

Northwest WI HERC CMS Partner Virtual Exercise: “March Madness”

After-Action Report/Improvement Plan

June 21, 2023

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

EXERCISE OVERVIEW

Exercise Name	“March Madness”
Exercise Dates	Virtual Functional Exercise: Tuesday, May 3, 2023, 0900-1130.
Scope	The Exercise was coordinated and controlled through a virtual platform. Partners conducted exercise play at the own facilities or agencies with key leaders. The exercise encouraged functional components such as reaching out to community partners and testing functional elements of the Emergency Operations Plan.
Mission Area(s)	Response and Recovery
Core Capabilities	Operational Coordination (Emergency Operations Coordination) (EOC) Operational Communication (Information Sharing) (OC) Continuity of Operations (COOP)
Objectives	(EOC) Demonstrate ability to activate ICS/Command Post/EOC. (EOC) Ensure coordinated response throughout simulated event by activating and sustaining the incident command system. (OC) Ensure situational awareness throughout simulated event by maintaining a common operating picture. (OC) Practice internal and external communication plan. (COOP) Monitor and plan for a ‘shelter in place’ decision (COOP) Monitor and plan for an ‘evacuation’ decision
Threat or Hazard	Major winter storm resulting in icy and hazardous road conditions and eventual loss of normal electrical power for 24+ hours.
Scenario	A strong prolonged winter storm with a potential for significant icing is forecast on Monday. By Tuesday officials are warning of the potential for hazardous travel conditions and potential loss of power. The storm hits on Thursday causing staffing shortages. Power is lost for the entire community on Thursday with no known estimate time for restoration prompting discussion about possible sheltering in place or evacuation. By Saturday, power is restored, roads are cleared, and staff and supplies are able to return to “normal” schedules.

Sponsor	Northwest Wisconsin Healthcare Emergency Readiness Coalition (NWWIHERC)
Participant Feedback	See Appendix A
Participating Organizations	See Appendix B. Forty-two different agencies with at least 325 individual participants.
Point of Contact	Aimee Wollman Nesseth Northwest WI Healthcare Emergency Readiness Coalition, Program Coordinator coordinator@nwwiherc.org 715-379-6664

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Demonstrate ability to activate ICS/Command Post/EOC. 2. Ensure coordinated response throughout simulated event by activating and sustaining the incident command system.	Emergency Operations Coordination		(S)		
	Operational Coordination		(S)		

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

Table 1. Summary of Core Capability Performance

Ratings Definitions:

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

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

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

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

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

Core Capability 1:

Emergency Operations Coordination and Operational Coordination:

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

Objective 1:

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

Capability Targets:

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

Exercise Strengths

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

Strength 1: Several organizations quickly identified the need for and usefulness of activating Incident Command and did so effectively.

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

Strength 3: Many organizations felt their leadership teams have depth in their knowledge of emergency response, are proactive, and able to take a broad view of the situation as opposed to becoming narrow in their focus during the exercise.

Overall Strength:

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

Areas for Improvement

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

Area for Improvement 1: Many facilities identified the need for additional and more robust Incident Command training for their staff, particularly for the other Command and General staff positions beyond the role of Incident Commander.

Area for Improvement 2: There is an identified need to expand Emergency Preparedness exercises beyond the leadership level and to the frontline staff including where to find plans and policies and emergency response equipment and supplies.

Area for Improvement 3: Several organizations stated they would like to hold emergency exercises more frequently to become more proficient in emergency response, Incident Command, expand training to staff other than key leaders, and include additional disciplines for their perspectives and contributions.

Overall Area for Improvement:

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

Objective 2:

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

Capability Targets:

1. Develop an achievable Operational Period

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

Exercise Strengths

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

Strength 1: Several facilities named access to county or system-wide resources as an asset.

Strength 2: Several organizations noted their leadership team wasn’t afraid to honestly look for opportunities for improvement.

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

Overall Strength:

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

Areas for Improvement

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

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

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

Area for Improvement 3: Several organizations identified facility-specific processes or policies as areas of improvement, such as including ice storms or blizzards in severe weather policies, developing a Supply Chain Disruption policy, or policies related to changes in standards of care during an emergency.

Overall Area for Improvement:

Ongoing education and training are necessary for all aspects of the Incident Command System particularly when thinking about a prolonged event due to the limited number of staff in many of our rural healthcare agencies. Building depth in leaders who are capable of stepping into a variety of roles is crucial. This includes becoming more familiar with the types of

documentation that helps organizations learn from both drills and real events and to identify and improve processes for future emergency incidents.

Core Capability 2:

Operational Communication

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

Objective 1:

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

Capability Targets:

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

Exercise Strengths:

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

Strength 1: Many organizations named communications as one of their strengths during this exercise.

Strength 2: Many organizations stated they utilize robust and redundant communication platforms such as text groups, email distribution lists, mass notification systems, TEAMS or other virtual platforms, and use these communication systems frequently in day-to-day operations.

Strength 3: Several facilities commented on being located in rural areas where they know the individuals from external partners who would be receiving their phone calls. This is an advantage to small town living.

Strength 4: Many organizations stated they have solid lists of contacts and templates for both internal and external communications. Some facilities tested their external communication plans during the exercise to ensure contacts were still accurate and were assured of community resources and support in the event of an emergency.

Overall Strength:

Communication is essential to all operations. Most facilities have developed robust communication strategies across multiple platforms that are used not only during emergencies, but during daily operations.

Areas for Improvement:

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

Area for Improvement 1: There is a need to prioritize or clarify the methods of communication, especially during an emergency to elevate the urgency of the information.

Area for Improvement 2: Due to turnover in staff, there is an identified need to build redundancy in who has the ability to utilize and send out messaging via mass notification systems. Training is needed.

Area for Improvement 3: There is a need for both paper and electronic contact lists that are updated regularly by an identified person(s) within the facility.

Overall Area for Improvement:

Organizations identified the need for their communication plans within their Emergency Operation Plans to be updated more frequently for internal, external, and family contacts. The majority of organizations have some type of mass notification or alerting system, however, when there is a prolonged power outage, modes of communication that are dependent on electricity or the internet are quickly removed as options. Finding alternatives is a worthwhile conversation.

Objective 2:

Practice internal and external communication plan.

Capability Targets:

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

Exercise Strengths:

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

Strength 1: Many facilities felt their communication with their internal staff was excellent throughout the exercise and included great collaboration, brainstorming, innovation and listening to one another.

Strength 2: Some facilities stated they have strong communication protocols to assure timely and accurate exchanges of information during shift changes to ensure security, situational awareness and operations with a focus on resident safety.

Overall Strength:

Communication between team members during this exercise and throughout daily operations are essential. Building templates and protocols to ensure this communication continues during an emergency event instills confidence within the team and ensures a focus on continuity of care for residents and patients.

Areas for Improvement:

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

Area for Improvement 1: Some facilities noted that having a contact phone number is often not enough. Building relationships with external partners through good communication is highly beneficial prior to the emergency.

Area for Improvement 2: Some facilities recognized the need to include additional external partners in their communication plans based on the scenario of the exercise.

Area for Improvement 3: Some facilities named the need to better communicate the expectations of their staff during emergency events to prevent confusion and ensure adequate staffing.

Overall Area for Improvement:

Communication is challenging in the best of times. Taking the time to communicate expectations with internal and external partners prior to emergency events will improve operational communication and emergency response.

Core Capability 3:

Continuity of Operations

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

Objective 1:

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

Capability Targets:

1. Identify ‘trigger point’ for a ‘shelter in place’ decision

2. Ensure adequate supply of essential medical resources (stuff).
3. Ensure adequate numbers of staff (staff).
4. Pre-emptively make plans to ensure staff off-shift are able to report to work

Exercise Strengths:

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

Strength 1: The majority of facilities who participated in the exercise stated they have a sufficient cache of supplies including food, water, and pharmaceuticals for several days without resupply. Several in our more rural areas, are self-sufficient or feel they have strong community ties with local vendors who could provide short term resources. Facilities in the more urban areas identified numerous resources that would be available.

Strength 2: Many facilities stated they have strong plans and space for housing staff in the event of inclement weather and staff who are flexible, willing and committed to providing care for their residents by staying for extra shifts. Some have facility vehicles ready to go and bring staff to the facility if necessary. Several other facilities stated they have intentionally cross-trained non-clinical staff to provide services to help alleviate licensed personnel in times of staff shortages.

Strength 3: All facilities have generators which would support operations for several days. Some facilities noted they have agreements for refueling in place.

Strength 4: Severe winter weather is a known hazard for northern Wisconsin. Therefore facilities have plans to monitor weather, preparedness kits for staff vehicles (home care and hospice), and the ability to pre-order supplies or change schedules (dialysis) with adequate notice of severe weather.

Strength 5: Some agencies noted the ability to print paper copies of the Electronic Medical Record in the event of a power or internet failure.

Overall Strength:

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

Areas for Improvement:

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

Area for Improvement 1: Many facilities identified the need to review their Memorandums of Understanding with local suppliers. Upon review during this exercise, some found vendors who

are no longer in business, have changed leadership, or may have changed their services since the last review or conversation.

Area for Improvement 2: Several facilities identified the need to provide training for their staff due to recent turnover or unfamiliarity with plans and policies. This included things such as having a better understanding of what will and will not function within the facility during generator only emergency power, cross training of staff, and knowledge of downtime procedures for charting and access to the electronic medical record.

Area for Improvement 3: Some organizations identified the need for building redundancy in snow removal services.

Area for Improvement 4: Several facilities named the need to increase their caches of supplies for emergency events. This is in part due to the rural nature of many of the participating facilities and uncertainty of availability of things like pharmaceuticals if travel is prohibitive.

Overall Area for Improvement:

Several facilities named the need to think more critically about the types and amounts of supplies they have on hand to support the residents and staff during a prolonged power outage. It is recognized that many staff members for these rural facilities live some distance from the facilities and travel during severe weather can be both difficult and dangerous. Many facilities stated that gaining a better understanding of emergency power will help them shelter in place and avoid the need for evacuation.

Objective 2:

Manage and plan for an ‘evacuation’ decision.

Capability Targets:

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

Exercise Strengths:

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

Strength 1: Some facilities stated they already have clearly defined trigger points for evacuation of the facility. Others stated this exercise provided an opportunity for robust conversation about trigger points.

Strength 2: A few facilities stated they have plans in place for where they would evacuate their residents as well as transportation assets identified. This includes Memorandums of Understanding with community schools or resource centers.

Strength 3: Many participating facilities are in rural areas or small towns and are relatively small. The local community support and the smaller number of residents to evacuate would make the function of evacuation a little easier.

Overall Strength:

Some facilities have taken steps to identify key locations within their local communities as potential evacuation sites. Some have spoken with transportation assets to understand their capabilities.

Areas for Improvement:

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

Area for Improvement 1: Some facilities have not developed or trained staff in how to prioritize patients for evacuation or have access to this information in a timely manner.

Area for Improvement 2: Identifying enough appropriate transportation assets for evacuation of nursing home is a significant challenge. Several facilities have not identified these resources.

Area for Improvement 3: Several facilities named issues with their generator as areas for improvement. Some identified essential services that are not supported by their generator, including HVAC equipment, other heat sources, or the kitchen. Others identified limited fuel supplies and the age of their generator.

Overall Area for Improvement:

Evacuation of a facility is a last resort option and some organizations do not have clear trigger points, transportation plans, or identified alternate care facilities written into their plans. Some organizations identified the need to add essential services to their generator power, and additional training on their generators to help prevent the need for evacuation.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Adoray Home Care and Hospice	Name, Phone, Email of PRIMARY POC for this document: Gina Thompson, OTR, Quality Supervisor, Compliance Officer (651)786-9772 g.thompson@adoray.org	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Activating emergency command with immediate communication and planned follow ups as the emergency progresses. 2. Ability to communicate and triage remotely. 3. Ability to manage patient needs. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Identifying roles and duties of the incident command team members. 2. Clarify communication methods that are most appropriate in potential emergency situations. 3. Training for field staff on their role in an emergency situation. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	New staff haven't been trained in Incident Command roles and responsibilities	Provide EP training at orientation and regularly for all staff. Teaching with field staff on their role when incident command is activated.		Administrator	12/31/2023

Adoray Home Care and Hospice

CMS Partner Virtual Exercise
 “March Madness”
 May 3, 2023

Continuity of Operations	It is not clear roles of team members and descriptions of the roles.	Clarify roles and create job descriptions for each role; identify team member/s who are sending emails internally and externally.		Quality/ Administ rator	7/31/2023
Operational Communication	Determine method of communication best for office staff, field staff, Treasures staff and volunteers.	Meet the next business day after an emergency to debrief on what went well and areas of improvement. Complete a after action report.		ALL	
Operational Coordination	Teaching with field staff on preparing patients for an emergency situation and their role in an emergency situation	Add local emergency numbers to the policies. Check to make sure Adoray is added to the county’s emergency plan as a business that requires priority for return to services after a power outage.		Quality	7/31/2023

Executive Summary:

Adoray Homecare and Hospice participated in the CMS Partner Virtual Exercise on May 3. Attendees: Amanda Gustafson, CEO; Christa Walz, Director of Home Health; Teresa Becker, Director of Nursing; Samantha Hopp, Director of Hospice; Jeanne Curtis, Director of Billing; Amber Bettinger, Director of Marketing; Leann Huston, Director of Information Technology; Hannah Steinberger, Director of Human Resources; Jeanine Helgevold, Home Health Clinical Coordinator, Gina Thompson, Quality Supervisor and Compliance Officer.

The scenario we participated in started on Monday with the notice of an impending snowstorm that was estimated to start Wednesday and end on Friday. Tuesday, we found received information that it was likely that schools would be closed due to hazardous travel due to ice, wind, and power outages. The storm began Wednesday evening and about 50% percent of field staff was available to assist with working on Thursday. Several roads in the area were closed and the power loss was at 1000. On Friday we were at 24 hours without power and outpatient facilities experienced a leak above an electrical panel that caused generator power to be cut off

Our strengths during the exercise included successful activation of incident command, communication within leadership team throughout the emergency, and managing patient needs. We identified that our activation of incident command is well understood by the team and allows for staff on the team to convene and begin decision making quickly. The incident command team can meet in person or virtually as needed. Patients were easily identified and prioritized based on their disaster triage level. Our process for informing patients of the upcoming storm and making sure they are prepared went well. Staff updated and asked to place calls to patients and move priority patients up to provide visits prior to the storm. Patients were contacted throughout the storm based on medical needs and support that they had in place in the home.

Our areas of opportunity include clarifying roles, further training for field staff, and communication. We found that not everyone on the team knew their role in the emergency. There is an opportunity to clearly assign roles and clarify role descriptions so that it is clear who are the primary contacts for all the areas of our organization and who initiates the communication. Further training of staff is indicated to make sure all staff have an understanding of their role and how to prepare patients for an emergency. We have many ways of communication that are in place, but it was difficult to identify which method of communication was most appropriate and to which group in our organization. Communication needs to be clarified.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: American Lutheran Community Menomonie	Name, Phone, Email of PRIMARY POC for this document: Randy Rennock, Program Administrator	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Good Policies and Procedures in place 2. Staff have ways of getting to work in harsh weather or willing to stay at facility. 3. We always keep extra supplies and food on hand. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Update Emergency prep binder (contacts and etc.) 2. Hold evacuation drills. 3. Contact city street department to get our street added to the main throughfare list to be plowed first. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Holding more evacuation drills	Hold a drill twice a year at the facility	Administrator will coordinate with facility leaders	NHAr	12/31/2023
Operational Communication	Get our address added to the emergency snow route.	Contact Menomonie Street Department	Plant Ops	Plant Op Director	10/1/2023
Continuity of Operations	Update Contacts in emergency prep binder	Review MOAs and reach out to organizations to update contacts	Administration	NHA	7/31/2023

Executive Summary:

The date and time of this CMS Virtual Exercise was held on Wednesday, the 3rd of May, at 9:00am-12:00pm. Those who were in attendance included: Leah Crist (SSD), Danielle Auger (NHA Intern), Randy Rennock (NHA), Ashley Thom (DON), Jeffrey Cline (Plant Ops), Mat Ulberg (CDM), and Debra Haugrose (Activity Dir). Our virtual exercise entailed a winter weather scenario that would require facilities to shelter in place for the duration of the severe weather conditions that would last for several days. This required our IDT members to coordinate and construct the best plan for this exact emergency scenario and how our facility would overcome any possible shortcomings and improve our emergency preparedness capabilities.

