Region 4
Wisconsin Healthcare Emergency Readiness Coalition (WIHERC)
2019 Coalition Surge Test (CST)

After Action Report/Improvement Plan

EXERCISE OVERVIEW

Exercise Name	Region 4 Wisconsin Healthcare Emergency Readiness Coalition (WIHERC) 2019 Coalition Surge Test (CST): Facilitated Discussion (FD) and After-Action Review (AAR)
Exercise Date	The Coalition Surge Test consisted of two conduct sessions: • Functional Exercise: 4/4/2019 • Facilitated Discussion/After-Action Review: 4/22/2019 via conference call
Scope	The Coalition Surge Test (CST) exercises a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition's staffed acute-care bed capacity. Region 4 has an estimated staffed bed capacity of 465, with the 20% CST target evacuation of 93 beds. Additional details about the Exercise format and components are captured in the Exercise Overview.
Mission Area(s)	Response
Core Capabilities	Operational Communications Operational Coordination Public Health, Healthcare, and Emergency Medical Services
HPP Capabilities	Health Care and Medical Response Coordination Continuity of Health Care Service Delivery Medical Surge
Objectives	• Assess the Coalition's ability to (notionally) evacuate and place 20% of staffed acute care beds in the region within 90 minutes • Assess the Coalition's ability to find appropriate transportation resources for all evacuating patients within 90 minutes • Utilize existing information sharing systems (WI Trac) to share situational awareness and obtain key data for decision-making during a regional emergency event

	• Engage Coalition members in a facilitated discussion to review key data points and identify strengths and areas for improvement related to evacuation and medical surge in the region *Refer to Table 1 for linked capabilities*
Threat or Hazard	Hospital Evacuation
Scenario	None, as defined by the Assistant Secretary for Preparedness and Response
Sponsor	Region 4 WIHERC, as required and supported by the Assistant Secretary for Preparedness and Response (ASPR) for the U.S. Department of Health and Human Services.
Participating Organizations	Region 4 Wisconsin Healthcare Emergency Readiness Coalition core membership (Emergency Management, Emergency Medical Services, Hospital, and Public Health), as well as other interested parties.
Point of Contact	Loren W. Klemp, Coalition Coordinator Region 4 Wisconsin Healthcare Emergency Readiness Coalition loren.klemp@gmail.com 608-751-0698

EXECUTIVE SUMMARY

I. Coalition Surge Test Overview

The Region 4 Wisconsin Healthcare Emergency Readiness Coalition (HERC) is located in the far western section of Wisconsin. The mission of the Region 4 HERC is: To coordinate how public health, healthcare institutions, and first responders will manage to enact a uniform and unified response to emergencies. Including, but not limited to, mass casualties, environmental catastrophe or pandemic disease events. We will support our communities before, during and after such disasters.

Region 4 HERC is funded through the U.S. Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant. Funding recipients must meet set deliverables, and for Budget Period 1 Supplemental (July 1, 2018-June 30, 2019), this includes the conduct of the Coalition Surge Test (CST).

The Coalition Surge Test was developed by ASPR[1] and is designed to help health care coalitions (HCCs) identify gaps in their surge planning through a low- to no-notice exercise. The CST tests a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a coalition's staffed acute-care bed capacity. The Region 4 WIHERC modified the delivery format but includes all of the required CST components.

- *Conduct Session 1: Table Top Exercise with Functional Elements.*
  The exercise starts 60 minutes after the assessment team notifies one or more hospitals or other patient-care facilities that they need to stand up their facility command centers. The ASPR Coalition Surge Test performance measures will be collected for the first 90 minutes of the exercise, or when all patients are placed, whichever comes first.
- *Conduct Session 2: Facilitated Discussion and After-Action Review.*
  Coalition members will participate in a facilitated discussion that explores issues raised during the exercise. The facilitated discussion may include: patient transportation planning, receiving health care facility capacity, patient tracking and public information, the needs of vulnerable patients, and continuity of operations. Coalition members will also take part in an after-action review which concludes the CST and consists of an assessment of strengths and weaknesses and corrective action planning.

