West Central

Healthcare Coalition

Patient Tracking Exercise

After-Action Report/Improvement Plan

Exercise Date: December 5, 2018

Document Date: February 10, 2019

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Public Health Preparedness Capabilities: National Standards for State and Local Planning and ASPR’s National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Summer Storm Shuffle  West Central Healthcare Coalition Patient Tracking Exercise |
| **Exercise Date** | December 5, 2018 |
| **Scope** | This exercise was a community-based, operations-based exercise planned for up to four hours at Big Wood Event Center. Exercise play was limited to participants in the room. |
| **Mission Area(s)** | Response |
| **Core Capabilities** | HPP Capability 1: Healthcare System Preparedness  HPP Capability 2: Health Care and Medical Response Coordination  HPP Capability 4: Medical Surge |
| **Objectives** | 1. Utilize the patient tracking process employed during the normal transfer of patients to analyze the steps of the process. 2. Exercise the transition from day-to-day, facility-based, patient/resident tracking to the newly developed regional patient/resident tracking process in order to educate users about the realistic application of the tool. 3. Examine the triggers to activate the regional patient tracking process. 4. Discuss the value of MNTrac and the patient tracking portal. 5. Assessment of capability and capacity to implement family reunification and sheltering. |
| **Threat or Hazard** | Natural Hazard (severe thunderstorms with tornadoes) |
| **Scenario** | During a summer festival in Elbow Lake a line of strong storms suddenly intensified and began to create extremely severe weather throughout the West Central region. Several tornadoes were indicated on radar. Multiple cells of extremely severe thunderstorms occurred across the region.  The storms created a mass casualty event at the festival. At least 30 people who were caught in the open were injured by debris. Another 40 to 50 were exposed to the cold rain and require medical attention due to exposure or shock.  Simultaneously, a long term care facility in Clay County was damaged by a storm. The building did not take a direct hit from a tornado, but the roof sustained damage and the HVAC system is partially inoperable. That facility has been forced to evacuate.  Due to the patient surge at local hospitals the hospitals are trying to decompress and discharge patients to long term care and home care.  **Notes:** Lake Region Hosp is being evacuated. The Elbow Lake Hospital CT machine is down. Eventide Long Term Care skilled nursing facility on 8th is damaged and being evacuated. The Eventide Long Term Care independent senior living facility is without power and some of the structures sustained minor damage. The independent senior living residents are going to shelters. |
| **Sponsor** | West Central Healthcare Coalition |
| **Participating Organizations** | Partner agencies within and adjacent to the West Central Healthcare Coalition |
| **Point of Contact** | **Shawn Stoen**  BS, NHDP-BC, LPN, NREMT  West Central Regional Healthcare Preparedness Coordinator  1406 6th Avenue North  St. Cloud, MN 56303  320-760-3513  Shawn.stoen@centracare.com  **Will Moorhead, JD**  President and Owner  All Clear Emergency Management Group, LLC  3434 Edwards Mill Road, Ste 112-162  Raleigh, NC 27612  Main: 336-802-1800  WillM@AllClearEMG.com |

# Analysis of Health Care Preparedness (HPP) Capabilities

Aligning exercise objectives and HPP capabilities provides a consistent taxonomy for evaluation that transcends individual exercises and real world responses to support preparedness reporting and trend analysis. **Table 1** below includes the exercise objectives, aligned HPP capabilities, and performance ratings for each HPP capability as observed during the exercise or real world response and determined by the evaluation/AAR team. All performance measures and task ratings for the function are considered as part of the capability analysis before assigning an overall function rating. The evaluation/AAR team then considers all the function ratings for the evaluated Capability and assigns an overall Capability rating.

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

| Objective | HPP Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Utilize the patient tracking process employed during the normal transfer of patients to analyze the steps of the process. | Health Care and Medical Response Coordination |  | **S** |  |  |
| Exercise the transition from day-to-day, facility-based, patient/resident tracking to the newly developed regional patient/resident tracking process in order to educate users about the realistic application of the tool. | Medical Surge |  | **S** |  |  |
| Examine the triggers to activate the regional patient tracking process. | Medical Surge |  | **S** |  |  |
| Discuss the value of MNTrac and the patient tracking portal. | Health Care and Medical Response Coordination |  | **S** |  |  |
| Assessment of capability and capacity to implement family reunification and sheltering. | Health Care and Medical Response Coordination |  | **S** |  |  |
| **The rating scale includes four ratings:**   * **Performed without Challenges (P):** The PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures 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. HPP * **Performed with Some Challenges (S):** The PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures 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 PHEP functions, tasks, and performance measures and or the HPP activities, objectives, and performance measures 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 PHEP functions, tasks, and performance measures or the HPP activities, objectives, and performance measures associated with the capability were not performed in a manner that achieved the objective(s). | | | | | |
| **Note: Exercise review forms** | | | | | |

