



**SouthEast Texas Regional Advisory Council  
Regional Hospital Preparedness Coalition**

**AFTER ACTION REPORT &  
IMPROVEMENT PLAN**

**AAR : July 13, 2017**

***Operation Tempest***

**Functional Exercise**



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RHPC "*Operation Tempest*"  
After Action Report and Improvement Plan

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## Handling Instructions

The title of this document is the *Operation Tempest* After Action Report and Improvement Plan.

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### Exercise AAR/IP Point of Contact

|                                  |  |
|----------------------------------|--|
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| <b>Email Address:</b>            | Lori.Upton@setrac.org                                |

### 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>            | June 6 - June 8, 2017   |
| <b>Exercise/Incident Type:</b>               | <input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input checked="" type="checkbox"/> Functional <input checked="" 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<br><input type="checkbox"/> International |

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## **Executive Summary**

The SETRAC/RHPC hurricane landfall functional exercise, named "*Operation Tempest*," was developed to test the ability of the RHPC region and the Catastrophic Medical Operations Center (CMOC) to coordinate the capabilities of Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge. The exercise included a full-scale and functional component to the event.

The exercise planning team was composed of:

| <b>Name</b>             | <b>Organization</b>                 |
|-------------------------|-------------------------------------|
| <b>Toni Carnie</b>      | Tomball Regional                    |
| <b>John Carter</b>      | EPC of Texas, LLC                   |
| <b>Brian Crowder</b>    | VA                                  |
| <b>Dena Daniel</b>      | Huntsville Memorial                 |
| <b>Jon Davis</b>        | EPC of Texas, LLC                   |
| <b>Robin Davis</b>      | Memorial Hermann                    |
| <b>Lowell Ezersky</b>   | EPC of Texas, LLC                   |
| <b>Connie Foland</b>    | The Blood Center                    |
| <b>Aaron Freekin</b>    | Texas Children's                    |
| <b>Shawn Henners</b>    | MCHD                                |
| <b>Trameka Jewett</b>   | SETRAC                              |
| <b>Gary Litton</b>      | SETRAC                              |
| <b>Amy Lopez</b>        | Memorial Hermann - TMC              |
| <b>Ted Lovett</b>       | City of Lufkin                      |
| <b>Melanie Manville</b> | City of Houston OEM                 |
| <b>Mike Mastrangelo</b> | UTMB                                |
| <b>Sid Munling</b>      | Lufkin                              |
| <b>Sharon Nalls</b>     | City of Houston OEM                 |
| <b>Doug Rierson</b>     | EPC of Texas, LLC                   |
| <b>Tina Rose</b>        | Mayor's Office of Homeland Security |
| <b>Mark Sastre</b>      | SETRAC                              |
| <b>Lisa Spivey</b>      | SETRAC                              |
| <b>Jennifer Suter</b>   | Harris County OHSEM                 |
| <b>Lori Upton</b>       | SETRAC                              |
| <b>Payton Ware</b>      | DETRAC                              |

**Mission(s):**

Response , Recovery

**HPP Capabilities Tested:**

HPP Capability 2: Health Care and Medical Response Coordination

HPP Capability 3: Continuity of Health Care Service Delivery

HPP Capability 4: Medical Surge

**Overview:**

The 2017 RHPC CMOC Functional Exercise, named Operation Tempest was a statewide multiple-agency, multiple-site event designed to exercise and assess the capability of the coalition region to respond in a coordinated effort to the landfall of a major hurricane. The Functional Exercise provided the opportunity to exercise and evaluate the implementation of doctrine and policies provided in existing plans.

**Major Strengths Demonstrated:**

1. CMOC staff displayed a great deal of ingenuity when it was necessary to find a “work around” to solve technical issues.
2. Hospitals appropriately provided the CMOC with information in a timely manner. This included damage assessment, IAP’s, RAND Tools and manifests.
3. CMOC staff appropriately identified hospitals that could accept a surge of patients, particularly those being evacuated from other facilities.
4. CMOC staff, particularly corridor representatives, appropriately utilized the ICS213 (general message form) to capture information, then transferred that information into the appropriate system.
5. The CMOC Chief provided a thorough briefing at the start of the exercise, and continued to maintain situational awareness throughout the exercise.

**Primary Area for Improvement Identified:**

1. Additional training is needed on routing position log entries to CMOC board, some staff had issues with escalating request to higher levels.
2. Technical issues with the STAR board on WebEOC caused major issues with the resource request process for CMOC workers.
3. Although corridor representatives were assigned to contact hospitals to determine their status, there did not appear to be a process in place to do so in an efficient and organized manner.
4. Corridor representatives did not always have passwords for all systems. Additionally, some corridor representatives did not have sufficient user access rights to use the systems.