During the Functional Exercise conduct, the following pre-identified facilities simulated evacuation:

- Gundersen Health System- La Crosse
- Gundersen Health System – St. Joseph's Hillsboro
- Crossing Rivers Health

[1] https://www.phe.gov/Preparedness/planning/hpp/Pages/coaltion-tool.aspx

II. Conduct

Conduct followed this Exercise Schedule:

Time	Activity	Personnel	Expected Actions
CST Exercise Day- Thursday, April 4, 2019			
0800	Evacuating Facility Controller/Evaluator arrives on site	Facility Controller/Evaluator	• Evacuating facility prepares to start CST
0845	Player Briefing	Facility Controller/Evaluator, Evacuating facility participants	• Conduct Briefing on the CST • Notification of staff and activation of command team
0900	WiTrac Alert	Evacuating Hospitals	• Coalition members update system with bed polling data
0900-1030	Coalition Surge Test: Functional Exercise	All Coalition Members	• Conduct CST for 90 minutes or until all patients have been placed • Evaluate using provided tools
1100-1200	Coalition Surge Test: Functional Exercise Evacuating Facility Hotwash	Facility Controller/Evaluator, Evacuating facility participants	• Conduct brief hotwash with facility participants
Facilitated Discussion - Monday, April 22, 2019			
1000-1200	CST Facilitated Discussion and After-Action Review	All Coalition Members	• Conduct Facilitated Discussion and After-Action Review in person and via conference line

Major findings are captured below, and a detailed analysis is featured in the next section. Additional reports and numbers can be found in the Appendices.

III. Major Findings

Through the course of the exercise, the following information was documented:

- Patients at start of exercise: 288 (Gundersen La Crosse was a portion of beds only.)
- Patients able to be discharged: 56
- Patients to be evacuated: 41
- Patient beds found for evacuating patients: 41 (100%)

- Patients transported (officially placed per ASPR): 39 (100%)

Full documentation of exercise numbers can be found in Appendix C: ASPR Performance Metrics.

Major Strengths

- Region 4 Coalition members exhibited strong communication and coordination during both the Tabletop/Functional Exercise portion of the Coalition Surge Test, as well as the Facilitated Discussion/After Action Review. Coalition members demonstrated partnerships, participation, and a great willingness to work together.

Major Areas for Improvement

- Participants reported poor situational awareness of bed availability through the WI Trac system; there is no existing protocol to regularly update bed availability and/or to demonstrate when previously available beds have been committed.

Next Steps

- Consider exercising the "out of region" or "out of state" patient movement
- Continue to engage all core members of the Coalition on planning, training, and exercise activities
- Continue to evaluate the procurement of a patient tracking board

ANALYSIS

Objective 1: Assess the Coalition's ability to (notionally) evacuate and place 20% of staffed acute care beds in the region within 90 minutes

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: The three evacuating hospitals were able to rapidly assess current patient census and evaluate patients that could be discharged. This reduced the number of patients that needed to be evacuated, resulting in less impact on the system. Evacuating hospitals had plans in place to evacuate, discussed patient prioritization and order of evacuation (even though some did not have this in plans), and activated the Hospital Incident Command System to coordinate response activities.

Strength 2: The exercise included emergency management who would be an important partner during emergency events. Emergency management provided guidance and advice during the exercise but could be utilized to assist in securing resources within the County if needed.

Strength 3: Gundersen Health System - La Crosse considered a nearby hotel connected to the hospital as an initial location to move discharged patient to while awaiting transport by family members or coordinated transport. This was a positive consideration that assisted in the movement of patients safely out of the hospital.

Strength 4: Hospital Commend Centers coordinated with public information personnel to ensure a coordinated message was being developed (or considered) within the corporate Gundersen Health System.

Strength 5: The charge nurses were very proactive and responsive in responding to the census and discharge orders needed (possibly more than physicians). Charge nurses are on the units and have patient information readily available.

Areas for Improvement

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

Area for Improvement 1: Updated bed availability information

Analysis: There is not currently a formal process to regularly update WI Trac. Upon receiving the WI Trac alert, most hospitals updated initial availability, which was used by the evacuating hospitals to guide decision-making on where to evacuate patients to. There was great difficulty observed in maintaining current situational awareness on bed availability when multiple hospitals were requesting the same beds.

