Survey & Certification

Emergency Preparedness & Response

Name of Organization/Facility

Health Care

After Action Report/Improvement Plan

Severe Summer Weather Scenario Tabletop Exercise

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

Exercise Date: February 25, 26 & 27, 2020

Publication Date: MM/DD/YYYY

# Executive Summary

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| **Enter a brief overview of the exercise** |
| **This exercise was performed to bring together healthcare providers from a multi-jurisdictional, multi-discipline region with regional healthcare coalition staff 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 4 of AAR/IP Instruction packet)** |
| * **Foundation for Healthcare and Medical Readiness**
* **Healthcare and Medical Response Coordination**
* **Continuity of Healthcare Service Delivery**
* **Medical Surge**
 |
| **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: Severe Summer Weather Scenario Tabletop Exercise

Exercise/Event Start Date: *August 24, 2020*

**Exercise/Event End Date:** *2.5 HOUR EXERCISE – SAME AS START DATE*

**Duration (insert the total length of the exercise or event in terms of days or hours, as appropriate):** *2.5 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

[x]  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, page 2, TCL capabilities identified, e.g., medical surge, isolation & quarantine, etc.):**

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| --- |
| * Foundation for Healthcare and Medical Readiness
* Healthcare and Medical Response Coordination
* Continuity of Healthcare Service Delivery
* Medical Surge
 |

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

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| Region-wide tropical storm weather event. Significant impact due to strong winds and significant rainfall that result in infrastructure failure of the electric grid and many streets including I95 is impassable. Additional stress on transportation assets as well as logistics supply chain management and commincation. |

**Location:**

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| --- |
| Your physical address |

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

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

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

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

**Number of Participants:**

|  |
| --- |
| List the total number of:* Players: 0
* Victim role players: 0
* Controllers: 0
* Evaluators: 0
* Facilitators: 2
* Observers:       0
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# Section 2: Exercise Design Summary

**Exercise Purpose and Design:**

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| This exercise was conducted to test the facility-based, community-based and regional preparedness and response to a tropical storm/flooding event because this type of 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. |

**Exercise Objectives and Capabilities:**

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| Objective 1: Ensure that Emergency Operations Plans (EOPs) are current and correct and that incident management and operational procedures have been exercised and documented.Objective 2: Maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the health care delivery system through coordination with the healthcare coalition.Objective 3: If agency or patient care areas are within flood areas, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing and possibly new patients as well as staff and family members accompanying patients.Objective 4: Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.All of these relate to the Core Capability of Health and Medical Services |

**Scenario Summary:**

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| Module 1 presented participants with a forecast from the National Weather Service detailing an impending Hurricane making landfall as a Category 3 storm. Participants answered various questions pertaining to their preparatory activities during the prior to this weather event commencing. Module 2 presented exercise participants with key response decisions during the days when the storm has stalled over the region with heavy rainfall and winds causing extensive flooding. Participants answered questions pertaining to their ability to continue to deliver their services and address weather related issues. Module 3 challenged facilities with an infrastructure compromise as a result of the extreme flooding conditions that brought the power grid down and shut down roads. Restoration would take several days. |

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

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

| Lesson Learned | Top 3Recommendations | 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.

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