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
Delegating Roles.	One person led the discussion and did not give anyone else the chance to act.	Everyone should become familiar with their roles and responsibilities. The Incident Commander should take charge and delegate responsibilities.	All IDT members.	All of IDT	11/13/19

Mellen Manor
Executive Summary and Improvement Plan

Disorganization.	One person was jumping around in discussion and not thoroughly discussing one topic prior to starting to discuss the next.	Everyone should focus on the topic at hand and discuss each step thoroughly prior to discussing the next topic.	All IDT members.	All of IDT.	11/12/2019
Lack of Focus.	Everyone was too busy focusing on what was next rather than what we had to do in the moment.	Everyone should focus on the topic at hand and figure out the best solution to solve the problem we are currently facing.	All IDT members.	All of IDT.	11/13/19

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved.

On Thursday, November 7, 2019, five of the leadership staff members participated in a virtual exercise hosted by the NWWI Healthcare Emergency Readiness Coalition. The five leadership members that participated were Tawny (Acting Administrator), Brenda (Director of Social Services), Rebekah (Director of Nursing), Greg (Director of Maintenance), and Holly (Dietary Manager). This virtual exercise included five different scenarios, each based around emergent events that could affect skilled facilities. These scenarios included topics like heat and humidity, communication, sheltering in place, evacuation, and re-entering your facility.

During each scenario, the team had to discuss and decide on the best plan of action to protect the facility and residents on what was occurring. Each scenario got a little more difficult and involved more in depth thought processes. Through the scenarios the team had to utilize communication practices to contact families, vendors and agencies in case we needed assistance during each scenario. Each call that was placed started and ended with “THIS IS A DRILL”, so no false alarms were sent out. The team’s strengths included worked very well to prioritize, think outside of the box, and utilize resources. The team’s weaknesses included delegating roles and responsibilities, disorganization, and not focusing on the topic at hand. These areas of weakness we utilized as opportunities for improvement.

Overall, the virtual exercise was a success that tested our policies and procedures, lines of communication, plans and effectiveness of our actions. The team learned a great lesson overall in regards to communication and working as a team to complete the task at hand to ensure the safety of the facility and residents. To implement what we learned the team sat down and reviewed our strengths and weaknesses and came up with a plan to strengthen our processes. We worked together and have created a plan to implement tools for delegating roles, organizing thoughts, and focusing on what we have at hand. Overall, it was a success.

Middle River Health and Rehabilitation
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Middle River Health and Rehabilitation	Name, Phone, Email of PRIMARY POC for this document: Christy Frye, Administrator 715-398-3523 christyf@avantihs.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. New generator that is guaranteed natural gas supply and self-sufficient facility. 2. AC runs off of power/generator 3. Our phone lines are in two routes, so if one cable is cut, we still have phone access through the alternate route. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. No schedule to check/maintain weather radios. 2. Navigation difficulties with phone directory. 3. No agreements with other rural entities in our area to access alternate resources. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Emergency Kits	We don’t have any kits to easily grab such as flash lights, etc. that may be	We will put together enough kits for who will need them such as maintenance and each of the nurses’ station that can be used if an	Maintenance Dept	Maintenance director	To be completed by year end

**Middle River Health and Rehabilitation
Executive Summary and Improvement Plan**

	needed in an emergency	emergency happens and we don't have time to run around and get them.			
Getting access to receive any emergencies in the area through email and cell phones	We have weather radios but this is one more area to get information	We have logged on to Douglas Counties emergency reporting (Ready.gov) and downloaded to receive	Douglas County Emergency Dept	Social Services	Nov 7, 2019
Update Phone Directory	Hard to find certain vendors	Break down based on category and in alphabetical order	Business Office	Office Manager	To be completed by year end
Develop list of alternate resources.	Did not have all transfer or business agreements in place that we may need	Agreements with rural entities in our area to access alternate resources.	Area hospitals/other nursing homes/transportation companies	Director of Nursing	To be completed by year end

Executive Summary: (To be completed by agency official)

- Date of exercise- November 7, 2019
- Who played- Administrator, Director of Nursing, Maintenance, Social Services, Business Office Manager, Therapy, Community Outreach Coordinator and Activities Director
- What was the scenario? The scenario was that it was a very hot day with a tornado watch just came over the weather radio. The maintenance crew across the road cut a fiber optic cable line to your building and took out the internet and phone lines and did not know when it may be restored. It took place over 4 days in which a severe storm move in on day 2 and took out the power to your building and there were trees down all over town. If you did not have a working generator or the generator was not connected to your air conditioning system then you needed to consider when and where to activate your evacuation policy and procedures. Day 4 power is restored and all operations have returned to normal. If you evacuated you would need to consider how to return residents back to your facility safely.
- 3 Strengths: 1) System already in place for back up for medication administration and nursing if they are unable to access HER; 2) system already in place, alternate forms and plans to ensure care and delivery of all functions; 3) back up of MARS etc daily to be printed when not able to access EHR. All charge nursing knows how to access to get if needed. Paper charts contain all documentation for our residents to ensure care.

3 Opportunities: 1) List of community partners-but difficult to navigate--developed plan to revamp this list to make it easier to read. Need more resources in our rural setting for easier access; 2) No internal plan officially--Utilize intercom system to announce to staff and residents watches/warnings, portable radios for staff to utilize, management to meet and administrator would contact stakeholders; 3) some available but could use more in the rural community setting to access in time of need. Difficulty reading the resources list--revamp needed for quicker ability to access and find contact information.

- Overall, was it a success or a lesson learned. Yes, it really shows where you can make improvements in different situations.
- With this experience, how will you implement what you learned as you move forward. Take a look and make sure all contracts and contacts are in a place that is easily accessible to everyone and also make sure the contractor you have an agreement with is still accessible in emergency situations.

