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# SouthEast Texas Regional Advisory Council



## **AFTER ACTION REPORT & IMPROVEMENT PLAN**

**April 7-April 10, 2014**

**Operation Whirlwind**

**Hurricane Functional Exercise**

**June 30, 2014**

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### **Handling Instructions**

The title of this document is the Operation Whirlwind, After Action Report and Improvement Plan.

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**Exercise/Incident AAR/IP Point of Contact:**

(Person Completing and submitting the AAR/IP)

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**Exercise/Incident Detail:**

<b>After Action Report for:</b>	<input checked="" type="checkbox"/> Exercise <input type="checkbox"/> Actual Event/Incident
<b>Exercise/Incident Date(s):</b>	April 7-10, 2014
<b>Exercise/Incident Type:</b>	<input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
<b>Exercise/Incident Geographical Scope:</b>	<input type="checkbox"/> Local <input checked="" type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> International

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**Executive Summary**

The SETRAC/RHPC functional hurricane exercise Operation Whirlwind was developed to test the ability of the Catastrophic Medical Operations Center to coordinate the capabilities of Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Coordination, and Information Sharing. The exercise planning team was composed of:

<b>Name</b>	<b>Organization</b>	<b>E-Mail</b>
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Based on the exercise planning team's determination, the following mission(s) and objectives were developed for Operation Whirlwind.

**Mission:**

The mission of the Operation Whirlwind Functional Exercise is to assess the ability of the Catastrophic Medical Operations Center (CMOC) regional medical response plans and capabilities in the event of a hurricane.

**Capabilities:**

- Capability 1: Healthcare System Preparedness
- Capability 2: Healthcare System Recovery
- Capability 3: Emergency Operations Coordination
- Capability 6: Information Sharing

**Overview:**

The Operation Whirlwind Functional Exercise is based on a hurricane scenario. Day One of the exercise begins at H-72, primarily exercising communications, information sharing, and decision making. Day Two of the exercise begins at H-48 and an emphasis is placed on mitigation planning, situational awareness, assistance to individuals with special needs, and evacuation planning. Day Three begins at H-24, and focuses on resource management/allocation, and operational readiness. Day Four begins at H+12 and focuses on health system recovery, reunification, and continuity planning.

**Major Strengths Demonstrated:**

The major strengths identified during this exercise/incident are as follows:

- Based on observations from exercises held in previous years, there was a noted improvement in the communication from the front row to the back row.
- When the scenario called for a failure in technology, participants quickly determined an alternate means of documentation and communication. When technology was restored, the documentation was appropriately entered into the systems.
- The participants demonstrated the ability to appropriately convey information and situational awareness when changing staff at the end of operational periods.

**Primary Areas for Improvement Identified:**

The primary areas for improvement, including recommendations, are as follows:

- Participants did not demonstrate the ability to appropriately prioritize resource requests.
- There did not appear to be a readily available listing of resources available through the SETRAC warehouse or medical supply companies.
- Participants did not demonstrate the ability to determine the status of resource requests (pending, in-progress, fulfilled).
- At times, the amount of technology appeared to overwhelm the participants. Often, data appeared in multiple boards on WebEOC and tracking information became difficult. This may be due to exercise artificiality in the use of some of the systems.

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**Section 1: Exercise Overview**

- 1.01 Exercise Name/Designation:**  
Operation Whirlwind
- 1.02 Exercise Dates:**  
April 7-10, 2014
- 1.03 Exercise Duration:**  
4 days / 6 hours per day
- 1.04 Exercise/ Location(s):**  
City of Houston Emergency Operations Center  
TSA Q, H, and R  
Ellington Field  
Tully Stadium
- 1.05 Sponsor:**  
SouthEast Texas Regional Advisory Council / Regional Healthcare Preparedness Coalition
- 1.06 Funding Source:**  
U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP)
- 1.07 Program Requirements Addressed:**  
HHS/ASPR
- 1.08 Mission(s) Tested During the Exercise:**  
Response
- 1.09 Capabilities Demonstrated/Validated:**
- Healthcare System Preparedness
  - Healthcare System Recovery
  - Emergency Operations Coordination
  - Information Sharing
- 1.10 Exercise Scenario Type:**  
Weather Event – Hurricane (H-72 to H+12)
- 1.11 Organizational Participants:**  
See Tab C for participant list.

