

Nebraska Plains Healthcare Coalition 2015 Exercise

April 8, 2015

AFTER ACTION REPORT/IMPROVEMENT PLAN

ADMINISTRATIVE HANDLING INSTRUCTIONS

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EXECUTIVE SUMMARY

The Nebraska Plains Healthcare Coalition (NPHCC) conducted its annual exercises in conjunction with the Center for Preparedness Education (CPE) to fulfill a Hospital Preparedness Program (HPP) state requirement for the Nebraska Department of Health and Human Services. The functional exercise was carried out with two scenarios, one an infectious disease outbreak and one a tornado (medical surge).

Objectives of this exercise included testing communications, current memoranda of understanding (MOU), tracking of bed availability and medical surge. Capabilities that were subsequently tested include:

1. Healthcare System Preparedness
3. Emergency Operations Coordination
5. Fatality Management
6. Information Sharing
10. Medical Surge

The CPE developed the exercise with input from the NPHCC coordinator.

Based deliverable requirements, the following objectives were developed for the NPHCC 2015 exercise to test:

- Objective 1: Communications
- Objective 2: MOUs that are in place.
- Objective 3: Tracking of bed availability and medical surge.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Know who our partners are and did great collaboration.
- Good about getting resources for the Ebola outbreak.
- Ability to use long term care facilities and home health as a resource

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in Nebraska Plains Healthcare Coalition's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- Family reunification planning
- Transportation challenges/needs.
- Triage

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name: NPHCC 2015 Exercise

Type of Exercise: Functional

Exercise Date: April 8, 2015

Duration: 3 hours

Location: North Platte, Nebraska

Sponsor: Center for Preparedness Education

Program: Hospital Preparedness Program (HPP)

Mission: Response

Capabilities: Capabilities listed in Executive Summary above

Scenario Type: Tornado and Infectious Disease Outbreak

Participating Organizations

1. West Central District Health Department (WCDHD)
2. Southwest Nebraska Public Health Dept. (SWNPHD)
3. Nebraska Plains Healthcare Coalition (NPHCC)
4. Hi-Line Home Health
5. Community Hospital
6. Perkins County Health Services
7. Chase County Community Hospital
8. Great Plains Health
9. Ogallala Community Hospital
10. Tri Valley Health System
11. Dundy County Emergency Management
12. Region 26 Emergency Management
13. Region 15 Emergency Management
14. Chase County Emergency Management
15. Furnas County Emergency Management
16. Lincoln County Emergency Management
17. Keith County Emergency Management
18. Perkins County Emergency Management
19. Hayes County Emergency Management
20. Dundy County EMS
21. Region II Behavioral Health
22. Red Willow Co. Sheriff Office
23. Dundy Co. Sheriff's Office
24. Perkins Co. Sheriff's Office

Number of Participants

- Players: 40
- Evaluators: 3
- Facilitators: 2

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Healthcare Preparedness Capabilities (January 2012). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Scenario Summary

Two exercises include two interactive exercises that simulate community healthcare surge. Simulated patients are infused into the various represented sectors. This activity helps participants identify gaps in their existing plans, forge new collaborations with other sectors, and return to their institutions with an innovative list of improvements to internal planning & coordination.

Scenario 1: Sudden mass casualty trauma event

This scenario was a tornado event.

Scenario 2: High profile infectious disease event.

This scenario was an Ebola outbreak.

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

- Objective 1: Communications
- Objective 2: MOUs that are in place.
- Objective 3: Medical surge and Evacuation

OBJECTIVE 1: COMMUNICATIONS

Objective Summary: Test at least two types of communications equipment that operate independently from the other.

Capabilities Addressed: 1. Healthcare System Preparedness, 3. Emergency Operations Coordination, 6. Information Sharing

Contents Below

Activity 1.1: Satellite phone call-down to all hospitals

Activity 1.2: Blast fax for mass notification and information sharing

Activity 1.3: Text-down with emergency management

Activity 1.1: Satellite phone call-down to all hospitals

Southwest Nebraska Public Health Department (SWNPHD) conducted a call-down of all seven hospitals within the Nebraska Plains Healthcare Coalition (NPHCC) region. This call was unannounced. Those who answered were asked to report their current bed availability to assist with a medical surge.

