



EVHC
Eastern Virginia
Healthcare Coalition

2018 Ice Storm Grayson II Tabletop Exercise

After-Action Report/Improvement Plan

December 11, 2018

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EVENT OVERVIEW

Exercise Name	Ice Storm Grayson II
Exercise Date	November 8, 2018
Scope	<p>This is a tabletop exercise, planned for approximately 8 hours at Crown Plaza Hampton-Marina, 700 Settlers Landing Rd, Hampton, VA 23669.</p> <p>Exercise play is limited to the following types of organizations: End Stage Renal Disease (Dialysis Centers), Long Term Care Facilities, Home Health and Hospice, Transportation Companies, Emergency Management and Local Health Districts.</p>
Mission Area(s)	Preparation, Response & Recovery
Core Capabilities Tested	<p>Healthcare and Medical Response Coordination;</p> <p>Continuity of Healthcare Service Delivery</p>
Exercise Objectives	<p>Objective 1: Emergency Operations Planning</p> <p>Objective 2: Communications</p> <p>Objective 3: Public Information</p> <p>Objective 4: Supply Chain Management</p> <p>Objective 5: Transportation</p>
Threat or Hazard	Hazardous Winter Weather
Scenario	A winter storm is forecast to strike Hampton Roads causing significant impairment to infrastructure, including water, electricity, and travel access (icy roads, limited public transportation).
Sponsoring Organization	Eastern Virginia Healthcare Coalition
Exercise Director	<p>Eastern Virginia Healthcare Coalition:</p> <p>Ms. Judith A. Shuck Regional Healthcare Preparedness Coordinator 1104 Madison Plaza Chesapeake, VA 23320 Office: (757) 963-0632 E-mail: jshuck@vaems.org</p>

EXECUTIVE SUMMARY

The design of Ice Storm Grayson II tabletop exercise tested the Eastern Virginia Healthcare Coalition’s core capabilities of Healthcare and Medical Response Coordination and Continuity of Healthcare Service Delivery. This exercise replicated many of the healthcare delivery challenges encountered during Winter Storm Grayson in January 2018.

Exercise Objectives and Capabilities Tested

The exercise objectives and capabilities align with core capabilities described in the *2017-2022 Health Care Preparedness and Response Capabilities, Office of the Assistant Secretary for Preparedness and Response (November 2016)*.

Exercise Objective	Core Capabilities
<p>Objective 1: Emergency Operations Planning - Discuss/demonstrate how each organization’s emergency operations plan will guide them to prepare for, respond to, and recover from hazardous winter weather.</p>	<p>Healthcare and Medical Response Coordination</p> <p>Continuity of Healthcare Service Delivery</p>
<p>Objective 2: Communications – Discuss/demonstrate alerts, notifications, social media use and other communication and information sharing methods to make and maintain communications with healthcare facility staff, clients, residents, patients, their families, and the local jurisdiction before, during and after the event.</p>	<p>Healthcare and Medical Response Coordination</p> <p>Continuity of Healthcare Service Delivery</p>
<p>Objective 3: Public Information – Discuss, identify and demonstrate inter/intra organization coordination and cooperation in gathering, developing and disseminating unified public information.</p>	<p>Healthcare and Medical Response Coordination</p>
<p>Objective 4: Supply Chain Management – Discuss and/or demonstrate how each healthcare organization will maintain their supplies of food, water and critical medical supplies during hazardous winter weather event.</p>	<p>Healthcare and Medical Response Coordination</p> <p>Continuity of Healthcare Service Delivery</p>
<p>Objective 5: Transportation – Discuss and/or demonstrate how each healthcare organization will ensure the safe provision of transportation resources before, during, and after a hazardous winter weather event.</p>	<p>Healthcare and Medical Response Coordination</p> <p>Continuity of Healthcare Service Delivery</p>

Exercise Purpose, Design and Scenario Summary

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

- Module 1: Winter is Coming
- Module 2: Ready or Not Grayson II is Here!
- Module 3: The Great Thaw

Each module began with a multimedia update that summarized key events occurring within the specified time period. After the updates, participants reviewed the situation and used module specific questions as a guide for their discussions. For this exercise the functional groups were:

1. End Stage Renal Disease/Dialysis Centers
2. Long Term Care Facilities
3. Home Health Providers
4. Hospice Providers
5. Transportation Companies
6. Emergency Management
7. Local Health Districts/ESF-8 Personnel

After the 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.

The purpose of this report is to analyze exercise results, identify strengths to maintain and build upon, identify areas for further improvement, and support development of corrective actions.

Identified Strengths

The major strengths identified during this exercise are as follows:

- **Collaboration:** Participants were eager and willing to work together to better serve their respective patients/residents/client populations. In fact, some participants stated that they were excited to be working with similar facilities run by different corporations.
- **Emergency Operations Plans:** Virtually all of the organizations participating in the exercise stated that they had an Emergency operations Plan in place for their respective facility.
- **Supply Chain:** Larger dialysis providers are able to secure a national contract to ensure limited disruption to their supply chain; Fresenius Kidney Care now maintains a two-week supply of consumable medical materials on hand.

