

# SE Minnesota Healthcare Coalition

## SECOMEX COMMUNICATIONS EXERCISE (2019)

---

After-Action Report/Improvement Plan

Exercise Date: June 19, 2019

Report Date: June 28, 2019

*Holly Hammann Jacobs*  
*June 28, 2019*

## EXERCISE OVERVIEW

<b>Exercise Name</b>	SECOMEX19 (SE Ambulance Task Force Exercise 2016)
<b>Exercise Date</b>	June 19, 2019
<b>Scope</b>	This exercise is a drill exercise, planned for June 19, 2019 for EMS communications in Southeast Minnesota.
<b>Mission Area(s)</b>	Communications
<b>Capabilities</b>	Emergency Operations Coordination
<b>Objectives</b>	<ol style="list-style-type: none"><li>1. <b>Communications:</b><ol style="list-style-type: none"><li>a. Assess the ability to establish and maintain a multi-disciplinary and multi-jurisdictional communications network during a response.</li><li>b. Demonstrate the ability to communicate across different communications systems</li><li>c. Demonstrate the ability to communicate with multiple agencies</li></ol></li><li>2. <b>Health System Preparedness</b><ol style="list-style-type: none"><li>a. Test the Task Force preparedness by demonstrating the ability to assist in disaster response.</li></ol></li><li>3. <b>Emergency Operations Center (EOC) Management.</b><ol style="list-style-type: none"><li>a. Exercise the effectiveness of local, regional, and state partners to activate and engage in communications with SE Regional Health MACC.</li><li>b. Test communications and information sharing with in the SE Regional Health MACC</li><li>c. Identify how to request regional EMS resources and activate Task Force.</li></ol></li><li>4. <b>Volunteer and Donations Management.</b><ol style="list-style-type: none"><li>a. Exercise the capacity of pre-hospital partners to</li></ol></li></ol>

	implement verification of volunteer plans in response Mass Casualty Incident.
<b>Threat or Hazard</b>	Weather incident
<b>Scenario</b>	This was a weather related incident resulting in a Mass Casualty Incident.
<b>Sponsor</b>	Sponsored by Southeast EMS.
<b>Participating Organizations</b>	EMS Agencies – 32 Southeast EMS Task Force Mayo Clinic Emergency Communications Center EMSRB SE MN EMS
<b>Point of Contact</b>	Holly Jacobs (EMS) <a href="mailto:Holly.Jacobs@state.mn.us">Holly.Jacobs@state.mn.us</a> ; 651.201.2810  Donovan Hauge <a href="mailto:Hauge.donovan@mayo.edu">Hauge.donovan@mayo.edu</a> ; 507.536.9333

## ANALYSIS OF CORE CAPABILITIES

Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Capability	Objective	P	S	M	U
Communications	Assess the ability to establish and maintain a multi-disciplinary and multi-jurisdictional communications network during a response.	X			
Communications	Demonstrate the ability to communicate across different communications systems		X		
Communications	Demonstrate the ability to communicate with multiple agencies	X			
Health System Preparedness	Test the Task Force preparedness by demonstrating the ability to assist in disaster response.		X		
Emergency Operations Center Management (EOC)	Exercise the effectiveness of local, regional, and state partners to activate and engage in communications with SE Regional Health MACC.	X			
Emergency Operations Center Management (EOC)	Test communications and information sharing with in the SE Regional Health MACC		X		
Emergency Operations Center Management (EOC)	Identify how to request regional EMS resources and activate Task Force.		X		
Volunteer and Donations Management.	Exercise the capacity of pre-hospital partners to implement verification of volunteer plans in response Mass Casualty Incident. Team Leaders and Task Force participating services will provide true to date and time information to the exercise leader.		X		

**Ratings Definitions:**

- **Performed without Challenges (P):** The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Performed with Some Challenges (S):** The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **Performed with Major Challenges (M):** The targets and critical tasks associated with the 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 of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Unable to be Performed (U):** The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

*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

### Communications

- a. Assess the ability to establish and maintain a multi-disciplinary and multi-jurisdictional communications network during a response.
- b. Demonstrate the ability to communicate across different communications systems
- c. Demonstrate the ability to communicate with multiple agencies

### Strengths

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

**Strength 1:** Interoperable communications with Mutual Aid partners, Task Force, and Mayo Emergency Communications

**Strength 2:** Ease of communications and the ability to identify primary and secondary methods of communication.

**Strength 3:** Multiple back-up radios and regional resources available upon request.

### Areas for Improvement

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

**Area for Improvement 1:** MNTrac setup testing

**Reference:** N/A

**Analysis:** It was determined multiple MNTrac users did not receive initial notification because their MNTrac settings were not properly set up. In addition, users were not able to see all other user online to initiate private chats. MDH was contacted and notified of the system challenges.