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## **Section 2: Exercise Design Summary and Analysis of Capabilities**

### **2.01 Exercise Purpose and Design:**

The purpose of the Operation Whirlwind Functional Exercise is to evaluate the Regional Healthcare Preparedness Coalition (RHPC) Catastrophic Medical Operations Center (CMOC) regional medical response and evacuation plans, as well as coordination of capabilities in healthcare facilities in the event of a major hurricane.

This exercise was designed and executed in accordance with the US Department of Homeland Security Exercise Evaluation Program guidance. The exercise planning team discussed the complexities of responding to a major hurricane from H-72 to H+12. This process was completed over a 3 month period by completing 3 exercise planning meetings, 4 Master Scenario Events List (MSEL) meetings, and extensive communication between the vendor and SETRAC/RHPC. These meetings were held at the SETRAC offices.

### **2.02 Scenario Summary:**

The Operation Whirlwind Functional Exercise is based on a hurricane scenario. Day One of the exercise begins at H-72, primarily exercising communications, information sharing, and decision making. Day Two of the exercise begins at H-48 and an emphasis is placed on mitigation planning, situational awareness, assistance to individuals with special needs, and evacuation planning. Day Three begins at H-24, and focuses on resource management/allocation, and operational readiness. Day Four begins at H+12 and focuses on health system recovery, reunification, and continuity planning.

### **2.03 Exercise/Incident Capabilities, Objectives, Activities and Analysis:**

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that are derived from federal grant programs (ASPR Healthcare Preparedness Capabilities) or executive directive. The mission related capabilities included below form the foundation for the organization of all objectives and observations in this exercise. The capability-based objectives used for Operation Whirlwind are listed below, followed by the activities required to demonstrate the objective. Each capability is followed by a listing of the activities required to demonstrate the objective, observations of performance of the selected activities, analysis of the impact of the observed performance and recommendations for improvements where required.

#### **Capability 1: Healthcare System Preparedness**

**Objective 1.1:** Test the ability of CMOC front row staff w to timely monitoring and provide management of resources during a natural disaster in accordance to ASPR directives and local standards.

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Activity 1.1.1: The CMOC staff should demonstrate the ability to manage and track resources throughout the duration of the event.

**Observation:** Area of Improvement

The CMOC staff was able to appropriately request resources when they were requested by outside agencies. However, they did not have access to a complete inventory of what is available in the warehouses. Once resource was deployed participants did not track the location of resources in use.

Resource requests were filled in a timely manner, but once they were deployed participants did not track where they were. This could make it difficult to recover (and possibly re-allocate) resources.

**Analysis:**

Multiple sources of supplies and equipment exist, such as the SETRAC warehouse, medical supply warehouses, and the Multi-Agency Coordination Center (MACC). Participants were aware that these sources existed, but were often unsure of the resources that each could provide. It was noted that WebEOC does have a Resource Inventory Board, but it was not populated. This could result in a delay when requesting resources.

**Recommendation 1.1.1:**

Maintain a resource list categorized by each available source, in WebEOC if possible. Assure that this list is available to the Logistics Chief.

**Recommendation 1.1.2:**

Consider adding a board in WebEOC that is dedicated to the tracking of deployed resources.

**Objective 1.2:** Evaluate the ability of CMOC staff to coordinate the allocation of emergency medical care resources during a catastrophic hurricane in accordance to the CMOC Plan.

Activity 1.2.1: The CMOC staff should effectively allocate resources that are being utilized throughout the duration of the incident.

**Observation:** Area of Improvement

There did not appear to be a system in place to effectively prioritize the allocation of resources being requested. Because resources were being requested through multiple pathways, the potential exists for that information to be lost.

**Analysis:**

When resource requests were received, the majority were categorized as “Urgent”. If resources are allocated based on this assessment, many of the critical (and possibly scarce) resources will be allocated early in the event and may be unavailable to hospitals who do have an urgent need as the event progresses.

Additionally, Resource requests were received through at least six different mechanisms. (Phone, LoRe Board, E-mail, Mission Tasking Board, Position Specific Task Board, and Handwritten ICS213 Form). It appeared that data fields in the LoRe board could be overwritten, which could result in accidental deletion or modification of information.

**Recommendation 1.2.1:**

When prioritizing resource requests, consider whether the request is truly urgently needed or a routine request.

**Recommendation 1.2.2:**

Data fields in LoRe should be locked down to not allow editing. Additional comments could be allowed, but not a change in the original information. All entries should receive a time/date stamp that also indicates who added the comments.

**Capability 3: Emergency Operations Coordination**

**Objective 3.1:** Evaluate the ability of the RHPC region's ability to activate emergency operations in response to a large scale natural disaster in accordance to the CMOC plan.

