



SE MINNESOTA
DISASTER HEALTH COALITION
Enhancing Regional Preparedness, Response and Recovery

LTC's nICE Day Tabletop Exercise After Action Report

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EXERCISE OVERVIEW

Exercise Name	LTC's nICE Day
Exercise Dates	September 17, 2018
Scope	Long Term Care entities involved with the SEMN DHC Long Term Care Disaster Preparedness Workgroup.
Mission Area(s)	Response
Capabilities	Assessment and Planning Coordination Information Sharing
Objectives	<ol style="list-style-type: none">1. Identify current processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 1.2. Identify contingency processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 2.3. Determine components necessary for a communication framework between various long term care entities at the regional level during Module 3.4. Identify top interagency communication processes and challenges by the end of Module 3.
Threat or Hazard	Ice Storm
Scenario	<p>A low-pressure system migrates into the Midwest, covering a wide area with up to 2" of ice, creating widespread power outages, fallen trees, and impassible roadways, forcing closure of schools, businesses, bridges, and public transportation systems over a three-day period.</p> <p>Phone and cable TV service becomes intermittent on day 2 of the storm. On day 3, cellular service is lost due to prolonged power outages. The icy roads make it impossible for refueling trucks to reach the back-up generators for the cell towers.</p>
Sponsor	Mayo Clinic and Southeast Minnesota Disaster Health Coalition

Participating
Organizations

Long Term Care organizations. Refer to Appendix B.

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EXERCISE DESIGN SUMMARY

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](#), recognize the need to understand expectations, roles, and responsibilities during an incident.

Purpose

The purposes for this exercise included:

- Review internal and external communication processes for Long Term Care entities active within the SEMN DHC LTC Disaster Preparedness Workgroup
- Determine desired essential elements of information (EIs) to be collected in the event of a disaster

Exercise Capabilities

Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. The capabilities listed below were selected by the exercise planning team. These capabilities provided the foundation for development of the exercise objectives and scenario:

- Planning
- Coordination
- Information Sharing

Objectives

Exercise design objectives are focused on assessing response capabilities. The exercise focused on the following design objectives selected by the exercise planning team:

- Identify current processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 1.
- Identify contingency processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 2.
- Determine components necessary for a communication framework between various long term care entities at the regional level during Module 3.
- Identify top interagency communication processes and challenges by the end of Module 3.

Scope

The scope of play for the exercise involved various Long Term Care organizations in the region. The format of the exercise was discussion-based. The primary focus of discussions involved healthcare facility communications /information sharing, in response to an ice storm impacting the entire region and potentially having catastrophic impacts. This scenario was selected to provide context for healthcare facility communication, patient/resident/client care and movement, resource/asset deployment, staff support, safety/security assessment and utility management discussion/actions.

ANALYSIS OF CORE CAPABILITIES

Overall, participants found the exercise to be of value especially in terms of information sharing, exploring assumptions and gap identification. The objectives and capabilities provided 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 current processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 1.	Information Sharing	X			
Identify contingency processes to provide critical information to employees, residents, clients, family, and the public in a timely manner by the end of Module 2.	Information Sharing	X			
Determine components necessary for a communication framework between various long term care entities at the regional level during Module 3.	Coordination and Planning		X		
Identify top interagency communication processes and challenges by the end of Module 3.	Coordination and Planning	X			
Ratings: Performed without Challenges (P); Performed with Some Challenges (S); Performed with Major Challenges (M); Unable to be Performed (U)					

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.

1. Capability 6: Information Sharing

Capability Description: An effective intelligence/information sharing and dissemination system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

Integration with public health aligns during all phases of disaster planning. This is done in coordination with Emergency Management and ESF #8 planners and is specifically addressed with the coordination of information that will be shared with incident management, responders, community stakeholders, and with public health and medical partners during response and recovery. To integrate this capability, public health and healthcare emergency planners should coordinate what information is shared, who needs it, how it is delivered and when it should be provided. Capability 6 aligns in these areas for both public health and healthcare preparedness.

Strengths

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

- Strength 1:** Participants were willing to brainstorm with each other and come up with solutions to communication challenges.
- Strength 2:** Multiple communication methods were identified and facilities were given new ideas through discussion and collaboration with each other.
- Strength 3:** All participants were engaged and ready to help each other.

Areas for Improvement

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

- 1.1. **Area for Improvement:** Multiple ideas for back-up communication were shared in a short time period. Not all participants were familiar enough with some of these methods to effectively include them in their plans.

Analysis: During the Tabletop exercise, references were made to various forms of back-up communication methods such as HAM Radio and GETS cards. Due to time constraints, sufficient explanation of these resources was not given during the exercise. As a result, several agencies have questions about these resources.

Recommendations:

- 1.1.1. Set aside time at a future Disaster Preparedness Workgroup meeting to discuss options for back-up communication including HAM Radio and GETS cards.

