**Western Wisconsin Healthcare Emergency Readiness Coalition**

**Buffalo Crawford Jackson La Crosse Monroe**

**Trempealeau Vernon Counties & Ho-Chunk Nation**

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The following is the input from region 4 participants for the Patriot 21 Exercise conducted June 15, 2021. The participants were asked to look at the exercise based on the phases your organization went through and address the questions below.

Black River Memorial Hospital

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Well planned.

b. Contingencies for real events in place

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. Expected several burn victims to arrive by helicopter

2. What did happen (At your location):

a. A live role player was delivered by Army helicopter with a stab wound to the abdomen unrelated to the exercise.

b. A real emergency disrupted our participation

3. What caused the difference:

a. Factors outside of the coalition’s control

b. An army flight team member stated they were taking victims to hospitals on a rotation.

c. A real event took priority over the exercise

3 What can be learned from this:

a. EMS at each facility can prepare simulated paper victims to inject as a contingency

Other comments:

I found the WWIROC very helpful when coordinating the return of a live role player that was not tracked properly.

Generally, individual hospitals manage small and medium sized events very well. Regional coordination of patients from a scene could be of value in larger scale incidents. It is important to avoid escalating the management of small to medium size events unnecessarily. This can easily create unnecessary burden on a facility.

The WWIROC could play a valuable role in coordinating transfer of patients between facilities for medium and large-scale incidents. This would alleviate the burden of coordinating transfers on the hospital closest to the incident. Often hospitals are competing with other hospitals and 911 for transportation resources. I believe the concept of regional coordination of all inter-facility transfers should be explored by the region.

Crossing Rivers Health

During the planning phase of the exercise, CRH provided timely info needed to prepare the coalition for the exercise. CRH provided a list of patients they would like to receive during the exercise. It was initially stated by the exercise planners that US Army MEDEVAC units would provide patient movement to all hospitals participating in the exercise. At subsequent planning conferences the exercise planners stated that CRH was too far to transport patients to and would occupy rotary wing assets for extended periods of time and CRH would most likely not be supported by Army MEDEVAC units, however, the Army said they could fly the mission. It was determined at the final planning meeting for the exercise that the Army would not be allowed to fly the missions due to limited assets and extended flight times to CRH. The coalition recommended to CRH that they locate mannequins to support their patient request if truly the Army would not fly the missions. CRH participated in regional planning and coordinating meetings and during that time, Gundersen Air stated they could fly the mission if they did not get a real-world call. It was then determined that Gundersen Air would fly the missions and arrangements were made to locate additional mannequins to fly into the hospital. CRH did locate additional mannequins to support their portion of the patient play during the MCI event the day of the exercise. The morning of the exercise the regional operations center received a call from Black River Memorial Hospital stating they could not participate due to real world events and that Gundersen Air would be supporting them, which meant that CRH would not be receiving patients via air. CRH was notified of this late developing situation and continued on with their portion of the exercise.

CRH received six patients of varying triage designation and included 2 pediatric, 1 OB, 2 burn patients and 1 adult multiple trauma (All in bound and out bound transports were simulated). The unique feature of this exercise scenario was that because of the scope of the initial earthquake event, we were not able to transfer patients immediately following stabilization in the Emergency Department. We were required to stabilize and treat severe trauma patients for 24-48 hours before transfer out of the region was possible. Overall, the hospital and staff responded very well to the event and worked collaboratively to achieve a positive outcome. The Surgery Department had planned to participate, however an active schedule on the date of the exercise prohibited their participation. There were a few areas of opportunity noted which will be addressed as documented in the Improvement Plan below.

With continued education and training, CRH will continue to improve their response to events that impact their facility.

Gundersen Health System – La Crosse

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Helpful

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. Receive 3 patients, 1 live and 2 mannequins. Had two attending surgeons and 5 resident surgeons standing by along with 4 Emergency dept staff. Gundersen hospice was prepared to divert nurses to help manage surge, Bethany Riverside had 16 beds available, Tweenten Care Center in Spring Grove, MN had 5 beds, Harmony Care Center, MN had 4. Incident command produced paper solution for early discharge of 12 patients

2. What did happen (At your location):

a. Received 1 live patient

3. What caused the difference:

a. Don’t know, perhaps the Air Force changed its mind

Overall Strengths to maintain:

a. Conversion of ambulance bay to Triage center accomplished in 8 minutes

b. re-routing of arriving ambulances worked

c. strong representation from trauma services

Overall Improvements we can grow from:

a. Commit to numbers of patients assigned during exercise planning

b. enroute MEDEVAC should provide in-flight patient report, none received that morning, only at landing at helipad was assured

Gundersen St. Joseph’s Hospital – Hillsboro

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Timely and well informed. Great channel of communication.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. We were supposed to receive 3 pre-determined victims.

