**Tabletop**

**Exercise**

**Family Healthcare Associates - Pineville**

**Tabletop Exercise, Risk Assessment, & Training**

**Sign-In Sheet**

**March 4, 2021**

|  |  |  |
| --- | --- | --- |
| Name | Position | Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Twister at…

**Family Healthcare Associates - Pineville**

Tabletop Exercise

March 4, 2021

This Tabletop Exercise provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the Exercise.

**Exercise Overview**

|  |  |
| --- | --- |
| **Exercise Name** | Twister at Family Healthcare Associates - Pineville |
| **Exercise Dates** | **March 4, 2021** |
| **Scope** | This exercise is a tabletop exercise, planned for two hours at the clinic and via webinar. Exercise play is limited to medical personnel, office personnel, senior level staff, etc. |
| **Mission Area(s)** | Risk Assessment, Training, and Response |
| **Core Capabilities** | RHC Preparedness, Emergency Operations Coordination, Information Sharing |
| **Objectives** | 1. Discuss the ability of personnel to identify a safe course of action in consideration of the patients and staff in the event that a major tornado severely compromises the operability of the facility in accordance with Policies and Procedures.
2. Discuss the ability of the organization to coordinate with incident management, multiple agencies, and other healthcare/recovery facilities to continue to provide crucial healthcare services in accordance with established standards of care.
3. Discuss communication strategies for tracking staff and providing them with a common operating picture so they can coordinate their activities in conjunction with the overall incident response.
 |
| **Threat or Hazard** | Tornado |
| **Scenario** | An EF 4 tornado hits the area of Family Healthcare Associates - Pineville and compromises the utilities within the community.  |
| **Sponsor** | Family Healthcare Associates - Pineville |
| **Participating Organizations** | Family Healthcare Associates - Pineville, Healthcare Business Specialists, LLC, Wyoming County EMA |
| **Point of Contact** |  marklynnrhc@gmail.com |

**General Information**

**Exercise Objectives and Core Capabilities**

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| 1.Discuss the ability of personnel to identify a safe course of action in consideration of the patients and staff in the event that a major tornado severely compromises the operability of the facility in accordance with P & Ps. | RHC Preparedness |
| 2.Discuss the ability of the organization to coordinate with incident management, multiple agencies, and other healthcare/recovery facilities to continue to provide crucial healthcare services in accordance with established standards of care. |  Emergency Operations Coordination |
| 3.Discuss communication strategies for tracking staff and providing them with a common operating picture so they can coordinate their activities in conjunction with the overall incident response. | Information Sharing |

**Table 1. Exercise Objectives and Associated Core Capabilities**

**Participant Roles and Responsibilities**

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

**Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

**Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

**Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

**Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

**Exercise Structure**

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

Module 1: Warning

Module 2: Aftermath

Module 3: Compromised

Each module begins with a multimedia update that summarizes key events occurring within that time. After the updates, participants review the situation and engage in functional group discussions of appropriate response issues. For this exercise, the functional groups will the clinic personnel including physicians, Nurse Practitioners, Physician Assistants, Nurses, and Administrative personnel. After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group’s actions, based on the scenario.

**Exercise Guidelines**

This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.

Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

**Exercise Assumptions and Artificialities**

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

[The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.]

[The exercise scenario is plausible, and events occur as they are presented.]

[All players receive information at the same time.]

**Exercise Evaluation**

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise, and compile the After-Action Report (AAR).

**Module 1: Warning**

April 23, 2018: 8:15 AM

The current temperature is 74 degrees Fahrenheit. There is a high potential for tornado outbreaks in the southeastern U.S. this year. Five days ago, various weather outlets have reported that there is a high probability for violent severe weather throughout the southeastern U.S. today. There is a strong possibility for straight line winds with speeds that are in excess of 70 MPH and golf-sized hail. It has also been reported that today’s storms have a high potential for yielding powerful tornadoes. The Weather Channel gave West Virginia TORCON rating of 9 to indicate a high risk for tornadic activity.

April 23, 2018:11:00 AM

Local weather forecasters and the National Weather Service has received confirmation from weather chasers that there is a large tornado heading towards your community. Wind speeds have been estimated at being close to 200 MPH. It was reported that they witnessed large vehicles in its debris cloud. The weather forecasters plead for everyone in the area to take proper precautions and seek shelter. The Warning for your community has been elevated to an Emergency.

**Key Issues**

There is a high potential for the outbreak of powerful tornadoes in.

It has been confirmed that a powerful tornado is heading towards your community.

The Warning for your community has been elevated to an Emergency.

