

HERC Region 1 Burn Surge TTX AAR

Summary of Findings and Improvement Plan



Northwest Wisconsin
**Healthcare Emergency
Readiness Coalition**

Incident Date: April 8, 2022

Incident Hazard or Threat: Burn Event, Mass Casualty

Incident Summary: A natural gas boiler has exploded in the Barron middle school resulting in multiple casualties with burns. Ten adults and eight children are hurt. All burns are greater than 40%, but not so high that we would consider not providing resuscitation.

After Action Debriefing and Report: The purpose of this document is to provide an analysis of the operational coordination, operational communications, and medical surge capabilities provided by NWWIHERC Region 1.

Name	Organization
Aimee Wollman Nesseth	NWWIHERC Program Coordinator
Alisa Lang	Amery Hospital
Angela Jacobson	Advent Health
Angela Kjellberg	Aveanna Health
Anna Treague	Burnett County Public Health
Ashley Greengard	River Falls Area Hospital
Bob Lindberg	Cumberland Healthcare
Bobby King	Mayo Clinic Health System-Eau Claire
Brian Kaczmariski	OPEHC Statewide HERC Coordinator
Brittany Fry	Western WI Public Health Readiness Coalition
Candace Kapperman-Wolf	Aurora Community Services
Carol Buck	Washburn County Emergency Management
Cheri Nickell	Washburn County Public Health
Christine McPherson	Pierce County Emergency Management
Cindy Freeberg	Douglas County Public Health
Clint Schaefer	HSHS
Darren Van Blaricom	HealthPartners Valley Hospitals: Amery, Hudson and Westfields.
Dave Sletten	Douglas County Emergency Manager
Denise McNeely	Aveanna Health
Doug Jennings	Memorial Medical Center
Doug Tembreull	Ellsworth Health Services
Emily Wievel	Western Region OPPA Office
Jackie Krumenauer	Eau Claire City County Health Department
Jamie McCready	Cumberland Healthcare

Jen Anderson	The Deerfield
Jennie Orman	Christian Community Homes-Hudson
Jennifer Lenbom	Chippewa County Public Health
Jessica Wayne	Mayo Clinic Home Health and Hospice
Joe Kalscheur	Eau Claire City County Health Department
Jon Schultz	Eau Claire Fire Rescue
Josh Weirich	Life Link III
Julia Lyons	Sawyer County Public Health
Julie McCallum	Sawyer County Public Health
Kari Clark	Amery Hospital and Clinics
Karla Potts-Shufelt	Barron County Public Health
Kathy Semrad	Spooner Health
Kevin Larson	Spring Valley Health and Rehabilitation
Kimberly Johnson	Essentia Health-Superior
Kirk Gunderson	Mayo Clinic Ambulance
Krysta Reuter	River Falls Area Hospital
Laura Sauve	Barron County Public Health
Laurice Hillman	Heartland Hospice
Len Fast	Care and Rehab-Barron
Lisa McMahan	Polk County Emergency Management
Liz Szot	Ashland County Public Health
Mark Manning	Hayward Area Memorial Hospital
Maria Nelson	Pepin County Emergency Management
Matthew Maxwell	St. Croix Regional Medical Center
Melissa Miller	MCHS-Northland
Mike Miller	Durand Ambulance
Mike Zolik	North Air Care
Nancy Shafer	Ellsworth Health Services
Natasha Cardinal	St. Croix County Emergency Management
Nate Dunston	Sawyer County Emergency Management and Sawyer County EMS
Nicole Nelson	Barron County Public Health
Paul Ebel	HSHS
Randy Book	NW WEM Regional Director
Rebecca Wallin	Spooner Health
Richard Haider	Osceola Medical Center
Robb Paulson	Western WI Health
Robert Goodland	NWWIRTAC
Roxanne Kahan	Price County Emergency Management
Sara Wartman	Bayfield County Public Health
Shawn McCarthy	Marshfield Medical Center-Eau Claire
Shonda Helgeson	Western WI Health
Steve Lauer	Aurora Community Services
Tom Boyer	Baldwin EMS
Travis Klukas	MCHS-Chippewa Valley
Wayne Street	MCHS-Eau Claire

The debriefing allowed an opportunity to solicit stakeholder feedback and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing.

Table 1-Summary of Core Capability Performance

Core Capability Performance	Rating
Operational Communications	S
Operational Coordination	S
Medical Surge (Burn Surge – Adult and Pediatric)	S
Ratings Definitions	
<ul style="list-style-type: none"> • (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s). • (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. However, opportunities to enhance effectiveness and/or efficiency were identified. • (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; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures. 	

Core Capability: Operational Communications

Description: 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) EMResource Event Management and 2) HERC Coordinator Notification

Analysis and Key Observations:

Strength(s):

1. The hospital closest to the event in this scenario has a well-established protocol with the County Dispatch to alert the hospital of any large incidents as soon as possible.
2. Mayo Clinic Health System also has a “bed ready” system that will call other facilities within the system to identify bed availability.