Oakwood Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Oakwood Health Services	Name, Phone, Email of PRIMARY POC for this document: Jon Richardson	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. EOP had direction for this type of emergency 2. Leadership had good ideas to handle unique situations 3. Transfer agreements in place for potential evacuation			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Old generator/only powers limited areas of facility-wouldn’t power AC 2. Communication to families of residents 3. Need improved plan and education for facility staff’s requirements to help facility in emergency 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
Emergency Operations Coordination	No formal plan to alert staff of how we’ll contact and schedule during	Create procedure for alerting staff currently at the facility and scheduled. Create a hand off report for on coming staff.	Administration/ HR/DON	Jon/ Rachael/ Amanda P./Kitzie	

Oakwood Health Services
Executive Summary and Improvement Plan

	emergency operations				
Communication/ Information Sharing	No formal procedure for notifying families of emergency situational updates	Create a procedure of when to contact families/teams of emergency situational updates	Admin	Jon/ Rachael	
Continuity of Healthcare Delivery	Facility would not be able to maintain safe temperatures during extremely hot weather with power outage	Contact local vendors to determine emergency generator availability to rent Contact corporate maintenance director and create a proposal to replace current generator	Admin/ Maintanece	Jon/ Rachael/ Ken/Tom	

Executive Summary: (To be completed by agency official)

This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved.

On November 7th, 2019, the leadership staff at Oakwood Health Services conducted a mock emergency preparedness event with the Northwest Wisconsin Emergency readiness healthcare coalition. There was eleven members of the leadership team that participated in this event. The situation that we faced in this exercise is humid and hot weather. We faced power outage for an extensive period, coax cable outages, tornado watch, thunderstorm warning, and trees blocking roadway access.

Strengths:

1. EOP had direction for this type of emergency
2. Leadership had good ideas to handle unique situations
3. Transfer agreements in place for potential evacuation

Weaknesses:

1. Old generator/only powers limited areas of facility-wouldn't power AC
2. Communication to families of residents

3. Need an improved plan and education for facility staff's requirements to help the facility in emergency situations

This exercise was beneficial experience for Oakwood Health Services leadership team. With having some new leadership members, this was the first disaster exercise. This is a potential situation that could occur throughout the year, so it was beneficial for our leadership team to be able to critically think of how to work through this event. This disaster exercise allowed our team to be able to recognize our processes for hot and humid weather and our procedures that we need to put in place before a weather emergency potentially hits. We also had good discussion on how to use our walkie talkie and phone speaker system to communicate with staff in the building when such disasters arise. We currently have a transfer agreement with a neighboring facility to be able to evacuate high risk residents, therefore it was beneficial for our team to discuss our process on evacuation. This exercise was a success at our facility, and we have now identified our opportunities for improvement and will fill in those gaps to prepare for an actual emergency. Overall, our team handled the situation well and had good dialog on what to do and who to contact at what point during this disaster exercise.

Park View Home
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Park View Home	Name, Phone, Email of PRIMARY POC for this document: Melissa Walthall 715-698-2451 mwalthall@parkview-cc.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 11	Melissa Heather Amy Polly Patti Sheena Jenny Becky Mark Anita Jeanette
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Generator has large capacity so facility functions well 2. Local Employees who respond quickly 3. Large food storage space			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Call Cenex about diesel fuel-when can we top off, does it go bad 2. Emergency kit by the vests that has flash lights, head lamps, charging cords for cell phones, pens and paper for paper charting. 3. MARs need to be addressed by IT and ECS.		
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
Generator Diesel	When best to fill tank	Call Cenex to ask appropriate questions.	Park View Home	Mark	11/15/2019

Park View Home
Executive Summary and Improvement Plan

Emergency Kit	Make shift kit	Having a kit that has flash lights, head lamps, cell phone charging cords, notebook and pens for charting.	Park View Home	Melissa	11/30/2019
MAR Back up	If we loose internet how would we pass meds	Need to explore with IT, ECS, Health Drive what options are available.	Park View Home	Melissa	11/30/2019
<p>Executive Summary: (To be completed by agency official)</p> <p>On November 7, 2019, 11 members of Park View Home as identified on 1st page participated in the 4 scenarios that were given by the Northwest Wisconsin Healthcare Emergency Readiness Coalition. Good discussion and notes were taken on the 5 scenarios that generated good conversation and feedback by the staff. Identified where strengths and areas to improve on as identified above. It would be interesting next time to have Administrator and Director of Clinical Operations to sit back and take notes like they are not available.</p>					

Pioneer Health & Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Pioneer Health & Rehab	Name, Phone, Email of PRIMARY POC for this document: Erica Salsbury 7154551178 Erica.salsbury@pioneernursinghome.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	Erica Salsbury Bill Green April Holten Carrie Buhr Cheryl Rihn Bonnie Schlender
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Strong community Background 2. Strong Management Communication			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. To develop a better system for a calling tree 2. Making sure that all staff are aware including agency staff that work in the facility of the emergency preparedness process and what to do.		
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 Notifying Families of emergencies	No set process in place for staff to know what to do if phone lines are down.	Possible notification through social Media -i.e. Facebook page. Pioneer Web Page.	Stokes Herzog (marketing) and Pioneer Health and Rehab	Pioneer Health and Rehab	12/31/19

Pioneer Health & Rehab
Executive Summary and Improvement Plan

<p>2. Re-entry of building after damage</p>	<p>Unknown what processes needed to be taken if there was damage and evacuation was need. And re-entry was an option</p>	<p>Pioneer Contacted DQA Ryan Jarvis from the office of Plan Review and Inspection.</p>	<p>DQA inspection walk through when construction is done., Construction Company, Possible local AHJ inspection walk through</p>	<p>Pioneer Health and rehab</p>	<p>November 11 2019 received response from DQA.</p>
<p>3 Education to all staff including agency of processes</p>	<p>Poor communication currently</p>	<p>All staff need to be made aware upon starting or filling in at the Pioneer</p>	<p>Pioneer and All agency's that send pool staff</p>	<p>Pioneer Health and Rehab</p>	<p>12/31/19</p>

Executive Summary: (To be completed by agency official)
This should be 1-2 paragraphs that, if an individual who had no knowledge of this exercise read, would be able to understand what occurred, what went well, and what needs to be improved.

The date of this exercise was on November 7th, the team was comprised of 6 members of the management team which included the Director of Nursing, Plant Director, Social Worker, Dietary Manager, Assistant Director of Nursing, and Administrator. They participated in a virtual exercise which gave them a situation / scenario which included high temps, severe storms, systems communication failure, power outage, damage to the facility and evacuation.

