Central Minnesota Healthcare Preparedness Coalition



Mission Trip Nightmares Functional Exercise

After-Action Report / Improvement

November 7th, 2017

# Exercise / Incident Description

| **Topic** | Response |
| --- | --- |
| **Exercise or Incident Name** | Mission Trip Nightmares |
| **Exercise or Incident Dates** | October 20th, 2017 |
| **Scope** | This exercise is a functional exercise, planned for 3 hours at participating facility location. Exercise play is limited to agencies and supporting partners within the Central Region. |
| **Mission Area(s)** | Protection, Response, and Recovery |
| **HPP Capabilities**  **PHEP Capabilities** | HPP Capability 2: Health Care and Medical Response Coordination  HPP Capability 3: Continuity of Health Care Service Delivery  PHEP Capability 1: Community Preparedness  PHEP Capability 3: Emergency Operations Coordination |
| **Incident Exercise Objectives** | |  | | --- | | **Objective #1:** Identify the role of the Health Care Coalition in supporting its members to respond to and recover from a special pathogen event.  **Objective#2:** Examine the notification and communication processes among local, regional, and state partners.  **Objective #3:** Examine effectiveness to provide access for functional needs patients.  **Objective#4:** Assess the ability for healthcare entity to:   * 1. Use appropriate PPE.   2. Apply just in time training.   3. Have appropriate quantity of PPE for 72 hours and increase of potential outbreak.   4. Determine methods to secure additional needs.   **Objective#5:** Determine the ability of LTC, Hospice, Home Care entities to identify steps for;   1. Identify any exposed residents / staff / visitors. 2. Create and identify methods to message staff, residents and family. 3. Determine any steps for allowing / limiting visitors. 4. Initial management and isolation of presenting patients. 5. Management of any other exposed family members.   **Objective#6:** Determine proper management and disposal of Class A medical waste.  **Objective#7:** Identification and activation of appropriate transport - (facility or home to hospital, once identified transfer to the HID Treatment Center if appropriate). | |  | |  | |
| **Threat or Hazard** | Exposure to a high consequence infectious disease after return of people on a mission trip from four churches within the community |
| **Scenario or Incident Description** | There is an outbreak of H8N4 influenza affecting a large population in the United States. Local public health is actively engaged in monitoring the situation. The first case of H8N4 identified in MN was a school age pediatric patient who is hospitalized in the Central region. Public concern is elevated. Meanwhile, members of a mission team just returned from a mission trip to Nigeria where they were assisting with post windstorm cleanup efforts for a small and remote village. People report that the environment was very dirty and many rats also inhabited the area. Total duration of the trip was two weeks. Several people started not feeling well shortly upon return and started presenting to local healthcare facilities. |
| **Sponsor** | Central Region Healthcare Preparedness Coalition 2017-2022 Hospital Preparedness Program (HPP), Ebola Preparedness and Response Activity (CFDA #93.817), Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CFDA #93.074). |
| **Participating Organizations** | Included Participants: Regional Hospitals, Local Public Health agencies, Clinics, Urgent Care, Skilled Nursing Facilities, Home Care Agencies, Hospice Agencies, Emergency Management, Emergency Medical Services, and Coalition staff. |
| **Point of Contact** | Donald Sheldrew  Regional Healthcare Preparedness Consultant (RHPC)  St. Cloud Hospital, 1406 6th Street N, 56303  320-255-5967  Donald.sheldrew@centracare.com |

# Executive Summary

# Participants will participate in a coordinated activity to test the facilities and coalitions ability to respond, recognize, screen, and identify proper procedures when confronted with an exposure to a high consequence infectious disease. The participates will, where indicated determine who needs information and how to best share information. The participants will utilize the incident command system throughout the exercise. Play will be initiated and moderated by a facility supplied facilitator. The coalition will provide a SIMCell to simulate the roles/responses of individuals/agencies not actively playing in the exercise.

# Analysis of HPP Capabilities

Alignment of exercise objectives and 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 capabilities and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

**Table 1 Summary of Capability Performance**

The following sections provide an overview of the performance related to each exercise or incident objective and the associated HPP Capability, highlighting strengths and areas for improvement.

