



SE MINNESOTA  
DISASTER HEALTH  
COALITION

*Enhancing Regional Preparedness, Response and Recovery*

# EarthEx 2018 Tabletop/Functional Exercise

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## After-Action Report/Improvement Plan

**Exercise Date:** August 22, 2018

**Report Date:** October 8, 2018

## EXERCISE OVERVIEW

<b>Exercise Name</b>	<b>EarthEx 2018 Tabletop/Functional Exercise</b>
<b>Exercise Dates</b>	<b>August 22, 2018</b>
<b>Scope</b>	The scope of play for the exercise involved operations-based activities. Focus involved the coordination of healthcare coalition response throughout Southeast, MN and collaboration to deal with an extended duration large scale power outage.
<b>Mission Area(s)</b>	Response
<b>Capabilities</b>	<ul style="list-style-type: none"><li>• Community Resilience</li><li>• Incident Management</li><li>• Infrastructure Systems</li><li>• Operational Communications</li><li>• Operational Coordination</li><li>• Planning</li></ul>
<b>Objectives</b>	<ol style="list-style-type: none"><li>1. Improve community resilience to long-duration power outages and Black Sky events through cross-sector planning, training and exercises.</li><li>2. Provide an opportunity to test and refine policies and procedures for responding to a long duration power outage.</li><li>3. Provide an opportunity to facilitate Critical Life Line Cross Sector discussions.</li><li>4. Provide a widely distributed, interactive, multi-language international exercise using new DHS exercise tools.</li></ol>
<b>Threat or Hazard</b>	Loss of power (Extended Duration)
<b>Scenario</b>	The scenario was delivered though the EIS Council via the EarthEx Emergency All-sector Response Transnational Hazard Exercise.
<b>Sponsor</b>	Mayo Clinic and Southeast MN Disaster Health Coalition
<b>Participating Organizations</b>	Multi-disciplinary. Refer to Appendix B.

**Point of Contact**

Jay M. Johnson  
Emergency Management & Business Continuity Coordinator  
507.255.0183

[Johnson.Jay3@Mayo.edu](mailto:Johnson.Jay3@Mayo.edu)

**Mayo Clinic** | 200 First St. SW | Rochester, MN 55905

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# EXERCISE OVERVIEW

## Requirements

The current Department of Homeland Security (DHS) and Department of Health and Human Services – Office of the Assistant Secretary for Preparedness and Response (ASPR) grants require organizations and communities to conduct exercises to improve disaster response operations capabilities. Additionally, the Joint Commission requires hospitals and ambulatory care facilities to conduct exercises periodically. SEMN Disaster Health Coalition [partners](#), who include emergency management agencies, emergency medical services agencies, hospitals, long term care facilities, public health agencies, specialty services, and VOAD (Volunteer Organizations Active in Disasters), recognize the need to understand expectations, roles, and responsibilities of work areas during an incident involving mass evacuation of citizens.

## Purpose

The purposes for the Communications Functional exercise included:

- provide an opportunity for disaster response partners to participate in facilitated discussions of their roles, responsibilities, and anticipated activities in response to scenario events that require evacuation of clients/residents/patients from healthcare facilities,
- help the participants better understand roles and responsibilities related to evacuation and reception activities, and
- provide participants an opportunity to improve awareness and to evaluate current communication and coordination concepts, plans, and capabilities for evacuation and reception during an incident involving evacuation of patients and long term care facility residents.

## Scope

The scope of play for the exercise involved discussion-based and operations based activities. The format of the exercise involved inter-disciplinary and inter-jurisdictional communication and decision making. The exercise was facilitated; scenario information was provided progressively as the event unfolded. Players had an opportunity to both respond to defined questions and discuss topics freely within an established time frame.

The primary focus of discussions involved healthcare facility communications/information sharing, in response to a hypothetical weather event impacting the entire region and catastrophically

impacting a single facility. This scenario was selected to provide context for healthcare facility patient movement, staff support and supply sustainment discussion. This incident established a purpose for communicating numerous healthcare facility potential concerns and did not focus heavily on broader community response activities, but on the activities associated with healthcare facility coordination and collaboration.

## ANALYSIS OF CORE CAPABILITIES

Overall, participants found the exercise to be of value especially in terms of information sharing, exploring assumptions and gap identification. Participants recognized the value of having H-MACC processes in place to inform their response; as well, participants recognized the challenges of collaborating using virtual means.