**Questions**

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Would the knowledge of the strong potential for violent tornadic weather catalyze the reexamination of disaster plans? What preparations are being made in the event of a five-day forecast stating a strong probability for severe inclement weather occurring with a high potential for yielding strong tornadoes? What preparations are taking place when a tornado warning has been issued?

What redundant communication methods are in place? What communication protocols are in place? Is there an essential contact list?

What are the internal communication policies? How would they be used at this time. What protocols are in place in the event that additional employees have to be called in?

**Module 2: Aftermath**

April 23, 2018: 5:45 PM

It has been reported that the tornado has dissipated, but there is a massive amount of damage. A majority of the businesses and homes have been destroyed. Large debris is blocking many of the roads. There are no official reports on how many have been injured or killed in the tornado. The timing of the tornado meant that many people were still on the way home in their vehicles. It is unsure if they had opportunity to take shelter. The utilities in the area have been severely compromised. Power has been lost throughout the community. Water pressure throughout the area is intermittent at best. This is especially true for the facility. An additional issue is that people have begun to self-present asking for medical aid or looking for a place to shelter. The telecommunications structure appears to have been compromised as well. Cell phones and WiFi are down.

**Key Issues**

A majority of the residences and businesses have been destroyed by the tornado.

It is unknown how many casualties have been suffered.

Various utilities have been severely compromised by the tornado. This includes water, power, and telecommunications.

People are self-presenting at your facility seeking medical aid and shelter.

**Questions**

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What operational capabilities of your facility have been compromised by the tornado? What are your facility’s priorities and how will you go about fulfilling them at this point?
2. What would patient care look like with an incident like this?
3. What policies are in place to deal with people self-presenting at your facility? What are the apparent issues? What are the critical decisions that need to be made?
4. What communication protocols are in place for this situation?

**Module 3: Compromised**

April 23, 2018: 6:00 PM

West Virginia Department of Emergency Management (ADEM) and the West Virginia Department of Health (ADH) have activated their EOCs to respond to this incident. Multiple agencies concerning sheltering, power, public works, transportation, search and rescue, and hazmat have been mobilized by the event. The water in your facility has completely stopped. The generator power appears to be faltering and maintenance detects a very strong smoke like smell emanating from the generator room. There is the gas like smell permeating the air of the facility as well. A piece of ceiling falls onto the head of a staff member and knocks them unconscious.

**Key Issues**

The EOCs for ADEM and ADH have been activated.

Multiple agencies have been mobilized.

The water in the facility has stopped. Generator power is fluctuating, and the smell of smoke is emanating from the generator room. There is also a gas like smell throughout the facility.

**Questions**

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What courses of action are being considered at this time?
2. What are the policies and procedures for patient and staff tracking? What role would they play in the established course of action?
3. What role would your agreements play in your identified course of action? Have personnel responsible for coordinating the emergency operations within your facility been identified at this time? What role would your coalition play? At what point do you think KDH could aid?

**Tabletop Exercise**

**After Action Report/Improvement Plan**

Twister at…

**Family Healthcare Associates - Pineville**

**After-Action Plan/Improvement Report**

March 4, 2021

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** | Twister at Family Healthcare Associates - Pineville |
| **Exercise Dates** | **March 4, 2021** |
| **Scope** | This exercise is a tabletop exercise, planned for 75 minutes at the clinic and via webinar. Exercise play is limited to medical personnel, office personnel, senior level staff, etc. |
| **Mission Area(s)** | Risk Assessment, Training, and Response |
| **Core Capabilities** | RHC Preparedness, Emergency Operations Coordination, Information Sharing |
| **Objectives** | 1. Discuss the ability of personnel to identify a safe course of action in consideration of the patients and staff if a major tornado severely compromises the operability of the facility in accordance with Policies and Procedures.
2. Discuss the ability of the organization to coordinate with incident management, multiple agencies, and other healthcare/recovery facilities to continue to provide crucial healthcare services in accordance with established standards of care.
3. Discuss communication strategies for tracking staff and providing them with a common operating picture so they can coordinate their activities in conjunction with the overall incident response.
 |
| **Threat or Hazard** | Tornado |
| **Scenario** | An EF 4 tornado hits the area of Family Healthcare Associates - Pineville and compromises the utilities within the community.  |
| **Sponsor** | Family Healthcare Associates - Pineville |
| **Participating Organizations** | Family Healthcare Associates - Pineville, Healthcare Business Specialists, LLC, Wyoming County EMA |
| **Point of Contact** | – marklynnrhc@gmail.com,  |

