



# Fox Valley Healthcare Emergency Readiness Coalition

## Closed POD Functional Exercise After-Action Report and Improvement Plan

December 11, 2019



Safe in the knowledge

[www.hss-us.com](http://www.hss-us.com) • 877.477.2870



### **FV-HERC**

Fox Valley Healthcare Emergency Readiness Coalition

## EXERCISE OVERVIEW

Exercise Name	2019 FV-HERC Closed POD Functional Exercise	
Exercise Dates	December 11, 2019	
Scope	This exercise is a virtual functional exercise, planned for 3 hours at respective FV-HERC healthcare facilities.	
Mission Area(s)	Response	
Core Capability / HPP Capability Matrix	<b>Core Capability</b>	<b>HPP Capability</b>
	<b>Operational Coordination</b>	Health Care and Medical Response Coordination
	<b>Operational Communication</b>	Health Care and Medical Response Coordination
	<b>Public Information and Warning</b>	Health Care and Medical Response Coordination
	<b>Public Health and Medical Services</b>	Medical Surge
Objectives	<b>Objective One:</b> Evaluate the organization's decision-making process and capability to implement ICS/HICS in response to a public health incident.	
	<b>Objective Two:</b> Assess FV-HERC's ability to establish and maintain a multidisciplinary / multijurisdictional communications network during a response to a public health emergency.	
	<b>Objective Three:</b> Evaluate the FV-HERC's ability to provide appropriate emergency information and warning to maintain region wide situational awareness.	
	<b>Objective Four:</b> Assess the organization's ability to provide mass prophylaxis to appropriate stakeholders from the Closed POD.	
Threat or Hazard	Anthrax	

Scenario	Anthrax spores are released at Fox Valley area malls.
Sponsor	Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) with use of ASPR-HPP Funding
Participating Organizations	Refer to Appendix B
Point of Contact	<b>FV-HERC Point of Contact</b>  Tracey Froiland Fox Valley HERC Coordinator Phone: 920-427-2229 Email: <a href="mailto:tracey.froiland@FV-HERC.com">tracey.froiland@FV-HERC.com</a>  <b>HSS Exercise Director</b>  Crystal Carlson, MPH, MEP, CBCP Assistant Director of Emergency Management HSS, Inc. <a href="mailto:crystal.carlson@hss-us.com">crystal.carlson@hss-us.com</a> 224.242.0849

## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. 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.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<b>Objective One:</b> Evaluate the organization's decision-making process and capability to implement ICS/HICS in response to a public health incident.	Operational Communication	P			
<b>Objective Two:</b> Assess FV-HERC's ability to establish and maintain a multidisciplinary / multijurisdictional communications network during a response to a public health emergency.	Operational Coordination		S		
<b>Objective Three:</b> Evaluate the FV-HERC's ability to provide appropriate emergency information and warning to maintain region wide situational awareness.	Public Information and Warning		S		
<b>Objective Four:</b> Assess the organization's ability to provide mass prophylaxis to appropriate stakeholders from the Closed POD.	Public Health & Medical Services			M	
<b>Ratings Definitions:</b> <ul style="list-style-type: none"> <li>Performed without Challenges (P): 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. 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.</li> <li>Performed with Some Challenges (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. 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.</li> <li>Performed with Major Challenges (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 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.</li> <li>Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## **Objective One: Evaluate the organization's decision-making process and capability to implement ICS/HICS in response to a public health incident.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### ***Core Capability: Operational Coordination***

### ***HPP Capability: Healthcare and Medical Response Coordination***

#### **Strengths**

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

**Strength 1:** All participating healthcare facilities identified that their Hospital Incident Management Team (HIMT) would activate and work with community partners to respond to the incident.

**Strength 2:** Healthcare organizations noted that their internal Infectious Disease, Infection Prevention, and/or Lab staff were an excellent resource during an anthrax emergency and understand the need to coordinate with the local public health department.

**Strength 3:** Employee Assistance Program (EAP) resources, including spiritual care and behavioral health, are available at all of the participating healthcare organizations to ensure impacted staff are supported during and post response.