Activity 3.1.1: Demonstrate the activation process as described in the CMOC Activation Plan as required in response to an incident involving a natural disaster.

**Observation:** Strength

The CMOC staff was able to appropriately activate the CMOC and assign responsibilities as defined in the plan.

**Analysis:**

During the activation, the Operations Chief appropriately briefed the CMOC staff and assigned duties in anticipation of the weather event.

**Recommendation 3.1.1:** None

**Objective 3.2:** Test the ability of CMOC staff and healthcare agencies to prioritize and coordinate the operational objectives designated by the Operations Chief, according to the National Response Framework and National Incident Management System, for each operational period.

Activity 3.2.1: Prioritize objectives and coordinate the operational objectives designated by the Operations Chief.

**Observation: Area of Improvement**

There were inconsistencies in how the situation report and the operational objectives were determined

**Analysis:**

Each Operations Chief had a different method of preparing the situation report and operational objectives. On Day One of the exercise, it took nearly two hours to compose the situation report. On Day Two, the situation report was completed in less than 20 minutes. This could result in a loss of situational awareness. Many of the CMOC staff look to this report to determine their operational objectives. When it is not completed promptly and consistently, it could result in a delay of key activities.

**Recommendation 3.2.1:**

Develop a procedure (or job aid) for the Operations Chief that outlines the information that must be distributed, and the format that should be used.

**Objective 3.3:** Evaluate the ability of the RHPC region to maintain the regional response to a pending natural disaster in accordance with the CMOC Basic Plan.

Activity 3.3.1: Maintain the regional response to Hurricane Kevin activation.

**Observation:** Strength

The Operations Chiefs demonstrated the ability to appropriately simulate how they would brief their relief at the change of an operational period.

**Analysis:**

Briefings at the change of operational period are critical in maintaining situational awareness.

**Recommendation 3.3.1:** None

**Observation:** Area of Improvement

It did not appear that an appropriate, pre-defined protocol exists to maintain communication between CMOC and Hospitals in the event of a communications failure.

**Analysis:**

On Day Two, a simulated communications failure was injected. A Form 205 was prepared and it was later revealed that there was only one radio available so it was impossible to use the channels identified on the 205. When communications with Beaumont Hospital failed, the 205 was not used in selecting a channel (8TAC93D). That particular channel was not listed on the 205. An amateur multi-band radio was used to attempt communications with the Beaumont Hospital. That frequency is not available in amateur gear, it would be illegal to use if it were available in that radio, and that particular frequency would not be usable at the distance between points.

**Recommendation 3.3.2:**

Develop a standardized protocol for use of backup communications systems in the event of a telephone/internet outage.

## **Capability 6: Information Sharing**

**Objective 6.1:** Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery.

Activity 6.1.1: Through utilization of existing technology, the CMOC will maintain a common operating picture in regards to bed tracking, patient tracking, and major events that affect the healthcare system as a whole during the duration of the event.

**Observations:** Strength

Based on observations made in previous exercises, the communication between the front and back rows has improved significantly. When a simulated failure of WebEOC occurred, alternative means of documentation were developed.

**Analysis:**

During previous exercises, it was noted that often information did not flow freely between the Chiefs and the Corridor Representatives. During Operation Whirlwind, the information flow was uninterrupted and appropriate information was shared.

During a simulated failure of WebEOC, an alternative method of documentation was communicated to all CMOC staff. Once the WebEOC system was brought back online, CMOC staff appropriately entered the information that had been recorded through the alternate system into the WebEOC system, thus assuring that information was not lost.

**Recommendation 6.1.1:** Continue CMOC trainings on WebEOC and EmSystems to improve information sharing capabilities of the region.

Activity 6.1.2: Through utilization of existing technology, the CMOC will maintain a common operating picture in regards to bed tracking, patient tracking, and major events that affect the healthcare system as a whole during the duration of the event.

**Observation:** Area of Improvement

Based on observations made in previous exercises, the communication between the front and back rows has improved significantly.

**Analysis:**

During previous exercises, it was noted that often information did not flow freely between the Chiefs and the Corridor Representatives. During Operation Whirlwind, the information flow was uninterrupted and appropriate information was shared.

**Objective 6.2:** Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery in accordance with local plans and procedures.

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Activity 6.2.1: Through utilization of existing technology, the CMOC will maintain a common operating picture in regards to bed tracking, patient tracking, and major events that affect the healthcare system as a whole during the duration of the event.