2. What did happen (At your location):

a. We received 2 out of 3 pre-determined and 1 variation.

3. What caused the difference:

a. Unsure, but worked well to test staff and a good reminder to be prepared for anything.

Overall Strengths to maintain:

a. Always at the ready.

b. Ability to quickly call-in staff.

c. Safety is always at the forefront.

Overall Improvements we can grow from:

a. Radio training. Helicopters had a difficult time hearing our radio transmission.

b. Incident Command needs more practice.

c. Practice Send Word Now for more familiarity.

Gundersen Tri County – Whitehall

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. The exercise planning meetings were informative and helped us to develop our internal plans and objectives.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. We were supposed to be notified of incoming patients via the WISCOM medevac channel and receive a total of 3 patients. We were then planning to return these patients at 1300.

2. What did happen (At your location):

a. We received a phone call of our incoming patients and were then not sure if we were going to receive any additional messaging via WISCOM. We received one of the 3 patients we had planned for. Our one patient was a live role-player. The live role –player received a message from his commanding officer at around 1100 saying he needed to get to the landing zone for pick-up. Our EMS returned him to the landing zone, but no one picked him up until after 1300 as was originally planned. This tied up an ambulance rig for two hours.

3. What caused the difference:

a. I’m not sure why there was no WISCOM notification.

I understand there were issues on the military side with supplying the number of patients that hospitals had requested.

Returning our live role-player - it seems that communication or awareness of the timeline of events was not well understood by all the players.

4. What can be learned from this: Exercises, just as real events, can’t always be predicted or planned for. Organizations should be prepared for a multitude of scenarios that may unfold.

Overall Strengths to maintain:

a. Preplanning meetings with HERC coordinator

b. Continued regional participation in these exercises

c. Building partnerships with other regional entities

Overall Improvements we can grow from:

a. Exercise developers should verify their capabilities, timeline, objectives

b. HSEEP training may be beneficial for coalition members

c. eICS and patient tracking training

Other comments: This was a successful exercise that allowed our team to test our response capabilities and discover priority areas for improvements that would not have otherwise been identified.

Mayo Health System – La Crosse & Sparta

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Well executed pre-planning meetings. Information shared in a timely and efficient manner

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. Planned delivery of 4 “patients” in 2 waves via air transport at La Crosse and 2 “patients” in a single save via ground transport at Sparta. Add additional patients at both sites to increase count for drill.

b. Inject of power outage for our Hospice and Mayo Store clients in the West Salem throughout all of Monroe Country.

2. What did happen (At your location):

a. Received 1 flight of 2 patients for La Crosse site.

b. Initiated inject of power outage for Hospice and Mayo Clinic Store patients.

c. Received 1 wave of 2 patients for Sparta location.

d. Additional “patients” added at both La Crosse and Sparta locations

3. What caused the difference:

a. No second flight received at La Crosse location, possibly due to missed communication from site to command center.

3. What can be learned from this: Clarify communication needs pre-drill. Identify clear plan

Overall Strengths to maintain:

a. Multi-entity involvement (military, HERC, other health organizations, etc.)

b. Great support from the military and HERC leadership

c. Logistics and planning

Overall Improvements we can grow from:

a. Creation of detailed patient scenario library for all to share

b. Communication expectations from receiving sites during the drill

Tomah Health

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Good

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. Was supposed to get three patients transport to Tomah Health ED.

2. What did happen (At your location):

a. We received four patients and not all of types we wanted.

3. What caused the difference:

a. Wrong injuries and total number of patients.

Overall Strengths to maintain:

a. Great to be part of a federal exercise

b. Learned about needs for communications

c. A good experience for this many hospitals participating

Overall Improvements we can grow from:

a. Exercise coordination

b. Communication between regional coordinator and exercise facilitators.

c. Bring Volk Field Exercise planners out to our hospitals, provide them with a better idea of the exercise foot print.

Vernon Memorial Hospital

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Good, I appreciated hearing the information and asking questions so that I was best prepared at VMH

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. We were to receive 4 pts at VMH

2. What did happen (At your location):

a. We received 2 live pts

3. What caused the difference:

a. Unsure, why only 2. We acted on a 3rd internally for our practice.