The categories of the exercise that went well for our team were the policies and procedures we already have in place to ensure our facility staff can work their designated shifts, regardless of the weather conditions. Our ability to order resources promptly for sheltering in place prior to any weather conditions and the resources we readily already have available for emergencies such as in the described scenario. Items of the exercise that we need to improve on would be having our emergency preparedness binder updated in certain sections and working on more evacuation scenarios to better train the facility staff members. Overall, we concluded this test of our emergency preparedness response team was a success, along with some minor updates needing to be made for the facility and staff. We will implement what we have learned today by providing our staff with more efficient emergency training and updating our emergency policies and procedures that are outdated or missing valuable information.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: American Lutheran Community-Mondovi	Name, Phone, Email of PRIMARY POC for this document: Tonya Lisowski 715-495-4045 tonya.lisowski@americanlutheranhomes.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Teamwork from all departments 2. Resourceful and creative with limited resources 3. Internal network due to affiliation with Grace Lutheran Facilities 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Generator functionality 2. Staffing 3. Limited resources due to rural location 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	New staff’s contact information isn’t added to the binder and our vendor list is outdated	Update staff list with their current contact information and update our vendor list	Administrator and Plant Operations Supervisor	Administrator and Plant Operations Supervisor	07/03/2023
Continuity of Operations	Emergency Generator MOU has expired	Update Emergency Generator MOU	Administration	Intern	05/18/2023

Executive Summary:

This exercise took place on 05/03. The dietary manager, administrator, maintenance, plant operations supervisor, and intern were in attendance. The scenario discussed an extreme winter storm with inclement weather and icy roads, continuing for a week. Three strengths we discovered during this exercise was our effective teamwork from all departments, we were creatively resourceful with our limited resources, and our internal network from our management company, Grace Lutheran Communities, proved to be a helpful resource. Some opportunities for improvement we discovered was our lack of generator functionality, staffing shortages, and limited resources due to our rural location. Overall, this exercise was a success because we were able to communicate and find the most effective way to handle this situation with the resources we had on hand. With this experience, we are going to implement updating the emergency preparedness binder.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Ashland Health Services	Name, Phone, Email of PRIMARY POC for this document: Kaitlyn Wiezorek, LNHA	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 6
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. The Emergency Operations Plan was effective for use of the policies and procedures 2. Community partners are flexible and willing to work with us 3. The Emergency Operations response has improved with each exercise. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Continue educating the staff and leadership on emergency preparedness 2. Get the proper contacts for community partners that positions have turned over 3. Ensure that we have proper pharmacy back-up plans. 		
Executive Summary: Participants: Kaitlyn Wiezorek ED, Samantha Heffner DON, Stephanie Tetting BOM, Mary Jean O’Bey CSW, Valerie Olby COTA, and John Jones Maintenance Director. Our team was tasked with the scenario of sheltering in place during an ice storm in early March that occurred in our local community. As the situation changed, our response to the shelter in place followed our emergency preparedness manual/plan. Three strengths identified during this exercise is the Emergency Operations Plan was effective for use of the policies and procedures, community partners are flexible and willing to work with us, and the Emergency Operations response has improved with each exercise. Three opportunities for improvement identified were continued education to the staff and leadership on emergency preparedness, getting the proper contacts for community partners that positions have turned over, and ensure that we have proper pharmacy back-up plans. Overall, participating in this community exercise was a success and we were able to call community partners to verify the emergency preparedness plan in place and confirm it is verifiable and would be viable in an emergency. We will look at our opportunities for improvement and use those to improve upon the plan already available to our leadership and staff.				

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: ASPEN HEALTH AND REHAB	Name, Phone, Email of PRIMARY POC for this document: NATHAN FRIEND ENVIROMENTAL SERVICES MANAGER maintenance@aspenhealthandrehab.com 715-398-3523 8274 E. San Road South Range Wisconsin 54874	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 5	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Old building built and retrofitted in the 1950s designed for isolation and self sufficiency 2. New natural gas generator that is designed for extended periods of running with no maintenance, entire building is on an emergency circuit 3. Our own fresh water processing plant 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Updating policies after new management 2. Lack of a complete management team 3. Rural area where commuting to work by staff can be a hazard 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Qapi needs to review all policies and update	Regular reviews of emergency policies	Qapi review	Maintenance	5/18/2023
Operational Communication	Need calling tree for emergencies (by department)	Managers need to keep an updated calling list per department	Each manager will keep a call list	managers	5/18/2023

Executive Summary:

The facility was well prepared for the March Madness event. Our facility infrastructure was designed for such occurrence. We have a newer Generator that runs on uninterrupted natural gas that is designed to run for long periods of time with little to no maintenance, on a power cut off switch that engages after the utility power has been interrupted for more than 6 seconds. Being in such an isolated location we experience many days a winter in the situations simulated by the exercise. We also have onsite housing where 7 Employees live year-round. This helps us mitigate staffing issues during weather events. Also 3 members of the management team live within 5 miles of the facility making response times very short. We process our own fresh water so we do not have to rely on local water utilities for drinking water (we do keep enough bottled water on hand for the residents and staff at 1 gallon of water per day for 3 days) Our water processing adds another benefit that the local Hawthorn Fire Department fills the fire truck with water here, making clearing our road of snow a high priority for the snow plows.

We did find some areas where we were lacking though. The other facility we were contracted with for evacuations is under new management and we no longer have an evacuation agreement. We no longer have a dedicated phone for mass text messages to the employees making contacting a little harder. Our management team is not fully staffed and without a dietary manager so locating the emergency food menu and the emergency food kit took longer than it should have. We also did not have a process set to print Mars and Tars for the residents in case of an emergency. We need to set up an emergency laptop with current Mars and Tars in case of an evacuation, and we are concerned that if we have to do a large pharmacy order of medications because of weather, will the pharmacy be able to get all the meds we need for the amount of time we need. To correct this issue, we plan on: 1) hiring a dietary manager: 2) going through our emergency plan to make sure it's up to date: 3) organizing the dietary emergency kit and labeling: 4) contacting other local facilities to obtain a mutual aid agreement :5) getting a designated laptop for emergency evacuations: 6) making a policy for contacting employees in case of an incident.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Aveanna Home Health	Name, Phone, Email of PRIMARY POC for this document: Denise McNeely, Executive Director Denise.mcneely@aveanna.com Donna Shellenberger RN, Clinical Manager Donna.shellenberger@aveanna.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 11	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication as we are set up with TEAMS chats, email, text, and phone calls with our clinicians. 2. We have previous experience with current staff and leadership in a similar situation. 3. We practice winter weather preparedness – staff have winter weather kits in their vehicles and we have a winter weather watcher. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. IEPs are not always filled out correctly. 2. We need to know how to run reports of current high-risk patients. 3. We don’t have the emergency plans for the facilities that many of our patients live in. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Being able to pull the list of high-risk patients quickly. Our Therapy partner does not have an emergency plan. We need facility emergency plans.	Talk with AVP about how to pull the reports quickly. Share information with therapy partner to be sure they are alerted to weather situations as our clinicians are.	Executive Director will coordinate communication with therapy partner.		

			Account Executive will contact facilities to obtain their emergency plans.		
<p>Executive Summary: The exercise/drill occurred on Wednesday, May 3, 2023. All staff including nurses and physical therapist, team coordinator, and our therapy partner played during the drill. The scenario was a winter storm warning. On Monday the warning was issued; on Tuesday the weather forecast was not improving and the storm would hit overnight Wednesday into Thursday; On Thursday the storm hit overnight with power out; on Friday the power had been out for 24 hours with no ETA for restoration; and by Saturday afternoon the power was back on and we could venture out again.</p> <p>The three strengths identified were great communication with TEAMS, email, text, and phone calls; previous experience with this situation; and winter weather preparedness with a weather watcher and winter weather kits in clinician vehicles.</p> <p>Three opportunities identified were that IEPs are not always filled out correctly; we need to know how to run our current high-risk patient report; and we don’t have the emergency plans for facilities that some of our patients live in.</p> <p>This was a great opportunity to identify our strengths and weaknesses and to make corrections as needed.</p> <p>We will be reviewing our IEPs with our clinicians so we are sure they are filled out correctly. We will continue to monitor weather conditions and let our field clinicians know when the weather is changing.</p>					

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Baldwin Care Center	Name, Phone, Email of PRIMARY POC for this document: Alexandra Kummer, 715-684-3231, akummer@baldwincarecenter.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Planning for staffing challenges. 2. Having a backup to buy extra food and water from other vendors such as Walmart knowing that staff will be staying over and the food truck may not be able to reach the facility. 3. Having a plan to print paper records in the event that our network services fail. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Not having a par level of supplies stockpiled in a room in case of emergencies. 2. Unsure of evacuation requirements if the power went out and the generator does not start, i.e. how cold would we let the building get before evacuating. 3. Should reach out to a neighboring business that has a method to plow snow in the event that our regular snowplow could not reach the facility. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communications	We contract out our snow removal and emergency transport systems so those vendors may not get to us.	Reach out to neighboring businesses and Village board to discuss emergency relationships.	Administrator will reach out to local businesses.	Administrator	8/1/2023
Operational Coordination	New staff have not had a true orientation and do not know what to do	Hold an in-service orientation and discuss emergency operations plans.	All department heads will	All	7/1/2023

	during an emergency situation.		participate in the orientation		
<p>Executive Summary: The date of the exercise was May 3rd, 2023. The following members were playing: Administrator, Director of Nursing, Social Worker, Maintenance Manager, Activities Director, Apartment Manager, Dietary Manager, and Administrative Assistant. The scenario for this exercise was a severe winter storm that spanned over 4 days causing roads to close, staff members to call-in and a power outage. The interdisciplinary team identified the most important issues that would be impacted by the winter storm. We had a plan for staffing shortages by having plenty of beds available for staff to stay the night and we discussed that staff members could bring in their children and pets so they would be able to stay. We identified staff that would be able to watch the children and discussed that staff could work in other departments to help feed staff and provide housekeeping and laundry. Another strength that we had was to identify a contingency plan to order extra food and water from other vendors knowing that staff would be staying over and would need to be fed. The facility would need to call families to ensure that staffing and supplies have been planned to ensure there is no panic within the community and staff are able to focus on patient safety. Finally, we discussed what items would be necessary for medical emergencies. With the roads being closed, we may not be able to transport residents to the hospital in an emergency situation so we figured out what items we may need to keep the residents safe. The team mentioned to ask staff members who had snowmobiles to bring them in and we brainstormed what to do if a resident passed away during the storm and how to store the body.</p> <p>The interdisciplinary team also identified some opportunities that we could follow up with because of this exercise. One opportunity was to reach out to our neighboring business that has heavy equipment that could be willing to provide assistance to the care center during a winter storm. One employee’s husband works at the business so they are able to reach out and ask someone there. We also discussed trying to create a connection with the Amish community in case we need transport from the facility. Another area of opportunity that was identified was what to do with the loss of communication systems such as the phone lines going down and cell phones do not work. The facility may need to purchase a satellite phone or a CB radio in order to reach emergency services to ensure we are still able to communicate. The final area of opportunity that was identified was what to do if the HVAC system were to fail and we could not heat the building. The team discussed what temperature the facility would have to be before evacuating and if a generator were to fail. On the Baldwin Care Center campus, we are fortunate to have facilities with generators and could do a horizontal evacuation into the assisted living if necessary. If both generators were to fail, we would have to start reaching out to the local hospital or other facilities to plan a facility evacuation.</p>					

Overall, the team felt that this exercise was a success because we are prepared to deal with winter storms as we do so every year. In February, there was a winter storm and several staff members stayed in the facility to ensure that the residents were going to be cared for and all staff received meals for staying over. Moving forward, the team identified some new ideas such as hazard pay for staff that stay over and to reach out to the Amish community to ensure the facility has community support. As a facility, we can use the lessons we learned through this exercise and apply them to other emergency events.

Date of Exercise: May 3, 2023	Birch Hill Health Services	1475 Birch Hill Lane, Shawano, Wis. 54166 Cheryl Jashinsky, Executive Director (715) 526 3161	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication with Team/Confidence of Team 2. Knowledge of the facility Emergency Manual 3. Collaboration with team members throughout the mock drill. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Emar training- have back up in place and training the nursing staff. 2. Education to floor staff on types of emergency incidents that may hit our area which is based off the facility Severity Classification Evaluation, Emergency Manual. 3. Shelter in Place outside city limits of Shawano 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Nursing Staff	The facility only has 1 person who knows how to complete the EMar backup.	Provide onsite education to designated nursing staff to be able to complete the task.	Administration	Director of Nursing	6/24/23
All Staff	Education to facility staff on different types of emergent situations	Provide onsite education to all staff on the top 3 probable emergency events that could occur. Of emergency plans for Fire, Severe Weather and Active Shoot	Administration and Maintenance Director	Cheryl Jashinsky and Jeff Swedberg	7/31/23

Shelter in Place outside Shawano	To find another shelter in place that is outside the city limits of Shawano-	Contact area SNF’s in Clintonville area	Administration	Cheryl Jashinsky and Emily Malave	7/31/23
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Executive Summary:
 Exercise was completed on May 3, 2023. The group consisted of team managers who would be designated by the IC to perform certain roles. The scenario was a strong prolonged winter storm. On day 1, command meeting, once notified of storm coming in, the Executive Director set up a meeting with all team managers for review of staffing, food stock, heat and fuel, water supply, medical supplies, pharmaceuticals, blankets, generator, additional water if needed from our supplier, oxygen and natural gas. Checked out our emergency container to ensure enough flashlights, cords were needed. Discussion on notification with manager cell phones. On day 2, Command meeting, reviewed our A staffing and B staffing plan, how to notify families, POA, Guardians would be through our Care Feed platform informing on prep for storm. Planning with team managers, setting places if needed to stay over, bringing children to work. Regular Appointments for residents would be rescheduled. On day 3, Command meeting, rechecked the facility oxygen, new orders would be processed manually. Able to pick up workers who live within the city limits of facility. Rechecked our (red) outlets and generator identification. Ran our EMR-which found only one person was able to back up. On day 4, command meeting, prep for shelter in place, which leads to contact our 2 sister facilities which are less than 1 mile away. Notification to Shawano County DHS, announcement to contact the Shawano County Sheriffs’ Department for further assistance. Notification to families would be through cell phones, staff will be notified by house walkie talkies. On Day 5, command meeting, communication to families and staff of restoration of power, roads cleared and supplies will be arriving back on normal schedule. Facility to re check all supplies for reorder. All staff punch edits slip for payroll. Nursing and Social Services to provide support to residents. Overall the team collaborated well and knew the policy of our emergency plan. The team found and agreed on the 3 opportunities which are listed on the action plan.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Care & Rehab Barron	Name, Phone, Email of PRIMARY POC for this document: Len Fast 715-537-5643 lfast@careandrehab.org	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Good situational awareness by department heads of needs to be addressed in preparation for and during the emergency. 2. Proximity to Barron County Emergency Services office. 3. Mostly proprietary staff vs agency staff. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Current Severe Weather plan doesn't include snow/ice storms. 2. No means to provide heat if power fails as Generator does not power any heat source. 3. No means to provide meals if power fails as the generator does not power the kitchen. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	No plan to reference for preparation	Need plans for extended power outages	Care & Rehab	Administrator	10/31/2023
Continuity of Operations	Building cooled without heat.	Explore and update power systems to provide power and heat during power outages.	Care & Rehab	Administrator	unknown

Executive Summary:

On 5-3-23, our leadership team (Len Fast NHA, Carrie Arrigo DON, Cheryl Rihn RN, Vickie Kuruz RN, Holly Johnson CDM, Keytun Viltz SS, Jessica Miller ACT, Barry Cran MT, Cathy Zabel Staffing Coor) participated in an emergency exercise modeling a severe weather scenario in which roads are closed due to ice and snow, only half of the necessary staff have been able to make it work and main power was out for over 48 hours. Our strengths focus mostly on the experience of the leadership team and the combined knowledge and experience of what needs to be done in preparing staffing opportunities, supplies and resident appointments and transportation. The opportunities for development are plans and on-site power generation. The staff had great ideas and inputs as to what needs to be done in preparation for the coming event, but there is no plan written to trigger those ideas and actions needed in the event of an actual occurrence. The big elephant in the room is the absence of onsite power generation as currently there is no way to provide heat or food service in event of an actual sustained power outage occurrence. We were working on evacuation plans pretty quick after power failed but felt hampered by road conditions and prohibitions of travel. Overall, we feel that the exercise was a success in that we recognized our weaknesses in infrastructure and plans. This entire problem will be non-existent in the addition that is planned to begin soon where the new area will have emergency heat and the kitchen will be provided backup power. The plans will be adapted to fit the new design.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Cumberland Care and Rehab	Name, Phone, Email of PRIMARY POC for this document: Amy Adams, RN RAC-CT MDS Coordinator, aadams@careandrehab.org , 715-822-7062 direct line	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Our Leadership team. There is longevity, we work well together, there is collective knowledge, and we are proactive. 2. Our staffing plan and our commitment from our staff, demonstrated throughout this past long winter. 3. Our community; it’s a small town and contacts are known, ex: we called a specific person at the local utility company. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Our connected hospital moved in the past two weeks; they own our building. There is more work to do to clarify responsibilities, ex: who is responsible for fuel oil, etc. 2. Communication lines need to be updated: email addresses for family contacts, Send Word Now. 3. Policies need updating, ex: adding emergency standard of care, ex: forgoing baths due to emergency staffing levels. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	New admissions need family emails, check Send Word Now	Update communication portals like Send Word Now and family emails. Additions need to be made to lists.	Care and Rehab Cumberland	SW, NHA	12/01/2023
Operational Coordination	Hospital moved two weeks ago, uncertainty as to who is responsible	Clarify issues and responsibilities with building owner (hospital) as they have moved to a new site.	Care and Rehab Cumberland,	NHA and DON. Represe	12/01/2023

	for what in an emergency.	NHA and DON need to meet with building owner and discuss division of responsibilities	Cumberland Healthcare	ntatives from hospital	
Operational Coordination	Review of existing policies to include emergency standards of care	DON and IDT	Care and Rehab Cumberland	DON, IDT	12/01/2023

Executive Summary:

NHA, DON, Infection Control Nurse, Social Worker, Dietary Manager, Activities Director, MDS Coordinator participated.