2. Capability: Planning

Capability Description: Planning is the mechanism through which we develop, validate, and maintain plans, policies, and procedures describing how we will prioritize, coordinate, manage,

and support personnel, information, equipment, and resources to prevent, protect, mitigate against, respond to, and recover from emergencies/disasters. This capability involves strategic planning, Emergency Operations Plan development and maintenance, Emergency Response Plan development and maintenance, and assessing and validating plans through plan review and disaster exercises.

Strengths

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

Strength 1: Participants were engaged and willing to brainstorm possibilities for regional communication and coordination.

Strength 2: There were strong leaders in the room from a variety of different backgrounds and perspectives.

Strength 3: Participants were willing to work together with potential competitors and different agency types to create a platform that works for everyone.

2.1. **Area for Improvement:** Currently, there are no plans or procedures for long term care agencies across the region to communicate with each other during an emergency.

Analysis: As part of the SEMN Disaster Health Coalition, members are willing to help each other during emergencies and disasters. Currently there is no established platform or process for facilities that need assistance to convey their needs to the other LTC agencies in the region or for unaffected agencies to offer their support.

During the exercise, many agencies brought up the necessity of having a “one stop shop” during incidents. Facilities often won’t have the time and resources to call multiple agencies when they are in crisis. Instead, their preference would be to make one phone call to start the process of getting the necessary resources.

Recommendations:

2.1.1. Develop a regional communication framework for long term care agencies in Southeast Minnesota.

2.2. **Area for Improvement:** There is no central repository with up-to-date contact information for all long term care partners in the Southeast region.

Analysis: In order to bring agencies together to identify needs and available resources, it is first necessary to be able to contact those agencies. Currently, there is no repository or database that contains contact information for our long term care partners. There is also no system in place to gather this information. Contact information availability for Coalition members as a whole varies substantially from subgroup to subgroup.

Recommendations:

2.2.1. Research member directory options for the SEMN DHC.

2.2.2. Determine appropriate facility information to gather from long term care partners.

2.2.3. Gather facility information from long term care partners.

CONCLUSION

“Exercises are conducted to evaluate an organization’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”.¹

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 exercise.

Capability	#	Recommendation/ Corrective Action	Primary Responsible Organization	Organization POC	Priority	Due Date
Information Sharing/Communications	1.1.1.	Set aside time at a future Disaster Preparedness Workgroup meeting to discuss options for back-up communication including HAM Radio and GETS cards.	SEMN DHC LTC Disaster Preparedness Workgroup	Katie Mortenson	1	12/31/18
Planning	2.1.1	Develop a regional communication framework for long term care agencies in Southeast Minnesota.	SEMN DHC LTC Disaster Preparedness Workgroup	Katie Mortenson	3	6/30/19
Planning	2.2.1	Research member directory options for the SEMN DHC.	SEMN DHC Advisory Committee	Katie Mortenson	2	03/31/19
Planning	2.2.2	Determine appropriate facility information to gather from long term care partners.	SEMN DHC LTC Disaster Preparedness Workgroup	Katie Mortenson	1	12/31/18

Capability	#	Recommendation/ Corrective Action	Primary Responsible Organization	Organization POC	Priority	Due Date
Planning	2.2.3	Gather facility information from long term care partners.	SEMN DHC LTC Disaster Preparedness Workgroup	Katie Mortenson	3	03/31/19

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Accra Care
Accra Care Home Health
Care and Rehab Ostrander
Edenbrook of Rochester
Good Samaritan Society of Albert Lea
Heartland Hospice
Hiawatha Homes
Kenyon Senior Living
La Crescent Health Services
Lake Winona Manor
Laura Baker Services
Madonna Living Community
Madonna Towers
Mayo Clinic Hospice
Rochester Rehab
Sacred Heart Care Center
Saint Anne of Winona
Samaritan Bethany
Seasons Hospice
Spring Valley Living
Three Links Care Center

APPENDIX C: ACRONYMS

Acronym	Term
ACS	Alternate Care Site
ARC	American Red Cross
ARMER	Allied Radio Matrix for Emergency Response
ATC	Admissions & Transfer Center (Mayo Clinic)
DHC	Disaster Health Coalition
DHS	U.S. Department of Homeland Security
DPW	Disaster Preparedness Workgroup
EAS	Emergency Alerting System
ECC	Emergency Communications Center (Mayo Clinic)
EMS	Emergency Medical Services
EMSRB	Emergency Medical Services Regulatory Board
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
H-MACC	Healthcare Multi-Agency Coordination Center
HSEEP	Homeland Security Exercise and Evaluation Program
HSEM	Homeland Security and Emergency Management
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
LPH	Local Public Health
LTC	Long Term Care
MAA	Mutual Aid Agreement
MACC	Multi-Agency Coordination Center
MCHS	Mayo Clinic Health System

Acronym	Term
MDH	Minnesota Department of Health
MN	Minnesota
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MTAT	Mayo Transport Awareness Tool
PANS	Public Alerting & Notification System
PIO	Public Information Officer
POC	Point of Contact
PSAP	Public Safety Answering Point (911)
SEMN	Southeast Minnesota
SEOC	State Emergency Operations Center
SIP	Shelter In Place
SME	Subject Matter Expert