Overall Strengths to maintain:

a. Good communication internally

b. Adequate staff to learn and identify areas of improvement.

c. Great collaboration with county emergency management and other partners

Overall Improvements we can grow from:

a. Communication with the flight crew. They were trying to land at the hospital.

b. Delayed arrival.

c. Perhaps not share information with staff about drill so more real like and more staff would become involved.

Other comments:

Thank you for your assistance and participation. VMH had an internal preparatory meeting and a debriefing meeting following. We learn about equipment location, equipment outdates, we tested our Send word now program, practiced intubations, ultrasound, and policy review of the mass transfusion. This created great dialogue within our organization. This was my first to help facilitate, a good learning opportunity.

Rolling Hills Rehab Center

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Good. I received enough information to be able to put out the scenarios and test the

team.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. Our facility was to receive a phone call requesting bed availability and our team was to

evaluate the number of admissions we could serve, run through information needed,

communication process, supply needs, transport, emergency surge staffing, and set up

of areas.

2. What did happen (At your location):

a. Initial notification of the earthquake and emergency proclamation triggered notification

of staff and a review of our emergency supplies, staffing, and emergency care for

residents should access to hospitals be interrupted in our area. The team also discussed

the supply chain for our medications as this was coming from near the impacted area.

b. We didn’t receive the contact from any participating hospital, however, we moved

forward with the scenario as presented previously. The team did address critical supply

and staffing challenges. The number of incoming hospital patients Rolling Hills and/or

the Meadows CBRF could accept was dependent upon our ability to obtain additional

staffing resources. The team determined that we could care for 4 SNF and 1 CBRF

patient with our current staffing. Additional patients could be cared for (up to 13) in our

3rd floor unit if outside staffing resources could be arranged. The team did discuss

WEAVR requests but did not refer to the policy. The team did assess O2, medical, food

and other medical supplies. Concern was greatest for medications due to unknown

impact to our pharmacy and transport challenges in this scenario as well as any new

patients that may have more difficult to source medications or treatments that are not

included in our back up supply. The team did discuss options including sourcing those

medications from the referring hospital, local pharmacies or local hospital system.

3. What caused the difference:

a. Overall the team did cover the objectives well. We didn’t receive specific contact from

others in the exercise so that added more questions about the scenario. This

administrator added some additional information to the scenario to challenge the team.

The team did not access and refer to policies that are in place to ensure that we are

addressing everything and to utilize resources that may be available. Interestingly

enough they did have good knowledge of resources and procedures so the only area

they really could have benefitted from in this scenario was our emergency staffing and

volunteer policy. We do need to practice emergency roles and ensure that should the

NHA or DON not be available that it is clear who steps into their roles.

Overall Strengths to maintain:

a. great communication and teamwork between departments

b. Overall structured approach to work the situation

c. well stocked back up supplies for medical supplies, food and other resources.

Overall Improvements we can grow from:

a. Review emergency plan with pharmacy provider so we are clear on how medications will be

received or orders transferred if an emergency impacts their operations.

b. Educate staff on the location and content of lesser used policies.

c. More practice on emergency phone tree and communication strategies for notifying staff. We

have several methods but could use additional training to all staff on where notifications may be

found – direct text/call, RH website, RH Facebook page, Monroe County website and personnel

Facebook pages.

Riverside

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. The regular meetings led by Region 4 HERC were helpful. In the future, I’d like to involve more facility staff members in the pre-planning.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. We were supposed to make sure EMResource was updated on bed availability. We were to call GHS and Mayo to also update them on bed availability.

2. What did happen (At your location):

a. We updated EMResource and both hospitals on bed availability.

3. What can be learned from this: Would Riverside use the same hospital contact numbers in the event of a true emergency? If so, we can update this in our emergency plan.

Overall Strengths to maintain:

a. Continue relationship with region 4 HERC to continue strengthening Emergency Preparedness as an organization and a community.

b. Continue to work in partnership with both hospitals

c. Continue to involve Riverside staff in E-prep trainings

Overall Improvements we can grow from:

a. Involve emergency prep committee earlier in the planning stages.

b. With future trainings, attempt to do a mock transfer with manikin from hospital to Riverside

Lake View Health Center

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Good

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. I was responsible to coordinate with nursing/admission staff to determine our bed availability and relay this information.

2. What did happen (At your location):

a. I coordinated with nursing/admission staff to determine our bed availability and relayed this information.

3. What caused the difference:

a. There was no difference

4. What can be learned from this: Collecting the information about bed availability went well. This process works and can continue without any changes.