## **Section 1: Exercise/Incident Overview**

**Exercise/Incident Name/Designation:**

*Operation Tempest*

**Exercise/Incident Dates:**

June 6 - June 8, 2017

**Exercise/Incident Duration:**

Three-day exercise with exercise play six (6) hours each day

**Exercise/Incident Location(s):**

Catastrophic Medical Operations Center - City of Houston Emergency Operations Center  
Tully Staging- Houston  
Ford Park Staging- Beaumont, TX  
Park Manor Nursing Home – Woodlands, TX  
Ellington Airport- Houston, TX

**Sponsor:**

Regional Healthcare Preparedness Coalition (RHPC) / SouthEast Texas Regional  
Advisory Council (SETRAC)

**Funding Source:**

Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness  
Program (HPP).

**Program Requirements Addressed:**

2017-2022 Health Care Preparedness and Response Capabilities.

**Mission(s) Tested During the Exercise/Event:**

Response  
Recovery

**Capabilities Demonstrated/Validated:**

- HPP Capability 2: Health Care and Medical Response Coordination
- HPP Capability 3: Continuity of Health Care Service Delivery
- HPP Capability 4: Medical Surge

**Exercise Scenario/Incident Type:**

Major hurricane.

**Organizational Participants:**

See Tab C for participant list.

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

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

*Operation Tempest* provided an opportunity for the RHPC participating agencies and organizations to demonstrate the activation, implementation, and execution of their emergency plans and procedures in response to the landfall of a major hurricane. In addition, players focused on interdisciplinary and interagency coordination at local, regional, and state levels.

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 the landfall of a major hurricane. This process was completed over a five (5) month period by completing three (3) exercise planning meetings and extensive communication between the vendor and SETRAC/RHPC. These meetings were held at the SETRAC offices.

### **2.02 Scenario Summary:**

The *Operation Tempest* Functional Exercise was based on the landfall of a major hurricane. The exercise began on June 6, 2017 with the simulated evacuation of nursing homes as well as the National Disaster Medical System (NDMS) full scale exercise.

June 7, 2017 simulated the evacuation of health care facilities prior to hurricane landfall.

June 8th, 2017 simulated damage assessment of health care infrastructure, repatriation and repopulation of health care facilities.

### **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 capabilities-based objectives used for *Operation Tempest* are listed below, followed by the activities required to demonstrate the objective. Each capability is followed by the objective, the activities required to successfully meet the objective, observations of performance, analysis of observed performance and recommendations for improvements, if required.

## Capability 2: Health Care and Medical Response Coordination

**Objective 2.1:** Provide timely, efficient, and bi-directional information flow to support situational awareness.

Activity 2.1.1:

Observation 1: Area to sustain

Analysis: Operations Chief provided a very thorough and complete operational briefing, which included:

- Exercise scenario
- Exercise rules of engagement
- CMOC technical briefing (phones, work station, documentation, etc)
- Corridor representative expectations as to their roles and how to fulfill the Operations Chief's expectations
- Other general staff positions and individuals holding those positions

Recommendations: None

Observation 2: Opportunity for improvement

Analysis: Corridor representatives were confused as to when to route position log entries to CMOC leadership for possible inclusion in the CMOC Events Board. They were being asked by the hospitals they were supporting and were unable to explain the process.

Recommendations: Provide corridor representatives with a list of critical information needs as an example of what should be pushed form position log to the CMOC leadership for possible inclusion in the CMOC Event board.

The CMOC Chief or Clinical needs to perform regular review and approval of items for inclusion in the CMOC Events Board.

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**Objective 2.2: Using the ASPR required RAND tool, establish and implement evacuation and relocation processes.**

Activity 2.2.1:

Observation 1: Area to sustain

Analysis: Hospitals in the RHPC region were successful in completion and utilizing the ASPR Rand tool during the simulated evacuation process.

Recommendations: None

**Objective 2.3: Identify and coordinate resource needs during an emergency.**

Activity 2.3.1:

Observation 1: Opportunity for Improvement

Analysis: The switch from the WebEOC LoRe board to the new STAR board for requesting resource requests resulted in a great deal of confusion for CMOC Logistic Section personnel. The configuration, format and function of the STAR board did not adequately serve the needs of the CMOC when attempting to receive requests from hospitals. After technical issues, identified by CMOC staff are complete, additional training is needed by end-users on using the STAR board

The STAR board resource ordering process and the process for tracking the status of requests is not intuitive to a basic end-user. There are too many opportunities for failure or misrouting of essential resource information.