## The following sections provide an overview of the performance related to each exercise objective and associated HPP capability, highlighting strengths and areas for improvement, a list of applicable reference documents, and capability analysis.

## Objective 1: Utilize the patient tracking process employed during the normal transfer of patients to analyze the steps of the process.

## HPP Capability 2: Health Care and Medical Response Coordination

### Strengths

Strength 1: Facilities that were notified that they would be receiving patients from evacuated hospitals were able to quickly identify the processes and procedures they had in place to rapidly staff up to support the influx of patients.

Strength 2: Facilities daily utilize a system of patient tracking that provides a foundation for communication and coordination among providers that can be expanded during an emergency to ensure patients are tracked.

### Areas for Improvement

Area for Improvement 1: Notification of available resources

Analysis: It was noted several times throughout the exercise that a facility had transportation assets or beds available to help in the evacuation and placement of patients, but no one had reached out to ask for them or knew that the resources were available. When the incident started facilities went through their normal patient movement processes and did not reach out to the coalition as a whole to gain a picture of the resources available through the collation.

## Objective 2: Exercise the transition from day-to-day, facility-based, patient/resident tracking to the newly developed regional patient/resident tracking process in order to educate users about the realistic application of the tool.

## HPP Capability 4: Medical Surge

### Strengths

Strength 1: Exercise participants used the appropriate forms to document and track patients as they were moved from location to location.

Strength 2: During the exercise it was noted that none of the receiving facilities accepted more patients than they had beds for, allowing for an accurate representation of the available bed space within the region.

Strength 3: The new patient tracking forms were utilized during the exercise and it was determined that the forms were useful and worked well for tracking patients throughout the region from facility to facility.

Strength 5: Throughout the region, it was a common practice for facilities to print patient face sheets on a regular basis to have hard copies in that power was lost and patients needed to be evacuated quickly.

### Areas for Improvement

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

Area for Improvement 1: Reevaluation of resources

Analysis: At times during the exercise, facilities had some trouble reevaluating the resources they had available. After a facility offered resources to another facility, whether it was a bed or transportation asset, it became difficult to track what was still available and what was in use. This was due in part to the fact that some transportation assets were ‘returned’ to the originating facility while others were kept by the receiving facility.

Area for Improvement 2: Determination of what goes with an evacuated patient to a receiving facility

Analysis: Due to different facilities and healthcare systems it was unclearwhat items would be sent with a patient to a receiving facility. It was determined that medication would almost always be sent with the evacuating patient as long as the circumstances permitted, but it was unclear if equipment and staff would also travel with the patient.

## Objective 3: Examine the triggers to activate the regional patient tracking process.

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

## HPP Capability 1: Health Care System Preparedness

### Strengths

Strength 1: Early on in the exercise multiple facilities in the region realized there was a need for the coalition to activate to help coordinate the movement of patients throughout the region due to the scope of the incident.

### Areas for Improvement

Area for Improvement 1: The patient tracking plan and triggers weren’t consulted by most participants

Analysis: The fact that the patient tacking plan wasn’t consulted isn’t necessarily a bad thing since most of the facilities knew the trigger points to notify the coalition of the need for patient tracking assistance. Although, it would be good to review the plan during exercises to ensure that all participating staff are aware of trigger points.

## Objective 4: Discuss the value of MNTrac and the patient tracking portal.

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

## HPP Capability 2: Health Care and Medical Response Coordination

### Strengths

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

Strength 1: Once the coalition was activated and patient tracking started to be worked through MNTrac at the coalition level and not the facility level, it became clear that this is what was needed to quickly move patients throughout the region and coordinate available resources.