Overall Strengths to maintain:

a. Admission availability

b. Nursing recall of staff (process was reviewed)

Overall Improvements we can grow from:

a. Use of EM Resources-accessibility, staff responsible to update/monitor, and determine availability of notifications

Hillview Health Care Center

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Good-availability to attend the weekly call was limited as we had a state survey and subsequent follow-up to attend to

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. I was responsible to coordinate with nursing/admission staff to determine our bed availability and relay this information.

2. What did happen (At your location):

a. I coordinated with nursing/admission staff to determine our bed availability and relayed this information.

3. What caused the difference:

a. There was no difference

4. What can be learned from this: Collecting the information about bed availability went well. This process works and can continue without any changes.

Overall Strengths to maintain:

a. Admission availability

b. Nursing recall of staff (process was reviewed)

Overall Improvements we can grow from:

a. Use of EM Resources-accessibility, staff responsible to update/monitor, and determine availability of notifications

Norseland Nursing Home

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. Spoke with Bill Klemp week prior to exercise. Was properly informed on what the plan was and who in my area would also be participation. I met with my management team to let them know we would be participating in the exercise and what to expect.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. We were to get an alert via EMResource and activate our internal policies related to an area hospital needing patients emergently placed.

2. What did happen (At your location):

a. Our Social Worker saw the alert on EMResource. We then sat down with our management team to determine the number of patients we would have the physical space and staff to care for.

3. What caused the difference:

a. No difference, it was a good drill that went as planned.

3. What can be learned from this:

a. It is always good practice to figure out our resources as quickly as possible to be able to help our community.

Overall Strengths to maintain:

a. Speed of resource determination

b. Community communication/collaboration

Overall Improvements we can grow from:

a. None to note

Region 4 Coalition

Phase 1. Pre-Planning.

1. Exercise planning meetings conducted by the coalition (Good, Bad, Ugly)

a. The HERC participated in 3 planning meetings with the exercise leads. The first one was via remote, but we were able to attend in person and assisted with the development of the overall scenario of the exercise. Many of the PPT slides developed by the HERC was used in the main scenario briefing to all exercise participants, not just medical participants. It was decided that the scenario was an earthquake for the overall exercise and a train derailment that would generate an MCI event for the HERC to participate in.

b. The HERC conducted its own weekly exercise update meetings to ensure all HERC participants were kept informed of any developments. The HERC submitted objectives, desired patient loads for the exercise and LZ information upon request by the lead medical exercise planner.

Phase 2. Exercise Participation.

1. What was supposed to happen (At your location)

a. The overall intent was to move patients from “injury site”, a.k.a. Volk Field, to each of the participating hospitals in the exercise. Initially we asked for two rotations of Army MEDEVAC helos to deliver patients, but were later told only one rotation was feasible, focus was not on the MCI event, but on other events “normally” designed for this exercise (this needs to change in future exercises to be successful for the HERC). The date for the MCI event was set for June 15, Tuesday, and we were told that if bad weather set in there would be no reset for that portion of the exercise (the weather held and the exercise did take place). The patients would be delivered to the hospitals between 0800-0900 and then picked up between 1300-1400. It would later be discovered that this led to “assumptions” on many organizations part and this led to limited follow up for follow on patient movement and care. The day of the exercise patients were moulaged, to include live role players and mannequins. Army MEDEVACs would be pre-staged at the patient staging site or PIT (patient insert Team), along with any ground ambulances that would be participating. It was agreed upon during the planning meetings that Army MEDVAC would move up to four patients at one time, 1 live role player and up to 3 mannequins (mannequins would be strapped on top of each other to provide more patients and make up for the reduced number of aircraft attending the exercise. The medical exercise planners stated that Crossing Rivers Health (CRH) in Prairie du Chein was too far to deliver patients, would take an aircraft out of the exercise for too long, so Gundesen Air volunteered to fly the patients to CRH in support of their portion of the exercise.