Three strengths this team had was communication and quick thinking. All members had great input and insight, the community is very close knit and would be able to assist with multiple things if they were able and were not in the same emergency. The Pioneer also being affiliated with Grace Lutheran Communities is able to have out reach for help and assistance. The Opportunities that were identified were finding transportation in an emergency/evacuation situation especially if some roads were closed. Finding transport for residents that are not able to be in a wheel chair. Communication to all staff is another opportunity to improve, what does this look like especially when there is agency staff involved. Finally having staff prepared and in the need to know of what to do and when to do it.

Over all this virtual experience seemed to be both a success and lesson learned. There is always room for improvement, re: education, and following up over time to keep information up to date and accurate, especially in this era where there is different agency staff involved and turnover of staff, or changes in suppliers.

With this experience things that are being implemented include a better calling tree, and notifying family members of an emergency, via Facebook or social media when able, also implementing a better communication process for the staff for education on what to do and when to do it.

Agencies called included

Other Grace Lutheran affiliated facilities for possibly taking residents if we had to evacuate. (Grace facilities have same electronic charting and access to all Pioneer medical records.

Heartland Transportation - Which had 13 Vans they said they would assist with which all fit 2 wheelchairs plus three extra passengers

IT from Grace Lutheran – To assist with questions about computer down time

Dairy State Bank – To see if we could have fax's sent to the bank in case of an emergency (Phone call was placed during the live Virtual experience)

Ryan Jarvis – DQA Office of Plan Review and Inspection. Questions about re entering a facility after evacuation due to damage.

**River Pines
Prairie Pointe
Executive Summary and Improvement Plan**

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: River Pines & Prairie Pointe	Name, Phone, Email of PRIMARY POC for this document: Jennifer Cohen 715-598-7801 Jennifer.cohen@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Communication among facility members is clear and organized. 2. We have a number of facilities, locations and resources within our organization that we can coordinate with. 3. On-hand supply and resources- downtime resources, water, food, generator power through natural gas, pharmacy on site.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Turnover with staff and regular education 2. A quick method of contacting staff similar to schools 3. Cooling mechanisms on-site		
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
Education	Staff are not receiving regular education on	Regular educational meetings should be held to review policies and procedures specific to emergency preparedness and this campus.	Grace Lutheran Communities	Jennifer Cohen & Dennis Dzieken	12/31/2019

**River Pines
Prairie Pointe
Executive Summary and Improvement Plan**

	facility-specific emergency policies				
Communication	Grace currently does not have a one-touch method for communicating emergency situations with staff and involves individual contacts	See if there is a way for Grace to incorporate a communication method for emergencies similar to how schools communicate with students.	Grace Lutheran Communities	Jennifer Cohen	12/31/2019
Back-up Cooling	Availability of back-up cooling devices is minimal	Coordinate for acquiring and storing fans and possibly window units.	Grace Lutheran Communities	Jennifer Cohen & Dennis Dzieken	12/31/2019

Executive Summary: (To be completed by agency official)

- Date of exercise- 11/7/2019
- Who played- Management team of both River Pines and Prairie Pointe
- What was the scenario? Fiber optics down, power outage, storm, evacuation
- 3 Strengths: We felt that our communication is strong with our management team and we coordinate well with each other. We felt that having Grace Lutheran Communities and managed facilities is a benefit of scale and resources. We also feel that our physical campus and services and resources available on-site are strengths in that sheltering in place is feasible.
- 3 Opportunities: We identified that training with front line staff can always be improved as well as having a more efficient means of communicating emergency situations with them instead of relying on 1:1 calls. We also believe that we need to address cooling mechanisms and what can be stored on-site for these situations.
- Overall, was it a success or a lesson learned. We felt that the exercise was beneficial in helping brainstorm and talk through situations that are plausible. Having other facilities participating at the same time is also helpful in that our organization is communicating better about the exercises and after-action plans.
- With this experience, how will you implement what you learned as you move forward. We will definitely be following up on the after-action items and areas of opportunity as well as coordinating among the organization regarding after action items and take aways.

Shell Lake Health Care Center
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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 jenniek@shelllakehealthcc.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Strong leadership team 2. Very large generator that runs all facility with ease 3. Community support close by			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Need to add fire chief direct number to call list in addition to 911 2. Documentation system to track additional fluids offered in heat emergency 3. Update staff call list in cell phones		
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
Fire chief number	Not on list	Add number to call list		Admin	11/7/19
Fluid tracking	System to capture all extra fluids	System that is not on EMR to log fluids		DON/CDM	11/18/19
Call list	Update in cell phones	All lead staff should be in cell phone		IDT	11/7/19

Executive Summary: (To be completed by agency official)

- Date of exercise- 11/7/2019
- Who played- Entire IDT team
- What was the scenario? Fiber optic line cut then Segway to thunderstorm warning
- 3 Strengths:
 1. Strong IDT leadership: we all live locally, and have extended family in the area to call on in times of emergency, to help with child care, clean up etc.
 2. Large capability generator: We have a generator that is capable of running all systems in the facility including the a/c the heat system is propane so would continue in the event of emergency as it is circulating water, generator is diesel powered, heat system also has capability to run on diesel, tank is large enough that we could do this for up to a week if we rationed usage.
 3. Local community support: We have already reached out to Glenview right next door and practiced exercises with them to evacuate if needed. We share place and resources, including each other's transport vans in case of a shortage of bus available in an evacuation situation.
- 3 Opportunities: Fire chief phone number in addition to 911, fluid track system that is not on the EMR, update call tree in all cell phones IDT
- Overall, was it a success or a lesson learned. Success, we had a lot of good plans in place a few areas to tweak, we can use cell phones as hot spots to run the wifi on the EMR need to have chargers available to keep phones charged. All staff would be providing fluids in a heat emergency, and it would be more efficient to track this on paper vs the EMR so a form needs to be developed for such. All IDT members may not be on site, so making sure we have all numbers available to us in our cell phones should need arise. We also have emergency walkie talkie system in building as well.
- With this experience, how will you implement what you learned as you move forward. Paper document to be developed for fluid tracking will be brought to QAPI on 11/18/19 as performance plan. Cell phones were updated before we left the meeting. Added Chief of fire to the call tree not just 911.