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| #1 Identify the role of the Health Care Coalition in supporting its members to respond to and recover from a special pathogen event | HPP Capability 2: Health Care and Medical Response Coordination  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 1. Identify and Coordinate Resource Needs during an Emergency  Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency  HPP Capability 3: Continuity of Health Care Service Delivery  *Objective 5: Protect Responders’ Safety and Health*  Activity 1. Distribute Resources Required to Protect the Health Care Workforce  Activity 2. Train and Exercise to Promote Responders’ Safety and Health |  | S |  |  |
| #2 Determine the notification and communication processes among local, regional, and state partners. | HPP Capability 2. Health Care and Medical Response Coordination  *Objective 2: Utilize Information Sharing Procedures and Platforms Task or Resource*  Activity 3. Utilize Communications Systems and Platforms  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency  HPP Capability 3: Continuity of Health Care Service Delivery |  | S |  |  |
| #3 Assess the effectiveness to provide access for functional need patients. | HPP Capability 1. Foundation for Health and Medical Readiness  *Objective 2: Identify Risk and Needs*  Activity 4. Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs  HPP Capability 3: Continuity of Health Care Service Delivery |  | S |  |  |
| #4 Assess the ability for healthcare entity to:  a. Use appropriate PPE  b. Apply just in time training  c. Have appropriate quantity of PPE for 72 hours and increase of potential outbreak.  d. Determine methods to secure additional needs. | HPP Capability 2. Health Care and Medical Response Coordination  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 1. Identify and Coordinate Resource Needs during an Emergency  HPP Capability 3: Continuity of Health Care Service Delivery  *Objective 1: Identify Essential Functions for Health Care Delivery*  *Objective 5: Protect Responders’ Safety and Health*  Activity 2. Train and Exercise to Promote Responders’ Safety and Health |  | S |  |  |
| #5 Determine if LTC, Hospice, Home Care entities identify steps for;   1. Identify and screen exposed residents / staff 2. Create and identify methods to message staff, residents and family 3. Determine any steps for allowing / limiting visitors 4. Initial management and isolation of presenting patients. 5. Management of any other exposed family members | HPP Capability 2. Health Care and Medical Response Coordination  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 1. Identify and Coordinate Resource Needs during an Emergency  Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency  HPP Capability 3: Continuity of Health Care Service Delivery  *Objective 3: Maintain Access to Non-Personnel Resources during an Emergency*  Activity 2. Assess and Address Equipment, Supply, and Pharmaceutical Requirements  *Objective 5: Protect Responders’ Safety and Health*  Activity 1. Distribute Resources Required to Protect the Health Care Workforce  Activity 2. Train and Exercise to Promote Responders’ Safety and Health | P |  |  |  |
| #6 Determine proper management and disposal of Class A medical waste | HPP Capability 2. Health Care and Medical Response Coordination  *Objective 2: Utilize Information Sharing Procedures and Platforms*  Activity 3. Utilize Communications Systems and Platforms  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 1. Identify and Coordinate Resource Needs during an Emergency  Activity 3. Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency  HPP Capability 3: Continuity of Health Care Service Delivery  *Objective 5: Protect Responders’ Safety and Health*  Activity 1. Distribute Resources Required to Protect the Health Care Workforce  Activity 2. Train and Exercise to Promote Responders’ Safety and Health |  | S |  |  |
| #7Identify and activate appropriate transport - (facility or home to hospital, once identified transfer to the University of MN if appropriate) | HPP Capability 2. Health Care and Medical Response Coordination  *Objective 2: Utilize Information Sharing Procedures and Platforms*  Activity 3. Utilize Communications Systems and Platforms  HPP Capability 3: Continuity of Health Care Service Delivery  *Objective 1: Identify Essential Functions for Health Care Delivery*  *Objective 5: Protect Responders’ Safety and Health*  *Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation*  Activity 2. Develop and Implement Evacuation Transportation Plans | P |  |  |  |

**Ratings Definitions:**

* Performed without Challenges (P): The targets and critical tasks associated with the 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 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 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 capability were not performed in in a manner that achieved the objective(s).

**Table 2 Target Capabilities Defined**

| **Target Capability** | **Definition** |
| --- | --- |
| **Capability 1: Foundation for Health Care and Medical Readiness** | The community has a sustainable health care coalition (HCC) comprised of members with strong relationships that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and managing resources. |
| **Capability 2: Health Care**  **and Medical**  **Response Coordination** | Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events. |
| **Capability 3: Continuity of**  **Health Care**  **Service Delivery** | Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations. |
| **Capability 4: Medical Surge** | Health care organizations including hospitals, EMS, and out of hospital providers deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible. |

## Exercise Objective 1: Identify the role of the Health Care Coalition in supporting its members to respond to and recover from a special pathogen event.