2. What did happen:

a. Prior to the exercise, beginning on June 12th, the HERC Coordinator provided fake news announcements to each of the participants to begin setting a background scenario for staff members. Three news stories were provided, one each day beginning on Saturday through Monday. On Monday, a mock press release from the Governor’s office was provided along with a mock Executive Order pertaining to the earthquake. At 0800 patients began to move to their designated locations; however, it was not known that one of the Army MEDEVAC units did not deploy to the exercise and greatly limited the execution of the patient movement. The Army MEDEVAC unit that did attend the exercise stated they would not carry as many patients was originally agreed upon, this greatly reduced participation of the hospitals. The morning of the exercise the supporting MEDEVAC unit staged they would only take live role players and mannequins that could fit on one litter at a time, max of two patients per hospital. Some hospitals had originally asked for up to 8 patients, now they were reduced to 2 at the most. Some hospitals only received 1 patient, when the opportunity for at least two patients was present (no answer given as to why this happened). Gundesen Air that was going to fly the mission to CRH was cancelled due to real world missions at Black River Memorial Hospital. Black River Memorial Hospital (BRMH) notified me of real-world events and that they could not participate in the exercise, this information was relayed to the medical exercise planner at Volk Field. It should be noted that a liver role player was delivered to BRMH without any advanced warning, but BRMH was able to support. CRH did have back up mannequins to support their portion of the exercise, but missed out on interfacing with incoming aircraft for patient movement. The coalition established its operations center at Tomah Health and was supported by the coalition medical advisor, two representatives from Tomah Health, emergency management and the Chief Nursing Officer, a public health department representative from La Crosse County, a private contractor and the states eight HERC Coordinator and project manager for eICS to assist with the operation of the system during the exercise, first time using it during any event in the region and state. The MCI event began with a phone call from Monroe County Dispatch Center alerting the hospital and surrounding EMS agencies that a train had derailed in Tomah with an unknown number of casualties. Numerous EMResource alerts were posted in the system to start the exercise and to provide updates throughout. Information flow was limited going up and down, perhaps because the exercise was too scripted and most knew when things were going to happen and when patient evac would take place. Information flow has been identified as an improvement for the coalition. The reports that did come in were noted that hospitals were not getting the number of patients that were planned for, only after calls to the PIT location was it learned of the lack of MEDEVAC aircraft and restrictions placed on patient movement by the existing MEDEVAC unit was learned. Some hospitals reported they did not get any advanced waring of incoming aircraft and often learned about this when they were landing, this is noted in the AAR that aircraft need to contact hospital to provide advanced warning and provide patient updates. When the patients were ready for evacuation, some of the hospitals did request movement while others did not. It should be noted that many patients were just picked up by MEDEVAC with little to no warning. Again, no coordination on the part of the MEDEVAC unit during the inbound portion of that mission was conducted. The overall exercise ended approximately at 1400 or when all the patients departed each hospital, then those hospitals conducted a hot wash and returned to normal operations. The WWIROC continued operations at TH until approximately 1400 and continued at an alternate location until approximately 1700 to ensure all patients were returned to the origin.

\*Note: the coalition does have a mass care trailer that would support events such as this if they were real. This capability can hold up to 25+ minimally injured, or Green, patients for up to 48 hours if needed. The trailer was not complete with all identified equipment and items until one week prior to the exercise, some items for trailer were back ordered and did not come in until just before the exercise. The intent was to test, identify staffing and deploy the trailer in support of the event. Due to reasons just discussed, the trailer was not utilized for this exercise.

3. What caused the difference:

a. Lack of MEDEVAC units participating, last minute cancelling, Army units participating changed patient movement rules at the last minute, poor patient coordination on the part of the exercise planners.

4. What can be learned from this:

The coalition, if true success is desired, needs to plan their own mannequin and patient movement coordination for future exercises or at least have a liaison in the patient movement center. Coordinate for multiple MEDEVAC aircraft, both civilian and military if possible. Purchase mannequins for the coalition for training and exercise use, various types.

Overall Strengths to maintain:

a. Good representation in the WWIROC

b. Good exercise planning, coordination and participation with coalition participants; i.e., LTC, PH, EM, EMS, hospitals

c. Testing of new system for event tracking, eICS

Overall Improvements we can grow from:

a. Information flow up and down the coalition lines of communication

b. Need to develop written processes for moving information, SOW’s for WWIROC positions, develop SOPs and templates for working MCI events that are timely and efficient to speed up response time

c. Training for WWIROC staff, EMResource training/refresher training throughout region

d. Involved more aspects of the coalition to add additional capabilities and realism to future events an provide a “routine” process when it comes to real-world event response

Other comments:

Support to this exercise was exception by all coalition participants. The pandemic did hinder some participation due to “burn out” from responding for long protracted periods. This however, does provide a good foundation of what to expect if this scenario were to be real. Smaller exercises involving limited number of participants for a couple of years and they join together for a large region wide exercise could prove to be beneficial to all and demonstrate the importance of group participation.

Any questions regarding this letter please feel free to reach out to the undersigned at [loren.klemp@gmail.com](mailto:loren.klemp@gmail.com) or at (608) 751-0698.

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