**Spring Valley Health & Rehabilitation
Valley Villas Assisted Living
Executive Summary and Improvement Plan**

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Spring Valley Senior Living and Health Care Campus Spring Valley Health & Rehabilitation Center Valley Villas Assisted Living	Name, Phone, Email of PRIMARY POC for this document: Kevin H. Larson, BSHCA, CNHA, FACHCA, Administrator Chief Executive Officer 715.778.5545 ext. 203 KevinL@svhcs.org	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Emergency and Evacuation Preparedness Kits and supplies in place. 2. Electronic Medical Record System operational on emergency generators and without internet access along with a backup system including off-site storage. 3. Improved understanding of the capabilities of the Emergency Generators specially to convert to LP fuel source if there is an interruption of the natural gas supply.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Master Contact List in Communication Plan needing updates including greater breadth and depth of the listing and especially including the Regional Healthcare Emergency Response Coordinator. 2. Emergency Preparedness Procedures for Severe Weather needs updates and revisions especially for extreme heat. Protocols to follow if computers are not functioning need to be developed and implemented. 3. (Re-) Establish communications with new Village of Spring Valley Chief of Police and Pierce County Emergency Management Coordinator.			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completi on Date

**Spring Valley Health & Rehabilitation
Valley Villas Assisted Living
Executive Summary and Improvement Plan**

	that should be corrected				
Have a Master Contact List in the event of an emergency that is comprehensive, organized and kept current.	Observed lack of confidence with knowing who to contact especially for specific situations/events.	Communications Plan Master Contact List needing updates including greater breadth and depth of the listing and especially including the Regional Healthcare Emergency Response Coordinator. Transportation in the event of a full evacuation continues as an area needing addition structure and clarification. Memorandum of understanding should be utilized so that entities on the Master Contact List are aware and fully informed of their inclusion on the Master Contact List.	Spring Valley Health and Rehabilitation Center	Director of Resident Services	1 Jan. 2020
Clear and succinct directions to follow in the event of extreme heat severe weather.	In the Severe Weather response plan, it was noted that there was a lack of sufficient details and direction related to the extreme heat.	Emergency Preparedness Procedures for Severe Weather needs updates and revisions especially for extreme heat. Items to be included in response plan would be: transportations to appointments away from the campus and especially for critical or essential medical appointments such as dialysis or infusion therapy; residents/tenants leaving the campus with family, preparation steps taken prior to embarking on a trip, consents, risk-benefit waivers executed.	Spring Valley Health and Rehabilitation Center	Director of Nursing and Clinical Services Director of Nursing and Clinical	1 Mar. 2020 1 Feb, 2020

**Spring Valley Health & Rehabilitation
Valley Villas Assisted Living
Executive Summary and Improvement Plan**

<p>Protocols for clinical staff to follow if computers are not operational</p>	<p>Exercise Evaluation Guide for Continuity of Operations identified that a “Computers Down Time” protocol did not exist for clinical staff to follow in a situation where computers are not functioning</p>	<p>Develop and implement “Computers Down Time” Procedures to appropriately maintain charting and documentation of patient care. Include what key functions must continue despite whatever the reason computers may not be operating and identify alternate methods of delivery of these clinical functions.</p>		<p>Services and Information Technology Consultant</p>	
<p>Be familiar and know the professionals that would be involved with an emergency situation and who would be able to efficiently access and deploy any necessary resources.</p>	<p>Unfamiliarity with key professionals in the community and how to quickly contact in the event of an emergency.</p>	<p>(Re-) Establish communications with new Village of Spring Valley Chief of Police, and Pierce County Emergency Management Coordinator. Periodic review and re-familiarization of Spring Valley Senior Living and Health Care Campus emergency preparedness and plans by key public professionals is essential. External partners’ incident command approaches and standards of practice must be made known and understood by the internal team members.</p>	<p>Spring Valley Health and Rehabilitation Center</p>	<p>Administrator / Chief Executive Officer</p>	<p>1 Feb. 2020</p>

Spring Valley Health & Rehabilitation
Valley Villas Assisted Living
Executive Summary and Improvement Plan

Executive Summary: (To be completed by agency official)

- Date of exercise - 7 Nov. 2019
- Who played- Kevin H. Larson, CNHA, Administrator – CEO; Ginnie (Virginia) Prechel, Registered Nurse, Director of Nursing and Clinical Services, Danielle Smith, Director of Resident Services; Julie Chollet, Director of Assisted Living; Carla Carlstrom, Registered Nurse, Clinical Care Coordinator; Kristen Albarado, Licensed Practical Nurse, Staff Nurse; Juel Kitchner, Health Information Coordinator; Pam Spence, Accounting Coordinator; Thomas Chosa, Registered Nurse-Student; and Jennifer Wildman, Registered Nurse-Student.
- What was the scenario?
Not Your Typical Pumpkin SPICE
- 3 Strengths:
 1. Emergency and Evacuation Preparedness Kits and supplies in place.
 2. Electronic Medical Record System operational on emergency generators and without internet access along with a backup system including off-site storage.
 3. Improved understanding of the capabilities of the Emergency Generators specially to convert to LP fuel source if there is an interruption of the natural gas supply.
- 3 Opportunities:
 1. Master Contact List needing updates including greater breadth and depth of the listing and especially including the Regional Healthcare Emergency Response Coordinator.
 2. Emergency Preparedness Procedures for Severe Weather needs updates and revisions especially for extreme heat.
 3. (Re-) Establish communications with new Village of Spring Valley Chief of Police, Pierce County Emergency Management Coordinator
- Overall, was it a success or a lesson learned.
The exercise was successful with lesson learned to take further and to incorporate.