**Observation:** Area of Improvement

One of the challenges of WebEOC is that large amounts of information are entered, but it is difficult to track this information. Additionally, it did not appear that hospitals were entering information into EMResource as requested.

**Analysis:**

The CMOC Events board in WebEOC is controlled by the Operations Chief, who receives all board entries from various sources and elevates the most important to the CMOC Events display. Once displayed there is no staff member assigned to monitor the issues displayed on the CMOC Events board for the purpose of assuring that those issues are routed to the correct operational unit and thus completed and closed. It is difficult for corridor reps to maintain an awareness of issues and information that either they posted to the CMOC Events board or that were posted by hospitals in their corridor area.

EMResource needs to be utilized to its maximum. It should be trusted that hospitals will monitor and forward the information that is needed (e.g., current status of facility, bed status, structural damage concerns). Often, the corridor representatives resorted to calling each hospital on the phone, which took time away from other critical tasks.

**Recommendation 6.2.1:**

Assign a staff member to track the CMOC Events board to assure that issues are routed to the correct operational unit. Develop a method that allows corridor reps to more easily search the CMOC Events board for that information and filter out information that pertains to other corridor areas.

**Recommendation 6.2.2:**

Assure that hospitals understand both the importance of responding to information requests and the mechanism by which they provide the response. Consider using a more urgent form of alerting the hospitals that a request has been issued.

**Objective 6.3:** Before, during, and after an incident, utilize coordinated information sharing protocols to receive and transmit timely, relevant, and actionable incident specific healthcare information to incident management during response and recovery.

Activity 6.3.1: Through utilization of existing technology, the CMOC will maintain a common operating picture in regards to bed tracking, patient tracking, and major events that affect the healthcare system as a whole during the duration of the event.

**Observation:** Area of Improvement

There was confusion about when the MACC was activated for the event.



**Analysis:**

The communication between CMOC and the MACC was somewhat disconnected due to the fact that the technology doesn't fully support integration.

**Recommendation 6.3.1:**

Slight changes should be made to WebEOC to make it easier for the CMOC staff to know when the MACC has been activated. A verbal announcement in the CMOC that the MACC has been activated may also be beneficial.

**Capability 10: Medical Surge**

**Objective 10.1:** Coordinate medical surge capabilities in accordance with the CDC, ASPR, and public health directives during an operational period.

Activity 10.1.1: Support Medical Surge Operations

**Observation:** Strength

When receiving requests from individuals requiring medical assistance, the CMOC staff asked appropriate questions and routed the requests to the appropriate resource.

**Analysis:**

When receiving simulated calls from 211 requesting evacuation of patients with medical special needs, the CMOC staff asked appropriate questions and recorded information correctly.

**Recommendation 10.1.1:** None

**Objective 10.2:** Support Medical Surge Operations

Activity 10.2.1: Coordinate medical surge capabilities in accordance with the CDC ASPR, and public health directives during an operational period.

**Observation:** Area of Improvement

When given an inject regarding an impromptu medical special needs shelter operated by a church, resources were deployed that were not needed.

**Analysis:**

An inject was given that a church was operating a medical special needs shelter, and needed supplies and staff. CMOC staff stated that they would deploy staff and resources to the shelter. It would have been more appropriate to move the patients to an approved Medical Special Needs Shelter, where they could receive the appropriate level of care.

**Recommendation 10.2.1:**

Care should be taken to evaluate resource requests to determine if it is more appropriate to send the resources to the requestor, or find an alternative solution to their problem. Continue CMOC training specific to leadership roles.

### **Section 3: Conclusion**

The objectives set forth by the exercise planning team were met and most cases exceeded the expectations of the planning team and contractor staff involved in this exercise. Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Coordination, and Information Sharing were the overarching objectives for this event, but the CMOC staff and the hospitals also reflected an attitude of true commitment to making this exercise a learning experience which is always an underlying objective for any exercise, large or small.

This exercise was a success in many aspects but it has also shown an opportunity for improvement of understanding by the hospitals regarding CMOC concept and the computer systems available to them. The personnel from the Southeast Texas Regional Advisory Council that participated in this event were knowledgeable about the CMOC concept and assisted the new staff members when they were called upon to help complete a task. The participation of senior leadership from Southeast Texas Regional Advisory Council, the Regional Healthcare Preparedness Coalition, and outside agencies in this exercise reflects a commitment to the preparedness of the region in and a strong commitment to serving the residents of each of their regions.

A robust improvement plan that will address all aspects of the exercise, not just the issues discussed in this document, has been drafted and discussed thoroughly with all parties.