**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.

**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.

| **Core Capability** | **Objective** | **Performed without Challenges (P)** | **Performed with Some Challenges (S)** | **Performed with Major Challenges (M)** | **Unable to be Performed (U)** |
| --- | --- | --- | --- | --- | --- |
| Foundation for Health Care and Medical Readiness | Identify Risks and Needs |  | S |  |  |
| Foundation for Health Care and Medical Readiness | Prioritize Resource Gaps and Mitigation Strategies |  |  | M |  |
| **Ratings Definitions:*** 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).
 |

**Capability 1**

Health Care and Medical Readiness

**Objective 1**

Identify Risks and Needs listed as Objective 2 under Capability 1: Foundation for Health and Medical Readiness

Family Healthcare Associates - Pineville should define and implement a structure and processes to execute activities related to health care delivery system readiness and coordination with a Tornado scenario. The elements of governance include organizational structures, roles and responsibilities, mechanisms to provide guidance and direction, and processes to ensure integration with a lead agency. Family Healthcare Associates - Pineville should specify how structure, processes, and policies may shift during a response, as opposed to a steady state. 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:** A hazard vulnerability analysis (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on the demand for health care services or the health care delivery system’s ability to provide these services.

**Strength 2:** Through the use of this tabletop exercise participants were able to identify the need to evacuate in certain instances and call upon pre-established Emergency Plans and Evacuation Plans. Those plans may be field tested to determine improvements and the opportunity to question or improved established policies and procedures were presented to the clinic. The communication of evacuation needs to the receiving facility which would allow for sufficient preparation time for receiving of new patients in the hospital or other medical organization.

**Strength 3:** The clinic has implemented an Emergency Preparedness Plan that has been field tested for 3 years with RHCs and has been effective to date.

**Areas for Improvement**

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

**Area for Improvement 1:** The clinic sees the need to test the policies in a more robust manner with a boots on the ground approach to determine if the policies are in fact the best for the clinic. Family Healthcare Associates - Pineville will continue to reach out to the local EMA Director and will participate in local Emergency Management and preparedness via joining the Listserv and any

community wide drills. The clinic is lucky to have such an involved and prepared local EMA. We had three members of the County EMA department at the Tabletop Session and their input was invaluable. Due to the time constraints of the tabletop and the limitations of communication during Covid-19 via webinar, the clinic will need to spend time building on the questions asked during the webinar, modify and develop emergency plans and practice the plan via drills. It will be important to work closely with the Cowley County EMA as these plans and drills are finalized.

**Area for Improvement 2:** The Hazard Vulnerability Assessment (HVA) includes estimates of potential risks and post-emergency community needs based on the identified risks. In regard to ancillary services HVA information has been provided to these services as well as a recommendation to work closely with the county’s Emergency Manager on the hazards their respective counties face. Some type of water damage due to flooding accounts for 90% of all disaster related issues.

**Objective 2**

Prioritize resource gaps and mitigation strategies

A comparison between available resources and current HVA(s) will identify gaps and help prioritize clinic activities. Gaps may include a lack of, or inadequate plans or procedures, staff, equipment and supplies, skills and expertise, services, or any other resources required to respond to an emergency. Just as the resource assessment will be different for different member types, so will efforts to prioritize identified gaps. The clinic should prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close gaps. Gaps may be addressed through coordination, planning, training, or resource acquisition. Ultimately, the clinic should focus its time and resource investments on closing those gaps that affect the care of acutely ill and injured patients.

Certain response activities may require external support or intervention, as emergencies may exceed the preparedness thresholds the clinic and the community have deemed reasonable. Thus, during the prioritization process, planning to access and integrate external partners and resources (i.e., federal, state, and/or local) is a key part of gap closure.

**Areas for Improvement**

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

**Area for Improvement 1:** Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.) by communicating with the local EMA officials and participate in local drills and exercises in the future. Family Healthcare Associates - Pineville will purchase walkie talkies for use in emergencies and has cell phones as redundant communication systems.

**Area for Improvement 2:** The clinic will prepare to shelter in place for a tornado by following guidelines outlined by the West Virginia Emergency Management.

Family Healthcare Associates - Pineville will have on hand in the designated area to shelter in place flashlights, batteries, water, a whistle, weather radio, and other items to ensure the safety of the patients and staff of Family Healthcare Associates - Pineville during a tornado or shelter in place event.

**Area for Improvement 3:** Continuous training (Practice your Plan) of facility staff members to ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the emergency plan. Training also needs to address psychological and emotional aspects on caregivers, families, patients, staff and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new staff members are fully trained.

We developed a training test and one-page summary of the Emergency Preparedness Plan to provide present employees and new employees. The form also includes a place for the employee to provide information to update the Communication Plan. A one-page test was included to test the employee knowledge of the Emergency Preparedness program.