St. Croix Health & Rehab
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: St. Croix Health & Rehab	Name, Phone, Email of PRIMARY POC for this document: Sandy Hackenmueller 715 246 8229 Sandy.hackenmueller@sccwi.gov	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. The staff is calm and prepared 2. They know the procedures to respond to 3. They openly communicate			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. The implied chain of command come down allowing others to take control 2. Staff communication 3. Staff response		
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
Pumps	Not clear if on the generator	Will check and clarify fans are	Facilities	Health	11-07-19
Fiber optic 2 ways	Unsure if the fiber is 2 ways	The fiber is cut is it able to be used?	Administration IT	Sandy	11-07-19
Executive Summary: (To be completed by agency official) <ul style="list-style-type: none"> <i>Date of exercise</i>- Nov 7, 2019 					

St. Croix Health & Rehab

Executive Summary and Improvement Plan

- Who played- Varied departments involved facilities, ward clerk, supervisor, administration, and administrative assistant, across 2 different buildings including social worker.
- What was the scenario? Adverse weather conditions
- 3 Strengths: knowledge of the systems
 - Good communication alerts come out early from emergency management
 - Benefit of having 2 buildings with different systems
- 3 Opportunities: need to check on pump pressures and understand if they run during outage
 - Staff always need to know where people are and that they are not outside or in the weather
 - Need to look at the call list is it reasonable? Or should we do mass text or calling
- Overall, was it a success or a lesson learned. We have good understanding of processes and we are prepared
- With this experience, how will you implement what you learned as you move forward.
The time for play is way too long

St. Croix Regional Medical Center
Executive Summary and Improvement Plan

Date of Exercise: November 11, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: St Croix Regional Medical Center (SCRMC)	Name, Phone, Email of PRIMARY POC for this document: Matt Maxwell Emergency Management & Security Manager 715-483-0385 Matthew.maxwell@scrmc.org	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Exceptional staff (willingness to be part of ICS, commitment to the organization, wide-range of skills, training, and experience, etc.) 2. Robustness of existing systems (physical plant & IT, built-in redundancies) 3. Diversity of resources (5 sites to use and pull resources from)		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Communications (lacking an employee mass notification system, no redundancy in overhead paging system, outdated phone/contact lists) 2. EOP/BCP training (turn-over and lack of EM/EP personnel have resulted in EOP/ICS training and knowledge gap) 3. Documentation of system redundancy (tremendous wealth of institutional knowledge about redundant systems, but it isn’t documented and if that specific person isn’t available getting that information can 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
Identify roles and responsibilities for emergency response	Employees unfamiliar with the	Training for employees to familiarize them with the EOP/BCP and ICS; update IC roster (significant number of	SCRMC	Emergency Prep (Matt Maxwell)	Dec 31, 2020

St. Croix Regional Medical Center
Executive Summary and Improvement Plan

	EOP/BCP and ICS roles	individuals listed were no longer at SCRMC)			
Coordinate response strategy, resources, and communication with the organization	Existing EOP is missing CMS required elements and other critical elements	Significant development of the organization's EOP to meet current CMS requirements and align with local governmental EP plans and community needs.	SCRMC	Emergency Prep (Matt Maxwell)	Dec 31, 2020
Organization and individuals know how they receive emergency alerts and take appropriate action	No effective employee mass notification system	Implement mass employee notification system	SCRMC	Andrea Olson	Dec 31, 2021
Organizations within the community are able to communicate and share information with one another	Contact list of community partners hasn't been updated; no reliable method to communicate should telephone, cell phone, or e-mail systems become inoperable.	Update contact list on a regular schedule (annually); explore alternative communication means such as 800 MHz radio, HAM radio, etc.	SCRMC	Emergency Prep (Matt Maxwell)	Dec 31, 2020
Maintain safe and appropriate patient and resident care during times of power outage	Downtime procedures exist, but not trained/drilled often. Hospital has two generators, but one does not back-up the other (each provides emergency power to certain parts of the facility). No redundancy	Run down-time exercises to familiarize staff to procedures during down-time as well as returning to normal operations; MOU with company to provide portable generator to power critical systems should a generator fail.	SCRMC	Nursing Admin; Facility Management; Emergency Prep (Matt Maxwell)	Dec 31, 2020

St. Croix Regional Medical Center
Executive Summary and Improvement Plan

	should one generator fail.				
Identify redundant systems to maintain access to patient and resident medical information during time of computer failure	If computers fail, the hospital will not have access to EMRs.	An EMR back-up is located at an off-site location. EOP should reflect how this can be accessed remotely if local computer systems go down.	SCRMC	IT (Brent McCurdy)	Dec 31, 2020
Identify triggers for evacuation and re-entry	Lack of clearly defined triggers in the EOP for evacuation and re-entry.	Update EOP to include evacuation triggers, who is authorized to initiate evacuation (immediate and planned), and where evacuees goes (patients, their family, staff, etc.)	SCRMC	Emergency Prep (Matt Maxwell)	Dec 31, 2020

Executive Summary:

On Monday November 11, from 10a to 12p, St. Croix Regional Medical Center (SCRMC) conducted an emergency preparedness (EP) table top exercise in the emergency operations center (EOC), located in the administrative conference room at SCRMC. The exercise, designed by the Northwest WI Healthcare Emergency Readiness Coalition (webinar drill was on Nov 7, 2019), was an escalating response to a late summer weather event that tested organizational preparedness and response.

Participants in the exercise included:

- Andrea Olson – Director of Emergency Services
- Anita Lundquist – Executive Director of Pharmacy
- Brent McCurdy – Director of Information Technology (IT)
- Eric Schaffer – Director of Diagnostic Imaging (via phone)
- John Mollner – Director of Facilities (via e-mail)
- Matt Maxwell – Emergency Management & Security Manager
- Nikki Olson – Facility Services and Building Maintenance

The exercise scenario, titled Not Your Typical SPICE (Storms, Power, Information, Computers, Evacuation), began with a higher than average heat index (near 100 degrees Fahrenheit), progressed to a severe thunder storm with a Tornado Watch issued by the National Weather Service, included loss of internet and telephone capabilities secondary to a nearby construction crew mistakenly severing the fiber optic line, shifted to a severe thunder storm warning with trees down in the area and loss of power at SCRMC (generator comes on-line) for 24 hours with subsequent loss of cooling to certain areas of the hospital, and culminated with a need to evacuate due to power not being restored for 2-3 days (per the power company).

Three strengths identified from the participant group during the exercise debrief were:

- 1) Employees – Willingness to be part of ICS, commitment to the organization, and wide breadth of knowledge, training, and experience.
- 2) Existing systems – Current physical plant, medical, and IT systems are fairly robust with built-in redundancy.
- 3) Diversity of resources – With a main hospital campus, four clinic facilities, and a business office the organization can leverage these locations and resources during an emergency.