All of the staff that participated in the exercise are obviously very committed to the CMOC concept and to the residents of TSA H, R and Q regions. Even though there were several areas of improvement noted in this year's exercise, there has been noted improvement over the performance during last year's event.

In the opinion of the staff contracted to assist with this event, this was a very successful exercise. All participating agencies should be able to utilize the outcomes as building blocks for future planning, training considerations, and expenditures to improve their overall response capabilities and better serve the citizens of the TSA H, R and Q regions.

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**IMPROVEMENT PLAN**

This IP has been developed specifically for the Southeast Texas Regional Advisory Council/RHPC a result of Operational Whirlwind Functional Exercise conducted on April 7<sup>th</sup>-10<sup>th</sup> 2014. The recommendations included in this IP draw on evaluator observations and recommendations as well as exercise participant recommendations documented during after action meetings/debriefings.

Capability/ Objective #	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
1.1	Maintain a resource list categorized by each available source, in WebEOC if possible.	SETRAC Staff will continue to use the LoRe board categorize available resources, and train CMOC front row staff on use of system.	SETRAC	On-going*
1.1	Consider adding a board in WebEOC that is dedicated to the tracking of deployed resources.	Continue to train staff on deployment feature of the LoRe board.	SETRAC	On-going*
1.2	Develop a workshop or short discussion based exercise to practice resource request prioritization.	Conduct an annual exercise on resource requests	SETRAC	June 30, 2015
3.2	Develop a procedure (or job aid) for the Operations Chief that outlines the information that must be distributed, and the format that should be used.	Update the CMOC job Aids to reflect lessons learned from operation whirlwind	SETRAC	December 31, 2014
3.3	Develop a standardized protocol for use of backup communications systems in the event of a telephone/internet outage.	Update CMOC plan to include backup communication protocols for use of HAMM Radios and the CMOC Satellite located at the Houston Emergency Center.	SETRAC	June 30, 2015

**Authorizing Signature:** Lori Upton **Date:** June 30, 2014

\* All on-going tasks will be reevaluated on an annual basis to determine if changes are needed with the trainings.

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Capability/ Objective #	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
6.1	Assign a staff member to track the CMOC Events board to assure that issues are routed to the correct operational unit. Develop a method that allows corridor reps to more easily search the CMOC Events board for that information and filter out information that pertains to other corridor areas.	Enhance WebEOC to include a event type filter, to allow end user to better navigate through the events boards	WebEOC Administrator	December 31, 2014
10.1	Care should be taken to evaluate resource requests to determine if it is more appropriate to send the resources to the requestor, or find an alternative solution to their problem.	Continue to host CMOC training of front row staff to be able to respond to incoming request.	SETRAC	December 31, 2014

**Authorizing Signature:** Lori Upton **Date:** June 30, 2014

## **TAB A**

### **Exercise Evaluation Team**

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**Evaluation Team**

The following individuals served as the evaluation team for Operation Whirlwind.

<b>Name</b>	<b>Position</b>	<b>Area</b>	<b>E-Mail</b>	<b>Phone</b>
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**TAB B**

**Exercise/Incident Participant Rosters**

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## Exercise Participants

\* = Indicated exercise participants that did not provide rosters

Agency Name	Agency Type	Number of Participants
Americare EMS *	EMS	*
Americare EMS Polk County*	EMS	*
Angelina County OEM*	OEM	*
Angelina County/City HD	PH	64
Angleton Danbury Medical Center*	HOSP	*
Aspire Hospital*	HOSP	*
Atrium Medical Center	LTAC	10
Baptist Hospitals Beaumont	HOSP	8
Baptist Hospitals Orange*	HOSP	*
Baylor St. Luke's Medical Center	HOSP	173
Bayside Community Hospital	HOSP	16
Bellville St. Joseph	HOSP	26
Ben Taub	HOSP	4
Brazosport Regional Health Systems*	HOSP	*
Christus Dubuis Beaumont/Port Arthur	HOSP	47
Christus St. Mary*	HOSP	*
City of Houston OEM*	OEM	*
City of Port Arthur Public Health*	PH	*
Clear Lake Emergency Medical Corps*	EMS	*
Clear Lake Regional Medical Center	HOSP	89
CMOC Participants (Players)		130
Columbus Community Hospital	HOSP	26
Conroe Regional Medical Center*	HOSP	*
Cornerstone Bellaire	HOSP	6
Cypress Creek EMS Comm Center*	EMS	*
Cypress Creek Hospital	HOSP	25
Cypress Fairbanks medical	HOSP	40
Deep East Texas Amateur Radio Club*	OTHER	*
Deep East Texas RAC*	HOSP	*
Doctors Hospital Tidwell *	HOSP	*
Dow Emergency Center		4
East Houston Regional Medical Center*	HOSP	*
Fort Bend County HHS*	PH	*