**Gap Addressed**: For a High Consequence Infectious Disease (HCID) this is an ongoing requirement for this capability. Additionally, with the recent changes in Centers for Medicare & Medicare Services (CMS) rules, the coalition has added additional healthcare types such as Skilled Nursing Facilities (SNF), Homecare agencies and Hospice agencies. Many of these entities are players within our hospitals and or community partners and many have not participated in these kinds of activities. Communications and resulting actions with these agencies have been limited and now need to be better solidified.

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

**Strengths**

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

**Strength 1:** Good Communications – many, especially hospitals very familiar with coalition role and communications with local partners were useful

**Strength 2:** Information from coalition (HMAC)was timely and helpful

**Strength 3:** Exercise design allowed for good discussion

**Areas for Improvement**

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

**Area for Improvement 1:** It was stated several times that there are staff turnovers which lead to re-education about internal processes, local communications, and importance / benefit of coalition and the things/information it can provide. Connected to this is that some played with “2nd Shift” personnel which created the same issues as well as concerns about “off hour” activations. Lastly, newer coalition members due to the CMS rule change has brought on groups that have not previously participated and will need more time to get up to speed on coalition resources. **Reference:** Coalition All Hazards Plan, Coalition website, Coalition MOU and Bylaws

**Analysis:** Most of the concerns came because of players who do not or have not typically participated with the coalition in the past.

**Recommendations:**

1. Continue with the format of this exercise which allows participants to spend additional time where needed.
2. Assist/ensure that members include coalition information, purpose and capabilities when onboarding new staff (those that would be in a position that needed this).
3. Work with coalition members to develop exercises that included 2nd, 3rd and weekend personnel
4. Continue with education for new members as a result of the CMS rule change.

Exercise Objective 2: Determine the notification and communication processes among local, regional, and state partners.

**Gap Addressed**: Communications are ever changing and often the first area to show problems. With the addition of new partners, it was an opportunity to introduce them as they have never been exposed to coalition process previously. Additionally, internal facility based processes also change and adding in communications is always beneficial.

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

**Strengths**

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

**Strength 1:** Strong intra facility relationships – i.e. clinics with a system

**Strength 2:** LPH often provided good information

**Strength 3:** The HMAC was identified as a credible and good source of various types of information

**Strength 4:** A couple of facilities included their internal Infection Control Practitioners (ICP) which had not been involved previously. Through that they identified information that was previously overlooked.

**Areas for Improvement**

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

**Area for Improvement 1:** Several partners identified decisions required lots of discussion and decisions before deciding who and how to connect with others

**Reference:** Coalition All Hazards Plan, MOU, Coalition Resource sharing/request document

**Analysis:** The facilities / entities that reported this were either newly added members to the coalition or older hospital partners interacting with newer coalition members.

**Recommendations:**

1. The recommendation is to continue to provide education and exercises regarding the coalition processes and plans.
2. Work with newly added members to obtain ICS education and implement these into facility processes on an ongoing basis.

**Area for Improvement 2:** Several partners identified that there was confusion about whether to call LPH or MDH regarding the diseases utilized.

**Analysis:** This exercise included both an HCID and Influenza component and can seem confusing. Identification of who to call for what can be difficult, however calling locally first when in doubt should provide specifics needed.

**Recommendations:**

1. Provide additional educational information regarding diseases and who does what
2. Ensure that facilities are connected with LPH and the regional ICAR personnel
3. Working on the recommendations will also provide opportunities for personnel to test abilities and gain comfort with who to call when
4. Ensure that local / internal ICP personnel are contacted and looped in

Exercise Objective 3:Assess the effectiveness to provide access for functional need patients.

**Gap Addressed**: Ongoing requirement – This is an area that facilities need to continue to improve on recognition of patients / residents / clients and factor in when providing and planning for care.

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

**Strengths**

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

**Strength 1:** Many facilities / entities identified that additional staff and support could be accessed either internally or by involving community and other agency partners when needed.

**Strength 2:** Facilities identified internal and external means of obtaining additional staff especially when dealing with behavioral health (BH) concerns and that of “worried well.”

**Strength 3:** Recognition of cultural needs.

**Areas for Improvement**

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

**Area for Improvement 1:** Many respondents identified BH as a need that could exceed their capacity as staffing requirements would increase. While many did identify internal / outside possibilities, others were concerned that staffing could become overwhelmed quickly.