Areas for Improvement

This exercise identified opportunities for improvement in Eastern Virginia Healthcare Coalition's ability to respond to the incident. The primary areas for improvement, including recommendations, are as follows:

1. **Emergency Operations Plans Revisions** – 34% (28 of 82) respondents to the exercise evaluation indicated that they would take direct action to edit their respective Emergency Operations Plan based on what they observed and learned during this exercise. This demonstrates the ongoing need to review, revise, train to, and test facility emergency operation plans.

Recommendation: EVHC staff should continue to encourage Coalition members to review and revise their EOPs at least annually, or more frequently as needed. EVHC staff should stress during meetings, training and exercises that lessons learned should be incorporated into facility EOPs and other policies and procedures.

2. **Redundant Communications** - 22% (18 of 82) respondents to the exercise evaluation indicated that they would take action to review and potentially add alternate means of communications at their respective facilities based on what they observed and learned during this exercise. Possible additions may include amateur radio, weather radio, and/or satellite phones.

Recommendation: Provide Coalition members with additional information regarding satellite phone and amateur radio. Consider the use of coalition funding to enhance facility communications.

3. **Transportation** – Dialysis providers have strong emergency plans in place that will allow them to reopen and/or absorb patients from other dialysis centers. However, dialysis patients who cannot get transportation to the dialysis centers in a timely will become critical over time and will require emergency medical services and dialysis.

Recommendation: Long-term care, home health and dialysis centers need to review their respective transportation contracts and plans for their respective facilities and patients/residents/clients. Facilities are strongly encouraged to meet with their transportation vendors to determine the factors that may limit the ability of the transportation company to operate before, during or after a disaster. Facilities are also encouraged to have agreements with multiple vendors to provide redundancy.

4. **Limited Cross Provider Communication Home Health Care Agencies and Dialysis Centers:** During module discussions, it became apparent that a home health clients have the potential to receive conflicting information regarding their care before, during and after emergency.

Recommendation: Home Health Agencies should communicate with dialysis centers to ensure that the clients/residents/patients are receiving consistent and complimentary information regarding emergency preparedness. Dialysis centers also need to inform home health care providers if individual patients are placed on emergency dialysis diets pre-event, and to make their home health agency of the dialysis centers status. This applies to both home dialysis (peritoneal dialysis) and regular dialysis patients.

5. **Limited Cross Provider Communication between Long Term Care and Dialysis Centers:** Many Long Term Care facilities provide limited or no communication with the dialysis provider(s) regarding their residents' status before, during and after and emergency.

Recommendation: Long Term Care providers should communicate to dialysis centers the status of the resident's dialysis provider, transportation needs and/or if the resident is evacuated prior to, or during an emergency. This allows the dialysis center to help the long-term care facility to identify another dialysis provider that can serve the residents' dialysis needs in a timely manner. Dialysis centers also need to inform residential care providers if individual residents are placed on emergency dialysis diets pre-event, and to make residential facilities aware of the dialysis centers status.

6. **Facility Status Reporting in VHASS** – Instruct VHASS end users that the number of available beds reported should reflect the actual number of beds that are unencumbered. (e.g. Do not count/report beds reserved for a sister facility, hospice, hospital, respite care, etc.)

Recommendation: EVHC staff should include this information in all VHASS training at facilities that are capable of reporting bed status in VHASS.

Participation

In all, 100 people participated in this exercise, excluding EVHC staff members. This exercise included participants representing the following provider types: acute care hospitals, corporate level healthcare system representatives, dialysis centers, emergency medical services, health departments, home health agencies, hospice providers, intermediate care facilities, jurisdictional emergency management, transitional care, and long term care/memory care facilities. The original sign in sheets are available electronically upon request, from the Eastern Virginia Healthcare Coalition using the contact information shown on page 1 of this document.

OVERALL PERFORMANCE

This tabletop exercise was a success. This exercise demonstrated the willingness of a variety of provider types to collaborate on emergency planning and preparedness to improve overall patient care and patient outcomes as they relate to an emergency or disaster.

Based on exercise evaluation comments it is recommended that a similar exercise be conducted before or during the next budget cycle.

APPENDIX A: IMPROVEMENT PLAN

Area Identified for Improvement	Corrective Action Needed	Responsible Organization	Responsible Person	Start Date	Completion Date
Revise Emergency Operations Plans, Policies & Procedures	Edit facility/organization respective Emergency Operations Plans, Policies & Procedures	Respective Heath Care Organizations			
Redundant Communication Methods	Review & potentially add alternate means of communications at their respective facilities	Respective Heath Care Organizations			
Redundant Communication Methods	Provide Coalition members with satellite phone & amateur radio information. Consider the use of coalition funding to enhance facility communications.	EVHC			
Transportation Plans & Contracts	Review respective transportation contracts and plans to ensure redundancy	Respective Heath Care Organizations			
Cross Provider Communication Home Health Care Agencies and Dialysis Centers	Establish & maintain 2-way communication between the home health agency & dialysis center on all dialysis patients.	Respective Heath Care Organizations			
Cross Provider Communication between Long Term Care and Dialysis Centers	Establish & maintain 2-way communication between the long term care facility & dialysis center on all dialysis patients.	Respective Heath Care Organizations			
VHASS Bed Reporting	Include bed status reporting definition of an open bed in all VHASS training & exercises.	EVHC			