Aligning exercise the objectives and 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 capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	P	S	M	U
Improve community resilience to long-duration power outages and Black Sky events through cross-sector planning, training and exercises.	Community Resilience				
Provide an opportunity to test and refine policies and procedures for responding to a long duration power outage.	Community Resilience				
Provide an opportunity to facilitate Critical Life Line Cross Sector discussions.	Community Resilience				
Provide a widely distributed, interactive, multi-language international exercise using new DHS exercise tools.	Community Resilience				
<b>Ratings:</b> <b>Performed without Challenges (P); Performed with Some Challenges (S); Performed with Major Challenges (M); Unable to be Performed (U)</b>					

Table 1. Summary of Capability Performance

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

### **Objective 1- Improve community resilience to long-duration power outages and Black Sky events through cross-sector planning, training and exercises.**

The reason for this objective is to improve understanding of current processes in place, and potential gaps, for sharing critical information related to the incident across communities and organizations.

#### **Strengths**

Success in meeting the objective can be attributed to the following strengths:

**Strength 1.1:** The Southeast Minnesota Disaster Health Coalition has well-defined processes for facilitating collaboration and coordination.

**Strength 1.2:** The Southeast Minnesota Disaster Health Coalition has provides planning tools and templates to assist members with the development of internal processes.

## Areas for Improvement

The following areas present opportunities for improvement to maintain the full capability level:

### Area for Improvement 1.1:

Critical information sharing processes among impacted organizations and receiving and the community depends heavily on the power to accomplish primary communication processes.

### Reference:

SEMN Healthcare Multi-Agency Coordination Center (H-MACC) Guidelines

**Analysis:** The majority of processes used for information sharing both internal and external to organizations is power dependent.

## Recommendation

Area for Improvement	Recommendation/ Corrective Action
1.1.1.	Explore alternative means for communication that do not depend on external power in future exercises. (e.g. Amateur Radio)

## **Objective 2** Provide an opportunity to test and refine policies and procedures for responding to a long duration power outage

The reason for this objective is to improve understanding of current processes in place, and potential gaps, for internal and community response to a widespread, long duration power outage.

## Strengths

Success in accomplishing the objective can be attributed to the following strengths:

**Strength 2.1:** Members of the SEMN DHC have worked together in prior exercises and events which established trusted relationships and provided a considerable amount of comfort and confidence.

## Areas for Improvement

The following areas present opportunities for improvement to maintain the full capability level:

### Area for Improvement 2.1:

Many policies and procedures do not consider the need to operate for extended periods of time without power

### Analysis:

Health care operations have an increasing dependency on power. Processes that are used to provide care with limited staffing are especially dependent on technology and information sharing and therefore power.

## Recommendation

Area for Improvement	Recommendation/ Corrective Action
2.1.1.	Include consequences shared by loss of power and other business interruptions such as limited staffing in future exercises.

## CONCLUSION

“Exercises are conducted to evaluate an organization’s [community’s/region’s] capability to execute its mission responsibilities on one or more portions of its emergency response plan or contingency plan... Many successful responses to emergencies have demonstrated that exercising pays huge dividends when an emergency occurs. Indeed, communities across the nation have had similar experiences that show the value of previous exercise training. Studies have also identified that remediation of identified deficiencies from exercise training improves patient care in major and minor incidents by making the planning process more efficient.”

While some exercise objectives (e.g., Mass Care) were not explored, exercise planners and participants deemed the exercise successful. Participants gained awareness of each other’s processes, capabilities, limitations and assumptions. Both strengths and areas for improvement were identified. These strengths and areas for improvement can be a foundation for future performance improvement. The goal of this exercise process will not be met until organization’s take action to improve capabilities based on lessons learned from the exercise.

## APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the SEMN Disaster Coalition, and its partners, as a result of regional Table-Top/Functional exercise.