Recommendations: Work with TDEM to fix technical issues with STAR board and update training to assist with minimizing levels of confusion on the system,

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Observation 2: Area to sustain

Analysis: The CMOC Logistics personnel should be commended for developing a work-around to serve the CMOC exercise needs and for working with the participating hospital representatives to inform them of the issues and to perform impromptu training sessions over the telephone.

Recommendations: Continue to encourage problem solving and creative thinking by staff to identify and overcome challenges that could negatively impact CMOC operations.

**Objective 2.4: Collect individual hospital Incident Action Plans, review for needed action(s) and push up to the State for situational awareness.**

Activity 2.4.1:

Observation 1: Area to sustain

Analysis: This activity was observed by SETRAC staff. SETRAC staff advised the evaluators that hospitals had forwarded Incident Action Plans to CMOC on 6/6/17. The Incident Action Plans were reviewed by CMOC staff and appropriate information was posted in WebEOC and disseminated to appropriate parties.

Recommendations: None

### **Capability 3: Continuity of Health Care Service Delivery**

**Objective 3.1: Assess damaged infrastructure and impacted patient care services to restore functionality.**

Activity 3.1.1:

Observation 1: Area to sustain

Analysis: Hospitals returned damage assessment forms in a timely manner when requested. This information allowed the CMOC to maintain situational awareness and forecast resource needs.

Recommendations: None

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- Observation 2: Opportunity for improvement
- Analysis: The corridor representatives stated that they would have benefitted from access to the following:  
An efficient method to better geo-locate hospitals or mapping tools that are more easily accessed or are continuously displayed.
- Recommendations: Explore methods to visually display maps or other geographic information that depicts hospital location and status.
- Observation 3: Opportunity for improvement
- Analysis: Not all hospitals received the EMResource Damage Assessment Form because it was not checked off for every hospital to receive it. This was quickly corrected when it was discovered to be a technical error.
- Recommendations: Identify a procedure to assure that all CMOC staff have access to tools needed to complete role in CMOC.
- Observation 4: Area to sustain
- Analysis: There was a work-around developed to address the WebEOC application configuration issues. It was determined that hospital representatives would print out their WebEOC damage assessment information and then email them to the CMOC.
- Recommendations: Continue to encourage problem solving and creative thinking by staff to identify and overcome challenges that could negatively impact CMOC operations.

**Objective 3.2: Coordinate uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure.**

Activity 3.2.1:

Observation 1: Area to sustain

Analysis: The corridor representatives did an excellent job managing a large amount of information that was changing rapidly. Patients were appropriately placed in open facilities based on damage assessments and information that was gathered when hospitals were contacted for status reports.

Recommendations: None

**Objective 3.3: Develop and implement evacuation and relocation plans to include transportation resources.**

Activity 3.3.1:

Observation 1: Area to sustain

Analysis: The corridor representatives did a very good job of utilizing the General Message Form (ICS 213) to capture raw information and data from hospitals representatives during initial phone conversations, and then transferring the pertinent information into WebEOC – mission requests, manifests or STAR board entries.

Recommendations: Continue to promote training in, and usage of, General Message Form.

Observation 2: Area to sustain

Analysis: The CMOC Chief conducting an operational briefing with the corridor representatives just prior to the start of the exercise. All corridor representatives were gathered before a process diagram depicting how the CMOC Chief wanted the representatives to perform their work.

Recommendations: Institutionalize the use of diagrams depicting workflow and utilize during all CMOC activations.

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Observation 3: Opportunity for improvement

Analysis: During play, the corridor representatives were instructed to "call hospitals starting with those close to the coast, and work your way in". No plan was developed for the corridor representatives given that assignment. It was left to them to figure out how not to make redundant calls or ensure that no hospitals were left out.

Recommendations: Pre-plan which hospitals should be contacted and in which order. This should coincide with hurricane evacuation zones. A checklist should be provided to each corridor representative. The checklist should include a place to document the date, time, contact information for the person spoken to and a place to indicate if the hospital is evacuating, sheltering-in-place, or some other strategy (i.e., ride out team).

#### Capability 4: Medical Surge

**Objective 4.2: Implement out-of-hospital medical surge response.**

Activity 4.2.1:

Observation 1: Area to sustain

Analysis: CMOC staff successfully determined appropriate EMS response to evacuation requests and to multiple casualty incidents in the scenario. These actions were performed during both evacuation and repatriation portions of the exercise.