#### **Areas for Improvement**

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

**Area for Improvement 1:** Coordination with community partners.

**Analysis:** Overall, participants noted that they have positive relationships with their public health partners. Some of the facilities, including ThedaCare Wild Rose, noted that their county has an automatic trigger built in to ensure public health partners are aware and can follow up on events where 3 or more unrelated people have the same diagnosis. Not all counties in the Fox Valley HERC have this type of policy in place. There may need to be additional clarity provided on the notification process and triggers for engaging public health during an anthrax scenario overall. Partners also discussed that appropriate personnel in the facility may not be aware of the reportable diseases and may need additional training to ensure proper reporting processes are continued for this low probability, but high impact event.

**Recommendation:** Review current policies and procedures to ensure reportable disease notifications are included. Educate and train appropriate personnel on the procedures.

**Area for Improvement 2:** Regional resource allocation and coordination.

**Analysis:** While healthcare organizations focused on their Closed POD capabilities and coordination with public health partners, it was noted that the Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) could serve as a resource during the event. In addition to requesting assistance from health system partners, the FV-HERC could provide communication capabilities, and coordinate any resource needs FV-HERC partners may have.

**Recommendation:** Review the FV-HERC infectious disease response plan to ensure appropriate notification thresholds are built in. Educate and train coalition members on the notification process.

## **Objective Two: Assess FV-HERC's ability to establish and maintain a multidisciplinary / multijurisdictional communications network during a response to a public health emergency.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### ***Core Capability: Operational Communication***

### ***HPP Capability: Healthcare and Medical Response Coordination***

#### **Strengths**

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

**Strength 1:** Many of the facilities have mass notification capabilities to ensure a majority of impacted stakeholders are provided information and direction in an expedited manner.

**Strength 2:** Organizations would rely on their HR department to have up-to-date contact information for employees.

**Strength 3:** The FV-HERC has the ability to communicate with coalition partners to ensure the region can maintain awareness of the evolving response and escalate as needed.

#### **Areas for Improvement**

The following area requires additional improvement actions:

#### **Area for Improvement 1:** Intra-organizational communication.

**Analysis:** A number of participating organizations identified challenges with ensuring all impacted personnel (i.e. vendors, students, contractors, etc) could receive communications in a public health emergency. While larger organizations with a significant employee and vendor base expressed concerns with reaching all necessary stakeholders, smaller organizations expressed the same concerns. Some communication challenges included having outdated contact information or inability to contact personnel off hours. Additionally, stakeholder contact information storage may be decentralized. Some organization's HR departments were responsible for vendor, student, contractor information, while others were maintained by different departments. It would be beneficial for each healthcare organization to understand who is responsible for communicating with personnel to ensure timely communication can be made to all impacted parties.

**Recommendation:** Healthcare organizations should review current emergency communication plans and policies to ensure contact information for all stakeholders is documented and can be referenced during an emergency. Conduct notification tests to ensure the organization can contact most stakeholders.

## **Objective Three: Evaluate the FV-HERC's ability to provide appropriate emergency information and warning to maintain region wide situational awareness.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### ***Core Capability: Public Information and Warning***

### ***HPP Capability: Health Care and Medical Response Coordination***

#### **Strengths**

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

**Strength 1:** FV-HERC healthcare organizations would partner with local and state resources to ensure consistent public messaging during an emergency.

**Strength 2:** Each organization was confident that their marketing team or Public Information Officer would be responsible for maintaining consistent and timely internal and external communications.

**Strength 3:** Coalition partners have multiple tools for emergency information and warning, including 211, mass notification systems, and social media.

#### **Areas for Improvement**

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

#### **Area for Improvement 1:** Controlling misinformation.

**Analysis:** Organizations are tasked with ensuring they provide timely and accurate information to employees and other critical stakeholders while combatting inaccurate information in the media, social media, and even word of mouth within the organization. During a public health emergency, there would be an immense need to manage rumors and misinformation that would likely be circulating at the onset of the emergency and continue throughout the response. Being able to quickly activate a crisis communication plan to alleviate fear and provide accurate information and direction would limit negative impact on the organization's brand and reputation, and ensure employees are properly informed. Additionally, proactively engaging with local and state entities ensures that the organization can respond quickly at the onset of the emergency.

**Recommendation:** Healthcare organizations should review their current crisis communication plan to ensure key media monitoring components are included (social media, local and national media outlets, etc), as well as crisis messaging templates that are pre-developed and pre-approved. It would be beneficial for FV-HERC to continue coordinating exercises where crisis communications components can be exercised to ensure viability.