Capability Elements: Planning, Organization, Equipment, Training, Exercise

Capability	#	Recommendation/ Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Priority	Due Date
<b>Healthcare System Preparedness</b>	1.1.1.	Explore alternative means for communication that do not depend on external power in future exercises.	Planning	SEMN DHC	Jay Johnson	1	12/31/18
<b>Information Sharing/Communications</b>	2.1.1.	Include consequences shared by loss of power and other business interruptions such as limited staffing in future exercises	Planning	SEMN DHC	Jay Johnson	1	12/31/18

## APPENDIX B: EXERCISE PARTICIPANTS

EarthEx Participants		
eHICS-Mayo Incident Command		
Mayo Clinic Destination Practices	Regional and Sub-Regional	MCHS Individual Sites
Mayo Clinic Arizona-K-Perry	Northwest WI-Dave Salter	Mankato-IC
Mayo Clinic Florida-J. Cipriani	Southwest MN-Jackie Niss	Red Cedar-IC
Mayo Clinic Rochester-A. Dalbello	Southwest WI-M. Mooney	Albert Lea-IC
	Southeast MN –P. Dahl	Fairmont-IC
	I-90 corridor-B. Niebuhr	Mondovi-IC
	River Corridor-N. Schmidt	New Prague-IC
		Austin-IC
		LaCrosse-IC
		Springfield-IC
		Lake City-IC
		Waseca-IC
SEM N DHC Compact		
Mayo Rochester-A. Dalbello	Olmsted Medical Center-T. Graham	
MCHS Red Wing-G. Mattson	Winona Health-B. Poulin	
MCHS Albert Lea-P. Dahl	District One Hospital –J. Klecker	
MCHS Austin- P. Dahl	Owatonna Hospital-J. Klecker	
MCHS Cannon Falls- N. Schmidt		
MCHS Lake City-N. Schmidt		
Regional Health Care Coalitions		
SCMN-L. Gingrich, E. Weller	CMN-D. Sheldrew	
SWMN-A. Jensen, J. Maatz	Metro-S. Jones	
NEMN-A. Shadiow, J. Thompson	SEM N-K. Mortenson	
WCMN-S. Stoen	NWMN-A. Card	
SEM N Long Term Care		
Edenbrook of Rochester	Mower County PH	
Stanley Jones & Associates/VOA of Rochester	Charter House	
Rochester Rehab & Living Center	Hiawatha Homes	
Kenyon Senior Living	Madonna Towers	
Green Lea Senior Living	Mayo Clinic Hospice	
Seasons Hospice	St. Mark’s Living - Austin	
Pine Haven Community	Tealwood Senior Living	
REM River Bluffs, Inc.		

## APPENDIX C: ACRONYMS

Acronym	Term
<b>ACS</b>	Alternate Care Site
<b>ARC</b>	American Red Cross
<b>ARMER</b>	Allied Radio Matrix for Emergency Response
<b>ATC</b>	Admissions & Transfer Center (Mayo Clinic)
<b>DHS</b>	U.S. Department of Homeland Security
<b>DOC</b>	Department Operations Center
<b>EAS</b>	Emergency Alerting System
<b>ECC</b>	Emergency Communications Center (Mayo Clinic)
<b>EMS</b>	Emergency Medical Services
<b>EMSRB</b>	Emergency Medical Services Regulatory Board
<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>H-MACC</b>	Healthcare Multi-Agency Coordination Center
<b>HSEEP</b>	Homeland Security Exercise and Evaluation Program
<b>HSEM</b>	Homeland Security and Emergency Management
<b>ICS</b>	Incident Command System
<b>JIC</b>	Joint Information Center
<b>JIS</b>	Joint Information System
<b>LPH</b>	Local Public Health
<b>LTC</b>	Long Term Care
<b>MAA</b>	Mutual Aid Agreement
<b>MACC</b>	Multi-Agency Coordination Center
<b>MCHS</b>	Mayo Clinic Health System
<b>MDH</b>	Minnesota Department of Health
<b>MN</b>	Minnesota
<b>MOU</b>	Memorandum of Understanding
<b>MRC</b>	Medical Reserve Corps
<b>MTAT</b>	Mayo Transport Awareness Tool
<b>PANS</b>	Public Alerting & Notification System
<b>PIO</b>	Public Information Officer
<b>POC</b>	Point of Contact
<b>PSAP</b>	Public Safety Answering Point (911)
<b>SEMN</b>	Southeast Minnesota
<b>SEOC</b>	State Emergency Operations Center
<b>SIP</b>	Shelter In Place
<b>SME</b>	Subject Matter Expert