Observation 1.1:

Strengths:

- a. SWNPHD has several staff able to successfully use the satellite phone for NPHCC emergency communications.
- b. Hospitals generally have a good response during scheduled call-down drills

Area for Improvement:

- a. Communication plan outdated
- b. Meager response from hospitals
- c. Lack of bed availability information shared because of meager response

References 1.1:

- a. West Central Medical Response System (WCMRS) Attachment 3—Communication Plan
- b. Healthcare Preparedness Capabilities, Capability 6—Information Sharing

Analysis 1.1:

This satellite phone call-down was conducted with partial notification—each NPHCC steering committee member was notified that we would be conducting a call-down that day but the actual time was not known or revealed. Many of the phone operators that conduct the scheduled monthly call-down were not the ones who received the call for this exercise. Of the 7 hospitals contacted via satellite phone, only 2 answered. Furthermore, only 1 hospital gave the requested information.

There may be several reasons for the poor response to this call-down drill. One hospital's phone was down because of repairs. The location of the phone may be in an area that is not readily heard by normal daily activities. There may be a lack of personnel trained in how to operate the phones, thus when the primary phone operator is unavailable within the facility, there is a lack of redundant personnel trained or willing to operate the phone.

To test the bed availability within our region, the facilitator asked, or was going to ask, each hospital to report on their bed availability to respond to the medical surge scenario of the exercise. Because of the lack of response, this information was unavailable.

The NPHCC Communication Plan has not been updated since 2013 (still part of the WCMRS outdated plan).

Recommendations 1.1:

- a. NPHCC coordinator will update Communication Plan
- b. NPHCC steering committee will discuss how they conduct satellite phone call-down drills—scheduled vs. unannounced, more inclusion in drills
- c. Bed tracking and information sharing plans need to be developed and/or updated

Activity 1.2: Blast fax for mass notification and information sharing

SWNPHD has emergency response organizations—emergency management and hospital incident command—entered into groups on their fax machine which is capable of sending a mass (blast) fax to the entire group at the same time. This is a redundant communication that allows the same message to get to many people in a short amount of time.

SWNPHD sent a blast fax to both groups at approximately 1545 on the day of the exercise. The fax identified the purpose of the communication as an exercise. The fax sent to emergency management asked that they acknowledge the receipt of the fax by signing, dating, and returning the form via fax. Acknowledgement was received from 3 of the 7 emergency managers.

The fax sent to hospital incident command asked that they acknowledge the receipt of the fax by signing, dating, providing their available bed count and returning the form via fax. Acknowledgement was received from 3 of the 7 hospitals, all with the requested information.

Observation 1.2:

Strengths:

- a. Many agencies called prior to call-down to update fax numbers
- b. Those hospitals who answered provided the requested information; better response and data gathering than from the satellite phone exercise
- c. SWNPHD does a good job updating and maintaining knowledge of this communication equipment

Area for Improvement:

- a. Less than 100% acknowledgement from both emergency management and hospitals

References 1.2:

- a. West Central Medical Response System (WCMRS) Attachment 3—Communication Plan
- b. Healthcare Preparedness Capabilities, Capability 6—Information Sharing

Analysis 1.2:

This blast fax was conducted with partial notification—each NPHCC steering committee member and emergency manager was notified that we would be conducting a call-down the day of the exercise but the actual time was not known or revealed. Updated fax information was asked to be provided prior to the exercise and many were received.

One challenge to this type of communication exercise was that many of the faxes used within an agency's incident command is not a fax that is close to normal daily operations, thus not seen in a timely manner. SWNPHD was having trouble with their phone lines which slowed the initial outgoing fax.

Recommendations 1.2:

- a. NPHCC will follow-up with those agencies that did not respond to the fax to determine if any issues can be corrected
- b. NPHCC will get contact information from emergency managers in the West Central District

Activity 1.3: Text-down with emergency management

NPHCC coordinator conducted a text-down drill with emergency management (EM) to test texting capabilities as another form of redundant communications. Prior to the exercise, the coordinator informed all EMs about the exercise and asked them to participate in the text-down. The time of the exercise was not known or revealed to participants prior to the exercise. NPHCC Coordinator does not have contact information for some EMs in the West Central District.

On the day of the exercise at 1405 the NPHCC coordinator sent a mass text to 8 emergency managers and received 8 responses by 1541 the same day.

Observation 1.3:

Strengths:

- a. 100% acknowledgement of communication
-

Area for Improvement:

- a. NPHCC coordinator does not have all contact information for all emergency managers in the region.

References 1.3:

- a. West Central Medical Response System (WCMRS) Attachment 3—Communication Plan
- b. Healthcare Preparedness Capabilities, Capability 6—Information Sharing

Analysis 1.3:

Texting seems to be an effective means of communication. In an actual emergency, the challenge may be that this form of communication ties up the coordinator's phone that makes it nonfunctional or develops miscommunications because of the sheer number of texts coming in.