## **Objective Four: Assess the organization's ability to provide mass prophylaxis to appropriate stakeholders from a Closed Point of Dispensing (POD) site.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### ***Core Capability: Public Health & Medical Services***

#### ***HPP Capability: Medical Surge***

##### **Strengths**

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

**Strength 1:** Many participating healthcare organizations considered utilizing their flu clinic model for their Closed POD plan.

**Strength 2:** Many organizations have the resources and capabilities to operate a Closed POD site.

**Strength 3:** Healthcare organizations had positive discussions regarding logistics involved in a Closed POD, including methods on limiting the burden (i.e. traffic congestion, staffing needs, etc) on the facility.

##### **Areas for Improvement**

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

##### **Area for Improvement 1:** Closed POD plans.

**Analysis:** Many of the participating healthcare organizations are new to Closed POD planning, and had limited exposure to public health emergency planning, logistics of a Closed POD plan, and the resource requirements for the response. As such, most of the organizations indicated that they have not developed a Closed POD plan to ensure they can take care of their internal staff and maintain operations throughout the event. The coalition, in coordination with local and state Public Health representatives, developed a template Closed POD plan to assist organizations with development of their facility/organization specific plans. Developing a Closed POD plan would incorporate strategies and tactics to ensure continuity of business throughout the response. Additionally, participants were asked to consider all organizational stakeholders that may need to receive medications, not only healthcare staff. These stakeholders may include vendors, contractors, students, volunteers, and others that have a critical role in operations.

**Recommendation:** Healthcare organizations should review the regional Closed POD template and develop site specific Closed POD plans to ensure the organization can provide for staff safety and continue operations throughout an extended response. It would be beneficial for facilities to test their Closed POD plan after initial development.

**Area for Improvement 2:** Formalize Closed POD with Public Health.

**Analysis:** In addition to healthcare organizations participation in the exercise, public health partners also attended to ensure all stakeholders understood the communication and coordination with Public Health that a Closed POD operation would require. One of the key takeaways from the exercise was for healthcare organizations to formalize their intent to serve as a Closed POD during a public health emergency with a Memorandum of Understanding (MOU) with their county health department. This formalized agreement benefits both entities by ensuring that the healthcare organization's medication quantities are included in the SNS request, as well as medication transport plans are incorporated into the county's overall POD plans. This also benefits the county health department during a response by reducing the burden on an Open POD (i.e. minimizing the number of individuals going to the public POD), and being able to continue operations and serve the community's patient population.

**Recommendation:** Formalize a Closed POD agreement (i.e. MOU) with the county health department(s) in advance of an emergency to ensure medication quantities and transportation plans are developed.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) as a result of the Closed POD Functional Exercise conducted on December 11, 2019.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Start Date	Completion Date
Operational Coordination	Coordination with community partners	Review current policies and procedures to ensure reportable disease notifications are included.	Planning			
		Educate and train appropriate personnel on the procedures.	Training			
	Regional resource allocation and coordination	Review the FV-HERC infectious disease response plan to ensure appropriate notification thresholds are built in.	Planning			
		Educate and train coalition members on the notification process.	Training			
Operational Communication	Intra-organizational communication	Healthcare organizations should review current emergency communication plans and policies to ensure contact information for all stakeholders is documented and can be referenced during an emergency.	Planning			
		Conduct notification tests to ensure the organization can contact most stakeholders.	Exercise			
Public Information and Warning	Controlling misinformation	Healthcare organizations should review their current crisis communication plan to ensure key media monitoring components are included (social media, local and national	Planning			