### Areas for Improvement

Area for Improvement 1: Personnel are needed to track MNTrac at each facility

Analysis: It was noted during the exercise that some of the participants were unaware of the importance of having a dedicated staff member to monitor and track MNTrac when activated. By having someone assigned to MNTrac at the facility level, it allows for a more seamless interaction between all the partners within the coalition. This will also ensure that all partners have the same common operating picture and are able to grasp the scope of an incident and prepare their facility appropriately.

## Objective 5: Assessment of capability and capacity to implement family reunification and sheltering.

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

## HPP Capability 2: Health Care and Medical Response Coordination

### Strengths

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

Strength 1: Local public health organizations were able to establish a phone line that could provide information to people attempting to locate family members who may have entered a shelter.

Strength 2: The patient tracking spreadsheet was utilized to admit people into shelters as they arrived. This evolved into utilizing MNTrac to track the location of individuals arriving at a shelter.

Strength 3: Some participants utilized a shelter as a “stopover” for long term care residents as they were evacuated and awaited space at another facility. The shelter stay was tracked on the spreadsheet.

### Areas for Improvement

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

Area for Improvement 1:

Reference:

Analysis:

# Appendix A: Improvement Plan

This IP has been developed specifically for the Central Region as a result of the West Central Healthcare Coalition Patient Tracking Exercise conducted on December 5, 2018.

| HPP Capability | Issue / Area for Improvement | Corrective Action(s) | Capability Element | Primary Response Organization | Organization POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Health Care and Medical Response Coordination | Notification of available resources | Ensure that there are procedures in place for facilities to make known what resources they have available to offer the coalition in a disaster scenario. | Planning | All Individual facilities | Facility EP Representative | Immediate | August 1, 2019 |
| Personnel needed to track MNTrac at each facility | Each healthcare facility should consider training at least three people in the use of MNTrac and add monitoring and tracking to their list of responsibilities when the coalition has activated an incident in MNTrac. | Training and Planning | All Individual facilities | Shawn Stoen and facility EP representative | Immediate | September 1, 2019 |
| Medical Surge | Reevaluation of resources | Ensure that plans and procedures are in place for hospitals and other healthcare facilities to routinely track and reevaluate what resources they have available in an emergency situation. | Planning |  |  |  |  |
| Determination of what goes with an evacuated patient to a receiving facility | Work with all the hospitals and systems in the region to determine what medication, equipment, and staff would travel with an evacuating patient to a receiving facility. | Planning |  |  |  |  |
| Healthcare System Preparedness | The patient tracking plan and triggers weren’t consulted | Although most of the participants in the exercise were aware of what the triggers were, it is good practice to review plans on a regular basis. | Training | Coalition | Shawn | Immediate | Continuous |

# Appendix B: Exercise Participants

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| --- | --- |
| **Participants** |  |
| Alexandria | “many” |
| Alomere Health | Hospital |
| Ambulance Service Inc. | EMS |
| Barnesville Ambulance | Ambulance Service |
| Barrett Care Center | Skilled Nursing Facility |
| Battle Lake Good Samaritan | Long Term Care |
| Battle Lake Senior Living Apartments | Long Term Care |
| Becker County Community Health | Local Public Health |
| Bethany on the Lake | Long Term Care |
| CentraCare Health | Long Term Care, Hospital, Clinic |
| CHI Health at Home | Home Health and Hospice |
| CHI St. Francis Health | Hospital |
| Clay County | Emergency Management |
| Clay County Public Health | Local Public Health |
| Healthcare Coalition | Coalition |
| Douglas County | Emergency Management |
| EMAC Region 4 Emergency Managers | Regional Planner |
| Eventide | Long Term Care |
| F-M Ambulance | EMS |
| Galeon | Long Term Care |
| Glacial Ridge | EMS and Hospital |
| Glenwood Village Care Center | Long Term Care |
| Grand Arbor | Housing |
| Grant County | Emergency Management |
| GSS - Battle Lake | Long Term Care |
| Horizon Public Health | Local Public Health |
| Knute Nelson | Long Term Care |
| Lake Region Healthcare | Hospital |
| LB Homes | Hospice and Home Care |
| LBHomes | Long Term Care |
| Lilac Homes | Long Term Care |
| Mille Lacs County Emergency Management | Emergency Management |
| Minnesota Department of Health | State Health Department |
| Morrison County Public Health | Local Public Health |
| North Ambulance Douglas County | EMS |
| North Memorial Ambulance Douglas County | EMS |
| Otter Tail County | Emergency Management |
| Otter Tail County Public Health | Local Public Health |
| Pelican Valley Senior Living | Long Term Care |
| Perham EMS | EMS |
| Perham Health | Hospital |
| Perham Health/Perham Living Home Care | Home Health |
| Pioneer Care | Long Term Care |
| Pope County | Emergency Management |
| Regional Staff |  |
| Ringdahl EMS | EMS |
| Sanford Health Pelican Rapids Clinic | Clinic |
| Sanford Wheaton Medical Center | Hospital |
| SCH | Coalition |
| Serenity Assisted Living | Long Term Care |
| St Williams Living Center | Long Term Care |
| Stevens Community Medical Center | Hospital |
| Stevens County | Emergency Management |
| Todd County | Emergency Management |
| Todd County HHS | Local Public Health |
| Valley Care and Rehab | Long Term Care, Skilled Nursing Facility |
| Viking Manor | Long Term Care |
| Wilkin County | Local Public Health |