This activity included successful deployment of both EMS units and an AMBUS.

Recommendations: None

**Objective 4.3: Provide for pediatric, burn, and trauma care during a medical surge response.**

Activity 4.3.1:

Observation 1: Area to sustain

Analysis: Although the CMOC does not actually provide for medical care during a response, the CMOC successfully and efficiently managed the flow of patients to open facilities that were receiving patients.



Recommendations: None

**Objective 4.4:**      **Support the health care delivery system's transition to contingency and crisis surge response.**

Activity 4.4.1:

Observation 1:      Area to sustain

Analysis:              CMOC staff appropriately responded to multiple resource requests from hospitals and other healthcare providers. This response facilitated the healthcare delivery system's continuity of operations and surge response.

This activity included direction of existing resources and requests for resources from outside entities.

Recommendations: None

**Objective 4.5:**      **Promote a timely return to normal operations as soon as possible.**

Activity 4.5.1:

Observation 1:      Area to sustain

Analysis:              Once Damage Assessments had been received and hospitals determined their ability to receive patients, the corridor representatives began the process of repopulation. Logistics, Transportation, and Clinical worked together to assign resources as requested. Logistics worked with vendors to request equipment that would be needed to facilitate repopulation such as generators.

Recommendations: None

Observation 2:      Opportunity for improvement

Analysis:              The EMResource application display of Regional Hospital Status was visible during both days of the exercise but did not have any relevance to the exercise play due to the fact that the information displayed was "live data". The visual display was confusing and unnecessary to the exercise play. Separate paper charts of hospital status information was used to support the exercise play instead.

Recommendations: During future exercises, utilize the EmResource Demo site so hospitals can change status without impacting real-world operations.

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Observation 3: Opportunity for improvement

**Analysis:** Corridor representatives were often challenged by not knowing or not having up to date passwords to allow for access to necessary computer applications. Additionally, several instances of incorrect or insufficient user access rights caused corridor representatives to not be able to function appropriately. Players were admonished for not keeping their passwords current.

**Recommendations:** Suggest that all players be informed to update passwords and personal profiles prior to exercise day.

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### **Section 3: Conclusion**

The objectives set forth by the exercise planning team were met and in most cases exceeded the expectations of the planning team and contractor staff involved in this exercise. Not only were the primary capabilities for this exercise: Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge met, 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.

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

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**Improvement Plan**

This IP has been developed specifically for the Southeast Texas Regional Advisory Council/RHPC a result of *Operation Tempest* Functional Exercise conducted on May 10-11, 2016. 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/<br>Objective<br>#    | Recommendations   | Corrective Action to be<br>Implemented                       | Responsible<br>Party/Agency | Projected<br>Completion<br>Date |
|----------------------------------|---|--|-----------------------------|---------------------------------|
| Capability 2<br>Objective<br>2.1 | Improve training for CMOC in order for back row staff to know how to properly route information to front row staff.                                     | Improve training and just in time training CMOC Staff.       | SETRAC                      | 12-31-2017                      |
| Capability 2<br>Objective<br>2.3 | Work with TDEM to correct identify issues with the system and update trainings  | Fix issues with website and update trainings for end-users   | SETRAC<br>TDEM              | 6-1-2018                        |
| Capability 3<br>Objective<br>3.3 | Develop a standardized system for hospitals that are evacuating and sheltering in place. This will allow a consistent response, no matter who is Chief. | Develop standardized plan for hospital response.             | SETRAC                      | 12-1-2018                       |
| Capability 4<br>Objective<br>4.1 | Standardize damage assessment form on EMResource. All users did not have access to form   | Update EMResource  | SETRAC                      | 8-30-2017                       |
| Capability 4<br>Objective<br>4.5 | Using the live EmResource site can lead to confusion on real world vs. exercise play.   | Use the demo site instead of the live site during exercises. | SETRAC                      | 12-1-2017                       |

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: The matrix table above and signature block may be copied as necessary to document all improvements identified/required.*

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**Tab A:    Exercise Evaluation Team**

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The following individuals served as the evaluation team for *Operation Tempest*:

| <b>Name</b>    | <b>Position</b>    | <b>E-Mail</b>               | <b>Phone</b>   |
|----------------|--------------------|-----------------------------|----------------|
| Doug Rierson   | Evaluation<br>Lead | Doug.Rierson@epcoftexas.com | (702) 606-5236 |
| Michael Smiley | Evaluator          | mes2245@gmail.com           | (314) 713-4365 |
| Jon Davis      | Evaluator          | Jon.Davis@epcoftexas.com    | (515) 491-7599 |