Recommendation:
1. Consider developing a WI Trac protocol on updating bed availability, including frequency and where to update beds and report accepted patients.

Area for Improvement 2: Incident Command Staffing

Analysis: The evacuating hospitals should consider assigning staffing adequate to handle the large number of patients in the system. Some of the larger systems, with high numbers of acute-care beds will need to have staff identified within the HCC to focus on patient evacuation and/or discharge and another team to focus on securing transportation assets. Clearly, these teams or units will be highly dependent on each other during the entirety of the emergency.

Recommendations:
1. Consider expanding the command structure to identify staff to handle the patient evacuation/discharge status and seperate staff to coordinate transportation needs.

Objective 2: Assess the Coalition's ability to find appropriate transportation resources for all evacuating patients within 90 minutes

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: Evacuating facilities notified ambulance partners early in the event upon recognizing the need to evacuate. This early notification allowed EMS and ambulance providers time to activate staff and resources so when the hospital was "ready" to move patients, the appropriate resources would have been available on site. Additionally, hospitals worked with EMS and ambulance providers to talk through the necessary resources and calculate realistic transportation times when planning for return trips.

Strength 2: Evacuating facilities planned for the necessary logistics for transporting large numbers of patients, including identifying ambulance staging and loading areas, which will be critical during a facility evacuation. Staffing, security, and signage will also be key planning aspects for these staging and loading areas.

Strength 3: Evacuating hospital looked outside of simply utilizing ambulances to move patients but looked at local buses, wheelchair vans, and other resources available by allied health partners.

Areas for Improvement

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

Area for Improvement 1: Tracking of ambulance resources

Analysis: During the Functional Exercise, evacuating facilities reported that there was difficulty in matching available ambulances to patients. Individual evacuating facilities contacted area EMS and ambulance providers to request available assets, and proceeded to match patients to available vehicles. There was a clear need for a better tool for tracking available ambulance resources and matching to evacuating patients. There may be opportunity to facilitate this at the regional level. Some organizations reported surprise at the number of resources able to be committed. In a real event of this nature, the number of staff and resources needed to move patients will likely exceed what is available within the region. Continue to evaluate how patients would be matched to available ambulance resources during a large-scale patient movement event such as hospital(s) evacuation.

Recommendation:

1. Evaluate tools and/or use of regional partners (i.e. RMCC or MedCom dispatch) to streamline the matching of ambulances to patients during an evacuation.

Objective 3: Utilize existing information sharing systems (WI Trac) to share situational awareness and obtain key data for decision-making during a regional emergency event

- **Associated Core Capabilities:** Operational Communications
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: Exercise participants including evacuation and receiving facilities, EMS, and HERC used WI Trac during the exercise to share situational awareness and obtain key data for decision-making. Many of the facilities that used the system reported feeling more comfortable and stated their peer coalition members were more responsive within the system than in previous exercises.

Areas for Improvement

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

Area for Improvement 1: Process to update WI Trac

Analysis: As described in Objective 1: Area for Improvement 1, there is no standard protocol on frequency to update beds during a medical surge event, or how to capture beds that have been allocated. There was great difficulty observed in maintaining current situational awareness on bed availability when multiple hospitals were requesting the same beds. Additionally, it was noted that evacuating facilities should not rely exclusively on WI Trac for bed availability. While the tool is useful in initially identifying potential available beds, particularly when multiple facilities are competing for beds, a direct call to the receiving facility is still needed. This may have been an exercise artificiality, but ensure evacuating hospitals directly communicate with receiving hospitals about patients to be transferred. Consider developing guidance or a standard operating protocol for use of WI Trac.

Recommendation:

1. See Objective 1: Area for Improvement 1

Area for Improvement 2: Patient tracking

Analysis: Exercise participants discussed the gap in existing information systems ability to track patients during emergency events. There is not currently a system or method to do this at the coalition/regional level. Hospitals were wondering what the capability of Wi Trac might be to track patients, and EPIC can be used for "within system" movement but does not help when patients go outside to other facilities.

