



SE MINNESOTA  
DISASTER HEALTH  
COALITION

*Enhancing Regional Preparedness, Response and Recovery*

# Negative Utility 2018 Table Top Exercise

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## After-Action Report/Improvement Plan

**Exercise Date:** June 12, 2018

**Report Date:** July 23, 2018

# EXERCISE SUMMARY

<b>Exercise Name</b>	<b>Negative Utility TTX 2018</b>
<b>Exercise Dates</b>	<b>June 12, 2018</b>
<b>Scope</b>	The scope of play for the exercise involved operations-based activities. Focus involved the coordination of a healthcare facility response to a widespread Power outage in Southeast, MN.
<b>Mission Area(s)</b>	Response
<b>Capabilities</b>	Information Sharing/Communication Emergency Operations Coordination
<b>Objectives</b>	<b>Communication/Information Sharing.</b> <ol style="list-style-type: none"><li>1. Identify processes to provide critical information to a multi-disciplinary group of organizations.</li><li>2. Identify processes for stakeholders to maintain situational awareness throughout response operations.</li></ol>
<b>Threat or Hazard</b>	Power Outage (Extended duration and unknown restoration time)
<b>Scenario</b>	Participants were presented with the scenario where utility provided power across Southeast Minnesota is unavailable. The scope of the outage includes all facilities in the region and the involved utilities have no information concerning an estimate for power restoration or the cause of the outage.
<b>Sponsor</b>	Mayo Clinic and Southeast MN Disaster Health Coalition
<b>Participating Organizations</b>	Multi-disciplinary. Refer to Appendix B.
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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 Negative Utility Table Top exercise included:

- provide an opportunity for disaster response partners to participate in facilitated discussions of their roles, responsibilities, and anticipated activities in response to a widespread power outage,
- help the participants better understand roles and responsibilities related to initial actions that would be taking place in each facility, and
- provide participants an opportunity to improve awareness and to evaluate current response, communication, and coordination concepts, plans, and capabilities for collaboration and cooperation during an incident involving loss of power across the disciplines in the region.

## 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 internal response, staff support and supply sustainment discussion. This incident established a purpose for initiating on site activities and communicating numerous healthcare facility potential concerns.

## 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 defined internal processes in place to inform their response; as well, participants recognized the challenges of collaborating when normal means would be stressed or not available.

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
Identify the information to make your facility plan valuable and use that knowledge to review and update your current plans	Communication; Information Sharing	X			
Identify the first three actions your staff members need to be able to accomplish when you lose power.	Communication; Information Sharing		X		
Identify who your facility needs to be communicating with when you lose power			X		
<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.

### Communication/Information Sharing

**Objective 1.** Identify the information to make your facility plan valuable and use that knowledge to review and update your current plans

#### Strengths

The full capability level can be attributed to the following strengths:

**Strength 1.1:** Facilities work to maintain plans that are specific to the hazards they face and are informed by regional risk assessments.

#### Areas for Improvement

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

**Area for Improvement 1.1:** Knowledge of individual facility needs, and operational capabilities is often limited to a small number of persons in the facility.

**Analysis:** Often, only a few persons have an in-depth understanding the needs and capabilities of a facility. Limited staffing and high turn-over rates mean very few staff members may be prepared to take action and activate facility plans.

## Recommendations

Area for Improvement	Recommendation/ Corrective Action
1.1.1.	Explore the available options to define roles and responsibilities for staff members who would be the go-to person in the facility when an incident takes place.
1.1.2.	Explore opportunities to align internal response actions with a standard (FEMA ICS or HICS) incident command system.

**Objective 2.** Identify the first three actions your staff members need to be able to accomplish when you lose power.

### Strengths

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

**Strength 2.1:** Facility leaders are engaged with their staff and clients, leading to strong relationships and commitment to doing the right thing.

### Areas for Improvement

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

**Area for Improvement 2.1:** The critical first steps (actions) that staff members need to take are not always documented.

**Analysis:** In-depth, specific processes are not always available to staff members who would need to take immediate and short term action. The concentration on life-safety is absolutely appropriate, but the next steps are not necessarily as well defined.

## Recommendations

Area for Improvement	Recommendation/ Corrective Action
2.1.1.	Explore ways to define roles and responsibilities for staff members who would be the go-to person in the facility when an incident takes place.

**Objective 3.** Identify who your facility needs to be communicating with when you lose power.

### Strengths

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

**Strength 3.1:** Facility leaders are engaged with their staff and clients, leading to strong relationships and commitment to doing the right thing.

## Areas for Improvement

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

**Area for Improvement 3.1:** Critical information sharing and notification processes that are necessary for individual facilities to respond effectively are not always well documented.

### Recommendations

Area for Improvement	Recommendation/ Corrective Action
3.1.1.	Explore the best process for documenting processes and procedures for notification within the facility, to leadership, and to outside response partners.

## 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.”

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 Communications Functional exercise.

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

Capability	#	Recommendation/ Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Priority	Due Date
Information Sharing/Communications	1.1.1.	Explore the available options define roles and responsibilities for staff members who would be the go-to person in the facility when an incident takes place.	Planning	SEMN DHC and Individual Participants	SEMN DHC -Jay Johnson/Katie Mortenson/Deb Teske	1	12/31/18
Information Sharing/Communications	1.1.2.	Explore opportunities to align internal response actions with a standard (FEMA ICS or HICS) incident command system.	Planning	SEMN DHC and Individual Participants	SEMN DHC -Jay Johnson/Katie Mortenson/Deb Teske	1	12/31/18
Information Sharing/Communications	2.1.1.	Explore ways to define roles and responsibilities for staff members who would be the go-to person in the facility when an incident takes place.	Planning	SEMN DHC and Individual Participants	SEMN DHC -Jay Johnson/Katie Mortenson/Deb Teske	1	12/31/18
Information Sharing/Communications	3.1.1.	Explore the best process for documenting processes and procedures for notification within the facility, to leadership, and to outside response partners.	Planning	SEMN DHC and Individual Participants	SEMN DHC -Jay Johnson/Katie Mortenson/Deb Teske	1	12/31/18

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
<b>Hospitals</b>
Mayo Clinic
MCHS-Austin
MCHS-Cannon Falls
MCHS-Red Wing
Saint Elizabeth Medical Center
Olmsted Medical Center
Winona Health Services
Owatonna Hospital-Allina Health
District One Hospital-Allina Health
<b>Community Care Providers</b> (Long Term Care, Skilled Nursing Facilities, Home Health, Hospice, and Continuing Care Retirement Facilities)
Charter House
Good Samaritan Society
Ostrander Care and Rehab
Tweeten Lutheran Healthcare Center
Season Hospice
BHS Health
Spring Valley Living
Madonna Living Community
Good Samaritan Home Care
Fairview Care Center
Adams Health Care Center
Prairie Manor Care Center
Field Crest Care Center
Prairie River Home Care
<b>City/County/State/Federal Agencies</b>
City of Rochester
CBHH Rochester
MN HSEM
MDH
Fillmore County Public Health
Freeborn County Public Health
Olmsted County Public Health
Federal Medical Center-Rochester
<b>Non-Governmental Partners</b>
Zumbro Valley Medical Society

## 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