May 3, 2023. “March Madness” winter storm warning exercise. Monday there is a weather alert stating winter storm is coming. Tuesday, forecast is worse and schools will be closed Wednesday-Thursday. Thursday is day one of storm with half of staff on site for day shift and power was lost at 1000. Friday power has been out for 24 hours. Saturday power is restored, roads are cleared.

When scenario was revealed, staff commented that this has been a “common scenario all winter.” Preplanning: Administrator did not feel the need to activate any emergency plans but did the following per usual: looked at staffing schedule and considered backup staffing. Backup generator is operational. Food order arrives on Monday. Kitchen has a contingency menu that has been reviewed during past table top disaster drills. Supplies order comes on Tuesdays, supplies order checked to see if anything needed to be increased. Incident Command not activated; no leadership meeting held. NHA and DON conferred.

Tuesday NHA and DON look at staffing, alert those staff that live in town and/or have a plow (one housekeeper has a truck with a plow). Reviewed three-day food plan. Medication refills examined for urgent needs. Omnicare pharmacy contacted for their delivery schedule (they are good about warning facilities when they will not be delivering). Oxygen is delivered quarterly; tanks and concentrators are sufficient. Appointments for residents rescheduled. Called dialysis to enquire if our one resident needs to be moved up or back for their treatment. Reviewed staff contingency sleeping arrangements: cots, mattresses, empty facility rooms, attached apartment building empty rooms. Facility has a staff supplies closet with extra scrubs, personal hygiene items in it which is stocked. Plans are in place to retrieve staff if needed, some staff live in the attached apartment building. Agreement in place with diesel oil provider for refilling generator if needed, also, Kwik Trip is just across the street and has diesel as well. Staff can use WIFI hotspot to access MARs PRN, question posed to Maintenance about our server—does it run on emergency power? Building heat runs on natural gas, not the emergency generator. Electrical lines are buried. The city runs its own electric plant. NHA called utility, and they feel due to the lines being buried and the fact that the city provides the electricity that we would not

have an outage for long if at all, and we would be a priority if we were out of power for restoration. Due to the hospital that used to be connected (moved within the last two weeks) our power situation is better than most.

Thursday-Friday storm. Staff rest and break rotation implemented. Emergency transport would be triaged with the rest of the community per city-county procedures. NHA communicates with families with Send Word Now, radio and Facebook, news stations, and emails. South hall new wing has emergency outlets if generator is running, staff evaluate if there is a need to relocate anyone with a continuous oxygen concentrator. Dietary manager confirms bottled water supply PRN.

Saturday end of storm. Staffing evaluated to give those staff who were on during the emergency days off. Communication with families via email, Send Word Now and Facebook. Scenarios says "On Saturday afternoon the power is restored to your facility and community. You are able to get back to "normal" staffing." One of our drill participants said "Then State surveyors show up!".

Strengths:

1. Our Leadership team.
2. Our community.
3. Our staffing plan.

Opportunities:

1. Update communication portals like Send Word Now and family emails.
2. IDT will invite two floor nurses to the drill next year for increased training and different viewpoints.
3. Clarify issues and responsibilities with building owner (hospital) as they have moved to a new site.
4. Update policies with Emergency standard of care, ex: no baths, cold food such as sandwiches.
5. Staff training on Emergency Preparedness, sharing info on generator, outlets, etc....
6. Clarify if in house laundry runs off of emergency generator power.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Chippewa Manor Nursing and Rehab	Name, Phone, Email of PRIMARY POC for this document: Jill Gengler Administrator 715-723-4437 Jill.gengler@chippewamanor.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Experienced Team with knowledge of Disaster Response Policies and practice working together 2. Located close to resources for support and supplies 3. Communication platforms in place and used recently/frequently			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Having a communication system for staff that is for emergencies only or having the ability in our current system to elevate a message to an urgent/emergency level. 2. More staff should be trained in IC roles. New staff needs training on where to access emergency supplies such as flash lights, radios and evacuation vests 3. Key staff need remote access to network and EMR so they have the ability to aid in the emergency response from home.		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	If someone new/unfamiliar had to take on an IC role – tasks are not	Develop concise job descriptions for each role in Incident Command to better support reassignment or transfer of these roles	Administrator will investigate resources and develop draft JDs	Admin	12/31/23

	clearly stated in one document				
Continuity of Operations	Ensuring Key Staff could work virtually during a disaster if they were not able to be onsite	Set up VPN for all Key IC staff so it is possible for these staff members to access our network and support the organization remotely in the event they are unable to get into the facility	IT Director to Facilitate Remote connections for all staff identified in the meeting as Key to Disaster Response	IT Director	12/31-23

Executive Summary:

On May 3, 2023 The Chippewa Manor Disaster Preparedness Committee participated in the regional virtual disaster simulation where we worked through the scenarios presented on the various stages of a winter ice storm. 10 key members of our leadership team participated with one member taking the role of scribe.

Having gone through a very similar actual event earlier in the year, the team was very prepared in their response to the first three sitreps. Chippewa Manor’s strengths lie in its experienced team that is familiar with the disaster response polices and work well together. Our communication plan is solid and we are located in an area close to resources for support and supplies. Several establishments are withing walking distance for food and medical supplies including Walgreens.

We identified areas of improvement that addressed the depth of our team and how an inexperienced team member could be successful in an incident command role. We have many new staff members and additional training is needed in basic disaster response – such as where emergency supplies are located.

Overall the exercise was a success and plans for improvement are in motion. Please see above.

Date of Exercise: May 3, 2023	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	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication 2. Brainstorming/Problem Solving 3. Improvisation 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Emergency Preparedness Kits 2. Contacts to vendors/suppliers/utilities 3. Better understanding of emergency power 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Staff training and cross training on duties	Monthly departmental meetings	CCHO	Administrator	7/1/23

Executive Summary:

This exercise was performed on 5/3/23. The participants from Christian Community Homes of Osceola (CCHO) were Naomi Appel, Social Services; Gary Otlo, Maintenance; Kari Anderson, Nursing and Trudy Thiel, Dietary. The scenario involved a winter ice storm which caused power outages within the facility.

The team showed strength in their communication with each other, their ability to adapt to the situation and brainstorm as a team and their improvisations that they created. Throughout the exercise it was observed that we could improve in the areas of staff training on emergency situations, updating and evaluating our emergency preparedness kits and communicating with our vendors to ensure we have the necessary arrangements made. Overall the exercise was a success. Going forward we will implement ongoing training for all staff and regular audits of emergency kits.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Delavan Health Services	Name, Phone, Email of PRIMARY POC for this document: Laura Holmstrom ED 262-728-6319 Lholmstrom@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> The plan itself is easy to follow, breaks it out into simple steps, and can be followed by all staff. Delavan has a core group of staff that live close to the building that could get to the building quickly in an emergency. Our generator keeps most of the building running longer. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> The staff knew how to go through the plan better at the end of the exercise than at the beginning. Questions were asked and then found in the plan such as where we would get medications if Milwaukee pharmacy could not get them to us. How we would move residents out of the building if we needed to evacuate. 		
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
Differences between warning and watches	Staff just need to be checking what needs to be done during a watch versus warning	In-services to be held so staff can practice the differences	ED/Maintenace	ED	6/1/23

Executive Summary:

A tabletop exercise was done at Delavan Health Services on 5/3/23 to review 5 different scenarios that grew worse in what was happening. These situations are built on each other with worsening conditions. Multiple questions were asked and then reviewed using our Emergency Preparedness plan.

The first situation was a storm was coming with ice/rain/snow and potential travel issues. The plan was reviewed step by step and answered questions about who, what, where questions. This was a broader answered question.

The second situation added an element of closed schools, even more difficult travel, possibility of tree limb damage and power outages. This brought up tough questions about staffing and generator use. It was discovered that Delavan is prepared for staff with many staff in close vicinity and a newer generator that runs most of the building.

The third situation was that power was out and it was unknown how long it would be restored. Staffing was half that was scheduled. Again, our generator has enough power to power the building.

The fourth situation is that conditions are worse, and power is still out. The plan review was to make sure we are a priority for the power company. Also, do we need to transport residents to a safer place? How are we doing with our food and water supply? When does it become dangerous to stay in place? These were the big three questions asked and the plan was reviewed to ensure that these in place. Discussion of Incident Command decision

The fifth situation was things are back to normal. Staffing is in place; supplies are in place and power is back on. A debriefing of what happened occurred with how we review what happened but also make sure that all systems are back in place appropriately.

Some of the take aways from this were a basic plan is in place. Step by step instructions are easy to follow. A good Incident commander would be key. The facility has a good relationship with the city of Delavan, which is helpful. They know our building and its inner workings. One gap identified was medications and it was determined that Walgreens would be our go to for medications during an event like this.

This tabletop drill was a positive event that brought many questions to the table and along with them answers.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Dove Healthcare – South Eau Claire	Name, Phone, Email of PRIMARY POC for this document: David Jacobson 715-864-5984 djacobson@dovehealthcare.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 4	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Generator can power facility for three days. Backup fuel supplier can provide daily refills. 2. Facility is located in an urban area with close access to hospitals and main roadways. 3. We have several ways of getting out mass communication quickly, including a texting and robocall system. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Not all staff, including leadership team, know where the emergency preparedness manual is located or how to access it. 2. MOU/Contract List does not include all contacts we were prompted to contact as part of exercise. 3. We do not have a good backup system in place for snow removal, as our current provider is an independent contractor and is not local. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Members of team did not know locations of emergency preparedness manual or how to access on computer (or if even available in digital format).	Review current practices for when/how/who this is communicated to and when (Orientation? Annually?) Review current locations of emergency preparedness manual. Educate staff. Discuss at safety committee.	Dove Healthcare – South Eau Claire	Asst. Administrator	11/3/2023

<p>Operational Communication</p>	<p>Situation Report #4 directed us to contact our utility company to see if we are listed as a “priority” for restoring power. Team was unable to find a specific contact for Xcel Energy outside of their general phone number. Other relevant agency phone numbers were identified as needing to be included in our emergency preparedness manual.</p>	<p>Determine if we have an account manager/contact with Xcel Energy who we can contact to verify this information, and if there is a different phone line, we are able to use to contact in the event of an emergency. Add Fabick (generator emergency response team) to contact list. Change contact of “Tyler Esh” for the county’s Emergency Manager to a generic title in case the person in that position changes between manual updates. Discuss at safety committee.</p>	<p>Dove Healthcare – South Eau Claire</p>	<p>Asst. Administrator</p>	<p>11/3/2023</p>
<p>Operational Coordination</p>	<p>Several MOUs/Contracts are in place; however, we do not have a backup plan in place for snow removal</p>	<p>Contact FastSigns (company near us with plowing capabilities) to see if they could help us out in case of an emergency.</p>	<p>Dove Healthcare – South Eau Claire</p>	<p>EVS Director</p>	<p>11/3/2023</p>

Executive Summary:
 On May 3, 2023 at 9:00AM, the following individuals participate in a table top exercise called “March Madness”:

- Aaron Grangaard, Maintenance Technician
- Jennifer Zeilinger, Director of Nursing
- Angella Niblett, Rehabilitation Director
- Shane Renner, Regional Infection Preventionist

The scenario was a “strong prolonged winter storm.” For this exercise, our team became aware of a weather alert on Monday for inclement weather impacts between Wednesday-Friday of that same week. Main concerns with this weather system were significant icing, strong winds, and hazardous travel. The exercise started with us having awareness of a potential storm and time

to plan ahead, and as the exercise progressed, we experienced a prolonged power outage and staff absences due to road conditions.

Strengths:

1. Our facility has a large back-up generator which can provide power for three days, so in the case of this exercise our facility would've had an adequate power source to maintain operations for the duration of the storm.
2. Unlike other facilities in the Chippewa Valley located in more rural areas, our facility is right in the city with easy access to main roadways and a relatively short distance to local hospitals.
3. Our company has redundant communication options, allowing for us to contact a large number of people (employees, visitors, responsible parties) in a short time with minimal staff involvement.

Opportunities:

1. Members of the team participating in this exercise did not know where the emergency preparedness manual was located. The team was unable to say with certainty if this is a part of our orientation process or not. Members of team felt that a digital copy of the manual is available but were not sure how to access it.
2. The team was unable to find (in the emergency preparedness manual) the number for our utility provider when prompted to during the exercise.
3. Our snow removal provider is not local and would not be able to provide assistance in an emergency, and the team was unable to identify a backup plan.

Overall the team felt that this was a successful exercise because it allowed us to identify our strengths and opportunities for improvement. Even with the opportunities for improvement, our interdisciplinary team felt confident that we would be able to come together and brainstorm solutions to these problems if they were to occur in real life. No major areas of concern were identified and the team did not feel that our current policies/procedures were inadequate or that they would not be able to effectively support our emergency response in the event of a true emergency.

We will implement what we have learned as described in the action plan above.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Dove Healthcare – West Eau Claire	Name, Phone, Email of PRIMARY POC for this document: Tricia Thatcher, Asst. Administrator 715-559-2099 tthatcher@dovehealthcare.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Our current preparedness with use of contract to staff/family members via email/text/phone. Use of WIFI for appointments to be rescheduled. Current use of 7-day food supply in stock at all times, emergency water supply and diesel fuel supply. 2. All partnerships needed are established in policy and procedures for fuel, power, transport, food and water. 3. Contingency staffing models in place with “all hands-on deck” including administrative, case managers, therapies and cross trained staff. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Readiness manual reorganization for new staff to find policies and procedures, contact lists, organizational charts. Possibly condensing policy and procedure per event. 2. Clarification on how soon printing of the EMR in event of no backup generator power. 3. Policy to add how much diesel fuel we need as standard level. 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

Operational Coordination	Manual reorganization for new staff to have easily accessible information during the emergency	Identify links to policies and procedures for each identified emergency and coordinate policies	Home facility	Asst. Administrator	5/31/23
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Executive Summary:

This exercise occurred on 5/3/2023 and the following individuals participated in the tabletop exercise:

1. Tricia Thatcher, Asst. Administrator
2. Laura Anger, Director of Nursing
3. Juliane Ader, Health Information Director
4. Jaime Gilbert, Maintenance Director
5. Patricia Thyrion, Environmental Services Director
6. Melissa Neill, Nutritional Services Director

This tabletop exercise tested our ability for contingency staffing and use of emergency food, water and supplies. The exercise included a prolonged snow storm that limited the ability to obtain materials utilized for basic needs of our residents. It also tested the ability to have adequate staffing to care for the basic needs of our residents. This situation allowed us to walk through the relevant policies and procedures in our emergency preparedness manual to determine its effectiveness. The facility was affected by this snowstorm from Monday morning until Saturday afternoon without access to power and other related emergency equipment. We identified the following strengths with this situation:

Top 3 related strengths:

1. Our current preparedness manual has the use of contacts for families to reassure resident safety through text, email and phone. We have the use of WIFI so that appointments can be rescheduled even if the internet goes down. And we also have the vital resources of a 7-day food and water supply available at our disposal for easy access use.
2. All partnerships are already established for water, food and diesel supply. Transportation and power supply are also established in a time of emergency need.
3. We have contingency staffing models already set up where there is an “all hands on” approach. This includes all departments pitching in through different levels of the organization. Directors, case managers, therapy and cross-trained employees would all be available to help in a time of contingency staffing.