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Agency Name	Agency Type	Number of Participants
Galveston Area Ambulance Authority*	EMS	*
Galveston County Health District*	PH	*
Harbor Hospital of SouthEast TX*	HOSP	*
Health Bridge Children’s Hospital. *	HOSP	*
Health South Rehab Cypress	HOSP	12
Houston Fire Department *	PS	*
Houston Methodist Hospital*	HOSP	*
Houston Methodist San Jacinto Hospital	HOSP	26
Houston Methodist St. Johns	HOSP	10
Houston Methodist Sugar Land Hospital*	HOSP	*
Houston Methodist West*	HOSP	*
Houston Methodist Willowbrook	HOSP	6
Houston Northwest Medical Center	HOSP	30
Houston Orthopedic & Spine Hospital *	HOSP	*
Houston Physicians		19
Houston PS HS (MACC)	PS	12
Humble Surgical Hospital*	HOSP	*
Icon Hospital *	HOSP	*
Intracare North Hospital	HOSP	29
Jasper- Newton- Sabine Counties*	OEM	*
Katy FD and OEM*	OEM	*
Kindred /Town and Country*	HOSP	*
Kindred Bay Area *	HOSP	*
Kindred Baytown	HOSP	30
Kindred East Houston *	HOSP	*
Kindred Hospital Spring*	HOSP	*
Kindred Medical center		4
Kindred Sugar Land*	HOSP	*
Kingtown Volunteer Fire Department*	HOSP	*
Kingwood Medical Center. *	HOSP	*
Kingwood Pines Hospital*	HOSP	*
LBJ	HOSP	5
Liberty County OEM*		*
Matagorda Regional Medical Center*	HOSP	*

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Agency Name	Agency Type	Number of Participants
MD Anderson Cancer Center	HOSP	8
Medical Resort -Bay Area*	HOSP	*
Memorial Health Systems Livingston*	HOSP	*
Memorial Health Systems Lufkin	HOSP	*
Memorial Health Systems San Augustin*	HOSP	*
Memorial Herman System Total	HOSP	841
Memorial Hermann Katy*	HOSP	*
Memorial Hermann Katy Rehab*	HOSP	*
Memorial Hermann Memorial City*	HOSP	*
Memorial Hermann Northeast*	HOSP	*
Memorial Hermann Northwest*	HOSP	*
Memorial Hermann Southeast*	HOSP	*
Memorial Hermann Southwest	HOSP	*
Memorial Hermann Sugar Land*	HOSP	*
Memorial Hermann The Woodlands*	HOSP	*
Memorial Hermann TIRR*	HOSP	*
Memorial Hermann TMC*	HOSP	*
Michael E. Debakey VAMC	HOSP	*
Montgomery County Hospital District*	EMS	*
Montgomery County PH District*	EMS	*
Nacogdoches County EMS*	EMS	*
Nacogdoches Emergency Management*	OEM	136
Nacogdoches Medical Center*	HOSP	*
Nacogdoches Memorial Hospital	HOSP	0
NDMS	Multi	75
Nexus Specialty Hospital*	HOSP	*
North Cypress Medical	HOSP	77
OakBend Medical Center*	HOSP	*
Park Plaza Hospital	HOSP	20
Plaza Specialty Hospital*	HOSP	*
Polk County OEM*	OEM	*
Quentin Mease	HOSP	*
Rice Medical Center	HOSP	5
Riverside General Hospital *	HOSP	*
Sabine County Hospital	HOSP	24