Three opportunities identified from the participant group during the exercise debrief were:

- 1) Communications
 - a. Weather alerts are posted on employee intranet site but not pushed to employees and no guidance is provided on what employees should do in regards to these notifications
 - b. No mass employee notification system in place
 - c. No overhead capabilities at clinics
 - d. No 800 MHz radio system for multi-agency coordination
 - e. No employee personal cell phone list
 - f. EP handheld radios are not kept in charging stations, most had dead batteries
- 2) Emergency Operations Plan/Business Continuity Plan – The Emergency Operations (EOP) and Business Continuity Plan (BCP) are separate entities and the EOP need significant work to fill existing gaps. Also, due to turn-over and lack of recent training employees are not very familiar with the EOP/BCP and incident command structure.
- 3) Documentation of system redundancy – There is a tremendous wealth of institutional knowledge at SCRMC. Many of these individuals are long-time SCRMC employees and have a significant level of detailed knowledge about the organization's

physical plant, IT systems, and communication systems. But this critical information and processes may not be documented resulting in a gap to correct system issues or failures during an emergency if said individual isn't available.

Conclusion

Overall, the table top exercise was successful in highlighting many of SCRMC strengths including its existing staff, systems, and resources that will help the organization effectively manage a disaster/event. The exercise also brought to light numerous areas of improvement including communications, training, and documentation. SCRMC is committed to developing an improvement plan to ameliorate many of these deficiencies/opportunities, with corrective action plans for resolution during the 2020 and 2021 calendar years.

The EOP/BCP will be further developed to ensure it meets existing federal, state, and local governmental requirements as well as the current and future needs of the organization. Significant revisions to the EOP should be completed by Q1 2020 with continued work to further develop the plan continuing throughout the remainder of 2020. Employee training in the incident command system, coupled with exercises, will occur in 2020. And the communications gap will be lessened with the addition of an employee mass notification system (ideally implemented during the 2020 or 2021 calendar year).

The Deerfield
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: The Deerfield	Name, Phone, Email of PRIMARY POC for this document: Jen Anderson janderson@preshomes.org 715-243-3933	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> Care Center generator is on continuous supply of natural gas which is an obvious advantage for extended power outages Being a part of a larger organization, Presbyterian Homes and Services offers us many resources at nearby campuses and our corporate office Our large campus offers multiple points of entry that are all handicap accessible, so when one entrance was compromised in this scenario, we were able to utilize others 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> Air conditioning not on generator power, lack of plan to keep cool during an extended outage Policy needed for outings during inclement weather conditions Back-up plan needed for nurse charting other than medication administration 		
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
Hard copy PCC assessments	Not up to date	HUC to add task of quarterly update of assessment hard copies	Deerfield	Mimi	11/7/19

The Deerfield
Executive Summary and Improvement Plan

Progress note back up plan for PCC outage	Lacking plan	Paper progress note template available with hard copy assessments	Deerfield	Mimi	11/7/19
Policy on outings during inclement weather	Lacking clarity	Adapt the Memory Care Patio Policy	Deerfield	Jen	11/11/19

Executive Summary:

The Deerfield senior living community management staff participated in a Northwest WI Healthcare Emergency Readiness Coalition Virtual Exercise on November 7th, 2019. Staff participating included Jen Anderson, Campus Administrator, Katie McCoy Clinical Administrator, David Best Environmental Services Director, Jamie Larson Life Enrichment Director, Mimi Waalen HUC. Five separate situation reports were presented by NWWIHERC staff with time given between to “play” out the scenario and the ramifications for our campus. The situation included a late summer heatwave and severe thunderstorm coupled with a fiber optic line being cut nearby. These circumstances resulted in a loss of power and fiber optic services, and a compromised entryway to the facility after an awning was damaged. The storm was followed by several days with a loss of power meaning no air conditioning during a heatwave with high heat indexes. This resulted in the care center needing to evacuate. All evacuation protocol was put in place and verbally run through by the team

Three strengths that our facility identified during the exercise were: **1.** Care Center generator is on continuous supply of natural gas which is an obvious advantage for extended power outages **2.** Being a part of a larger organization, Presbyterian Homes and Services offers us many resources at nearby campuses and our corporate office **3.** Our large campus offers multiple points of entry that are all handicap accessible, so when one entrance was compromised in this scenario, we were able to utilize others.

Three opportunities and areas of improvement identified included: **1.** Air conditioning not on generator power, lack of plan to keep cool during an extended outage **2.** Policy needed for outings during inclement weather conditions **3.** Back-up plan needed for nurse charting other than medication administration.

Some of the facilities steps to make improvement are listed in the Target Capabilities section listed above. This exercise was a definite success and our facility staff always learn a lot by being pushed out of our comfort zone to consider scenarios that we frankly don’t want to think about. Walking through all of the detail that would be required for an evacuation has helped us to become better prepared if this scenario ever were to occur.

Twin Ports Health Services
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” 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 (715) 392-5144 PRahkonen@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 12
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Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Teamwork 2. Organization 3. Previous successful evacuation 	Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Sending someone to an evacuation site to set up. 2. Use of Pink Vest – obtaining them. 3. Battery operated fans and batteries.
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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
Ventilation	No battery-operated fans and batteries.	Facility to purchase at least 3 for each unit.	Northshore	Peggy Rahkonen	1/15/2020
Identification of resident/staff	Facility has not received their pink vests yet.	To have pink vests available in the facility.	Northshore	Prahkonen	1/15/2020
Organized transfer to evacuation site.	Evacuations site was unprepared to receive facility residents.	To send facility liaison over to evacuation site to get facility organized for the arrival of additional residents.	Northshore	Prahkonen	1/15/2020

Executive Summary: (To be completed by agency official)

- Date of exercise- This exercise was held on 11/07/2019 @ 8:30 – 11:00.
- Who played- All facility department heads were in on the exercise with Peggy Rahkonen , ED leading the group.
- What was the scenario? Severe thunderstorm warning with trees and live wires down.
- 3 Strengths: Organized, staff well trained on how to handle a severe weather notification, facility has outstanding teamwork.
- 3 Opportunities: Facility to sign up for the county alerting system, facility to purchase ID bands to put on residents to identify them by name and facility, organize site of evacuation site to determine rooms for residents if/when evacuation is needed.
- Overall, was it a success or a lesson learned. Facility walked through each phase of the exercise with ease. Staff were very knowledgeable on emergency plans. Preparing the residents, getting transport, communicating with agencies went well. Facility is not signed up for the County Alerting System so facility ED will be doing that. Facility still has not received its pink vests so ED will be checking into that. Facility went through a total evacuation not that long ago and did an outstanding job with it so we believe we are prepared; however, ED will be reviewing policies/procedures for equipment availability – such as battery-operated fans, etc. to ensure facility has equipment needed if an emergency comes up.
- With this experience, how will you implement what you learned as you move forward. The first thing the facility will do is to ensure we have the necessary equipment such as the battery-operated fan available if needed. Once we have received the equipment facility will train all staff on how to use and where it is stored. The Executive Director will be signing up with the County Alerting System to ensure all notifications come to her and the facility.