Recommendation(s):

1. There should be one phone number for the NWWIHERC. That way, if Aimee is not available, that phone could be forwarded to and answered by whomever is covering. This would be easier than having to try to remember if someone is out of town or unavailable.
2. Current burn surge plan states either the “receiving facility OR HERC Coordinator” will create an incident in EMResource. This lack of clarity could result in confusion about who is actually supposed to create the incident. May be better to write the HERC phone number into all hospital

plans and expect HERC program coordinator to create the incident in EMResource upon notification.

3. The primary Burn Surge Facilities within normal referral patterns are in Minnesota and are not on EMResource. Need an additional way to contact them directly.

Core Capability: Operational Coordination

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

Objectives: 1) EMResource Event Management and 2) Activation of the NWWIHERC Response Plan, Burn Surge Annex.

Analysis and Key Observations:

Strength(s):

1. The local hospital would establish Incident Command upon learning of this event.

Recommendation(s):

1. Training on eICS is needed to effectively manage this event at the Regional level.
2. Need to ensure notification of the NWWIHERC Coordinator is written into every hospital plan for a MCI event.
3. Need to continue ongoing EMResource training for end user confidence in either responding to or creating an incident.

Core Capability: Medical Surge – Burn Surge – Adult and Pediatric

Description: Rapidly expand the capacity of the existing healthcare system to provide appropriate medical care for victims, including pediatric patients.

Objectives: 1) Activation of NWWIHERC Response Plan Burn, Surge Annex 2) Patient Triage and Transport.

Analysis and Key Observations:

Strength(s):

1. Primary triage of patients is well-established and the primary Burn Surge facilities include Regions Hospital in St. Paul, MN, and Hennepin Healthcare in Minneapolis, MN, both of which are “normal” referral facilities for the hospitals in the NWWIHERC.
2. ABLS Now seats have been purchased and are available to Hospital staff at this time.

Recommendation(s):

1. Hospitals in the NWWIHERC would rely on the Burn Surge Facilities in Minnesota to tell us when they were full. Need clarification on who actually makes the call to activate the WI burn surge plan, or do they activate the MN burn surge plan?
2. Critical Access Hospitals may not have adequate supplies or medications to hold burn patients until transfer to a Burn Surge Facility. There would likely need to be a regional mobilization of staff, medications, and supplies to impacted facilities.

3. Need to explore the use of Clinics in the region to help manage this type of scenario for the “walking wounded”.
4. May need to consider how to assist school in the management of family and guardians through the use of a Family Assistance Center or Family Information Center.
5. Patient tracking would be challenging. Need additional training on and buy in for EMTrack.
6. We do not have enough transport EMS services in the NWWIHERC region and may need to consider a State strike team for transport of multiple patients to State of Wisconsin Burn Surge Facilities.
7. Maintaining ventilated patients in Critical Access Hospitals would be challenging for up to 72 hours due to lack of Respiratory Therapy staff and ventilators. Consider obtaining ventilators from the State Stockpile to be housed in region.

Appendix A-Improvement Plan (IP)

This IP has been developed specifically for NWWIHERC Region 1 based on the response to the Burn Surge TTX, April 8, 2022

Core Capability	Recommendations	Capability Element ¹	Primary Responsible Organization	Target Completion Date
Operational Communications	Establish one phone number for the NWWIHERC and share broadly to have this number listed in all hospital plans.	Equipment	HERC Board of Directors	June 30, 2022
	Clarify who is responsible for creating an EMResource event—HERC Coordinator or receiving facility.	Planning	HERC Board of Directors	June 30, 2022
	Ensure Burn Surge Facilities in Minnesota contact information is easy to find since they are not on EMResource.	Planning	HERC Coordinator	June 30, 2022
Operational Coordination	Provide ongoing EMResource technical assistance and MCI drills to improve end-user confidence.	Training and Exercise	HERC Coordinator	June 30, 2022
	Provide opportunity for eICS training for hospital representatives.	Training	Statewide HERC Coordinator	June 30, 2022
	Clarify with Regions Burn Unit regarding next steps if they are full...do they activate WI Burn Surge Plan or MN Surge Plan?	Planning	HERC Coordinator	June 30, 2022
Medical Surge: Burn – Adult and Pediatric	Continue to encourage hospitals to take ABLIS Now training.	Training	HERC Coordinator and Hospital Representatives	June 30, 2022
	Offer Family Assistance Center Training to NWWIHERC partners	Training and Exercise	HERC Coordinator and training team	April 30, 2022
	Initiate conversation with State warehouse and Critical Access Hospitals regarding distribution of ventilators.	Planning	HERC Coordinator	June 30, 2022

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.