

HERC Region 4 Burn Surge TTX AAR

Summary of Findings and Improvement Plan

Western Wisconsin Healthcare



Emergency Readiness Coalition

Incident Date: April 14, 2022

The debriefing allowed an opportunity to solicit stakeholder feedback and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing.

Table 1-Summary of Core Capability Performance

Core Capability Performance	Rating
Operational Communications	S
Operational Coordination	S
Medical Surge (Burn Surge – Adult and Pediatric)	S
Ratings Definitions	
<ul style="list-style-type: none"> • (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s). • (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified. • (M): The targets and critical tasks associated with the core 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; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures. 	

Core Capability: Operational Communications

Description: Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

Analysis and Key Observations: A lot of great cross talk and problem solving by participants. Initially the alerting process was interpreted in different ways, need to flush this out and practice more. The HERC could be utilized as a communications and collaboration platform, many EMS not use to this, hospitals are. The state burn surge plan was referenced and compared to the coalition plan, good discussion by HERC medial advisor how burn centers will assist finding beds if not enough in state. Good examples from past real-world scenarios and compared to what is current.

Strength(s): Very good collaboration between all. Coalition burn surge annex supported the actions well. Very good learning points brought up by various SMEs in EMS and hospitals organizations, will be a basis for expanding this scenario in future TTX’s and other exercise. Participating organizations had the right people attending, will need to have this in future exercise and real-world events.

Recommendation(s): Expand on current burn training opportunities, get more staff at hospitals and EMS involved and complete ABLIS training at a minimum. Ensure that the burn surge annex is refined and updated as new practices are developed my medical SMEs. Must do more training and exercises, incorporate into training plan every year. Other organizations need to be involved and participate, new

patient tracking system not familiar with many and is a great tool to have and used on a daily basis. Need to improve alerting and notification process so all get familiar with how this will be done.

Core Capability: Operational Coordination

Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Analysis and Key Observations: The coalition Medical Advisor provided great insight and an overall expectation of how coordination should be conducted. Participants interacted with each other as to what their expectations were and in-depth discussion followed if corrective processes were warranted. It was determined that early coordination and notification to entire region and higher level of care locations needs to happen early and often. Extensive discussions on who should be the lead in this with a determination that further group discussions need to had and involve other organizations that did not attend the exercise. It can be determined that great adaptability and flexibility is a strength for this region based on the scenario. Most realize that not a single organization can complete this event alone and support from many is needed.

Strength(s): Willingness to work with each other to preserve the health and safety of all patients and those responding to the event. Flexibility when responding to an event such as this; every situation will be different and all are willing to adapt to the needs of the situation. It was noted that in both the state and regional burn annex and plan, contact info for higher levels of care are there and will be updated on an annual basis.

Recommendation(s): A more defined and practiced process for large scale burn situations and how all organizations would respond. Many of the organizations that did not attend will need to be informed and practice by the overall region on how it would respond to this type of situations was noted. A concern was raised if such an event took place during the early morning hours, would on duty staff truly understand what needs to be done and would key individuals be available to respond in a timely manner. It was noted that small events have taken place, but based on the scenario, something this large would be a challenge. PRACTICE, PRACTICE, PRACTICE

Core Capability: Medical Surge – Burn Surge – Adult and Pediatric

Description: Rapidly expand the capacity of the existing healthcare system to provide appropriate medical care for victims, including pediatric patients.

Analysis and Key Observations: The region does not have a “burn center” located within it; it was expressed that all hospitals need to follow up on training for such events. The coalition Medical Advisor noted that early communication and coordination of capabilities needs to happen very quickly. EMS needs to be in early communication with the region’s Level II facility for burn treatment and determination if direct transport to out of region burn centers is appropriate. It was noted that such events would require all levels of hospitals to be able to maintain care for patients that are within their capabilities to do so, rather than pushing to a higher level of care as a practice. It was noted that severe burn patients would not be transported to regional hospitals due to lack of capabilities, thus reducing the burden on burn treatment hospital in the region. Early communication and coordination will be critical to the successful outcomes of patients.

Strength(s): The coalition Medical Advisor was critical in establishing decision making of patient movement to all hospitals in and out of the region. Because the region does not have a “burn center” located within it, rapid decisions were made that lesser burn patients must be cared for at a critical access hospital level to lessen the burden on the higher levels of care hospitals. This in itself is an act of patient distribution, thus reducing the pressure on the main burn treatment facility in the region. Review of the regions and state’s burn plans/annexes determined that they are functional and contact numbers for burn centers are noted in each of the plans. Experience has shown that if a lesser capable hospital needs to transfer to a higher level of care, such as a burn center in the state, that burn center, if full, will assist in finding burn beds outside of the state if necessary. These types of facilities collaborate on regular basis and have the best contact info in an emergency.

Recommendation(s): Ensuring that critical access hospitals are aware they need to be able to manage burn patients that are not severe to alleviate the over crowding of the higher level of care facilities in the region. More training for staff on these capabilities and practice is needed. Hospitals need to do internal table top discussions on such scenarios to be better prepared to handle and coordinate care for multiple burn patients and any follow-on coordination that will need to be made. Review of internal facility staffing, training and capabilities for all organizations is warranted due to turn over of staff and equipment. Additional exercises was noted for this type of scenario, this training event will become a regular item on future training calendars.

Appendix A-Improvement Plan (IP)

This IP has been developed specifically for HERC Region 4 based on the response to the Right Transport / Right Destination; 14 April 2022

Core Capability	Recommendations	Capability Element ¹	Primary Responsible Organization	Target Completion Date
Operational Communications	Utilize EM TRACK for patient tracking	Capability 2	EMS & Hospitals	April 2023
	Improve alert notifications w/ EMS and dispatching	Capability 2	HERC & EMS	April 2023
	Direct communications with transport office during events	Capability 2	HERC & EMS	April 2023
	Incorporate more drills and exercises into regional training plans to reinforce processes	Capability 1	HERC	October 2022
Operational Coordination	Conduct more drills and exercises in regional training exercises to reinforce processes	Capability 1	HERC	April 2023
	Develop a coordination section in regional response plan for large scale burn events	Capability 2 & 4	HERC	June 30, 2022
Medical Surge: Burn – Adult and Pediatric	Work with organizations in region for more ABLIS training	Capability 1	HERC	April 2023
	Conduct more drills and exercises in regional training exercises to reinforce processes	Capability 1	HERC	April 2023

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.