**Analysis:** Behavioral health concerns continue to be a potential source of possible concerns as crisis situations can exacerbate existing conditions and as well provide a climate that causes increased stressors upon communities. Healthcare settings often are places where community members will turn for help, which can overwhelm a health entities capacity.

**Recommendations:** Work on providing family assistance has been worked on previously however working on a coordinated plans and exercises that connect facility players and community partners as well as PH would be beneficial.

1. Develop concrete policies around family assistance and support that include wrap around supportive communities.
2. Provide exercises that utilize the opportunity to connect parties that would be affected - i.e. facility, internal partners, LPH, local BH and other NGO organizations with capacity to assist.

**Area for Improvement 2:** Identification of patients who are receiving care at home and prioritize care. Additionally, discuss and implement disaster / crisis plans with those who are on home care / hospice or those recently had a life changing event and have limitations due to recent health care situations.

**Analysis:** While many HC and hospice agencies already prioritize residents some still have challenges in implementing them. Knowing who see out for assistance would be beneficial. Many recently discharged patients also go home and have limitations that previously didn’t exist and could be at risk during a crisis. By having HC. Hospice and discharge planning include information and a plan of what they would do / who to connect with would be helpful.

**Recommendations:**

1. Continue to incorporate functional needs patients / residents into exercises and add in specific types, such as pregnant, post op, disabilities, BH etc. Rather than build out an exercise with general terms of “functional needs”, start to include planning and exercises with specific groups in mind and build over time.
2. Work with membership on including crisis plans for patients / residents that could fall into the “functional needs” areas so these individuals can begin or continue planning for themselves and assist HC entities in knowing what they can do.

Exercise Objective 4:Assess the ability for healthcare entity to:

a. Use appropriate PPE

b. Apply just in time training

c. Have appropriate quantity of PPE for 72 hours and increase of potential outbreak.

d. Determine methods to secure additional needs

**Gap Addressed**: Ongoing requirement

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

**Strengths**

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

**Strength 1:** Utilization of ICP where available was a valued asset

**Strength 2:** Sparked good conversations calculating how much PPE would be needed.

**Strength 3:** Hospital participants seemed very comfortable with this

**Areas for Improvement**

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

**Area for Improvement 1:** Just in time training (JIT) and fit testing were areas that newly added partners were not as familiar with as hospitals.

**Analysis:** Utilization of N-95’s has not been an area that non-hospital based entities have been accustomed to previously as well as PPE JIT training.

**Recommendations:**

1. Encourage those agencies that are connected with hospital systems to develop relationships with those that can provide PPE training and education.
2. Encourage facilities to have personnel on staff who are trained and can assist with PPE concerns.

Exercise Objective 5:Determine if LTC, Hospice, Home Care entities identify steps for:

1. Identify and screen exposed residents / staff
2. Create and identify methods to message staff, residents and family
3. Determine any steps for allowing / limiting visitors
4. Initial management and isolation of presenting patients.
5. Management of any other exposed family members

**Gap Addressed**: As new members of the coalition, the ability to protect staff, residents, and family is an area we wanted to assess as a baseline.

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

**Strengths**

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

**Strength 1:** Facilities are used to dealing with outbreaks or various illnesses and have plans in place

**Strength 2:** All entities indicated that their communication plans, policies and procedures all worked well

**Strength 3:** Good discussions prompted some to offer alternative means of communicating with families such as skype

**Areas for Improvement**

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

**Area for Improvement 1:** Continue improving and testing plans and procedures

Exercise Objective 6:Determine proper management and disposal of Class A medical waste

**Gap Addressed**: Ongoing Requirement

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

**Strengths**

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

**Strength 1:** Many facilities preformed w/o challenges

**Strength 2:** Many facilities have plans, processes and procedures in place

**Areas for Improvement**

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

**Area for Improvement 1:** The facilities that struggled indicated that their internal plans were not as robust or built out as needed and/or that the process was inhibited because this was not built into their ICS structure. One facility indicated that there are several vendors that provide this service and while it works well, needed oversight to standardize is needed.

**Analysis:** Most facilities do not routinely deal with Cat A waste and plans have not been built out as they should be for some facilities.