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

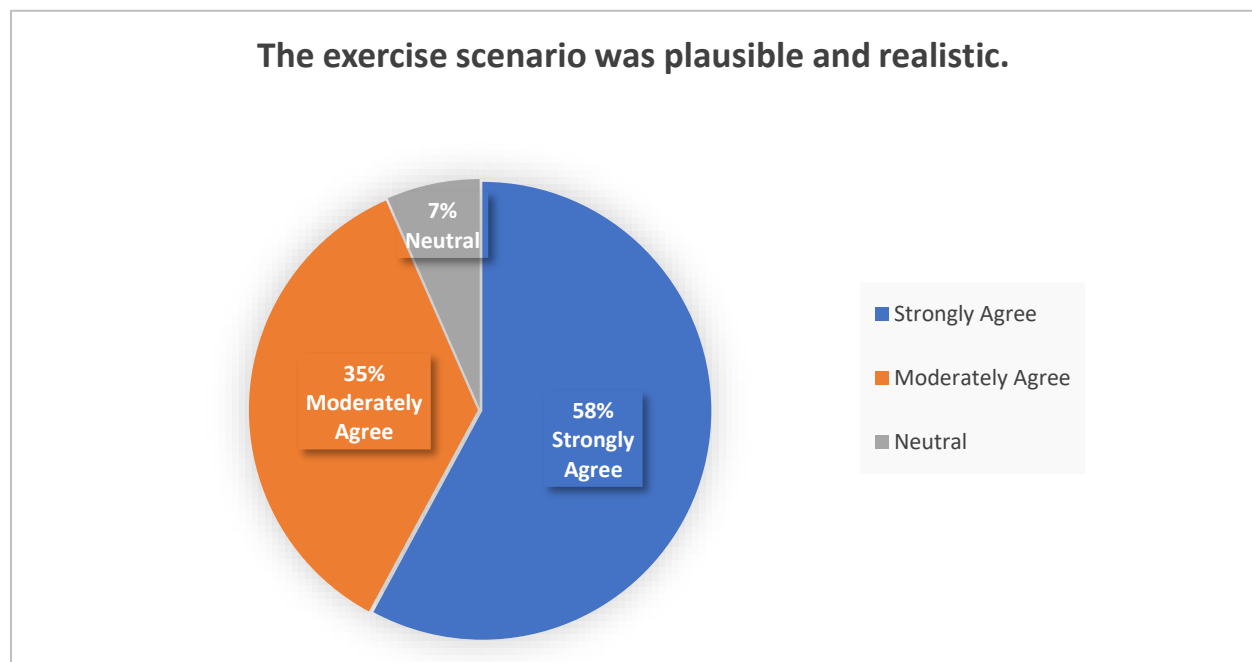
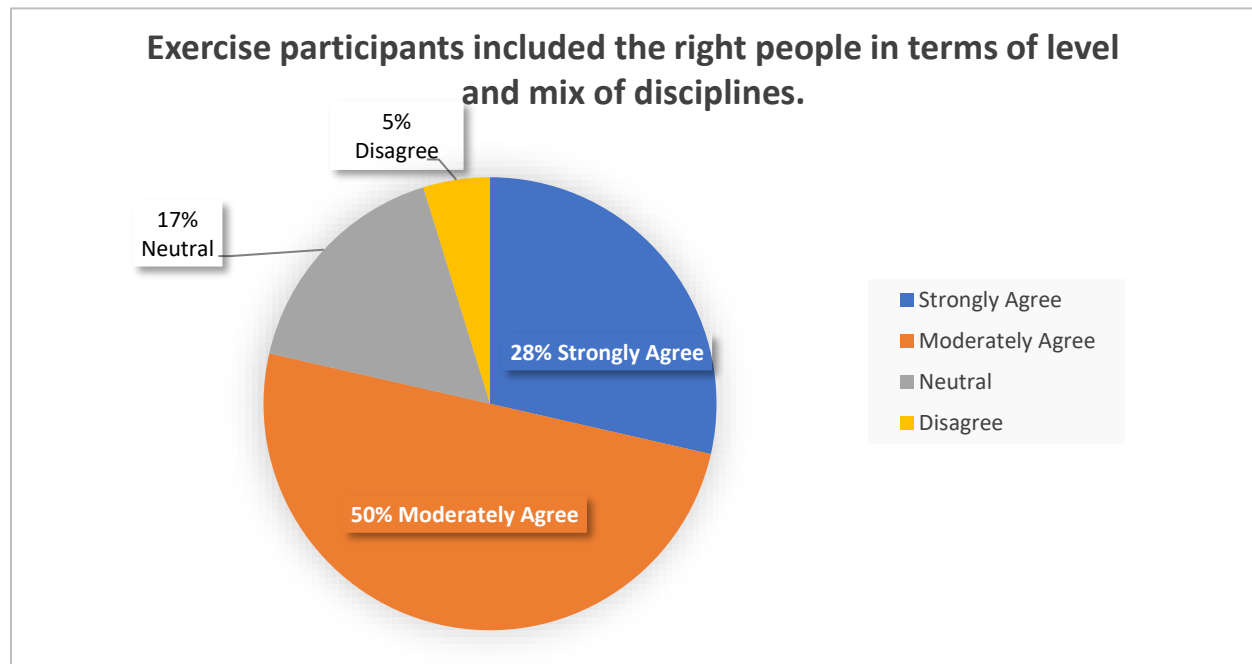
		media outlets, etc), as well as crisis messaging templates that are pre-developed and pre-approved.				
		It would be beneficial for FV-HERC to continue coordinating exercises where crisis communications components can be exercised to ensure viability.	Exercise			
Public Health & Medical Services	Closed POD Plans.	Healthcare organizations should review the regional Closed POD template and develop site specific Closed POD plans to ensure the organization can provide for staff safety and continue operations throughout an extended response.	Planning			
		Test the Closed POD plan after initial development.	Exercise			
	Formalize Closed POD with Public Health	Formalize a Closed POD agreement (i.e. MOU) with the county health department(s) in advance of an emergency to ensure medication quantities and transportation plans are developed.	Planning			