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Agency Name	Agency Type	Number of Participants
San Augustine County EMS*	EMS	*
San Jacinto OEM*	OEM	*
SFASU School of Nursing *	OTHER	*
Shriners Hospitals Houston*	HOSP	*
Solara Hospital Conroe*	HOSP	*
St Luke's Patients Medical Center	HOSP	57
St. John Hospital*	HOSP	*
St. Joseph Medical Center	HOSP	23
St. Luke's Lakeside Hospital	HOSP	40
St. Luke's Health- Woodlands	HOSP	27
St. Luke's Hospital at The Vintage	HOSP	34
St. Lukes Sugarland*	HOSP	*
St. Luke's Sugarland		26
Sugar Land Surgical Hospital	HOSP	13
Sweeny / West Brazos EMS*	EMS	*
Texas Children's Main Campus	HOSP	163
Texas Children's West Campus	HOSP	*
Texas Woman's Hospital of Texas	HOSP	51
The Medical Center of Southeast Texas	HOSP	9
The Surgery Center of Nacogdoches *	HOSP	*
Tomball Regional Medical Cente*r	HOSP	*
Tyler County Hospital	HOSP	*
University General Hospital	HOSP	26
UT Harris County Psychiatric Center	HOSP	8
UTMB	HOSP	4
Victory Medical Center	HOSP	19
Victory Surgical Hospital East Houston	HOSP	20
West Houston Medical Center	HOSP	22
West Oaks Hospital	HOSP	40
Woodland Heights Medical Center*	HOSP	
<b>Total Participants</b>		<b>2532</b>

## **TAB C**

### **Grant-Based Capabilities Validated/Exercised**

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**ASPR Capabilities Worksheet**

<b>Capability</b> (Indicate only those capabilities validated through capability-based objectives.)	<b>Yes</b>
1. Healthcare System Preparedness	X
2. Healthcare System Recovery	X
3. Emergency Operations Coordination	X
5. Fatality Management	
6. Information Sharing	X
10. Medical Surge	X
14. Responder Safety and Health	
15. Volunteer Management	

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## **TAB D**

# **Department of Homeland Security Core Capabilities**

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This worksheet is intended to assist you in your exercise reporting efforts. Select the Homeland Security Core Capability (ies) to be exercised by placing an X in the “Yes” column. Indicate only those capabilities validated through capability-based objectives.

<b>Core Capabilities</b>	<b>Mission Areas</b>	<b>Yes</b>
Planning	All	
Public Information & Warning	All	
Operational Coordination	All	<b>x</b>
Forensics and Attribution	Prevention	
Intelligence & Information Sharing	Prevention, Protection	
Interdiction & Disruption	Prevention, Protection	
Screening, Search and Detection	Prevention, Protection	
Access Control and Identity Verification	Protection	
Cybersecurity	Protection	
Physical Protective Measures	Protection	
Risk Management for Protection Programs & Activities	Protection	
Supply Chain Integrity and Security	Protection	
Community Resilience	Mitigation	
Long-term Vulnerability Reduction	Mitigation	
Risk and Disaster Resilience Assessment	Mitigation	
Threats and Hazard Identification	Mitigation	
Critical Transportation	Response	
Environmental Response/Health and Safety	Response	
Fatality Management Services	Response	
Infrastructure Systems	Response, Recovery	
Mass Care Services	Response	<b>x</b>
Mass Search and Rescue Operations	Response	
On-Scene Security and Protection	Response	
Operational Communications	Response	
Public and Private Services and Resources	Response	
Public Health and Medical Services	Response	<b>x</b>
Situational Awareness	Response	
Economic Recovery	Recovery	
Health and Social Services	Recovery	
Housing	Recovery	
Natural & Cultural Resources	Recovery	

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**TAB E**

**CMOC Participant Comments**

**What is your assessment of today's exercise?**

- Back row have never been in CMOC which presented a large problem with such a busy day. A lot was learned and while the chances of this happening are realistic it was a challenge.
- There were several times calls were made from Simcell to CMOC and CMOC players seemed unaware that simcell calls were part of the exercise. I was told that I needed to call back because an exercise was in progress. (Simcell)
- Need to make sure people in seats know what the position entails. More training.
- Trameka helped me out. At first I was lost, but with her help and those sitting near me everything came together.
- Great injects today.
- I need more training.
- Need addresses next to hospital list.
- Need more training for first timers like myself. Caught on a little bit at the end.
- For first time participants, need someone to orient them to CMOC. Tell them how to get online, how to use phone, radio, headset, etc. How to write an event and how to enter it. Need more help getting started? Need to know who is mentor.
- Need to include hospitals outside the affected area since they will be receiving patients.
- Roles of CMOC positions don't seem clear. Amount of work vs. division of labor does not equal. Too many places to enter and view information not clear. Battle rhythm/timer of events/who is tracking?
- We need more real-time full scale drills such as this.
- The one-hour CMOC training class did not prepare me at all for participation in this drill. The requirements (input in mission tasking board, position log, paper message) are not clear on when each is to be used.
- Need to exercise CMOC quarterly to be ready
- To make it easier to search for services such as hyperbaric chamber, place a tab in EmResource with a list of all facilities that have dialysis, hyperbaric, pediatric, burn, and psych.
- Great 2 days.