**Recommendations:**

1. Continued education on Cat A waste
2. Continued exercising with this as an objective

Exercise Objective 7:Identify and activate appropriate transport - (facility or home to hospital, once identified transfer to the University of MN if appropriate)

**Gap Addressed**: Ongoing requirement

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

**Strengths**

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

**Strength 1:** Hospitals all understood who to call in their area for this type of transport.

**Strength 2:** Previous planning and exercising

AAR/IP submitted by: Donald Sheldrew Date12/18/2017

Agency representative: RHPC Central Region Date12/18/2017

# Appendix A: Improvement Plan

This IP has been developed specifically for Central MN Coalition Members as a result of the High Consequence Infectious Disease exercise conducted on October 20th, 2017.

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| --- | --- | --- | --- | --- | --- |
| **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **POC/Agency** | **Start Date** | **Completion Date** |
| **Capability 1:**  HPP Capability 1. Foundation for Health and Medical Readiness | | | | | |
| 1. Access and Functional Needs Preparedness and Planning | Provide additional education on specific AFN populations | Objective 2, Activity 4**2** | Don Sheldrew | November 7th, 2017 | Continuous |
| Identify and exercise specific AFN populations in future exercises | Objective 2, Activity 4**2** | Don Sheldrew | November 7th, 2017 | Continuous |
|  |  |  |  |  |
| **Capability 2** **HPP Capability 2: Health Care and Medical Response Coordination** | | | | | |
| 1. Communications | Continue to provide education and exercises regarding the coalition processes and plans. | Objective3, Activity 1,3 | Don Sheldrew | November 7th, 2017 | Continuous |
| Reinforce local and regional connections – i.e. LPH and MDH ICAR Team | Objective 3, Activity 1,3 | Don Sheldrew | November 7th, 2017 | Continuous |
|  |  |  |  |  |
| **Capability 3: Continuity of Health Care Service Delivery** | | | | | |
| 1.Look for additional and alternative methods for family and staff to stay safe and connected during a crisis |  |  |  |  |  |
| Identify alternative methods with the assistance of coalition members | Objective 3, Activity 5 | Don Sheldrew | November 7th, 2017 | Continuous |
| Continue improving and testing plans and procedures | Objective 3, Activity 5 | Don Sheldrew | November 7th, 2017 | Continuous |
| 2.Assist regional facilities to examine and provide resources and accurate information regarding PPE, Fit testing, and other means of protecting staff | Work with the newly added CMS partners to understand resources and information available identifying appropriate PPE for their facility types. | Objective 3, Activity 2,3 | Don Sheldrew | November 7th, 2017 | Continuous |

# Appendix B: Exercise Participants

| Participating Organizations (insert rows as needed) | |
| --- | --- |
| **State & Local Government (LHDs, CHBs, Emergency Management, State Health Department, etc.).** | |
| Sherburne County Health & Human Services | Cass County Public Health |
| Chisago County Public Health | Crow Wing County Community Services |
| Isanti County Public Health | Stearns Co PH |
| Pine County Public Health | Mille Lacs County Health & Human Services |
| Todd County Health and Human Services | Minnesota Department of Health |
| Kanabec County Community Health |  |
| **Non-government Partners (EMS, Hospitals, LTC Facilities, Community Health Centers, Red Cross, Salvation Army, etc.)** | |
| CCH – Long Prairie and LTC | Cokato Charitable Trust |
| Mille Lacs Health System and LTC | Mother of Mercy Senior Living |
| Centracare Clinics | Scandia Senior Care, Scandia House of Mora |
| Essentia Health St. Joseph’s Medical Center | Belgrade Nursing Home |
| Fresenius Kidney Care- Mora Dialysis | St. Clare Living Community of Mora |
| CHI St. Gabriel's Health – Little Falls | Bethany -Good-Samaritan Society |
| Allina Cambridge Medical Center | Talahi Nursing and Rehab |
| Riverwood Healthcare Center - Hospital and Clinics | Ecumen Hospice |
| Tri County Health Care - Wadena | Country Manor |
| CCH-Melrose Hospital and LTC | Lakewood Health System -Staples |
| Fairview Northland - Princeton | Essential Health - Sandstone |
| Fairview Lakes - Wyoming | Aicota |
| **Federal Partners (CDC, ASPR, FEMA, etc.)** |  |
|  | |
|  |  |
|  |  |

### Additional Information/Comments

1. Capability Elements are: Planning, Skills/Training, Equipment/Technology

   Please submit a copy of this AAR/IP to [health.hpp@state.mn.us](mailto:health.hpp@state.mn.us) [↑](#footnote-ref-1)