Commissioner’s Order Ebola Readiness Drill

After-Action Report/Improvement Plan

[Date]

# Exercise Overview

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| --- | --- |
| **Exercise Name** | ***Commissioner’s Order Ebola Readiness Drill*** |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a drill planned for [exercise duration] at [exercise location].  |
| **Mission Area(s)** | Protection, Mitigation |
| **Core Capabilities** | Emergency Operations Coordination, Medical Surge, Healthcare System Preparedness, Information Sharing, Responder Safety and Health, Non-Pharmaceutical Interventions |
| **Objectives** | 1. The hospital demonstrates the ability to activate and implement the Hospital Command System (HICS), as appropriate to the incident.
2. The hospital demonstrates the ability to activate relevant plans and procedures to respond to the incident and assure continuity of essential functions.
3. The hospital demonstrates the ability to notify and communicate appropriate essential elements of information to State and local agencies.
4. Reception staff will recognize a suspect case of Ebola by following the patient registration protocol to:
	1. Ask about symptoms
	2. Ask about travel history
	3. Alert others about the need for isolation as quickly as possible
5. Assess the hospital’s ability to immediately isolate a suspect case of Ebola in a private room with a door and access to a private bathroom or portable commode.
6. Hospital personnel demonstrate the ability to access, and don and doff appropriate personal protective equipment, consistent with CDC guidelines.
7. Hospital personnel demonstrate the ability to ensure appropriate assessment and clinical management of the suspect patient, and determine/report the final disposition.
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| **Threat or Hazard** | Ebola |
| **Scenario** | An individual presents at a hospital with fever and a recent travel history to West Africa. |
| **Sponsor** | New York State Department of Health – Office of Health Emergency Preparedness; CDC/HPP Cooperative Agreement for Preparedness |
| **Participating Organizations** | Please see Appendix B and ENSURE Number of Staff who Participated |
| **Point of Contact** | Insert the name, title, agency, address, phone number, and email address of the primary exercise POC  |

# 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) |
| --- | --- | --- | --- | --- | --- |
| 1. The hospital demonstrates the ability to activate and implement the Hospital Command System (HICS), as appropriate to the incident.
 | Emergency Operations Coordination |  |  |  |  |
| 1. The hospital demonstrates the ability to activate relevant plans and procedures to respond to the incident and assure continuity of essential functions.
 | Medical SurgeHealthcare System PreparednessHealthcare System Recovery |  |  |  |  |
| 1. The hospital demonstrates the ability to notify and communicate appropriate essential elements of information to State and local agencies.
 | Information Sharing |  |  |  |  |
| 1. Reception staff will recognize a suspect case of Ebola by following the patient registration protocol to:
	1. Ask about symptoms
	2. Ask about travel history
	3. Alert others about the need for isolation as quickly as possible
 | Non-Pharmaceutical Interventions |  |  |  |  |
| 1. Assess the hospital’s ability to immediately isolate a suspect case of Ebola in a private room with a door and access to a private bathroom or portable commode.
 | Non-Pharmaceutical Interventions |  |  |  |  |
| 1. Assess the hospital’s ability to immediately isolate a suspect case of Ebola in a private room with a door and access to a private bathroom or portable commode.
 | Non-Pharmaceutical Interventions |  |  |  |  |
| 1. Hospital personnel demonstrate the ability to ensure appropriate assessment and clinical management of the suspect patient, and determine/report the final disposition.
 | Medical Surge |  |  |  |  |
| **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).
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The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

***Objective 1:*** ***The hospital demonstrates the ability to activate and implement the Hospital Command System (HICS), as appropriate to the incident.***

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

## Core Capability 1: Emergency Operations Coordination

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 2:******The hospital demonstrates the ability to activate relevant plans and procedures to respond to the incident and assure continuity of essential functions.***

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

## Core Capability 2: Medical Surge, Healthcare System Preparedness, Healthcare System Recovery

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 3: The hospital demonstrates the ability to notify and communicate appropriate essential elements of information to State and local agencies.***

## Core Capability 3: Information Sharing

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 4: Reception staff will recognize a suspect case of Ebola by following the patient registration protocol to:***

* 1. ***Ask about symptoms***
	2. ***Ask about travel history***
	3. ***Alert others about the need for isolation as quickly as possible***

## Core Capability 4: Non-Pharmaceutical Interventions

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 5: Assess the hospital’s ability to immediately isolate a suspect case of Ebola in a private room with a door and access to a private bathroom or portable commode.***

## Core Capability 5: Non-Pharmaceutical Interventions

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 6: Hospital personnel demonstrate the ability to access, and don and doff appropriate personal protective equipment, consistent with CDC guidelines.***

## Core Capability 6: Responder Safety and Health, Medical Surge

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

***Objective 7: Hospital personnel demonstrate the ability to ensure appropriate assessment and clinical management of the suspect patient, and determine/report the final disposition.***

## Core Capability 7: Medical Surge

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

***Add additional strengths, if identified***

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

***Add additional Areas for Improvement, if identified***

# Appendix A: Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of the ***Commissioner’s Order Ebola Readiness Exercise*** conducted on [date of exercise].

| **Core Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Core Capability 1: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 1]  |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |

# Appendix B: Exercise Participants

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| Participating Organizations |
| **Hospital (Please ENSURE Number of Participating Staff is listed)** |
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1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)