## APPENDIX B: EXERCISE PARTICIPANTS

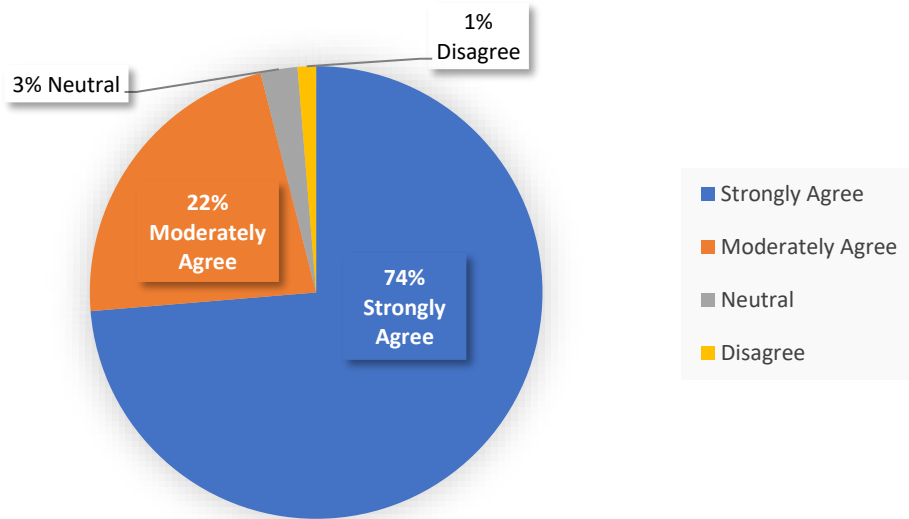
Sponsor
Fox Valley Healthcare Emergency Readiness Coalition
Exercise Participants
Ascension St. Elizabeth Hospital
Aurora Medical Center Oshkosh
ThedaCare Medical Center – New London
ThedaCare Medical Center – Wild Rose
ThedaCare Regional Medical Center - Appleton
ThedaCare Regional Medical Center - Neenah
Winnebago Public Health
Outagamie County Public Health
Waupaca County Public Health
Calumet County Public Health
City of Appleton
Grand Chute Fire Department
Appleton Health Department

