

## Example After-Action Report Narratives and Corrective Actions

### Strengths

**Strength 1:** The hospital successfully evacuated the east wing as a result of the rising flood waters addressed in the scenario. The hospital staff accounted for all personnel and patients before evacuation began. The hospital was placed on lock-down to ensure no malicious actors could take advantage of the situation. All 47 patients in the east wing were evacuated in 45 minutes, which is 30 minutes better than the expected evacuation time of 75 minutes listed in the hospital's Emergency Operations Plan (EOP). Upon completing the evacuation, all personnel and patients were again accounted for. No injuries, delays, miscommunications, or resource shortages were experienced during the evacuation process.

**Strength 2:** When the dialysis center lost both telephone and internet service during the simulated emergency, the staff immediately deployed the center's cache of 800 MHz encrypted radios and satellite phones. The radios and phones were issued to each staff member by the Communications Unit Leader who assigned and logged the issuing of each radio/phone. The Communications Unit Leader also distributed an updated communications directory with the current contact information for all personnel based on their assigned radio/phone. Because of its exceptional alternate communications planning, cached resources, and effective program management, the dialysis center experienced none of the challenges that typically follow a communications outage.

### Areas for Improvement

**Area for Improvement 1:** The hospital's evacuation process was challenged by insufficient planning, limited resources, unnecessary delays, and miscommunication.

**Reference:** Hospital Emergency Operations Plan (EOP), Evacuation Annex

**Analysis:** The hospital initiated an evacuation of the east wing as a result of the rising flood waters addressed in the scenario. While the hospital staff followed the evacuation checklist in the EOP, the checklist did not include instructions on accounting for personnel and patients either prior to or after an evacuation. As a result, no accountability was maintained during the evacuation. Likewise, the checklist did not include considerations for security, such as lock-downs or deploying additional security guards. Instead, the patients were left at an assembly area with no security presence. A malicious actor could have taken advantage of any of them or worse. Furthermore, the hospital had no pre-staged resources to support the evacuation process (e.g., gurneys, wheelchairs). As a result of the resource shortage and a lack of communication and knowledge of roles among the staff, the evacuation was delayed by more than 2 hours; taking 3 hours and 15 minutes instead of the 75 minutes anticipated in the EOP.

**Area for Improvement 2:** The dialysis center has limited alternative communication systems and programs in the event primary communications are lost.

**Reference:** Dialysis Center Continuity of Operations Plan, Communications Annex

**Analysis:** When the dialysis center lost both telephone and internet service during the simulated emergency, its emergency response efforts essentially came to a stop. The dialysis center has no alternative means of communication (e.g., radios, satellite phones) in the event of an outage and is solely dependent on landline and internet communications. At one point during the exercise, the Communications Unit Leader attempted to gather the personal cell phone numbers of staff, but most refused to share the information. Additionally, the Communications Unit Leader had no authority to procure needed resources and was unaware of the avenues for obtaining resources in an emergency situation. Because many of the functions of the dialysis center are dependent on communications systems (e.g., access to medical records, control of dialysis machines, appointment management), the facility's operations came to an abrupt stop as a result of the communications outage and the lack of alternate systems.

## APPENDIX A: IMPROVEMENT PLAN (IP)

Issue/Area for Improvement	Corrective Action	Capability Element	Assigned Department/Division & POC	Start Date	Completion Date
1. The hospital's evacuation process was challenged by insufficient planning, limited resources, unnecessary delays, and miscommunication.	1.1 The Emergency Planning Team will review the Evacuation Annex to the EOP and update it to be compliant with ISO Evacuation Standard 33554.	Planning	Emergency Planning Division POC = Nelson Booker	12/1/19	1/30/20
	1.2 A budget request will be submitted to the Board for additional evacuation resources as determined necessary by the revised EOP Evacuation Annex.	Equipment	Finance Division POC = Nancy Gilis	2/1/20	5/15/20
	1.3 A Training and Exercise Plan will be developed detailing a program sufficient to prepare personnel for potential evacuations.	Planning  Training/ Exercise	Emergency Planning Division  POC = Karen Rogers	2/1/20	3/1/20
2. The dialysis center has limited alternative communication systems and programs in the event primary communications are lost.	2.1 The Administration Division will propose alternative communications systems and associated pricing to the Administrator.	Equipment	Administration Division  POC = Don Knap	12/1/19	1/30/20
	2.2 A budget plan will be developed to acquire alternative communications systems if they cannot be procured under the current budget allocation.	Equipment	Chief Executive and Finance Director  POC = Martin Lewis	4/1/20	6/1/20
	2.3 Once communications systems are acquired, the Continuity Plan and Emergency Plans will be updated to reflect the new capabilities and their integration into emergency operations.	Planning	Risk Management  POC = Corey Travis	≈ 10/1/20	≈ 12/30/20

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.