Top 3 Opportunities:

1. We have a well-developed policy and procedure emergency preparedness manual. It was identified with this situation that new staff may have a difficult time navigating each area needed to maneuver through the emergency. In a time of crisis this process should be simplified and incorporate the required policies with each situation.
2. Clarification is needed on how soon the hard copy printing of the EMR can be obtained. In the time of the power outage it would be determined the timeframe of printing the EMR so the residents have their necessary medications and treatments on hand.
3. Defined procedure for the amount of diesel fuel is on-hand for a standard level. This information would be important to know in the time of the emergency for the staff that is handling the emergency.

This tabletop session was a success for our team and we have been able to identify ways to strengthen our emergency response systems. We will be able to take this exercise and implement the opportunities identified.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Ellsworth Health Services	Name, Phone, Email of PRIMARY POC for this document: Rhonda Blodgett, ED Rblodgett@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Teamwork within exercises 2. Communications 3. Called External entities/updated phone #s in our EOP manual			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Increase awareness of emergency equipment/supplies 2. Identified a dialysis issue – emergency dialysis location – Abbott NW 3. Identified need for cross training		
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	Reviewing emergency supplies, location and examples	Hold in services with staff that addresses exactly where supplies are and what they look like. Cross train into departments that are within your scope of capability.	Safety committee to complete staff education. Ask for staff volunteers that	Safety Committee Department managers	7/31/2023 7/31/2023

			would like to cross train.		
<p>Executive Summary: On 5/3/2023 the Management Team at Ellsworth Health Services was involved in a Homeland Security Exercise and Evaluation Program. The scenario was a winter storm that went on for multiple days. 3 Greatest Strengths observed: Teamwork within exercises, Communications, Called External entities/updated phone #'s in our EOP manual. 3 Areas of opportunities for Improvement observed: Increase awareness of emergency equipment/supplies, Identified a dialysis issue – emergency dialysis location – Abbott NW, Identified need for cross training.</p> <p>Our Team really worked well together. We felt that this was a successful exercise for us. We called out to our local contacts to participate in our drill. They were excited that we had called and learned some new information as well.</p> <p>Our Team will work together to accomplish our goals. Our safety committee will discuss Emergency Procedures by our goal date at all staff meeting. We will review our supplies, our emergency Dialysis location. We will show staff where items are located and where they need access emergency outlets and equipment. Our Department managers will discuss with each of their departments the interest in cross training for such emergency occasions. Helping in the kitchen, maintenance issues, laundry, housekeeping and personal care assistant as we cannot cross train into a cna role. We all work well together as a team and with our small community everyone takes care of everyone.</p>					

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Florence Health Services	Name, Phone, Email of PRIMARY POC for this document: Sue Mattson 715-528-4833 smattson@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. We have MOUs with community school and resource center to evacuate our residents to 2. Have emergency backup laptop for medical documentation needs 3. Community calls made were received with good response and verified that response would be a priority			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Needed 3 more office flashlights 2. Include loss of power to next fire drill 3. Request a walk through with the fire department		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Staff haven't had recent training on loss of power	Include loss of power with next fire drill and Inservice staff to include other shifts	Maintenance Dept	Maintenance Manager	7/30/23

Executive Summary:

On May 3rd 2023 Florence Health services participated in a NWWIHERC tabletop disaster exercise. The management team along with community members, who were virtual by phone, sat in on the exercise. The facility received a weather alert on Monday that a severe snow storm would be hitting on Wednesday and lasting until Friday. They also predicted ice, rain and strong winds. The team, utilizing their emergency preparedness plan, started to prepare for the storm. As the week went on the weather did not improve. Community vendors were contacted to assist with any needs that may arise. Internally the staff continued to meet the needs of the residents and utilized their emergency staffing procedure. Families and residents were kept updated. The facility does have a backup generator that was utilized with loss of power.

The Strengths that were noted was the facility has MOUs in place with 2 community resources, the school and the resource center for evacuation if needed. The emergency backup laptop is available so med records can be accessed such as the electronic medication and treatment sheets. The community calls that were made during the exercise were responded to promptly and had us on a priority list for any needs that came up. The opportunities were we needed a few more flashlight in offices that would become dark. The staff should be in serviced on loss of power so everyone knows the correct procedure. We felt we need to reach out to the fire department and request a walk through to get their new members familiar with the facility.

Overall the exercise went very well. The team felt it was a success. Our emergency plan was up to date and could be followed when needed. We will incorporate the loss of power into our regular training.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Glenhaven Inc.	Name, Phone, Email of PRIMARY POC for this document: Sherry Goodman 715-265-4555 s.goodman@glenhaveninc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 5
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Able to identify areas in need of improvement 2. Able to find severe weather policy and a current plan for emergency resources 3. Team has confidence in ability to carry out emergency response plan as developed 4. Access to weather radio 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Need for policy regarding supply chain disruption 2. Organization of policies to ensure one unified copy 3. Identify the scope of responsibility for the incident management team. 		
Executive Summary: On May 3, 2023 the administrative team met to complete the CMS Partner Virtual Exercise training. The team played out a severe blizzard scenario that extended over the period of a week. The facility was notified on Monday of the impending inclement weather anticipated to hit Wednesday evening into Thursday morning. The storm hit the facility as scheduled and left the facility without power for twenty-four hours without an anticipated date of restoration. This scenario also left the facility facing staffing shortages and distribution issues. During this exercise our team was able to identify areas that need improvement. The response team was able to find the policies and current emergency response plan. The team demonstrated they are confident in their ability to carry out the emergency response plan as developed. The team was able to identify the facility needs a policy for supply chain disruption. The facility also needs to organize the policies so there is one unified copy. The response team needs to identify the scope of responsibilities with each team member and document those responsibilities. Overall this exercise was a success. As a team we have come up with a response plan to implement the necessary changes as discussed.				

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Golden Age Manor	Name, Phone, Email of PRIMARY POC for this document: Dana Reese, 715-268-3654, dana.reese@polkcountywi.gov	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. We have a lot of experience with this situation with the tough winter we just had! 2. We have space to house staff on a wing that is closed, we also were able to do this just recently with a bad snowstorm. 3. We have a facility truck and staff that are willing to drive to staff to bring them to work in bad weather. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. After reviewing our policies we noted that one of our fuel suppliers for our generator is out of business so we made arrangements with a new company. 2. Our severe weather policy is not very specific to a snowstorm/blizzard so needs to be update. 3. We decided it would be a good idea to hold mini meetings this fall before the weather gets bad about expectations about getting to work in snowstorms, if at all possible, despite media telling everyone to stay home! 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	The policy is not very specific to snow/blizzard conditions/staffing, etc.	Leadership team will meet to add pertinent information	Administrator	Admin	6/1/2023

Executive Summary:

On May 3, 2023 6 members of the GAM leadership team participated in an emergency scenario for training purposes. During the scenario there was a snow storm that progressively got worse and was impacting travel, thus impacting our staffing, etc. During this time we lost power as well as having a terrible ice storm leading to dangerous travel conditions. During this exercise we recognized our three greatest strengths to be: We have a lot of expertise with winter severe weather, we have ample space and food to house and feed staff that are able to stay onsite and we have a facility truck and other staff who are willing to pick co-workers up to get them to work in snow/ice.

The 3 opportunities we recognized were: our policy on fuel was outdated and we needed to get a new supplier, our severe weather policy is not very specific to ice/snow in terms of staffing so that needs to be updated and we decided it would be a good idea to hold some mini meetings in the fall before the weather gets bad to help remind people that we need them at work when at all possible, during bad weather if safe to get to work of course. It seems the media really hyped-up storms this winter and did a lot of messaging about staying home not excluding healthcare and public service workers.

Overall this exercise was a success and led us to fix some internal policies and issues that we found. We will implement what we learned as we move forward.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Grace Lutheran Communities- River Pines	Name, Phone, Email of PRIMARY POC for this document: Jennifer Cohen, NHA 715-598-7801 Jennifer.cohen@graceluthfound.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Experience with having been through similar situations. 2. We have the option to offer housing to staff. 3. Using non-nursing staff to help in non-certified, non-skilled tasks. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Leadership not sure on where all of the red outlets that provide generator back-up are located. 2. Emergency Staffing Plan needs to be reviewed and updated. 3. Alternative individual within the organization with access to send mass text/voice/email messages to staff, residents and emergency contacts. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	Back-up staff member with access to mass communication	Alternative individual within the organization with access to send mass text/voice/email messages to staff, residents and emergency contacts.	Administrator/IT	Jennifer	
Operational Coordination	Leadership not sure on where all of the red outlets that	Audit to be completed to determine where outlets are located. Attempt to plug in equipment as a default into	Facility	Vicki/Melissa/Jennifer	

	provide generator back-up are located.	these outlets. Determine if there is a map of outlets.			
Operational Coordination	Emergency Staffing Plan needs to be revised and updated	Revise and update Emergency Staffing Plan	Facility	Jennifer	

Executive Summary:

Facility participated in a community-wide emergency exercise on 05/03/2023 facilitated by the HERC. Facility members who participated included representation from the interdisciplinary team including administration, nursing, social services, activities, housekeeping/laundry and maintenance. The scenario was a strong prolonged winter storm event. There were five different situational reports that were provided along with "play time" where the facility actually performed tasks that would be required in an actual event- including making actual calls, etc.

After the exercise the team identified the following strengths: experience with having been through similar situations, having the option to offer housing to staff and using non-nursing staff to help in non-certified, non-skilled tasks. The opportunities identified included the facility leadership not sure of where all of the red outlets that provide generator back-up are located, Emergency Staffing Plan needing to be reviewed and updated and having an alternative individual within the organization with access to send mass text/voice/email messages to staff, residents and emergency contacts. Overall, the team felt we were successful in the exercise, but despite having been through the situation we did have some opportunities for improvement. We also learned to document in the future when actual events do happen so we can take credit of the work we did.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Hammond Health Services	Name, Phone, Email of PRIMARY POC for this document: Laurie Edelman, Executive Director 715-796-2218 ledelman@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Emergency Operations Plan was up-to-date and very helpful in guiding through the situations. 2. Facility utilizing the Remind app for staff communication is very efficient. Having been in similar situations over the winter gave us a good basis for working through this emergency 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Weather radio doesn't always function well in its current location. 2. Staff needs additional training on downtime measures 3. Transportation for evacuation is a challenge.
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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
Support Equipment	Weather radio not functioning appropriately in current location	Maintenance Director & ED to find alternate location where it has better reception	Maintenance Director-HHS	Michael Ford	5/5/23
Operation Coordination	Not all staff comfortable with downtime measures	Hold an all-staff training related to responsibilities during sustained power outages	Executive Director – HHS	Laurie Edelman	6/16/23

Executive Summary:

Date of Exercise: May 5, 2023

Participants:

Laurie Edelman, Executive Director

Shelly Hawkins, Director of Nsg.

Teresa Sweet, Asst. Director of Nsg

Molly Kavanagh, Resident Care Mngt Dir.

Katie Drinkman, Business Office Manager

Michael Ford, Maintenance Director

Gary Zielsdorf, Dietary Manager

Marcus Daniels, Housekeeping/Laundry Director

Michelle Iverson, Activity Director

Laura Dreier, Dir. Of Social Services

Today our team worked through a snow storm and power outage situation. What started initially as just a snow, quickly worsened, making travel hazardous. On top this, due to the ice and falling branches, there was a loss of power. The team had to work through this situation and prioritize our actions.

Our three strengths identified were as follows:

1. The Emergency Operations Plan was up-to-date and assisted in working through each situation.
2. The Remind App utilized for staff communication was very efficient and effective in keeping staff up-to-date.
3. The team did an excellent job responding to the scenario. Similar situations over the past winter had helped train the team to respond quickly and efficiently.

Our three opportunities were as follows:

1. The weather radio was not functioning adequately in its current location.
2. Staff need additional training on downtime measures, especially documentation.
3. Transportation during a snow emergency was difficult to secure.

The exercise was definitely a success and always an excellent opportunity for our team to learn and utilize the tools we have in place. Our newer management team members found it very beneficial.

An action plan has been completed and the team will review it at our monthly QAPI meeting.

Date of Exercise: May 3, 2023	North Shore Healthcare Hayward Health Services	Jen Abernathy, LNHA jabernathy@nshorehc.com 715-415-4324	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. First time with this team doing a drill and we had great collaboration and team work. 2. We are learning where we need improvements and can now work to make those improvements. 3. We have a fairly good EOP, well organized and available for staff. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. We do not have correct phone numbers in our EOP – outdated 2. Need to assure that our back up processes work; contracts, MOU’s and supplies adequate 3. New staff need education on EOP and what our plans are 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	New staff haven’t been trained in Incident Command roles and responsibilities	Hold Nursing Home Incident Command Course and provide links to on-line training	Administrator will reach out to HERC	Administrator	12/31/2023
Operational Communication	Many phone numbers in our EOP are not correct	ED will call all numbers in EOP and update them	ED	ED	5/31/2023
Continuity of Operations	Need to assure that our back up/downtime procedures work; contracts in place,	Need to contact other agencies and update MOU’s Assure that suppliers are ready to assure we have supplies when in need	Local EM Facilities Director DON ED	ED	8/31/2023

	MOU’s and supplies adequate	Seek other MOUs as needed			
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Executive Summary:

On May 3, 2023, Hayward Health Services leadership team participated in the regional NWWIHERC CMS Virtual drill table top exercise. Several other local agencies: hospitals, long-term care facilities, Hospice, local EMS played along in this exercise. The scenario was a large winter weather storm coming over the next 96 hours that was expected to bring snow and ice accumulation and make travel treacherous and possible cause power outages across the northern part of Wisconsin. As we played, we did receive much ice and made travel hazardous. Staff were unable to get into work and we eventually lost power for over 24 hours. We went into minimal staffing and assured that we had enough staff to provide for our residents. After the event, we had to discuss our plan to return to normal operations and what that looked like.

Our top 3 priorities during the entire drill were:

1. Power
2. Heat
3. Transportation for residents (if evacuation was needed) and staff to get to work.

We have found because of this exercise, our strengths are:

1. Have a great team who will pull together to get done what is needed to assure that we continue to provide quality care during a disaster/critical situation.
2. We do have a good EOP, but found some areas of opportunity.
3. We do have good relationships within the community and will continue to build on them to assure we are prepared going forward.

Weaknesses:

1. We do not currently have all of the correct phone numbers/contacts for our contact list in our EOP. We actually tried several of them and they are not accurate.
2. New staff have not been educated in our EOP and need to be.
3. Some of our contracts, MOU’s have not been updated for several years.

Overall, this exercise was a huge success. Our team, who again is new as a team at Hayward Health Services, were able to work and collaborate together and use our years of experiences in different healthcare settings to bring many unique and important insight to the discuss. We found that we have many strengths and that we also have areas for improvement.

As we move forward, the ED will assure that we have all of the correct phone numbers, MOU's and contracts in place. At that time, we will then re-educate all current staff and add some new training in our new employee orientation, as we go forward. We all appreciate being able to play in this drill and look forward to more in the future.