Recommendation:

1. Continue to evaluate systems and methods to track patients within the Coalition.

Objective 4: Engage Coalition members in a facilitated discussion to review key data points and identify strengths and areas for improvement related to evacuation and medical surge in the region

- **Associated Core Capabilities:** Operational Communications, Operational Coordination, Public Health, Healthcare, and Emergency Medical Services
- **Linked HPP Capabilities:** Health Care and Medical Response Coordination: Continuity of Health Care Service Delivery, Medical Surge

Strengths

The success of this capability level can be attributed to the following strengths:

Strength 1: During the Facilitated Discussion, there was good representation from evacuating and receiving facilities. Coalition members also supported the exercise with Executive level participation.

Areas for Improvement

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

Area for Improvement 1: Outside region patient movement

Analysis: During Facilitated Discussion and in Participant Feedback, Coalition members commented that there is a need for more training and awareness on movement of patients outside of the region. Since Region 4 is on the border, it would be very feasible that hospitals might have to move patients to another State. For future exercises, it might be helpful to have contact available for outside region resources to evaluate how that process can be handled.

Recommendations:

1. During the next exercise consider looking outside of the region for patient evacuation and transfers.

APPENDIX A: PARTICIPATING FACILITIES

I. Functional Exercise: 4/4/2019

The following facilities/organizations were either evacuating facilities, receiving facilities, transportation providers, or were contacted during this Phase of the Coalition Surge Test.

Facility/Organization Name
Emergency Management
La Crosse County Emergency Management
Vernon County Emergency Management
Fire, EMS, and Ambulance Providers
Caledonia Ambulance
Camp Douglas EMS
Coulee Trails
El Kader
Grant County
Hillsboro
Lamers
MarMac
Monona
Tri-State Ambulance
Winona Ambulance
Hospitals and Healthcare Facilities
Bethany Care Center
Black River Memorial Hospital
Crossing Rivers Health
Gundersen Health System – La Crosse
Gundersen Health System- St. Joseph’s Hillsboro
Gundersen Health System - Moundview
Harmony Care Center
Hillview Care Center
Onalaska Care Center
Richland Center
Tweeten Care Center
Vernon County Memorial Hospital
Vernon Manor
Mayo Clinic Health System – La Crosse
Public Health
Crawford County Public Health
La Crosse County Public Health
Vernon County Public Health

II. Facilitated Discussion/After Action Review: 4/22/2019

The following facilities/organizations participated in the Facilitated Discussion/After Action Review. An asterisk (*) denotes Executive participation.

Facility/Organization Name
*Black River Memorial Hospital
Crawford County Public Health Department
*Crossing Rivers Health
*Gundersen Health System- La Crosse
*Gundersen Health System – St. Joseph's Hillsboro
La Crosse County Public Health Department
Region 4 Healthcare Emergency Readiness Coalition
*Tri-State Ambulance
Vernon County Public Health Department
*Vernon Memorial Hospital
Wisconsin Department of Health Services

Appendix B: ASPR Performance Metrics

HCC core member orgs participating in Phase 1: TTX with functional elements and facilitated discussion of the CST	46
HCC core member orgs' executives participating in Phase 2: AAR of the CST	5
Patients at the evacuating facilities that are identified as able to be: discharged and/or evacuated	
Number of patients at evacuating facilities identified as being able to be discharged safely to home during a CST (20% of coalition beds)	56
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds)	41
Total patients at all evacuating facilities at the beginning of the CST	288
Total number of staffed acute care beds in the coalition	465
Time (min) for last evacuating facility to report total number of patients identified as able to be evacuated after start of CST	9:08
Evacuating patients with an appropriate bed identified at a receiving health care facility in 90 minutes	
Total beds identified at all receiving facilities at the end of the exercise during a CST (20% of coalition beds)	41
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds) – See PM16	41
Time (min) for the last receiving facility to report the total number of beds available to receive patients after start of a CST (20% of coalition beds)	10:20
Evacuating patients with acceptance for transfer to another facility that have an appropriate mode of transportation identified in 90 minutes	
Total patients matched to a confirmed, appropriate mode of transport to their receiving facility at the end of the exercise (20% of coalition beds)	41
Number of patients at evacuating facilities identified as being able to be evacuated to receiving facilities during a CST (20% of coalition beds)	41
Time (min) for an available and appropriate mode of transport to be identified for the last evacuating patient after start of a CST (20% of coalition beds)	10:07