

Summer Storm 2023 NDLTCA TTX Spring 2023

After-Action Report/Improvement Plan

May 3, 2023

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. 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 2023
Exercise Dates	May 3rd, 2023, 730am – 930am CST
Scope	This exercise is a Tabletop Exercise planned for 2 hours at NDLTCA Spring Conference. Exercise play is limited to Attendees of the Conference.
Mission Area(s)	Response
Core Capabilities	Foundation for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, Medical Surge
Objectives	<ol style="list-style-type: none">1. Discuss guidelines, assumptions, and staff responsibilities2. Decision making for Shelter in Place vs. Evacuation3. Resource Planning and tracking of residents and staff
Threat or Hazard	Summer Storm
Scenario	A summer storm approaches a community with winds sustained at 60mph and gusts to 90 creating power outages in the entire community. Multiple tornados touching down around the community have been reported. Golf ball sized hail reported of 75% of community creating major damage to buildings.
Sponsor	North Dakota Health and Human Services, Emergency Preparedness Unit
Participating Organizations	This tabletop exercise is designed for all members and partners to include participants from hospitals, local emergency management, public health, long-term care, home health, dialysis, hospice, behavioral health, public safety, OCME, and any other regional stakeholders.
Point of Contact	Dawn Lehrmann, Hospital Preparedness Program (HPP) Manager NDDHHS EPR Unit, 701.328.8656, dlehrmann@nd.gov

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)
Discuss guidelines, assumptions, and staff responsibilities.	Foundation of Healthcare and Medical Readiness	P			
Decision making for Shelter In Place vs. Evacuation	Health Care and Medical Response Coordination	P			
Resource Planning and tracking of residents and staff	Continuity of Health Care Services, Medical Surge	P			
Ratings Definitions: <ul style="list-style-type: none"> • 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. • 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. • 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. • 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). 					

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.

Discuss guidelines, assumptions, and staff responsibilities.

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

Strengths

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

Strength 1: All participants were able to verbalize when they would implement their Incident Command System.

Strength 2: All participants were able to describe their communication plans and how they would communicate with other facilities, agencies, and the NDHHS Department Operations Center.

Strength 3: All participants were able to determine whether they would shelter in place or evacuate based on varying possible conditions caused by the given scenario.

Areas for Improvement

Area for Improvement 1: Staff should become more familiar with the principles of the Incident Command System (ICS) to better understand the structure of NDHHS plans as this could help to ensure effective execution of their plans during a response event.

Reference: Communication Plan, Facility Evacuation Plan

Analysis: Provide staff with education and training on implementing principles of the Incident Command System (ICS) when developing and executing plans.

Decision making for Shelter in Place vs. Evacuation Strengths

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

Strength 1: All participants demonstrated knowledge of the process of determining, based on the scenario provided, if they would shelter-in-place or evacuate.

Strength 2: Participants verbalized understanding of how and when to contact the NDHHS Department Operations center when needing assistance and what information may need to be provided to the NDHHS Department Operations Center at the time of the event.

Strength 3: All participants were actively engaged in the discussion and communicated effectively with other participants and NDHHS Staff.

Areas for Improvement

Area for Improvement 1: All Participants were familiar with how and when to contact the NDHHS Department Operation Center when in need of assistance with evacuation. However, approximately one-third of all participants were not familiar with the NDHHS Department Operations Center and the NDHHS EPR Unit's capability to assist in with not only evacuations, but also ac/heat loss and power outages.

Reference: Facility Evacuation Plan, Foundation for Healthcare Readiness

Analysis: Provide staff with education regarding the NDHHS Department Operations Center being available 24/7 and how the NDHHS DOC and the NDHHS EPR Unit can assist with not only evacuation, but also ac/heat loss, power failures, etc. and increase their knowledge of items in the medical cache such as generators, heaters, AC units, etc. that are available to them in time of need.

Resource Planning and tracking of residents and staff

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

Strengths

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

Strength 1: All participants were able to verbalize understanding of contacting the NDHHS Department Operations Center for assistance with evacuation/tracking of patients and staff during an evacuation.

Strength 2: Participants verbalized understanding of contacting the NDHHS Department Operations Center when in need of resources (supplies, transportation for evacuation)

Strength 3: Participants verbalized understanding of using HC Standard to provide patient information in the event of evacuation.

Areas for Improvement

Area for Improvement 1: All participants verbalized understanding of providing patient information in HC Standard in the event of an evacuation. Approximately half of all participants were unaware of what information was most pertinent for the NDHHS Department Operations Center to have readily available to be able to provide assistance in a timely manner.

Reference: Facility Evacuation Plan, Communication Plan

Analysis: Provide training and education for facility staff on entering pertinent patient information into HC Standard and to keep that information updated as often as possible.

APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations & Number of Participants (EMPG in parenthesis)	
State	
NDHHS EPR unit	
Bismarck-Burleigh Public Health Unit	
First District Public Health Unit	
[Jurisdiction A]	
ND Long Term Care Association – See attached list	

Total number of participants: 97

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