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# Appendix C: Participant Feedback Summary

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| --- | --- | --- | --- | --- | --- |
| Participant Feedback | **Strongly Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Strongly Agree** |
| **Participant Feedback** | **1** | **2** | **3** | **4** | **5** |
| a. The purpose and objectives were applicable to my needs. | 0 | 0 | 5 | 21 | 22 |
| b. Participants included the right people in terms of level and mix of disciplines or experience. | 0 | 0 | 2 | 23 | 23 |
| c. Participation was appropriate for someone with my level of experience/training. | 0 | 0 | 6 | 16 | 26 |
| d. The exercise increased my understanding about and familiarity with the current plans. | 0 | 0 | 3 | 21 | 24 |
| e. The materials and information provided were sufficient to meet the objectives of the exercise. | 0 | 0 | 5 | 14 | 29 |

Additional Comments:

* Behavioral health would have been good component for transfer of M.H. beds.
* More staff from Eventide should participate.
* While the scenario was aimed towards Hospital/LTC, it is a good opportunity for EMS to discuss limitations and / or available resources.
* Found the day to be very helpful to my understanding of the overall planning / assistance offered by the coalition.
* I learned a lot from the morning session and LTC perspective.
* Home health and hospice were not represented well.
* Ringdahl EMS should be participating.
* Great use of time. Well Organized.
* It’s good to know that there are so many resources and facilities in the region and outside of the region to help and tools to communicate needs and help those in need!
* Very interesting practice for our region.
* It would have been nice to talk through the actual tracking form.
* I am learning more each time I attend these events; I’m also getting a better understanding of the Emergency Preparedness process.
* Thanks for setting this up to help sharpen our preparedness.
* These exercises are always beneficial to see possible scenarios and how they would affect us.
* A scenario with an area closer to us for just SNF only. Thanks
* I would welcome the opportunity to be on the end of having the found places for our residents with evacuation. Every drill we are on the receiving end. Would be good practice for Douglas County to the evacuation.
* Excellent food. Great to get the flash drive too.
* Thank you.

1. **When thinking about management of patient surge, patient tracking, and coordination across the coalition, what strengths were demonstrated during the exercise?**

* Triage could be done at the nursing home and transported via bus not ambulance. Had more resources than I thought.
* The patient tracking form and excel sheet were very helpful.
* The spreadsheet was good.
* Flexible thinking, ability to think offloads patients to take or more.
* Think how best to provide ongoing care: home care, change to LTC, postpartum discharge to public health etc.
* Teamwork
* Application. How to use resources.
* MN Trac.
* Networking – the ability to work with other agencies.
* This was very helpful to me to see the overall process as I was not aware of a lot of it. I thought the forms were helpful.
* We seemed to know our neighbor well.
* Effectiveness of EMTALA form.
* Sat around the table and were eye to eye with our partners.
* Patient teaching and consideration has come a long way. Hospitals are up to speed.
* Attempting to work together as a group.
* Suggestion and ideas from multiple disciplines.
* Teamwork. Communication.
* Social workers and nurses have a great skill re: placement and communication.
* Very organized, well thought out, and looks easy to use.
* Assessing ability to obtain alternate resources during disaster / surge.
* Communication. Willingness to help where needed.
* When everyone was in the room, it was easier because it didn’t take too much time.
* The hospital took over the coordinating of the patients, which made the most sense.
* Time, Place, Event = Record keeping in all aspects.
* Emphasis of information gathering and distribution. For SNF, it took momentum before we were involved. We had the table conversation during that time which helped to be engaged.
* General knowledge of what is available.
* Having a designated person for it.
* Willingness to work together being on same page as we have had training all very similar.
* Decision making between disciplines.
* Working relationships with other facilities/coalition.
* MN TRAC - EMS could use more in-depth training on how they could utilize MNTRAC while functioning in the EOC.
* Knowledge of available services.
* Cooperation between facilities, glad we had home care and EMS from our facility. Showed us options. County help with resources and connection to HMAC.