United Pioneer Home
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: United Pioneer Home	Name, Phone, Email of PRIMARY POC for this document: Jay Andress, Administrator jandress@unitedpioneerhome.org 715-472-2164	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Having participated in previous exercises with our group, we are becoming more familiar with our own procedures/capabilities as well as having some recent practical experience with the July 19th storms that came through our area. 2. We are fortunate to have modern facilities with capabilities to help us deal with adverse situations. For example, our generator is natural gas powered which allows longer run times. 3. We have a very connected with, and supported by, our local community. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. We became aware through this exercise that our generator may be under-utilized in that it runs at 33% capacity during full power failure. We will look at the possibility of adding other systems to generator power, for example, our attached assisted living which has no generator back-up. 2. We can improve on staff education regarding emergency preparedness and response procedures to include staff nurses who are “in charge” during non-business hours. 3. We can improve on communication within our organization and improve our weather alert system – we plan to purchase two-way radios with weather-alert capabilities to keep in key locations around the facility. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

United Pioneer Home
Executive Summary and Improvement Plan

	that should be corrected				
Generator Capacity	Generator only runs at 33% capacity during full power loss	Add more systems/components to the generator load to improve facility capabilities during emergencies	United Pioneer Home	Facility Maintenance Director	December 31, 2019
Staff Training	Only management participated in tabletop drill	Train staff nurses who likely will be in charge during emergencies that may occur after hours, on weekends or holidays	United Pioneer Home	Administrator	December 31, 2019
Improve Communications	Without public address system in facility we need a way to communicate with each other in an emergency	Place 2-way radios at key locations throughout the facility.	United Pioneer Home	Administrator	December 31, 2019

Executive Summary: (To be completed by agency official)

United Pioneer Home in Luck, Wisconsin participated in the Regional Emergency Preparedness Tabletop Exercise hosted by the Northwest WI Healthcare Emergency Readiness Coalition on Thursday November 7, 2019 from 8:30 AM to 11:00 AM. 8 members from our facility participated in the exercise which included the Administrator, Director of Nursing, 2 RN Nurse Managers, Social Services Director, Maintenance Director, Business Office Manager and Assisted Living Supervisor. The scenario took place in September over a multi-day period of unseasonably hot and humid temperatures with high heat indexes. Nearby construction crews accidentally severed a fiber optic cable nearby causing the loss of telephone and internet service to the facility for a prolonged, unknown time. To complicate matters, the weather took a turn for the worse and violent thunderstorms swept through the area causing a power outage and structural damage to the facility. The power is out for multiple days which affects our ability to cool our facilities and we fear for well-being of our residents. We must evaluate and assess the situation and consider the possibility of an evacuation. Throughout the exercise we discussed how we communicate, what information needs to be communicated and our facility's capacity to deal with multiple negative events at the same time. We identified 3 strengths as a result of our participation in this exercise: 1. Having participated in previous exercises with our group, we are becoming more familiar with our own procedures/capabilities as well as having some recent practical experience with the July 19th storms that came through our area. 2. We are fortunate to have modern facilities with capabilities to help us deal with adverse situations. For example, our generator is natural gas powered which allows longer run times. 3. We are very connected with, and supported by, our local community. The following opportunities were identified: 1. We became aware through this exercise that our

generator may be under-utilized in that it runs at 33% capacity during full power failure. 2. We can improve on staff education regarding emergency preparedness and response procedures to include staff nurses who are “in charge” during non-business hours. 3. We can improve on communication within our organization and improve our weather alert system. we plan to purchase two-way radios with weather-alert capabilities to keep in key locations around the facility.

Our group concluded the Emergency Preparedness Tabletop Exercise was a success and that we came away with actionable items that we can do to improve our response capabilities. Some of the areas identified for improvement include: 1. The possibility of adding other systems to our generator power, for example, our attached assisted living which has no generator back-up. 2. Train staff nurses who likely will be in charge during emergencies that may occur after hours, on weekends or holidays. 3. Purchase two-way radios with weather-alert capabilities to keep in key locations around the facility.

Villa Marina Health
Executive Summary and Improvement Plan

Date of Exercise: November 7, 2019 Virtual Exercise “Not Your Typical Pumpkin SPICE” Exercise	Name of Agency or Jurisdiction Completing this form: Villa Marina Health and Rehabilitation 35 N. 28 th street Superior WI 54880	Name, Phone, Email of PRIMARY POC for this document: Lori Randa 715-392-3300 Andy Paszak 715-392-3300	Number of Agencies that participated in this exercise (including your own): 51	Total number of people who participated in the exercise at your facility. 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Well Developed Emergency Plan Manual 2. re-location sites 3. communication systems			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Transportation 2. Pink Vest Implementation 3. Tagging Wheel chairs/equipment		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Resident Accountability	Wheel Chair Tagging	Policy is already in place. The facility needs to practice and enforce the policy	Villa Marina	Nursing	
Resident Safety, addition medical information transfer option	Implementation of pink vests usage.	Vests will be given to the facility by the NWWI Healthcare emergency coalition.	NWWI Healthcare emergency coalition	Aimee Nesseseth	

Villa Marina Health
Executive Summary and Improvement Plan

Transportation options	Additional Transport options	Verify and add additional transportation contacts	Villa Marina	Andy	
<p>Executive Summary: (To be completed by agency official)</p> <ul style="list-style-type: none"> • <u>Date of exercise</u>-11/07/2019 • <u>Who played</u>- Villa Marina Staff-Andy, Bethany, Stephany, Angie, Paul, Heidi • <u>What was the scenario?</u> High Temperature and humidity with heat index near 100 degrees. Communications went out. The National Weather Service has issued a tornado warning. • <u>3 Strengths:</u> We have a very detailed and developed Emergency Plan. We did not find anything we needed to add to provide us with any information. We have a good partnership with other facilities that we can evacuate to. If we lose communication, we have a company cellular phone on site, and many staff phones. • <u>3 Opportunities:</u> Although we do have a good transportation agreement, we think we could expand to having contact information for additional transportation companies. Pink Vests implementation. Wheel Chair tagging is a practice we need to re-implement. • <u>Overall, was it a success or a lesson learned.</u> Overall the scenario was a success with minor changes to make. Overall, we all felt comfortable with our emergency procedures in place and was comfortable with our available resources. • <u>With this experience, how will you implement what you learned as you move forward.</u> Meeting and following up with the new ideas and things we would like to see in place. 					