Recommendations 1.3:

- a. NPHCC contact information for all emergency managers in region

OBJECTIVE 2: MEMORANDA OF UNDERSTANDING

Objective Summary: Test existing memoranda of understanding (MOU)

Capabilities Addressed: 1.) Healthcare System Preparedness, 3.) Emergency Operations Coordination, 5.) Fatality Management, 6.) Information Sharing, 10.) Medical Surge

Contents Below

Activity 2.1: Sharing resources and patient transfers among hospitals

Activity 2.2: Fatality management cache MOU

Activity 2.1: MOU: Sharing resources and patient transfers among hospitals

Observation 2.1:

Strengths:

- a. NPHCC members have knowledge of MOU

Area for Improvement:

- a. Outdated MOU

References 2.1:

- a. MOU Among the Hospitals of the West Central Medical Response System

Analysis 2.1:

These MOUs were last signed in 2009 and have not been reviewed since that time.

Recommendations 2.1:

- a. Review and update hospital MOUs including CEO signature
-

Activity 2.2: MOU: Fatality management cache**Observation 2.2:**

Strengths:

- a. Adams and Swanson Funeral Home is very active and helpful with stockpiling fatality management supplies

Area for Improvement:

- a. NPHCC coordinator does not know facility and/or staff of Adams and Swanson

References 2.2:

- a. NPHCC Emergency Support Plan – Chapter 10
- b. Healthcare Preparedness Capabilities, Capability 5—Fatality Management

Analysis 2.2:

Prior to the exercise, Adams and Swanson signed and updated the mortuary cache MOU.

Recommendations 2.2:

- a. NPHCC coordinator will visit facility and make contact with staff.
- b. NPHCC will update contact information to include an after-hours phone number.

OBJECTIVE 3: MEDICAL SURGE & EVACUATION

Objective Summary: Test medical surge & evacuation capabilities

Capabilities Addressed: 1.) Healthcare System Preparedness, 3.) Emergency Operations Coordination, 5.) Fatality Management, 6.) Information Sharing, 10.) Medical Surge

Contents Below

Activity 3.1: Test medical surge planning

Activity 3.2: Evacuation

Activity 3.1: Test medical surge planning**Observation 3.1:**

Strengths:

- a. Triage knowledge/prioritization
- b. Identified additional resources available

Area for Improvement:

- a. Continue to identify resources
- b. Home Health a great resource but not involved in planning
- c. Continued planning with Ebola response

References 3.1:

- a. Healthcare Preparedness Capabilities, Capability 10
-

b. HPP Measure Manual

Analysis 3.1: The Ebola planning is incomplete, mainly because we are waiting on the state to develop their plans which will provide us more guidance at a local level. Another reason is because of the unlikely nature of the disease starting and spreading in rural Nebraska. We would have more luck to plan for a high consequence disease that specifically Ebola.

Recommendations 3.1:

- a. Invite Home Health to NPHCC and/or planning meetings
- b. Continue developing plans for high consequence disease outbreaks

Activity 3.2: Evacuation**Observation 3.2:**

Strengths:

- a. Good communication between hospitals
- b. Know MOUs
- c. Current preparedness is strong

Area for Improvement:

- a. Transportation
- b. LTCF are not part of the planning/MOU for off-loading

References 3.2:

Analysis 3.2: Transportation was the only major issue identified during both exercises. This was discussed at a subsequent planning meeting and added to our list of resource gaps; however, there are no easy solutions.

Recommendations 3.2:

- a. We will continue to work on transportation solutions

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Nebraska Plains Healthcare Coalition as a result of the NPHCC 2015 Exercise conducted on April 8, 2015. These recommendations draw on both the After Action Report and the After Action Conference.

Table A.1: Improvement Plan Matrix

Capability	Recommendation	Corrective Action Description	Capability Element	Responsible Person	Start Date	Completion Date
Objective 1: Communications	1.1 Update Communication Plan	1.1.1 Update Chapter 2 of ESP	Planning			
		1.1.2 Develop and/or update information sharing plans	Planning			
	1.2. Satellite phone drills and blast fax	1.2.1. Discuss having unannounced drills	Training			
		1.2.2. Update fax numbers of those who did not respond	Planning			
Objective 2: MOUs	2.1. Update resource sharing/pt transfer MOU	2.1.1. Include CEO and possibly LTCF	Planning			
Objective 3: Medical Surge and Evacuation	3.1. Include LTCFs in evacuation planning and MOU	3.1.1. LTCF need to be ready and willing to accept pts offloaded from hospitals in an evacuation or mass casualty incident	Planning			