Our parking lot area:

- All staff text – can we have staff opt in so we can contact them when an emergency happens
- Flashlights – check and assure all areas have them and that they are in working order
- Cell phone chargers – if power is out
- Work on getting as many family members emails as possible for communication during an emergency
- Do we have extra blankets; any cots, etc. for sheltering in place.
- Need to assure that all staff get paid properly if power out and time card is not working/assure form is available to track time
- Kitchen only has power to coolers and only one outlet for emergency power. Will need to use emergency menu system.
- MOU – diesel backup
- MOU – school district for sheltering

Date of Exercise: May 3, 2023	Heritage of Elmwood 232 Springer Ave Elmwood, WI 54740	David K. West NHA 715-639-2911	Number of Agencies that participated in this exercise (including your own): 42	6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Identified the IC system, and carried it out effectively 2. Identified means for monitoring weather and preparing for such an event. 3. Pre-planning for dialysis resident, Food/Supplies on hand 4. Identification of local resources for evacuation and Electrical/HVAC repair 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Need for MOU with local school and Village Hall for shelter 2. Tracking system for payroll for staff working long shifts 3. Updating our Evacuation plan with current employees 			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Updated MOU	MOU need to be sent out to local shelter areas	Reach out to local facilities to get an MOU with them	Administraor	Admin	06/15/23
Update Evacuation Binder	Need to keep updated with current staff	Make sure that all binders are kept current	Admin/Maintenance	Admin	05/25/23

Executive Summary:

May 3rd, 2023

Following individuals were part of the Exercise: David West, NHA; Nicole Gilles, D.O.N.; Krisa Gruber, A.D.O.N., Alameda Stuart, SW; Sheila Nieuwth, Activities/Maintenance; Becky Smith, Medical Records;

Scenario was a blizzard/Ice Storm that prevented staff from getting to work. Facility worked on a shelter in place scenario. A power/HVAC outage was thrown in to make us address our plans for evacuation.

Strengths include:

Identified and carried out the Incident command system

Identified means for pre-planning and monitoring weather systems that may cause us to address staffing shortages

Identified resources to provide care for our residents including those on dialysis for a long delay in receiving treatments.

Weakness:

Need for updated MOUs with our local shelter facilities

Need to update call lists in our evacuation plans

Providing a means for tracking staff for payroll, while working long shifts

The exercise was very successful as we were able to pre-plan an event that is very likely to occur in our region. The exercise was very effective and enough time with each scenario to brainstorm, and come up with solutions to the issues at hand. The weaknesses are being addressed and will be implemented into our overall snow/ice emergency plan.

David West, NHA

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: La Crescent Health Services	Name, Phone, Email of PRIMARY POC for this document: Heather Ladner Executive Director hladner@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise:	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. The facility was competent in the proper use of the Incident Command System 2. The facility performed well regarding the assurance of timely communications in the areas of security, situational awareness, and operations. 3. The facility had good discussion on identifying triggers for shelter in place and evacuation. 		Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Update Emergency Operations Plan (EOP) contact information. 2. Hold quarterly EOP workshops at 'all staff' meeting and tailor each workshop to the incidents most likely to occur such as winter storm workshop during late autumn's 'all staff' meeting, so that the facility is prepared for such an event. 3. Establish 'incident binder' containing forms to use for documentation during EOP incidents. 4. Create 'emergency bins' tailored to specific events. 5. The facility will investigate and compose a plan on how to address staffing needs during various types of events. 6. Post EAP hotline # for staff to call after an event has occurred, so that they can have extra trauma-related emotional support. 			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

	that should be corrected				
Operational Coordination	Some numbers weren't up to date.	Update Emergency Operations Plan (EOP) contact information, if needed	La Crescent Health Services	Administ rator	
Operational Coordination	Ongoing training identified as a need.	Hold quarterly EOP workshops at 'all staff' meeting and tailor each workshop to the incidents most likely to occur.	La Crescent Health Services	Administ rator	
Operational Coordination	Need one location for EOP documents.	Establish 'incident binder' containing forms to use for documentation during EOP incidents.	La Crescent Health Services	Administ rator	
Continuity of Operations	Additional supplies required for prolonged winter storm	Create 'emergency bins' tailored to specific events.	La Crescent Health Services	Administ rator	
Continuity of Operations	Staffing challenges	The facility will investigate and compose a plan on how to address staffing needs during various types of events.	La Crescent Health Services	Administ rator	
Operational Communication	Emotional support post incident plan of action	Post EAP hotline # for staff to call after an event has occurred, so that they can have extra trauma-related emotional support.	La Crescent Health Services	Administ rator	

Executive Summary:

Operational Coordination

The facility performed well regarding the establishment and maintenance of an operational configuration that addresses needed abilities and correctly incorporates all significant stakeholders. The facility properly initiated the Incident Command System. The facility did falter a bit with the use of the IAP Quick Start form as the facility had never used such a form. The facility quickly became accustomed to the form and its intended purpose. The facility was competent in the proper use of the Incident Command System and did adjust its use accordingly. The facility did return to normal operations in accordance with the end of the incident.

The facility safeguarded the endurance of the Incident Command System as the facility did indeed assign an Operational Period (OP) in alignment with the nursing staff schedule of OP 1 being 06:00 – 14:00, OP 2 being 14:00 – 22:00, and OP 3 being 22:00 – 06:00. The facility also discussed staffing regarding these Operational Periods by deciding that it would entail an 'all hands-on deck' style being executed by the management staff available. The facility did realize that a plan needs to be put in place if an event occurs after hours and management staff cannot access the facility. The facility did have the correct ICS forms on hand in order to properly record the event, but the facility realized that an easily accessible folder with said forms available to the Incident Commander would be a prudent move. The facility established that all involved in Incident Command would debrief at least every three hours and then disseminate any new, pertinent information to the proper channels of communication.

Operational Communication

The facility performed well regarding the assurance of timely communications in the areas of security, situational awareness, and operations. However, the facility did fail in the area of communication with one response force as the phone number and contact needed to be properly updated. Overall, the facility did have a strong structure in place for continuing communications during the event.

The facility does have the means and coordination to properly notify staff (both on and offsite) of the event as long as phone landlines and/or cell phone towers and/or computers and internet access and/or walkie-talkies are still operational. The facility does have the means and coordination to properly notify sister, or parent, facilities of the event as long as phone land lines and/or cell phone towers and/or computers and internet access and/or walkie-talkies are still operational. The facility does have the means and coordination to properly notify local emergency response partners of the event as long as phone land lines and/or cell phone towers and/or computers and internet access and/or walkie-talkies are still operational. The facility does have the means and coordination to properly notify families of patients (both on and offsite) and the community as a whole of the event as long as phone land lines and/or cell phone towers and/or computers and internet access and/or walkie-talkies are still operational.

The facility decided that the facility members present during the event should reconvene every 3 hours at a minimum during the beginning of the event to ensure that all plans are being executed. Adjustments can be made as needed. The facility does have a hotline established for families of patients to utilize to acquire information during the event. The facility has a 'phone tree' established for utilization during an event. The facility did fail in having any sort of 'Quick Start IAP' to ensure that a plan for information sharing was established.

Continuity of Operations (COOP)

The facility guaranteed that crucial processes and guidelines regarding resident care would be utilized and followed, respectively, to the highest quality possible during the course of the event. The facility found that a decision to 'shelter in place' would be triggered if the act of evacuating the facility would result in harm to residents and/or staff. The facility does keep an adequate stock of essential medical, housekeeping, and dietary supplies. For a winter storm, the facility can guarantee adequate staffing, but the facility does realize that adequate staffing may be a challenge in other situations. The facility will address those incidences and plan accordingly. The facility would reach out to staff that are not on shift and make individual plans with those staff to ensure that continuity of staffing is not affected by the event unfolding.

The facility decided that the need for an evacuation would be based on the condition of the facility and how that condition affects the safety and well-being of the residents and/or staff. If the facility poses any threat to the safety or well-being of residents and/or staff, then the facility will initiate an evacuation. The facility does have evacuation routes in place as well as a contracted transport service. The facility does have a backup EMAR that is checked weekly at a minimum. This EMAR can be printed directly from the printer. There is no Wi-Fi needed to do so. The facility determined that the MAR, Kardex, and any other necessary records will be printed prior to the approach of proposed severe inclement weather. Staff will be assigned to either a group of residents or a resident in particular if that resident has cognition issues. The facility will assign one staff member the role of 'transport officer,' so that this staff member will be responsible for conducting the evacuation transportation. The facility will notify family and friends prior to the evacuation and then update families once all residents and/or staff have been properly transported.

Plan of Correction

- 1) Update Emergency Operations Plan (EOP) contact information, if needed.
- 2) Hold quarterly EOP workshops at 'all staff' meeting and tailor each workshop to the incidents most likely to occur such as winter storm workshop during late autumn's 'all staff' meeting, so that the facility is prepared for such an event.
- 3) Establish 'incident binder' containing forms to use for documentation during EOP incidents.
- 4) Create 'emergency bins' tailored to specific events. Include maps to help staff locate items such as shovels or sand, wrist bands for resident identification, whistles and/ or bells in place of call lights if system fails and cannot evacuate, barbecue lighters for

lighting the stove in the kitchen, food warmers in case electricity is out, body bags in case of resident and/or staff death occurring during event. Facility will play through different scenarios and establish and/or adjust bins as needed.

- 5) The facility will investigate and compose a plan on how to address staffing needs during various types of events.
- 6) Post EAP hotline # for staff to call after an event has occurred, so that they can have extra trauma-related emotional support.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Marshfield Health Services	Name, Phone, Email of PRIMARY POC for this document: Danielle Rummells, Executive Director drummells@nshorehc.com 715-387-1188	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 12
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Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. The team collaborated well to determine what was needed during the emergency.	Please identify the top 3 Areas of Improvement You Observed During this Exercise: See below, they are listed out
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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
Emergency Operations Procedure	Paging Code White three times during a winter storm warning doesn't make sense.	Change the EOP, educate staff, make signs to post in the event of a winter snow warning or a server cold warning.		Admin and Maint. Director	11/1/2023
Emergency supplies	We potentially could run out of supplies if a delivery was missed	Come up with a PAR level needed in the event of a missed delivery and a procedure to always have emergency supplies on hand and how to rotate them in to use so they don't expire.		Central Supply, Nursing, Administrator	11/1/2023

Executive Summary:

On May 3, 2023 we participated in the CMS Partner Virtual Exercise. [Prior to the exercise the Executive Director reached out to Marshfield Fire Chief Peter Fletty on March 15, 2023 to invited them to the exercise. Chief Fletty shared the invite with Deputy Chief's Jonas, Mueller and Bakos requesting that at least one of them attend the exercise. Unfortunately, on May 3, 2023, no one was able to attend the exercise.] Samantha Jones, Medical Records/Central Supply was our evaluator. Danielle Rummells, Executive Director, Alyssa Hale, Assistant Dietary Manager, Gary Burich, Maintenance Director, Cathy Oertel, Human Resources/Payroll/Scheduler, Mindi Stafford, Social Services Director, Emily Weaver, Life Enrichment Specialist, Alanna Aschebrook, MDS Coordinator, Judy Caldwell, Housekeeping/Laundry Director, Lannette Ladwig, Director of Nursing, Lori Miller (came late at 10:30 am) and Karen Oestrich (came in late at 10:30 am) all participated in the training. The scenario was the SITREP for "March Madness". Overall it went very well, but we still walked away with lessons learned.

After the drill we came up with the following opportunities:

1. Emergency staffing - in the scenario we ran through, ½ of our staff members were not able to get to work due to ice and snow. The question came up, would it be possible to have all managers (non-clinical) trained as C.N.A.s? After running this past our Vice President of Success it was determined that we would be able to send non-clinical staff through our C.N.A. program at a sister facility. The problem that we are having is most managers will not cross train and have threatened to quit if they are required to become a C.N.A. This is something that we will continue to look into.
2. When we have a loss of power, our call light system is not on emergency generator power. After the scenario we purchased enough hand bells for all residents in the event of an emergency.
3. Winter emergency supplies - We determined that we need an emergency stock of certain supplies in the event we lose power or supplies are not able to get to us. Our water heaters are not on the emergency generator so we wouldn't have hot water for bathing. We are planning on ordering an emergency supply of non-rinse bathing wipes in the event we were not able to give showers/baths due to no hot/warm water. We will also slowly build up an emergency stock of incontinence supplies, gloves, masks, gowns, and basic nursing supplies in the event of an emergency.
4. Code White - EOP states that we page overhead "Code White" three times. We all agreed this seems unnecessary and that we should have signs for the doors when we know a winter storm is coming letting visitors know that we would not have residents going outside and we would reschedule appointments to Telehealth or for a later date. We would also start notifying staff right away so they could start to prepare and make arrangements to stay if necessary.
5. During this process we also identified that the Maple outside of Aspen needs to be removed, we will call and get a quote for the removal.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Mayo Clinic Health System NWWI Home Health & Hospice	Name, Phone, Email of PRIMARY POC for this document: Samantha McDonald 715-831-0100 mcdonald.samantha@mayo.edu	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 3	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Participants demonstrated excellent communication and collaboration skills. 2. Our templates for staff communication remain a strong asset. 3. In addition to other resources, our Emergency Operations and Clinical Business Continuity Plans are user-friendly 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. The number of resources we have needs to be reduced or condensed and organized. 2. We have not yet made field staff aware of the newest version of the EOP and CBCM, including where to find them. 3. There may be an opportunity to utilize community paramedics to assist with wellness checks of patients and conveying supplies, equipment and medications as 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
Operational Communication	We have not communicated to staff that our EOP or CBCM have been updated nor where to find them.	Staff will be notified of this information in Agency weekly newsletter	HH&H	Samantha McDonald	5/12/23

Operational Communication	The number of resources for managers is disorganized and duplicative	The MOC Emergency Resources will be Reviewed	HH&H	All	5/12/23
<p>Executive Summary: DATE OF EXERCISE: May 3, 2023 PARTICIPANTS: Mary Thelen, Nurse Manager – Hospice; Amanda Beres, Nurse Manager – Home Health; Jessica Entzminger, Operations Manager – HH&H SCENARIO: The scenario for this exercise was a major winter storm event. The simulated event began on a Monday morning in March with the notification that a “strong, prolonged winter storm” was predicted with Wednesday-Friday being the initial impact. Along with snow, the storm had the potential to have ice, strong winds, and hazardous travel. As the simulated work week progressed, the highest impact days were predicted to hit earlier and with more icing. Once the storm hit, half of the day staff were unable to come to work, some rural roads were closed and there was a power loss at 1000, both occurring on Thursday morning. The power outage lasted 24 hours and included generator-based power. Recovery began on Saturday afternoon with the restoration of power and clearing of roads, allowing supplies to begin to be delivered again.</p> <p>STRENGTHS:</p> <ol style="list-style-type: none"> 1. Participants demonstrated excellent communication and collaboration skills. 2. Our templates for staff communication remain a strong asset. 3. In addition to other resources, our Emergency Operations and Clinical Business Continuity Plans are user-friendly <p>OPPORTUNITIES:</p> <ol style="list-style-type: none"> 1. The number of resources we have needs to be reduced or condensed and organized. 2. We have not yet made field staff aware of the newest version of the EOP and CBCM, including where to find them. 3. There may be an opportunity to utilize community paramedics to assist with wellness checks of patients and conveying supplies, equipment and medications as available. <p>This exercise was a success and lesson learned. We were able to call on our recent experience with a very similar event recently, and that event was managed efficiently and without harm to staff or patients. The lessons we learned are more related to documentation, specifically the need to condense and/or reduce the number of files we have online that contain emergency</p>					

management related information. That has realization has led to our leadership team tackling the necessary organization and reduction/condensing of resources.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Meadowbrook at Bloomer	Name, Phone, Email of PRIMARY POC for this document: Kaiya Shrader, 715-568-2503 ext.11, kshrader@meadowbrookbloomer.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 9 +2 phone calls	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Communication- our team did a great job communicating, brain storming and listening to one another. Strong group of contacts. 2. Size of building and community. Both are small which makes evacuation easier and community support is strong. 3. Connections- small organization so close contacts with corporate. Good relationship with University Eau Claire and other local health facilities. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Need more hand-on active drills for staff. Location of items, where to look and who to call. 2. Emergency contacts and building relationships. This initiated those connections but still could use strengthening. 3. Location- small town, limited access to hospitals, dialysis, etc. . 		
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/Education	Need more hands on “tests” of the emergency preparedness plan	All staff education and drills completed in addition to the regular fire drills	Administrator and maintenance	Administ rator	
Disaster Recovery Laptop/EMR	Staff unsure how to print/obtain MAR and TAR in an emergency with no power or WIFI	Corporate discussion on plan and education	Corporate, administrator and maintenance	Administ rator	

Executive Summary:

5/3/2023

Kaiya Shrader, Administrator

Heidi Kodesh, Activities Director

Lisa Sorenson, Social Services Director

Mackenzie Hilger, Medical Records

Sandra Anderson, Dietary Manager

Jamie Rasmussen, Dietician

Sean Oswald, Director of Clinical Services

Tim Hearnden, Maintenance Director

Alex Komanec, Human Resources

Jessica Velleux, MDS and Infection Prevention

The scenario is that a strong prolonged winter storm is about to hit the area and we must work through how to proceed. Water damage occurred to the electrical panel and we must evacuate. The goal was to talk through the plan of action, what would need to be done and who would need to be involved. During this items were to be obtained (vest, flashlights, etc.) and phone calls made to appropriate parties who would be able to assist in this type of emergency.