1. **When thinking about management of patient surge, patient tracking, and coordination across the coalition, what specific things need to be improved?**

* Making sure you have someone within facility to be able to track MN Trac did not realize how important this was until today.
* The injects needed info as to how patient arrived at ER on their own or did someone bring the- come on own.
* Type of transfer needed if specific (bariatric, NICU/Isolette) equipment needs. Comments could enc. items that need too, amputee, glasses, etc.
* More buy – in with my organization.
* Using NHIC’s tracking forms for facilities possibly.
* MN / ND Dynamic. Regular training / planning with affected agencies / facilities.
* Participation of those in the region who don’t participate.
* Long term care needs more experience with patient tracking.
* Communication and plans = EMS and hospitals.
* Contact information to outside facilities administration / financial recording / pharmacy / family notification.
* Dealing with state borders?
* Improving communication with area homes, hospitals and increase networking.
* This is new to me, more training and familiarization needed for personal comfort level.
* Non – hospital / EMS staff – for exercise had to complete forms. No instructions on form, so didn’t know what all the columns meant - some seemed duplicative.
* Transfer of information with patient.
* I was not aware of surge numbers for nursing homes, so that would be nice to have details on that. Right away, it was not easy to get coordinated, but that did get better once we got going.
* Key players, resources, phone numbers, timelines command system implementation. Listening to others of how the scenario worked and comments by Emergency managers.
* None that I am aware of.
* Do a training that actually makes us track patient with the full follow through.
* Knowing exactly what is available in surrounding towns and clinics/hospitals/etc.
* What needs to go with patients when transferred out face sheets – hanyards? Meds etc.
* Internally, our teams need to talk.

1. **What do you see as the next steps to address the opportunities for improvements identified during the exercise?**

* It was very nice to have cards as visuals and to go through a scenario. It was productive scenario and event to learn from others in our regions and next door to our facilities.
* Transportation. Medication.
* Specific to Wilkin country. We need to work with our counterparts in no to plan for use of both Wahpeton Clinic for triage and first aid.
* Maybe practice between facilities at their basis to allow for “real time” - faxing estimated transfer.
* Continue to train the staff.
* Continue to exercise to indentify gaps. Dynamic process.
* Fill ICS position and work through exercise.
* Continued networking and relationship building. Pre-planning at their home facilities. Practice until we can’t get it wrong.
* Base on the scenario, there may be additional patients entering the hospital system, if something were to happen to Home Health nurses that prevented those patient from being seen at home ( in this case, nurses could potentially be some of those injured).
* Use the form on MN Trac next time.
* Good subject for exercise amount of work / involvement for different entities felt off balance.
* This is a great way to bring the region and partners / providers together. Thank you.
* PT tracking exercises.
* It sounds like the next exercise will cover it.
* Recording the information needs and implementing processes for improvements.
* Continued practice with drills to reflect and improve on policies and associated education.
* Conducting Webex training.
* Had LTC person from county who wants to be more involved within county for exercises, Ep meetings. Would like to see more exercises with all county partners.
* Using some information on / regionally accepted pt. tracking form.
* Increased knowledge of MN Trac system.
* Unsure.
* Examine the process for areas of improvement in functions and areas not covered by our facility to work with the coalition.
* Continued updates through continued trainings.
* No hospitals ( I worked today) were closed to the patients so the P.H question “Where does the public get health care too?” did not to be asked.
* Same as above using MN Trac.
* Going through current plan – address weaknesses meet / talk with local services and staff.
* Facility specific training (what to send with or what to expect from sending facility).
* Sim Training was great it will be an excellent Regional Tool.
* More of them. More realistic.
* Increase and strengthen network relationship. Be able to maintain charts, tracking etc. if you lose electronic support.
* Take this exercise experience back to our team and use in the next exercise?

# Appendix D: Photos from Exercise