**Exercise Facilitation**

- Some injects were lost in the confusion. Some injects were above the level of player experience causing more issues than learning moments (Simcell)
- Great drill!
- Using WebEOC for hospital input wasn't clear. I did really like the mock calls when I sat at CMOC. They were very realistic. I wish I had more training on what questions to ask people that call in for evacuations and resources.
- I thought this was a tremendous learning experience. I really enjoyed this.
- Good pace. Good scenarios.
- Facility participants – many would not answer phones. Several had outdated POC info.
- Learned a lot.
- Hyperbaric needs a search string.



**What changes would you make to improve this exercise?**

- Add a nasty type of caller to make it more challenging to attendees, which would probably add stress.
- Trameka is the best
- WebEOC Boards need a lot of attention and repairs. The computer needs more speed/capabilities. Computer needs a secondary internet browser instead of Firefox. Programs need updating.
- Update corridor group and facilities in corridor. List out each facility in each corridor with a contact number or simcell number so you're not going back and forth between documents.
- Provide more people to help those new to the operation. There seemed to only be one individual having to go back and forth to answer all questions. I would be sure that participants such as myself were more thoroughly immersed and trained in the various levels/requirements of WebEOC prior to exercise.
- More information to hospitals prior to start
- Add more craziness. Real life isn't this smooth.
- More training for first timers to be prepared.
- Have more than one leader per corridor
- There should be debriefing points when staff changes. Identified times that if people are not going to participate all day that they can update their relief.
- Have time to eat during the exercise
- WebEOC issues, however those are realistic.
- The exercise speed needs to increase
- For first time participant, a brief overview of what is expected needs to be done. Once I experienced more during the exercise, I was able to follow much better.
- More communication to everyone prior to the exercise (internally)
- The simcell seemed overstaffed. The inject pace was not fast enough to warrant so many staff. The non-contractor staff was left to do a lot of calls, without having being properly briefed. I think contractor staff that was more familiar with the MSEL was better prepared to run the bulk of simcell activities, without assistance. (Simcell)
- Train CMOC personnel prior to exercise. This was a great example of our lack of training.

**Is there anything you saw in the exercise that the evaluators might not have been able to experience, observe, and record?**

- If a call needed to be transferred, the accepting person may not answer because they are busy. Some callers got very frustrated when they got transferred and no one answered and they got routed to someone else.
- For those that don't have all the different corridors and RACs memorized, it would be beneficial to have each hospital's affiliation identified on the participant list.
- Technical issues caused a delay in flow of exercise
- Short entries were a problem. Seemed to only be in Evac/repop board
- I think the ability for them to hear our headsets would be best
- The response resource board should be able to talk to mission tasking – redundancy is challenging. Can't go back and look at response resource board notes.
- I think a more visual checklist of all injects would be beneficial to situational awareness in simcell, instead of relying on a full MSEL. Just a checklist of the inject numbers that can be ticked off as they are delivered and closed. Some planners expected Sim Cell staff to have access to enter info into WebEOC (resource requests) but in fact did not have access to that board.
- My evaluator was extremely helpful

**List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.**

- High priority – need to have a communications seat on the front row
- Response resource board errors. No WebEOC access for free-standing ER's. Issues seeing requests in LORE board. Better headsets. Switch clinical and transportation seats. Add suspend to drop down on mission track. Ability to print request on LORE. Response resource issues everyone's view showed different asset availability.
- I think having as many people you can to take this training course.
- Simplified job task sheet for each position of what needs to be done. Better hand-off from previous spot holder.
- I would have liked to have my own list of nursing homes. I needed to find an accepting facility and I had to get up and walk to someone who had a list of all nursing homes. To me, that's a resource that would be helpful for each back row person.
- Radio communication for each position in the event telephones and internet are down
- Specific training for CMOC roles. Never experienced the evacuation request or mission task. It would be helpful if this was included in the training along with cheat sheets. Handouts are needed. Show information on SETRAC website for review by CMOC participants.
- Was not able to go between boards. Could not update in a timely manner.
- Need more CMOC trained personnel
- Great drill! Kept us busy all day!
- Had problems with dropped calls/static
- Documents used in the exercise should be communicated to participants prior to exercise. Unfamiliar with documents needed. Training for the forms and different roles should be clearly instructed for the exercise. Updated corridor binders are needed.

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- More training
- More training on resource request processes and how to play in an exercise (Simcell)
- WebEOC should be rebuilt, very dysfunctional. EMResource – need census event. Add a CMOC communications seat. Have a roaming person to assist.