While completing the exercise, our group did a great job of really communicating and brainstorming ideas and all aspects that needed to be addressed. It was a great team building exercise. We also determined our building size and community size is a positive. Since we are so small it makes evacuation and other emergency preparedness portions more attainable than it may be for larger buildings. Our community is small which is helpful in the fact that they support us strongly and would undoubtedly help us in a case of emergency. Right along with our size is our connections and resources we have available. We have a strong corporate presence which would be beneficial in an emergency. We are also involving ourselves in opportunities such as HERC, Western WI Care Coalition and other community networking events that allows us to build relationships and identify who can lend a hand when its needed.

While completing the exercise, we identified that more hands-on drills for staff would be beneficial. There were items identified during the exercise that even managers did not know existed and that we all feel would be extremely helpful for the floor staff to have more knowledge of. Our contacts were a strength but also one of our weaknesses as there is still plenty of room for improvement. This exercise had us reach out to a couple local leaders which got the ball rolling but there is still plenty of room for improvement when it comes to mending relationships and strengthening as our organization took over only three years ago from a struggling organization that damaged some local affairs. Finally, our last one comes up on both lists as well, location. While small

town has its benefits, it also does reduce some of the resources available when it comes to hospital access, dialysis and other more pressing needs of the residents. We discussed being only a short distance from Eau Claire but how with scenarios like the one today is still too far at times.

Feedback from the team today was all very positive. Everyone felt that even though it was long that it was important to have those conversations and walk through what we would actually do and discuss further our areas of vulnerability.

We will discuss emergency preparedness at our next all staff to go over where the manual is kept, where supplies are kept and talk through the plan of action for a scenario. We will also be looking at our flashlights, disaster recovery laptop/EMR options and reaching out to dialysis locations to see what they would plan to do if a situation like this were to occur.

Overall, this was extremely beneficial and I will definitely be recommending to other colleagues! Thank you!

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Mineral Point Health Services	Name, Phone, Email of PRIMARY POC for this document: Charles Fosler, 1-815-541-6215, cfosler@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 9	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Staffing plan to maintain daily operations and Communication/debriefs after shift change to communicate success and challenges that need to be addressed. Overall debrief after incident was completed 2. Having appropriate supplies and resources in house for daily operations and the communication with vendors to get overstock before event. 3. Know what our trigger point is for evacuation and the various establishments and transport companies we would use 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Establishing job command beyond the incident commander 2. Having a great fuel capacity for the generator beyond 2 days 3. Knowing if emergency lighting is controlled by the generator or batter back-up 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	IC was established without establishing further command officers to carry out duties to relieve IC	Perform and Establish command officers related to specific job duties. Operations, Planning, Logistics, Finance/Administration	Administrator will conduct meeting with Management Team	Administrator	5/17/2023

Executive Summary:

On May 3rd, 2023 Mineral Point Health Services management team participated in an Emergency Readiness Virtual Training "March Madness." This training allowed the management team to have a discussion on planned responses to an emergency situation that could impact normal facility operations.

The scenario was that we were notified of a potential ice storm that will affect our area within the next few days. This gave us the opportunity prepare and plan for the upcoming incident that could cause delays supply delivery as well as affect staffing for our facility. As the scenario went on it gave more descriptions on the planned date and time for when the ice storm was going to hit our area along with how long it could affect the area. As we moved through our efforts from planning, responding, and post incident recovery we have come away with positives and a few areas of improvement or needing more information on.

Three strengths that we identified was our planning for staffing the building and how we will maintain normal operations. Checking overall supplies and working with vendors to overstock or plan for non-deliverable products. Lastly, we know what our trigger point is for moving from shelter In place to full evacuation of the buildings and working with established transport companies to move to established safe haven areas. Opportunities identified were establishing command officers beyond the IC. The building had management Identified to help in areas, but not specific roles identified as it should be based on NHICS. Another opportunity identified was the generator fuel capacity. Currently the size of our generator fuel supply would last around 48 hours depending on use of electric. If we are out of power for more than 48 hours we will be running into issues if we can't get re-fueled. Lastly, we don't know all the specifics on emergency lighting in the building. The maintenance direct was not sure if the emergency lighting was powered by the generator or by battery backup. This would need to be identified to prepare lighting for the building.

Overall, I think this training was very successful with some minor areas that need to be improved on. With this experience we will be looking into the generator overall capacity and what is all linked to generator power. We will also be establishing confirmed command officers that will be established by the IC during any event.

Participating Team Members:

Tyler Brandt, NHA
Ashley Lenz, DON
Charles Fosler, Maintenance Director

Mineral Point Health Services

CMS Partner Virtual Exercise
"March Madness"
May 3, 2023

Christine Ziegler, BOM
Emily Swenson, Life Enrichment
Tammy Moeller, Housekeeping
Jeremy Payne, Social Services
Tony Jacobson, Dietary
Keith Hurlbert, Director of Iowa County Emergency Management

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Monroe Health Services	Name, Phone, Email of PRIMARY POC for this document: Travas Tucker/ttucker@nshorehc.com 608-844-1768	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 25
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Please identify the 3 Greatest Strengths You Observed During this Exercise: Monroe Health Services were prepared for today’s exercise because we actually had to do this same exercise because of the ice storm we had this past winter. <ol style="list-style-type: none"> 1. Staffing is prepared before storms come 2. Hierarchy of needs will be met with stock we have 3. Staff are willing to come in if there is a need 	Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Adding more emergency outlets 2. Backup heating will be placed in facility 3. Communication has been outlined
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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
EOP	Emergency outlets	Electric Consult	Admin to call	Admin	5/12/2023
Emergency Supplies	Proper inventory	Department heads will rotate supplies	Dep Heads	Admin	5/12/2023

Executive Summary:
 5/3/2023
 Facility wide
 Ice Storm
 The exercise went very well with staff. We have adapted some changes that would fit out building.

We had all the supplies needed for the ice storm; staffing was adequate for the emergency. Roads are priority because hospital is 2 blocks away. We have a better opportunity to circulate products. We also need to increase our emergency outlets with the consult of an electrician. Electrician will also double check to make sure out heat is hooked up to the backup generator. The exercise was a success, we have had emergencies like this in the past and we did well, the exercise showed where we could improve. We have a good plan, but now have made an excellent plan for ice storms.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Oakwood Health Services	Name, Phone, Email of PRIMARY POC for this document: Jon Richardson 715-838-4252 jrichardson@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 14	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> Staff Experience-Majority of management team (in the facility and corporate level) have been together for several years and the team has experienced similar situation (not as extreme). Thorough Emergency Plan Group works well as a unit to plan and implement next actions. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> Front line staff (particularly night shift) would benefit from additional training in emergency operations Current Generator needs to be replaced-Very old-at the end of its life. Also runs on gasoline and can only hold enough fuel for about 24 hours of run time. It also does not produce enough energy to power our roof-top HVAC units Need to educate management team on new software that allows for fast communication to groups of stakeholders 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Front line staff need refresher course to educate on their role as well as how to follow the plan	Hold Nursing Home Emergency Operations Course	Administrator and Safety Officer	Administrator	9/30/23

Operational Communication	Communication to groups of stakeholders could be faster	Train Management Team on new software we now have-allows for mass texting, email, and voicemail to be sent	Administrator	Administ rator	6/30/23
Continuity of Operations	Without functioning roof top units our facility loses ability to keep facility at a comfortable temp after about 24 hours	Facility will find additional suppliers for temporary heat sources (local)		Mainten ance Director	6/30/23

Executive Summary:

On May 3rd, 2023 14 members the Interdisciplinary Team participated in a disaster training exercise called March Madness. The scenario of the exercise was a late winter ice storm with ¼ to ½ inch of ice that caused wide spread power outages and created very hazardous travel conditions and lasted from a Wednesday night until Saturday Afternoon. In the scenario our facility was without power from 10:00 Thursday morning until Saturday Afternoon. During the exercise we identified some strengths including; our management team’s experience with similar scenarios; navigating other emergencies; as well as time working together as a team internally and with our corporate team members. We also identified some opportunities that would help us be better prepared: front-line staff need training (newer staff) and refresher lessons on our facilities Emergency Plans including Incident Command and following plans and knowing where emergency supplies are located; Current generator needs to be replaced as it is at the end of its life and runs on gas (needs to be refilled about every 2 hours and storing gas is a hazard in itself); our current generator also does not generate enough power to run our roof top heating units-we would need to secure temporary heaters from local sources in the event long distance travel is not possible; we would also be able to use the benefit of new software at our facility that would allow us to send mass messages quickly that could be unique to various stakeholder groups.

This exercise has helped us identify areas which we could be better prepared. This is a very possible scenario that we could face-maybe more than once in a year. As result of what we’ve learned, we will be conducting education for front-line staff to help them follow our Emergency Operations Plans without the need to wait for management members to arrive on-site. We also will try to secure a local resource that would be able to provide temporary heat sources we could use if transport from a distant supplier is not possible. We will also be training managers on how to use our new software to send messages out to stakeholders. This would save a lot of time making individual calls or sending individual emails or texts.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Park View Home, Inc.	Name, Phone, Email of PRIMARY POC for this document: Melissa Walthall, NHA mwalthall@parkview-cc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 8	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Longevity of management staff made it easy to complete exercise. 2. Emergency Preparedness manual was up to date and easy to navigate. 3. Good conversation amongst all staff and hearing ideas, input. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Reach out to ECS on what our options are for MARs when we lose power and internet. 2. Add to our electrical outlet policy the Xcel energy account number so we can google how long we may be without power. 3. Do a drill where we shut off all power, generator kicks in and identify any items we may want to add to the generator so they work during the outage. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Staff turnover	Inservice on Disaster Plan, ALL staff meeting on disaster planning	Maintenance	Adam & Mark	12/31/23
Continuity of Operations	How long to get here to fill tank	Call company to see how long it would take to get here to fill tank if needed.	Maintenance	Adam	5/12/23

On May 3, 2023, 8 members of Park View Home management team participated in the Northwest Wisconsin Healthcare Emergency Readiness Coalition virtual exercise. There were 5 scenarios given to the team that generated good conversations and questions. We identified strengths and weaknesses on the scenarios that the facility needs to consider before the next drill. Overall the lessons learned were very helpful and everyone felt the drill was successful for our organization.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Shell Lake Health Care Center	Name, Phone, Email of PRIMARY POC for this document: Jennie Klassa 715 468 7292 ex 24 admin@slhealthcc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. We have a lot of emergency supplies on hand 2. We have a large capacity fuel oil tank that can run our generator and the whole facility at least a week if we are conservative 3. We have space onsite for staff to stay 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. Needed laminated steps for how to shut off or switch boiler heat from natural gas to Deisel fuel 2. Needed to have a plan who is checking the weather reports so we can be proactive if a snow emergency is planned for future in week. 3. Do we keep extra food on hand past the one-week supply for residents if staff have to bring in their families to the facility. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Staff ability to transfer fuel source type	Steps placed in the emergency plan and laminated sheets hung next to the boiler	SLHCC	EVS director	5/10/2023

Executive Summary:

May 3 winter storm warning. We were aware on Tuesday storm was pending, this should have been good opportunity to lay in extra supplies get salt and sand ready and confirm staff who will be able to stay at or make it into the facility. We don't specifically have anyone checking weather to be looking proactively should a large storm be pending. Changed this for Maintenance to review weather concerns pending at daily IDT

As storm worsened and we lost power, we went to our generator which had plenty of fuel and is large capacity. This went on through Saturday. We have enough fuel to run the facility that long, but Our heat system is natural gas and should that have gone out we also can run it on diesel fuel. We determined not everyone knows how if we had to switch to diesel fuel for heat how to swap over the boiler system. laminated step by step process was made and hung by the boiler. We contacted Carol Buck to confirm should we need to transfer a resident to the hospital that we are a priority route for getting the road opened, she confirmed this with Cheri Nickel at public health department. We also have our own plow truck onsite and could clear out our lot and potentially a path on the road to get out if the need arose.

We determined we would have to shelter in place as the electricity was out and we were running on generator. We have plenty of supplies on hand but if staff who were without power had to bring their families in to work with them, would we have food supplies to accommodate this. We determined we would have to remind them to bring a few goods from home and we would have enough with our current supply stocked. We also discussed if we had to ration water that we would not be doing laundry and we ordered in additional linens to have on hand.

Over all we had 10 staff participate; activity director, administrative assistant, social worker, maintenance director, director of nursing, administrator, health admin ,cdm, day charge nurse and day treatment nurse and involved county emergency management and public health.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Spring Valley Health and Rehabilitation Center – Valley Villas Assisted Living - Spring Valley Senior Living and Health Care Campus	Name, Phone, Email of PRIMARY POC for this document: Kevin Larson 715-778-5545 KevinL@svhcs.org	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 10
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Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Teamwork and Community 2. Utilized and Identifying Local Resources 3. Food and Supplies 	Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Staff Training 2. Establishing Contacts and Priority Lists 3. Ensuring Adequate Staffing and Resources
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Training Staff in Emergency Plan	Annual and Upon Hire Training on the Emergency Plan	HDG/ Administration /HERC	Kathy Karr, VP Regional Director/ Executive Director	6/30/2023
Continuity of Operations	Ensuring Adequate Staffing	Identifying Outside Resources/Contact Information	HDG/ Director of Nursing and	Director of Nursing and	6/30/2023

			Clinical Services	Clinica Services	
<p>Executive Summary:</p> <ol style="list-style-type: none"> 1. <i>Date:</i> May 3rd, 2023 / 09:00-11:30 2. <i>Participants:</i> Kevin Larson (Executive Director), Kathy Karr (Vice-President HDG), Jeremy Duxbury (HDG Manager, Operations, Safety and Risk)), Kevin Weinzirl (Director of Buildings and Maintenance), Christopher Ninneman (MDS Nurse Coordinator), Shannon Kasten (Director of Resident (Social) Services), Lloyd Larrieu (Director of Assisted Living) Casey Davis (Health Information Coordinator), Jordyn Evenson, (Business Office Manager) and Rachel Deringer (Staff Development/Infection Control Nurse) 3. <i>Scenario</i> All participated in an emergency winter storm drill scenario that lasted five days and resulted in the need to shelter in place, provide emergency supplies/staffing resources, and possible need to evacuate residents due to loss of power/heat/supplies. 4. <i>Three strengths identified during the exercise</i> <ol style="list-style-type: none"> 4.1 Strong teamwork and sense community, 4.2 Ability to utilize and identify local resources, 4.3 Problem Solving and developing contingency plans, and 4.4 Having enough food and ample supplies. 5. <i>Three identified areas of improvement during this exercise</i> <ol style="list-style-type: none"> 5.1 Enhancing staff training, 5.2 Establishing more comprehensive contacts listings 5.3 Priority lists based on the hazard, and 5.4 addressing adequate staffing levels including alternative emergency caregivers. 6. <i>Overall Success / Lessons Learned</i> This exercise was a success, as it helped us identify our strengths and areas to work on. 7. <i>Implementation</i> 					

We will use this exercise to strengthen our emergency preparedness and response plan and ensure that we address any identified opportunities for improvement and put appropriate improvements into place. We will use this exercise to best prepare the resources needed in emergency situations are well communicated and easily accessible to all staff.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: St Croix Health and Rehab Center	Name, Phone, Email of PRIMARY POC for this document: Amy Jo Lundgren- 715-246-8417 Amy.Lundgren@sccwi.gov	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> Being a County facility- we have direct partnerships with county resources such as emergency management, highway dept- which act as contingencies to our contingency plans We have mass communication systems already in place due to being a county facility and because of the COVID pandemic Having an attached CBRF Facilities- we would be able to relocate residents without having to go outdoors, and we have a unit to house staff sheltering in place/ staying here in case of travel issues 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> Communication of expectations to stay/ mandating staff to stay with this type of situation (many would do so willingly, but there are some who may be an issue) Agency staff (pool CNAs/Nurses) and contracted department (Dietary)- How will they know what is expected of them during an emergency and are we able to mandate them to stay Drill/ emergency procedure training overall- per maintenance it seems newer staff are unsure most times 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Agency, Contracted, and New staff seem unsure of what to do in emergency situations; Discussions need to be	IDT to meet to discuss method of training/ instructing Agency and Contracted Staff, updated drill education for staff (likely during staff	SCHC Admin Team, potentially contracted agency staffing	Administrator, DON, Nurse	10/1/2023

	had on mandating as well	meetings), May need to have discussions with contracted companies regarding mandating contracted staff in emergency situations	companies, New Horizon Food Services, potentially SCC Corp Counsel	Supervisors	
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Executive Summary:

Date of Exercise: 5/3/2023

Participants: Heath Carey, Facilities; Matt Bowe, Facilities; Shannon Bulman, Ward Clerk; Lisa Leahy, Social Services; Tammy Turner, Nurse Supervisor, and Amy Jo Lundgren, Nurse Supervisor

Scenario: Winter Storm

It started as a Winter Storm Warning on a Monday for a strong, prolonged winter storm with impacts Wednesday-Friday- with chances of significant icing, strong winds, and hazardous travel. At our facility we receive weather briefing packets from emergency management via email (as we are a County facility), so we are generally well aware of any potentially hazardous weather. In this situation we would alert staff to the potential of the oncoming storm and ask all who are scheduled or nearby to make arrangements for getting here or staying here if travel will be hazardous. Facilities would be doing their checks to ensure all machinery is in working order, supplies of salt/ sand are where they should be, generators working properly and are fueled (which is already checked weekly). As the storm approached in the scenario and it became evident that we would likely need to shelter in place as roads were predicted to be hazardous. The staffing cell phone would be used to encourage those who are scheduled to work during the affected days to either have plans for getting here such as staying very close by or staying at the facility in our Kitty Rhoades unit or in the unused hall of the Bluebird wing. When staff do this, they bring many of their own supplies (toiletries, as well as food, beverages) that are kept in the rooms and in the refrigerator in Kitty Rhoades or the break room. In the scenario the storm hit Wednesday night and only ½ staff made it in on Thursday AM- in this case we would ask NOC shift to stay at the building- assisting until residents were up and ready for the day- then they could rest in one of the unused units. We have staff who live very nearby and would be willing to come if needed, and we have staff who are able to travel to work by snowmobile (and have before) if truly needed. In the case of being stuck here the remaining staff would take turns resting and working. In the scenario the power also went out- our generator would come on; any essential items (O2 concentrators being priority) would be plugged into the red outlets (computers for med pass would also be plugged in, as would our call light system cell phones). We have contingency meal plans in the event that we would be unable to cook normally (in our emergency plan). We would use our emergency communication (RAVE) system to send a message (voicemail/call & email) to all families to inform that we are sheltering in place, safe, and advise against attempting to visit due the dangerous conditions. In the scenario we continued to be without power through Friday. If our generators were running low on fuel, Facilities would be contacting our supplier to fill them; if the supplier is unable to come the Highway Department is our back up. If there is a mechanical problem with the generator (or the HVAC system) and it is unusable- the residents would be evacuated to our attached assisted living facility- which is

on a different generator and HVAC. All necessary items, including charts, and personal care items could easily be transported through the indoor hallway to the other building, and our staff would be expected to care for them there. Nurses would bring the Med Carts and lap tops as well; our charting system would work in that building as well. If an evacuation were necessary families would be updated again via our RAVE system. On Saturday in the scenario the power came back on and staff were able to travel to work as roads were cleared. Once fresh staff arrived our staff who have been working would be able to either rest on the unused units or return home if feeling safe to do so. Once the generators were no longer needed, they would do their automatic cool downs; Facilities would do computer and physical checks of the HVAC, generators, panels, and then check the building exterior as well for any issues. They would also contact vendors for refueling. Once the emergency was over, we would alert families via RAVE.

Three strengths we recognized are being a County facility- we have more direct access to emergency management and contingency resources; having two buildings with separate generators and HVAC systems- we have the potential for evacuation from one building to the other without having to take residents outdoors; we already have mass communication systems in place—we use a staffing cellphone to communicate to all nursing staff quickly, and the RAVE system to communicate to all family members (many staff also receive messages on this as well). Areas of improvement are as noted above: Communication of expectations to stay/ mandating staff to stay with this type of situation (many would do so willingly, but there are some who may be an issue), Agency staff (pool CNAs/Nurses) and contracted department (Dietary)- How will they know what is expected of them during an emergency and are we able to mandate them to stay, and Drill/ emergency procedure training overall- per maintenance it seems newer staff are unsure most times when they are conducting drills. These areas of improvement will lead to good discussions in IDT and training opportunities.

Overall we felt that this training exercise went well; it was very interesting to learn about all of the contingency plans in place (that facilities knew of and we clinical workers did not) as well as the different aspects of our HVAC and generators. The simulation led us to see areas of improvement/ areas for training and for seeking clarifications. Going forward we will have an Interdisciplinary Team meeting and discuss how we will train/ manage agency staff/contracted staff- how we will get them the knowledge we need them to have, and we will discuss mandating of our own staff and the contracted staff.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: St. Francis Health Services	Name, Phone, Email of PRIMARY POC for this document: Mark Brzezinski, 414-483-3611, Mbrzezinski@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 6	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Staff knowing when supply deliveries are scheduled to arrive at facility 2. Good communication with local emergency services 3. Staff being able to help in multiple departments 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Keep contact information of families of residents on hard copies available and updated. 2. List of major equipment that is functional during power outages that is powered by generator. (washers, dryers, freezers, refrigerators) 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	Access to information	Have a hard copy of contact information to access in case computer systems are not accessible in a power outage emergency.	Social Services will have a Binder too hold the needed information	Social worker	8-31-2023
Continuity of Operations	Have a list of major equipment that will run in a full power outage on generator power	Maintenance will pull the main power breaker to create a list of equipment that the emergency generator will power up.	Maintenance will conduct a load test of the generator to	Maintenance	8-31-2023

			create a list of major equipment that is powered by the generator		
<p>Executive Summary: May 5,2023 Participants Social Services, Activities, Laundry/Housekeeping, Maintenance Scenario; Early March and a on Monday a winter storm is approaching to hit on Thursday with wind, rain and possible .25 to.50 inches of ice with possibly road closures and power loss. The faculty acts and starts to prepare for the worst. Calling for oxygen to be delivered, food and water orders put in, medical and medications ordered and salt. Staff are called and advised to prep for possible long hours or possible sheltering in place for those who can. Maintenance makes sure an extra supply of salt is available to keep parking lots and entrances clear and checks the generator. S.S. and Activities contacted all families and asked them to stay at home to be safe and they could call to check on loved ones and we could use the cordless phones if they wanted to speak to them. Local emergency services are contacted to make sure if services are needed, they can be obtained. The storm hits on Thursday and Friday and power goes out on Friday the facility and staff are ready and everyone pitches in where needed. The Business office helps in the kitchen, Activities keeps residents busy and entertained, social services and Maintenance helps in laundry and housekeeping. All staff help by answering call lights aiding with resident needs while Nursing does all the things they need to do. Saturday comes and the storm has passed, and power has been restored and road conditions are clear for travel.</p> <p>Overall, we have a well-versed staff and are dedicated to the facility. We have learned that we have some things to do to be more prepared for the future to have some areas go smoother. We will put together an emergency contact binder, and a list of major equipment that is run by the generator.</p>					

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Deerfield Care Center and AL/IL	Name, Phone, Email of PRIMARY POC for this document: Jen Anderson 715-243-3933 janderson@preshomes.org	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 12	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. Vacant care center household easily able to accommodate staff staying in the facility overnight 2. Many staff who are willing to remain at work, AEB real life similar scenario earlier this year 3. Plans in place to adjust standards of care to the basics 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. Still need to determine whether Sysco is capable of delivering early, or a backup plan other than grocery store 2. New ESD has a learning curve about facility emergency operations, capability of 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
Continuity of Operations	Food supply	Determine whether Sysco is able to provide any early supplies	N&C Director to contact Sysco rep	N&C Director	5/15/23
Operational Coordination	New ESD knowledge of emergency procedures	ESD to read through emergency manual and coordinate with Admin on any questions	Deerfield ESD	ESD	5/15/23

Executive Summary:

On 5/3/23 The Deerfield QST management team participated in NWWIHERC CMS Partner Virtual Exercise. The scenario was similar to a real-life event from earlier this winter season. A severe winter storm was forecasted to include significant amounts of ice and wind causing travel issues and power outages. Staffing challenges and the power outages were the main obstacles. Strengths that the team identified while playing out the scenario include: the vacant care center household is an ideal location to house staff who are voluntarily and involuntarily stuck at the facility. Ample extra beds and bathroom as well as a kitchen is available for staff use. As evidenced by the number of staff who were willing to voluntarily stay at the facility during the real-life event earlier this year, this facility has staff who are dedicated and willing to stay and work longer or extra shifts. The variety of staff's personal life situations makes their availability flexible. The facility has plans in place in the care center and AL to adjust standards of care to completing the basics only, i.e. toileting, repositioning, feeding. We are able to use auxiliary staff who are able to make it to work (housekeeping, life enrichment) to perform lateral service and assist with answering call lights, assisting in the kitchen to prep food etc. Some opportunities that were identified during this exercise include the need to determine whether Sysco our primary food supplier has the capability to make an early delivery. This would assist if normal deliveries are disrupted and to gain extra inventory to feed staff who are housed at the facility. Nutrition & Culinary Director will work on this. The campus' brand new Environmental Services Director has a learning curve to be brought up to speed on emergency operations and the capabilities of the facilities generators etc. ESD will work with Admin going forward to gain knowledge. This was a great scenario to play out as it is a very likely scenario in this region. With some other recent turnover of QST team members it was great to gain knowledge and hear the questions of the newbies on our team. We felt quite successful at the end in the quality of questions and problem-solving taking place.

Date of Exercise: May 3, 2023	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 PRahkonen@nshorehc.com	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 20	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Emergency Binder was just updated and easily assessable 2. All member fully participated by calling and asking questions. 3. Staff response to this drill was exceptional.			Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Staff identification by location needs to be completed. 2. All staff need to be crossed trained to positions that would allow them to help on the floor. 3. Emergency routes need to be put into Emergency 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
Operational Coordination	Staff need to be identified by location of home	The staff list will be updated to identify location to determine who lives close or who isn’t easily assessable.	Twin Ports	ED	6/30/2023
Operational Coordination	Cross train staff	Facility will review the need for this during their next QAPI. If the team feels it is necessary to do a written plan will be implemented.	Twin Ports	ED/DNS	7/30/2023
Operational Coordination	Emergency routes added to binder	Facility will ensure that the emergency routes are in binders per facility policy.	Twin Ports	ED	6/1/2023

Executive Summary:

Exercise date was 5/3/2023

All Department Heads as well as staff working on 5/3/23 participated in the virtual event related to Severe Weather.

Facility overall felt the exercise went very well. Staff participation was excellent and the exercise was very appropriate for the geographical area we live in.

The facility started with all Departments Heads assembled together. An incident commander was assigned and all staff participated like the event was happening. . Staff were knowledgeable of the Emergency Binder and its location. 2.They were able to retrieve quickly and were able to show where the weather-related policies were. Another strength was staff asked questions and made suggestions of changes. 3. Staff enacted the exercise as if it was really happening. Staff were called in and appears, etc.

Three opportunities where the facility does have a current list of staff however their location from /to the facility was not identified. Facility will update that list to ensure this is completed.

The second opportunity was to review at QAPI whether it is beneficial to have staff crossed trained in case of emergencies such as this. If this is something the team feels would be beneficial the team will have identified what staff, what they need to be crossed trained for and for what type of emergency and have the plan in the Emergency Binder.

The third opportunity will be to update the Emergency Binder with emergency routes attached.

Overall the event was a success. Staff were knowledgeable of what the policies were and expectation. Lessons learned is that the facility does have opportunity to identify staff location, how we will train new employees of policies and staff knowledge of generator and how that is utilized.

The above will be reviewed at QAPI and areas identified will be actioned planned if deemed necessary.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: United Pioneer Home	Name, Phone, Email of PRIMARY POC for this document: Jane Quick, 715-472-2164 jequick@unitedpioneerhome.org	Number of Agencies that participated in this exercise (including your own): 42	Total number of local participants (people) that participated in exercise: 7	
Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> 1. We had experience with this scenario, including recent experience. 2. We focused on the well-being of our residents as the #1 concern as we worked through the exercise. 3. Our preparedness plan is well thought out and our staff is generally able to execute the plan. 			Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> 1. We need to update our contact list in the Emergency Response Plan, and would benefit from more frequent updating. 2. Our Emergency Response Plan did not list important information about accessing power in our Assisted Living facility. 3. We could benefit from additional cross-training to familiarize managers with safety features and procedures in departments other than their own and throughout the facility. 		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	Emergency contact list was out-of-date	Contact list will be updated and then reviewed on a quarterly basis	Admin staff	BOM	
Operational Communication	Emergency Response Plan did not list information about	Emergency Response Plan will be updated with this important information	Admin staff	NHA, BOM	

	accessing power in our ALF				
Operational Coordination	Not all managers are familiar with basic safety features and procedures in other departments	Additional cross-training	Administrator	NHA	

Executive Summary:

On May 3, 2023, United Pioneer Home in Luck, Polk County, Wisconsin, participated in a regional Emergency Management regional exercise lead by the Northwest Wisconsin Healthcare Emergency Readiness Coalition. 7 members from our facility participated in the event, each representing various disciplines within our organization. The scenario presented was that on a Monday morning in early March, a strong winter storm with potential for significant icing, strong winds, and hazardous travel, was expected to arrive with impacts for Wednesday through Friday. As the exercise progressed, we were asked to respond to school closings, regional emergency preparedness efforts, and a prolonged power outage of greater than 24 hours.

From the exercise we learned that we have several key strengths. First, we have prior experience, including recent experience, with this scenario. Consequently we have a detailed and thorough preparedness plan in place and know that staff are generally able to execute the plan. An additional strength was our continued focus on the safety and well-being of our residents as our top priority throughout the exercise.

Areas identified as opportunities for improvement include updating our emergency contacts list and performing ongoing updates more frequently. We will update our Emergency Response Plan with information about accessing power in our ALF during a power outage. Finally, we will conduct additional cross-training so that managers are more able to step in and assist with emergency operations in other departments, in the event that one or more key staff are incapacitated by a storm.

Overall, we felt that the exercise was a success. We learned things that worked well for us and some areas where we could improve. As a result of this exercise, we have some concrete items on our to-do list that will help us be more prepared in a true emergency.

<p>Date of Exercise: May 3, 2023</p>	<p>VILLA MARIA HEALTH AND REHAB CENTER</p>	<p>PRIMARY POC: LAUREN SNYDER LAURENS@AVANTIHS.COM 715-561-3200</p>	<p>Number of Agencies that participated in this exercise (including your own): 42</p>	<p>Total number of participants (people) that participated in exercise: 9</p>
<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. We have plans in place for staff shortages that some other buildings may not. Our maintenance department is always on call to pick up staff members during bad weather. However, being in the Northwoods snowbelt, we don't see a lot of call ins due to weather so even in the worst of storms this hasn't been an issue. 2. Our core team/emergency planning team is built with staff members that have longevity in the organization and are very family with emergency planning and response in our nursing home. We are also very familiar with snow emergencies which made this exercise run smoothly. 3. We have good resources for being in a small, rural area. This was also obvious during the drill which made it a notable strength. Examples include: our facility owning the local ambulance company (priority), contracted with Xcel for unlimited natural gas for the generator, MOUs in place with water distribution and food supply for shortages. 		<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Since our last exercise we have improved upon incident command structures and set up for our organization, we have obtained the use of an 800 radio for emergencies, and we have solidified the maintenance travel service for our employees during harsh 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
Continuity of Operations	Outlets were previously marked in red for generator, that was changed d/t shortage of outlets needed and never reordered. So, some generator outlets are not marked.	Maintenance to order and replace all generator outlets with red casing or red identifier.	Maintenance	Admin	Will project 30-60 days based on supply and ordering

Executive Summary:

Date of exercise: Wednesday, May 3, 2023

Participants: VM Staff; Lauren, Joe, Adam, Jen, Leah, Andrea, Bobby, Tanya, Zoie. Ambulance staff: Brandon

Scenario: Severe winter weather with significant ice/snow and high probability of power outages and staffing shortages. The scenario played out where half of the staff members did call in and the power was out for over 48 hours. The staffing shortages brought on questions of altering care vs driving people in or cross training staff. The power outage brought questions about generators, identified outlets and fuel supply. The storm also brought the possibility for supply chain issues for food and water.