## Objective 2

### Health System Preparedness

- a. Test the Task Force preparedness by demonstrating the ability to assist in disaster response.

#### Strengths

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

**Strength 1:** EMS Personnel and Team Leaders assigned to the SE EMS Task Force were able to deploy and respond in a timely fashion.

**Strength 2:** The Task Force Trailer was quickly deployed and responded with team members.

## Objective 3

### Emergency Operations Center (EOC) Management

- a. Exercise the effectiveness of local, regional, and state partners to activate and engage in communications with SE Regional Health MACC.
- b. Test communications and information sharing with in the SE Regional Health MACC
- c. Identify how to request regional EMS resources and activate Task Force.

#### Strengths

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

**Strength 1:** Communications with local, regional, and state partners.

**Strength 2:** Familiarity of agencies and communications with in SE Regional MACC

#### Areas for Improvement

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

**Area for Improvement 1:** Continuous monitoring and testing of the SE H-MACC Activation response and Task Force Team deployment

**Reference:** N/A

**Analysis:** Ambulance services have become more familiar with the functions of the Southeast H-MACC and how to request it be opened, as well as how to request the Task Force and Disaster Trailers. The current regional and state partners are clear as to the activation requirements and capabilities. Continuous testing of the system and additional exercises will ensure full capability during the time of disaster.

## Objective 4

### Volunteer and Donations Management

- a. Exercise the capacity of pre-hospital partners to implement verification of volunteer plans in response Mass Casualty Incident. Team Leaders and Task Force participating services will provide true to date and time information to the exercise leader.

#### Strengths

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

**Strength 1:** Ambulance service participants are clearly able to identify their resources and availability 24/7.

#### Areas for Improvement

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

**Area for Improvement 1:** Ambulance services must clearly be aware of staffing needs for a large scale incident and be able to provide information to partners in a timely fashion.

**Reference:** N/A

**Analysis:** Due to 90% of ambulance services in the Southeast region being volunteer services, this continues to be a challenge. During this exercise, it was determined history has proven during an actual incident the capability and involvement of volunteers increase.

## APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the SEMN Healthcare Coalition.

**Capabilities:** Healthcare System Preparedness, Emergency Operations Coordination, Information Sharing/Communications,

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

Capability	Capability Element	Improvement Recommendation/ Corrective Action	Primary Responsible Organization	Organization POC	Due Date
Emergency Operations Center Management (EOC)	Exercise	Continue to exercise H-MACC activation, exercising the requests for Task Force and Disaster Trailer resources, along with mutual aid resources.	SE MN Ambulance services / SE EMS	Don Hauge / Holly Jacobs	On-going
Volunteer/Donations Management	Exercise	Continue to coordinate with local response agencies to exercise in their communities to evaluate capabilities and increase awareness as well as the activation process for the SE MN Task Force	SE MN Task Force/ SE EMS	Don Hauge / Holly Jacobs	On-going



## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
<b>Hospitals</b>	
Mayo Clinic Health Systems - St. Mary's Campus, Rochester Olmsted Medical Center Winona Health	
<b>EMS</b>	<b>8/12/2016 1800-1900 and 8/13/2016 0600-1500</b>
<ul style="list-style-type: none"> <li>• Adams Ambulance</li> <li>• Altura Ambulance</li> <li>• Blooming Prairie Ambulance</li> <li>• Caledonia Ambulance</li> <li>• Cannon Falls EMS</li> <li>• Chatfield Ambulance</li> <li>• Dodge Center Ambulance</li> <li>• Elgin Ambulance</li> <li>• Eyota Ambulance</li> <li>• Freeborn Ambulance</li> <li>• Gold Cross (6)</li> <li>• Grand Meadow</li> <li>• Harmony Ambulance</li> <li>• Hayfield Ambulance</li> <li>• Houston Community Ambulance</li> <li>• Lake City Ambulance</li> <li>• Lanesboro Ambulance</li> <li>• Leroy Ambulance</li> <li>• Lewiston Ambulance</li> <li>• Mabel Ambulance</li> <li>• Northfield Fire Rescue</li> <li>• Northfield Hospital EMS</li> <li>• Preston Emergency Service</li> <li>• Red Wing Fire</li> <li>• Rushford Ambulance</li> <li>• Spring Grove Ambulance</li> <li>• Spring Valley Ambulance</li> <li>• Tri-State Ambulance</li> <li>• Wabasha Ambulance</li> <li>• West Concord Ambulance</li> <li>• Winona Area Ambulance</li> <li>• Zumbrota Ambulance</li> </ul>	
Southeast Minnesota EMS	
<b>County</b>	
None	
<b>State</b>	
Emergency Medical Services Regulatory Board (EMSRB)	
<b>Federal</b>	
None	