Survey & Certification

Emergency Preparedness & Response

Facility/Organization Name Here

Health Care

After Action Report/Improvement Plan

Central Virginia Healthcare Coalition Medically Vulnerable Populations Winter Weather Tabletop Exercise

Prepared by the Central Virginia Healthcare Coalition in collaboration with the above-named facility.

Exercise Date: February 28th, 2018/March 1st, 2018

Publication Date: March 7th, 2018

# Executive Summary

|  |
| --- |
| **Enter a brief overview of the exercise** |
| **This exercise was performed to bring together healthcare providers from a multi-jurisdictional, multi-discipline region with local and state public health officials and local and state emergency management officials to discuss test and discuss the preparation and response concerns in a region-wide severe weather event.** |
| **Enter the capabilities tested by the exercise (reference Targeted Capabilities List on pages 3-4 of AAR/IP Instruction packet)** |
| * **Communications** * **Community Preparedness and Participation** * **Planning** |
| **Enter the major strengths identified during the exercise (include the top 3 strengths, at a minimum)** |
| * **ENTER YOUR THREE STRENGTHS HERE** |
| **Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas, at a minimum)** |
| * **ENTER YOUR THREE AREAS FOR IMPROVEMENT HERE** |
| **Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus** |
| * **COMPLETE THIS WITH YOUR OWN THOUGHTS ABOUT YOUR FACILITY’S OUTCOME – NOT “THE ROOM WAS TOO COLD” BUT “THE OVERALL EXERCISE WAS A SUCCESS BECAUSE WE TESTED OUR PLAN AND FOUND GAPS…” OR SIMILAR** |

# Section 1: Exercise/Event Overview

Exercise/Event Name: NSPA MEDICALLY VULNERABLE POPULATIONS WINTER WEATHER TTX

Exercise/Event Start Date: *February 28th, 2018/March 1st, 2018*

**Exercise/Event End Date:** *THREE HOUR EXERCISE – SAME AS START DATE*

**Duration (insert the total length of the exercise or event in terms of days or hours, as appropriate):** *THREE HOURS*

**Type of Exercise/Event Completed:**

Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

*Discussion-Based Exercise*

Seminar  Workshop

Tabletop  Games

*Operations-Based Exercise*

Drill  Full-Scale Exercise

Functional Exercise

*Emergency Event*

Event

**Capabilities:****List the appropriate targeted capabilities of the exercise/event (refer to AAR/IP Instruction Packet, pages 3-4, TCL capabilities identified in red, e.g., medical surge, isolation & quarantine, etc.):**

|  |
| --- |
| * Planning * Communications * Community Preparedness and Participation |

**Scenario:****Describe the exercise scenario type (e.g., flood, hurricane, etc.)**

|  |
| --- |
| Region-wide winter weather event with 36-hour notice. Significant snowfall ceased all travel throughout region for period of roughly 36 hours. |

**Location:**

|  |
| --- |
| Chesterfield County Eanes-Pittman Public Safety Training Center 6610 Public Safety Way Chesterfield, VA 23832  Henrico County Public Safety Training Center 7700 E. Parham Road  Henrico, VA 23294 |

**Partners: List all partners, contractors, supporting/co-sponsoring organizations:**

|  |
| --- |
| * None. CVHC was the sole sponsor for this exercise. CVHC is a regional healthcare coalition under the ASPR HPP program. |

**Participants: List all individual participating organizations or agencies**

|  |
| --- |
| See attached event roster for facility representation at the event. |

**Number of Participants:**

|  |
| --- |
| List the total number of:   * Players: 66/57 * Victim role players: 0 * Controllers: 1 * Evaluators: 1 * Facilitators: 9 * Observers:       1 |

# Section 2: Exercise Design Summary

**Exercise Purpose and Design:**

|  |
| --- |
| This exercise was conducted to test the facility-based, community-based and regional preparedness and response to a winter storm event because severe winter weather has been identified as a high-risk incident in both facility and community-based all-hazards risk assessments.  The exercise was organized by the regional healthcare coalition, the Central Virginia Healthcare Coalition. CVHC designed the exercise with simplicity and fundamental emergency management principles in mind as emergency operations exercises are somewhat new to many healthcare providers.  The exercise was funded by the Central Virginia Healthcare Coalition using funding from HHS/ASPR – Hospital Preparedness Program. All healthcare providers within the Central Region were invited to attend. |