What went well: We have natural gas for the generator and a letter of reliability from Xcel to continue to deliver such gas endlessly in light of power outages. Our generators get tested weekly and a monthly "load" test is done to assure the generator can function with the current census. We have contracts with the beverage supply for near endless amounts of bottled water on demand and do have the capability to store and use bottled water for up to 2 weeks at time. (only required for 7 days). We also have enough back up food for 1 week for any interruption in the supply chain. We own the local ambulance company as well, so we have a lot of input and resources from them to manage emergencies at our nursing home.

What needs improvement: We identified the lack of identification on 100% of generator outlets. These will be ordered and installed asap and staff will then be educated on the red identifiers for outlet use during a power outage.

Overall, this exercise was a success and a lesson. We proved to be efficient with our emergency response and planning however we did learn that not all of the outlets are marked for power outages. This issue will be rectified as soon as possible. We will implement this change with our staff and provide education on this once they arrive and are installed. We also have annual emergency response training and will add this executive summary to it.

Date of Exercise: May 3, 2023 0900-1130	Name of Agency or Jurisdiction Completing this form: Water's Edge and Hayward Hospital	Name, Phone, Email of PRIMARY POC for this document: Candi McConnell, 715-934-4313 cmccConnell@hamhwe.com	Number of Agencies that participated in this exercise (including your own): Leave Blank	Total number of local participants (people) that participated in exercise: 11
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<p>Please identify the 3 Greatest Strengths You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. Dedicated EP staff person, and many in the organization have a good grasp on incident command 2. The physical attachment to the hospital and the availability of additional staff campus wide 3. Good policies and systems in place 	<p>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</p> <ol style="list-style-type: none"> 1. The "Loss of Water" policy needs to be updated, it was identified that we lack stored potable water on campus that is not coming from the water tower 2. Provide annual in-service to nursing staff on how to access MARS/TARS in ECS 3. Code Alert-Severe Weather policy to be updated
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	Care Center nursing staff do not receive annual training on down time procedures related to the electronic health record and accessing the MARS/TARS	Develop and assign annual in-service in Relias	WECC	Candi, Teresa and Gayle	
Continuity of Operations	Determine how much potable water we want onsite (not including the private water tower)	A small group to meet to determine water needs (EP, FS, COO)	Hayward Hospital/Water's Edge	EP	

Water’s Edge and Hayward Hospital

CMS Partner Virtual Exercise
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Continuity of Operations	Opportunity to establish a mutual aid agreement with the Birkie	Reach out to the Birkie to discuss water options	Hayward Hospital/Water’s Edge	EP	
Operational Communication	Code Alert Severe Weather policy is not being followed r/t overhead pages and notifying WEAL tenants	Revise the Code Alert Severe Weather policy	Hayward Hospital/Water’s Edge	EP/EOC	

Executive Summary:

The tabletop exercise took place at 0900 on May 3, 2023, and was coordinated by the HERC and took place via zoom and in the RCAC conference room. Those in attendance during various parts of the exercise included: Mark M., Emergency Preparedness, Candi M., Administrator, Heather S., COO, Aidrea L, CCO, Anna S., CHRO, Cherie M., Marketing/PIO, Heidi C., Marketing/PIO, Sara K., Quality, Joy K., VP Quality & Safety, Dwaine M., Building Ops, Teresa S., DON WECC.

The scenario was geared toward severe weather, and contained 5 different sit reps. As the weather escalated incident command was opened and positions assigned. The following strengths were identified:

- Dedicated EP staff person, and many in the organization have a good grasp on incident command
- The physical attachment to the hospital and the availability of additional staff campus wide

Good policies and systems in place

The following opportunities were identified:

- The “Loss of Water” policy needs to be updated, it was identified that we lack stored potable water on campus that is not coming from the water tower
- Provide annual in-service to nursing staff on how to access MARS/TARS in ECS
- Code Alert-Severe Weather policy to be updated
- A possible mutual aid agreement with the Birkie was identified r/t water.

Overall the tabletop exercise was a success. It was noted by the participates the importance of working through the policies and procedures and applying them to real life scenarios. This exercise involved a wide variety of departments throughout the facility, and provided learning and thoughtful discussions.

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Williams Bay Health Services	Name, Phone, Email of PRIMARY POC for this document: Angela Miller 515-771-6244 anmiller@nshorehc.com	Number of Agencies that participated in this exercise (including your own): Leave Blank	Total number of local participants (people) that participated in exercise:	
Please identify the 3 Greatest Strengths You Observed During this Exercise: 1. Back-up generator that would avoid power loss in facility. 2. Up-to-date Emergency Operations Plan that is centrally located and staff are able to communicate where to find it.		Please identify the top 3 Areas of Improvement You Observed During this Exercise: 1. Facility needs more emergency back-up supplies. 2. Facility does not have a large number of staff within reasonable driving distance.			
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Continuity of Operations	Evacuation plan is in place but has never been implemented. Staff are unsure how to respond appropriately.	Facility lost heat for 24 hours due to the generator not powering HVAC. Evacuation plan is demonstrated with staff at next safety meeting by the maintenance director and executive director.	Executive director and maintenance director will begin to initiate evacuation plan by communicating with local partnering facilities.	Executive director and maintenance director. DON will work on contacting staff	12/31/2023

				for emergen cy shift coverage	
<p>Executive Summary:</p> <p>This exercise occurred on May 3rd, 2023. Angela Miller and Tim Kenyon participated in this exercise together. The scenario was that the facility lost power and the back-up generator supplied power to a large portion of the building except for the HVAC system. The outside wind chill was 10 degrees. The facility’s strengths were that the Emergency Operations Plan was located prior to the administrator coming on-site. Staff knew to respond appropriately; however, they did not know how to initiate the evacuation plan.</p> <p>This scenario has helped the facility discuss the evacuation plan more in-depth and prepare the staff to respond right away when this occurs. Moving forward, the evacuation plan will be discussed in all-staff meetings and safety meetings.</p>					

Date of Exercise: May 3, 2023	Name of Agency or Jurisdiction Completing this form: Wisconsin Veterans Home at Chippewa Falls	Name, Phone, Email of PRIMARY POC for this document: Phillip Sarazen, 715-828-0714, Phillip.sarazen@dva.wisconsin.gov	Number of Agencies that participated in this exercise (including your own): Leave Blank	Total number of local participants (people) that participated in exercise: 9
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Please identify the 3 Greatest Strengths You Observed During this Exercise: <ol style="list-style-type: none"> Analytical thinking used for all of the different scenarios Organized plans and procedures for emergency preparedness Not only thinking about one department but accounting for all departments when making decisions 	Please identify the top 3 Areas of Improvement You Observed During this Exercise: <ol style="list-style-type: none"> Reeducating staff members about different emergency situations Communication to families with no internet Updating contact information and other information with our external resources
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Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Communication	When we lose internet, we don’t have connection to send updates through Lifeloop (our communication system with families)	Because of this, we will have to contact families with phone calls	WI Vets Home at Chippewa Falls	Plant Operations Director	On going
Operational Communication	Plans and procedures are always changing, and staff need to be reeducated on different changes	We have a monthly team member newsletter sent out with this education as well as a session in orientation with the Plant Operations Director	WI Vets Home at Chippewa Falls	Plant Operations Director	On going

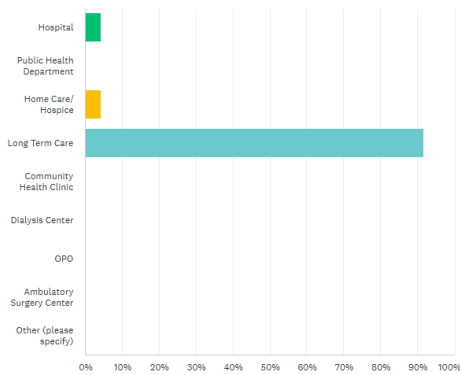
Wisconsin Veteran’s Home at Chippewa Falls

CMS Partner Virtual Exercise
 “March Madness”
 May 3, 2023

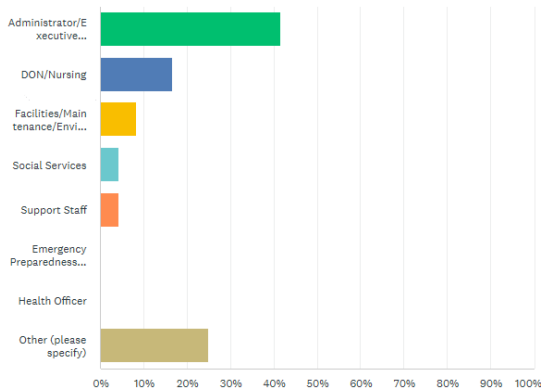
Operational Communication	It was noticed that some of our information to external resources wasn’t up to date	The Plant Operations Director will go through and update all of the information	WI Vets Home at Chippewa Falls	Plant Operations Director	On going
<p>Executive Summary: This exercise was great for our team at the Veterans Home. The situations we were given are very similar to real life events that have happened in our state, so it was great to see if our plans and procedures were still suitable. The team work from all of the staff who participated was great. There was lots of in-depth and analytical thinking that was used in order to make certain decisions. Our team also did great at accounting for all of the different departments of the facility and not just their own. They also did great at making sure that the residents come first. There are also things that we learned from this exercise. One of them is to continue to educate staff on emergencies plans and procedures. Another is to make sure that all of your information for all of your external resources is up to date so that you know what they can help you with. I believe that overall, this exercise was success to us. It allowed us to see what works and what doesn’t. It also was a time to us to find holes in our plans and procedures so that we can update them and make sure that we are ready when the actual emergency happens.</p>					

PARTICIPANT FEEDBACK SURVEY RESULTS

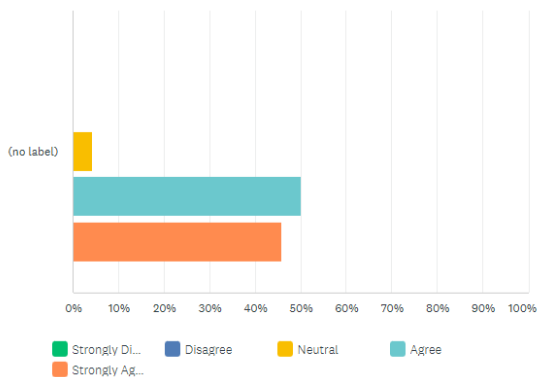
Question 1: What type of agency do you represent?



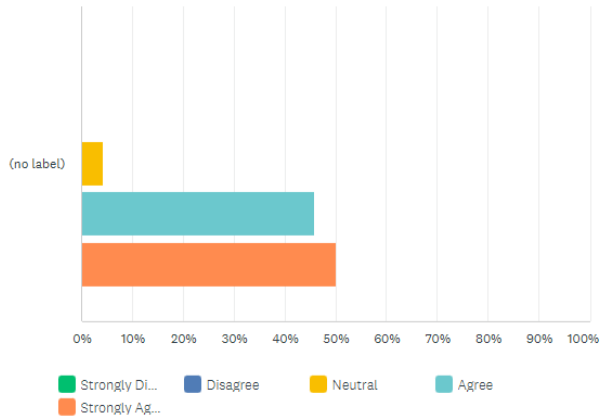
Question 2: What is your role within your organization?



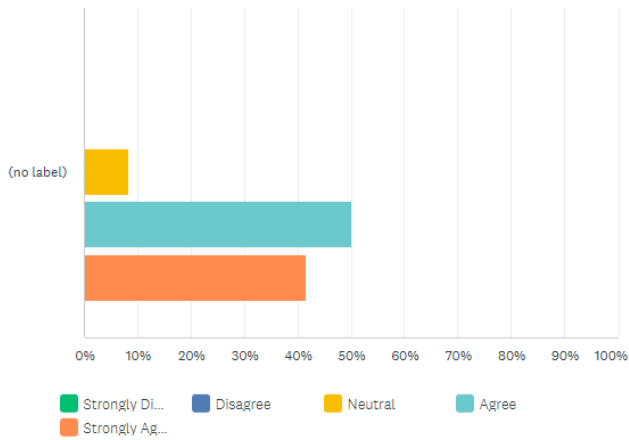
Question 3: The use of the virtual platform to facilitate the exercise was beneficial:



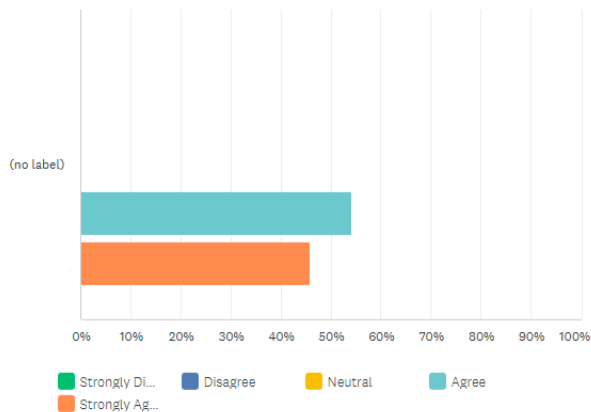
Question 4: The exercise scenario was plausible and realistic:



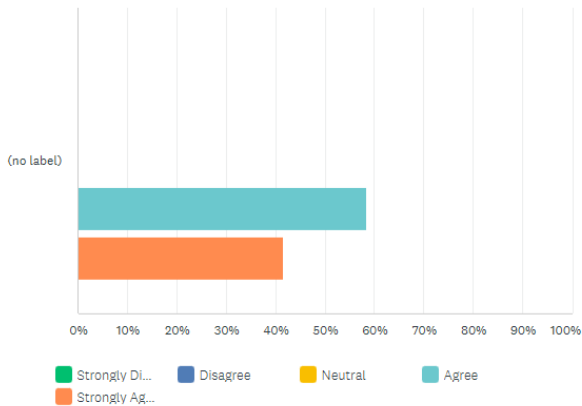
Question 5: Exercise participants includes the right people in terms of disciplines.



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



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



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

- These have been very helpful over the years.
- Assisted prompting and more engagement throughout the exercise.
- It went better than anticipated.
- The paperwork was a little wonky, but the exercise itself was fantastic. I liked that we were given question prompts to encourage discussion. This led us to discuss logistics that we otherwise would not have discussed.
- It was a great exercise. No specific recommendations.
- Once we figured out the information it went smoothly. There was a little bit of a learning curve at first.
- I would have preferred that we be allowed to respond how we would actually respond, without the use of prompts, and then come back to discuss what we did and what might have been missed.
- I’m not sure how it would be improved. It was a very good exercise.
- N/A
- I think it went well.
- No recommendation at this time. Thank you for organizing this opportunity for us to engage in this exercise.
- Different disaster scenarios.
- No suggestions at this time.
- I do not have any at this time.
- I felt it went well. Thank you. Felt that drill went very well—look forward to potential discussion/interaction with other HERC members of like facility representation if available.

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

- We decided that large totes filled with items for a specific event are a great idea, so that may be something to focus on instead of people having to run around a facility during a crisis trying to locate this or that item.
- N/A
- Tornados warning vs. watch
- N/A
- Flood, building with toxins on fire next door.
- Cyber-attack, terrorism
- Communication and power failure

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Adoray Home Care and Hospice
American Lutheran Communities-Menomonie
American Lutheran Communities-Mondovi
Ashland Health Services
Aspen Health
Aveanna
Baldwin Care Center
Birch Hill
Care and Rehab-Barron
Care and Rehab-Cumberland
Chippewa Manor
Christian Community Homes of Osceola
Delevan Health Services
Dove Healthcare South-Eau Claire
Dove Healthcare West-Eau Claire
Ellsworth Health Services
Florence Health Services
Glenhaven
Golden Age Manor
Grace Lutheran Communities
Hammond Health
Hayward Health Services
Heritage of Elmwood
La Crescent Health Services
Marshfield Health Services
Mayo Clinic Health System NWWI Home Health & Hospice
Meadowbrook of Bloomer
Mineral Point Health Services
Monroe Health Services
Oakwood Health Services

Park View Home
Shell Lake
Spring Valley
St. Croix Health and Rehab
St. Francis
The Deerfield
Twin Ports
United Pioneer Home
Villa Marina
Water’s Edge
Williams Bay
Wisconsin Veteran’s Home