EXERCISE PARTICIPANTS

Participating Organizations
Regional
Northwest Wisconsin Healthcare Emergency Readiness Coalition
Assisted Living (2)
Pine Ridge Assisted Living
Valley Villas Assisted Living
Dialysis Centers
Fresenius Kidney Care-Chequamegon Bay and Hayward Dialysis
Fresenius Kidney Care: Multiple Locations
Home Health Care and Hospice (1)
Mayo Clinic Home Healthcare and Hospice
Hospitals (4)
Burnett Medical Center
Hayward Area Memorial Hospital
Marshfield Medical Center-Eau Claire
St. Croix Regional Medical Center
Long Term Care Facilities (41)
American Lutheran Home-Menomonie
American Lutheran Home-Mondovi
Ashland Health Services
Atrium Post-Acute Care- Marshfield
Augusta Health and Rehab
Avanti Health and Rehab
Burnett Medical Center Long-Term Care
Cumberland Care and Rehab
Chippewa Manor Nursing and Rehabilitation
Christian Community Home-Hudson
Christian Community Home-Osceola
Comfort and Recovery Suites-Marshfield
Court Manor Services
Deerfield Care Community
Divine Rehabilitation and Nursing-at St. Croix
Dove Healthcare South
Dove Healthcare West
Ellsworth Care Center
Frederic Nursing Home and Rehab Centers
Golden Age Manor
Hammond Health Services

Hayward Health Services
Heritage of Elmwood
Ladysmith Care Community
Maple Ridge Care Center
Marshfield Clinic Comfort and Recovery
Marshfield Comfort and Recovery Suites-Eau Claire
Marshfield Comfort and Recovery Suites-Wausau
Mellen Manor
Middle River Health and Rehab
Oakwood Health Services
Parkview Home
Pioneer Health and Rehab
River Pines and Prairie Pointe-Grace Lutheran Foundation
Shell Lake Health Care Center
Spring Valley Health and Rehab
St. Croix County Health and Rehab
Twin Ports Health Service-Superior
United Pioneer Home
Villa Marina Health
Water's Edge

APPENDIX B: PARTICIPANT FEEDBACK

Types of Agencies Included in the Participant Survey	Total Number of Responses=39
Hospitals	2
Public Health Agency	0
Home Care/Hospice	2
Long Term Care	32
Community Health Clinic	0
Dialysis	2
Other	1

Disciplines Included in the Participant Survey	Total Number of Responses=39
Administrator/Executive Director	19
DON/Nursing	3
Facilities/ Maintenance/Environmental Services	5
Social Services	3
Support Staff	1
Emergency Preparedness Manager/Emergency Management Coordinator	3
Health Officer	0
Other	5

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 4.31	5
The exercise scenario was plausible and realistic.	1	2	3	4 4.26	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 4.23	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4 4.51	5
The exercise provided the opportunity to address significant decisions in support of critical mission areas.	1	2	3	4 4.56	5

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

- No recommendation/None
- More realistic scenarios, and play by play scenarios rather than just discussion.
- I don't think each scenario needed to be read out loud, that might have saved some time. 2.5 hours is a long time to take us away from our other work, even though I think this is very valuable!
- To send out the information ahead of time so we can get it out to our staff beforehand.
- We appreciated the follow-up after each scenario as some things were mentioned that we did not have time to discuss during the play time or that we did not think of.
- Times could be shorter, 10-15 minutes is more than enough time to discuss plan.
- Interactive situation discussion.
- This was my first virtual exercise and it was extremely beneficial.
- Guided After Action Review.
- I don't think having someone read the scenario to us is really beneficial. It would shorten the time of the whole exercise.
- Mute other participant ability to communicate live at any point during the exercise; it was somewhat distracting.
- Nice job, thank you Aimee
- Not sure.
- Having it at a facility, such as a nursing home.
- N/A
- 0
- I cannot think of anything. It was a fantastic exercise.
- Providing phone numbers for resources or handouts to help create facility resources.
- No comment
- I am grateful for the opportunity to participate each year great job thank you
- Continue to have us take actions instead of discuss.
- I can't think of anything.
- It was a little distracting when people didn't mute their computers.

- Less time for play.
- I have no recommendations. I felt that the exercise was well thought out and executed.
- Can't think of anything.
- Liked the GoTo Meeting format better than the Adobe Connect, from years past.

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

- N/A
- I enjoyed the topics as they relate to our facility. Our facility enjoys this virtual exercise yearly as refresher training.
- Cold weather themed, snow, boiler pumps go out.
- An evacuation is always a good situation to walk through.
- Topics for future exercises: blizzard, ice storm, flooding, active shooter, bomb threat, local disaster (power plant explosion, etc.).
- Tornadoes, blizzards, power outages are very realistic themes for our area.
- Active shooter, extreme heat and/or cold.
- Keep it going!!
- Floods
- Tornado, Fire, Shooter/Terrorist, collapsed roof.
- Not sure.
- Evacuation for refinery explosion Example: Husky Oil refinery explosion in Superior, WI.
- Tornado, missing person, or blizzard.
- Flooding, roads closed, high winds, trees down, electricity and phone outage.
- Winter weather: severe cold, blizzards, etc.
- Active Shooter or Terrorist Situation in community.
- Power outages, cyberattacks.
- Topics: Severe fires, tornado, flooding, and severe blizzard.
- An active shooter exercise would be beneficial.
- A winter weather scenario with loss of power.