**Exercise Objectives and Capabilities:**

|  |
| --- |
| 1. Discuss a severe weather scenario to determine how your facility would prepare, paying special attention to your emergency response plan, capabilities, and staff responsibilities. 2. Identify the strengths and weaknesses in your plans for activation of facility-based emergency operations in response to a severe weather event. Points of focus include administrative, clinical and plant engineering as well as communication with community-based agencies. 3. Identify and understand the secondary effects of a large-scale winter weather event paying close attention to planning and logistics over multiple operational periods.   All of these relate to the Core Capability of Health and Medical Services |

**Scenario Summary:**

|  |
| --- |
| Module 1 presented participants with a forecast from the national weather service detailing an impending snowfall that would cause significant interruption to travel across the region. Participants answered various questions pertaining to their preparatory activities during the hours before the storm arrived.  Module 2 challenged the above-mentioned preparedness plans with an actual snowfall well in excess of the forecast amount and completely eliminating the ability for all travel across the region. Participants answered questions pertaining to their ability to continue to deliver their services without any travel for staff or patients.  Module 3 was optional for discussion after ENDEX. It challenged facilities with a structural compromise as a result of the snow load on the roof of their facility. |

**CMS Defined AAR Requirements**

* The Interpretive Guidance for the CMS Rule for Emergency Preparedness notes the following requirements for the After-Action Report:
  + What was supposed to happen
  + What occurred
  + What went well
  + What the facility needs to improve
  + An improvement plan for the areas needing improvement
* This section provides a place for the facility to give a brief narrative description of the lessons learned throughout this exercise.
* More time and detail should be used in describing gaps in planning and needed improvements than areas where the exercise went according to plan.
* Utilize the below format to describe at least three lessons learned:

1. Lesson Learned
   1. What would have been ideal?
   2. What actually happened?
   3. What parts of our plan worked well?
   4. What areas need to improve?

Example:

1. Facility Generator Fuel Inadequate for Long-Term Response
   1. Ideally, our facility would have enough fuel to power the facility generator for 96 hours.
   2. During the exercise, we discovered our generator fuel tank only holds enough fuel to power the generator for 72 hours.
   3. We have plans for decreasing fuel burn-rates during response if need be.
   4. We need a better plan for an alternate fuel storage solution to increase the length of time we can operate without a fuel delivery.

Facility-based Lessons Learned:

(utilize the above format to document the three lessons learned that you documented at the TTX)

# SECTION 3: IMPROVEMENT PLAN

| Lesson Learned | Top 3  Recommendations | Corrective Action Description | Responsible Individual | Title | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- |
| #1 - Name | Recommendation 1 |  |  |  |  |  |
| Recommendation 2 |  |  |  |  |  |
| Recommendation 3 |  |  |  |  |  |

| Lesson Learned | Top 3  Recommendations | Corrective Action Description | Responsible Individual | Title | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- |
| #2 - Name | Recommendation 1 |  |  |  |  |  |
| Recommendation 2 |  |  |  |  |  |
| Recommendation 3 |  |  |  |  |  |

| Lesson Learned | Top 3  Recommendations | Corrective Action Description | Responsible Individual | Title | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- |
| #3 - Name | Recommendation 1 |  |  |  |  |  |
| Recommendation 2 |  |  |  |  |  |
| Recommendation 3 |  |  |  |  |  |

# Section 4: Conclusion

This section is a conclusion for the entire document, and should be used as a summary of all the sections of the AAR/IP. The Conclusion should include the following:

* Participants demonstrated capabilities
* Lessons learned
* Top 3 recommendations (at a minimum)
* Summary of what steps should be taken to ensure that the concluding results will help to further refine plans, procedures and training for this type of incident.

|  |
| --- |
|  |