## APPENDIX C: EXERCISE PARTICIPANT FEEDBACK

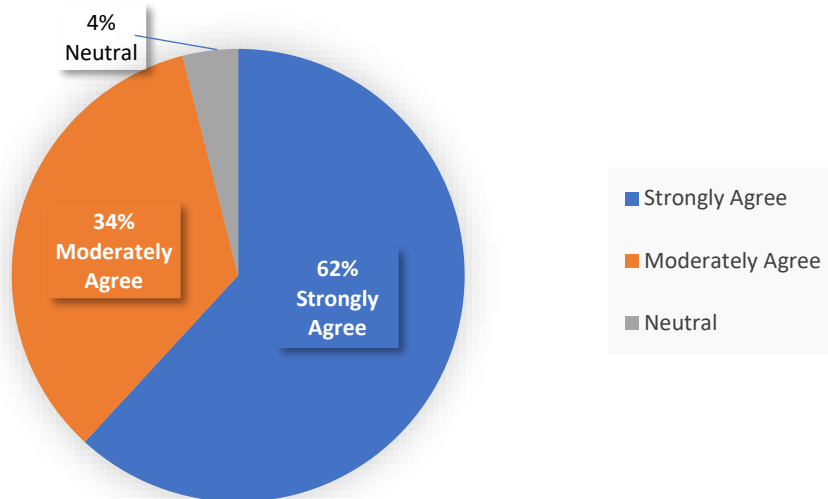
Exercise participants are invited to provide feedback, observations, comments, and input regarding the exercise. The following charts represent the assessment of 42 respondents and their feedback on exercise design and conduct.



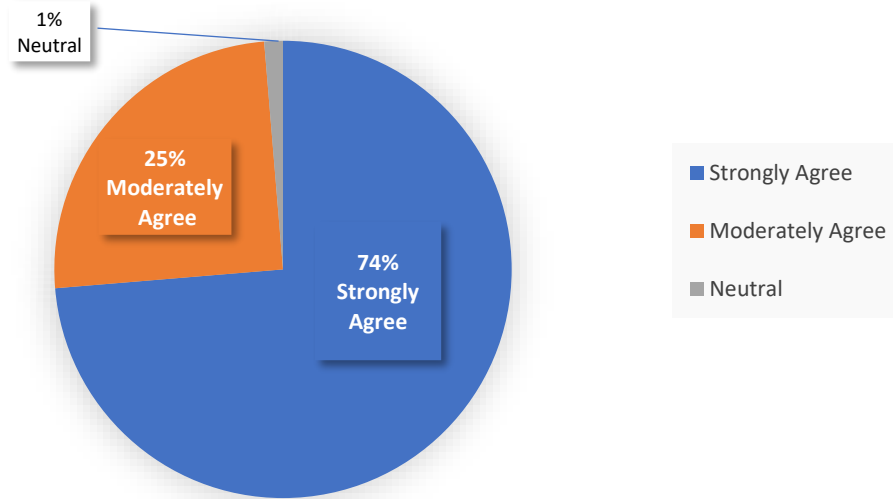
**Participants were actively involved in the exercise.**



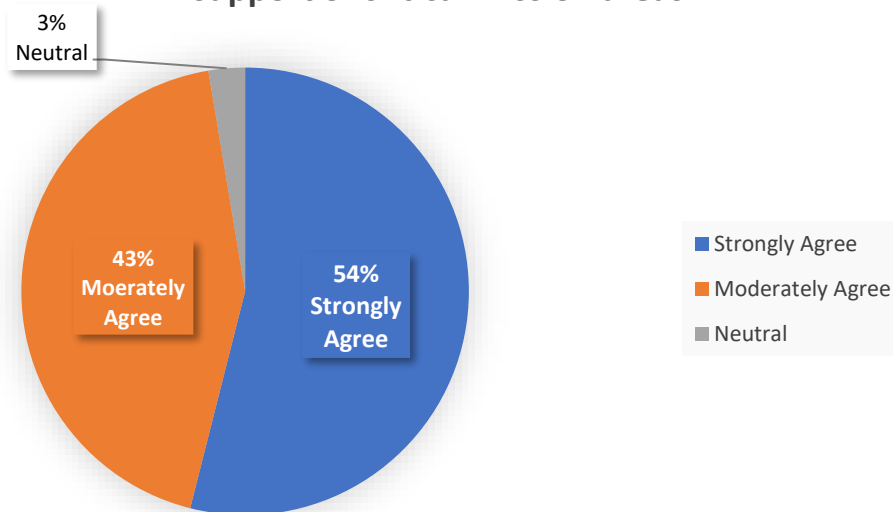
**Exercise participation was appropriate for someone in my field with my level of experience and training**



**The exercise increased my understanding about and familiarity with the capabilities and resources of the organization.**



**The exercise provided the opportunity to address decisions in support of critical mission areas.**





After the exercise, I am better prepared to deal with the capabilities and hazards addressed.