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## **Tab B:      Exercise/Incident Participant Rosters**

| Agency Name   | Participated | Numbers |
|---|--------------|---------|
| Acadian   | Yes          |         |
| Affinity Emergency Center at Magnolia               | Yes          |         |
| Afton Oaks Healthcare & Rehabilitation Center       | Yes          |         |
| America's ER  | Yes          |         |
| AMR   | Yes          |         |
| Angelina County & Cities Health District            | Yes          | 27      |
| Atascocita FD                                       | Yes          |         |
| Baptist Hospital of Southeast Texas                 | yes          | 110     |
| Bay Area Regional Medical Center                    | Yes          | 26      |
| Bayshore Medical Center                             | Yes          | 16      |
| Bayside Community Hospital                          | Yes          | 27      |
| Baywood Crossing Rehabilitation & Healthcare Center | Yes          | 33      |
| Beaumont Fire                                       | yes          |         |
| Behavioral Hospital of Bellaire                     |              |         |
| CHI St Lukes Health Memorial Lufkin                 | Yes          | 69      |
| CHI St Luke's Health Memorial Specialty Hospital    | Yes          | 15      |
| CHI St Luke's Health-Brazosport                     | Yes          | 28      |
| CHI St Lukes Lakeside Hospital                      | Yes          |         |
| CHI St. Joseph Health Bellville Hospital            | Yes          | 35      |
| CHI St. Luke's Health -Livingston                   | Yes          | 21      |
| CHI St. Luke's Health Medical Center                | Yes          | 403     |
| CHI St. Luke's Health Memorial San Augustine        | Yes          | 28      |
| CHI St. Luke's Health Sugar Land                    | Yes          | 19      |
| CHI St. Luke's Hospital at The Vintage              | Yes          | 23      |
| CHI-St. Joseph Health Bellville Hospital            | Yes          | 1       |
| Christus continuing care Hospital                   | yes          |         |
| Christus Dubuis North and South Campus              | Yes          | 38      |
| CHRISTUS Jasper Memorial Hospital                   | yes          | 7       |
| CHRISTUS St Elizabeth                               | Yes          | 32      |
| CHRISTUS St. Mary                                   | Yes          | 1       |
| City of Alvin                                       | Yes          |         |
| City of Baytown                                     | Yes          |         |
| City of Dickinson                                   | Yes          |         |
| City of Port Arthur Public Health                   | Yes          |         |
| CMOC  | Yes          | 68      |
| Columbus Community Hospital                         | Yes          | 32      |

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|   |     |     |
|---|-----|-----|
| Conroe Regional Medical Center                    | Yes | 2   |
| Cornerstone Hospital Conroe                       | yes | 45  |
| Cypress Creek EMS                                 | yes |     |
| Cypress Creek Hospital                            | Yes | 28  |
| Deerbrook Skilled Nursing Facility                | Yes | 4   |
| DETRAC  | Yes | 47  |
| East Houston Regional Medical Center              | Yes | 16  |
| First Texas Hospital                              | Yes | 107 |
| Fort Bend County EMS                              | yes |     |
| Galveston County Health District EMS              | yes |     |
| Gulf Coast Regional Blood Center                  | Yes | 1   |
| HCA Clear Lake Regional                           | Yes | 51  |
| HCA Kingwood Medical Center                       | Yes | 24  |
| HCA Pearland Medical Center                       | Yes | 7   |
| HealthSouth Humble Hospital                       | Yes | 47  |
| healthsouth sugar land                            | Yes | 16  |
| HealthSouth The Vintage Rehabilitation Hospital   | Yes | 39  |
| HealthSouth Vision Park                           | yes |     |
| Heath Bridge Children's Hospital                  | Yes | 21  |
| Holly Hall  | Yes | 19  |
| Hospice in the Pines                              | Yes | 8   |
| Houston FD  | yes |     |
| Houston Methodist San Jacinto Hospital            | Yes | 66  |
| Houston Methodist St. John's Hospital             | Yes | 63  |
| Houston Methodist Sugar Land                      | Yes | 62  |
| Houston Methodist West Hospital                   | yes | 99  |
| Houston Methodist Willowbrook Hospital            | Yes | 32  |
| Houston NW Medical Center                         | Yes | 28  |
| Humble Surgical Hospital (Closed)                 | Yes |     |
| Huntington Healthcare                             | yes |     |
| Huntsville Memorial Hospital                      | Yes | 326 |
| IntraCare North Hospital                          | Yes | 31  |
| Jasper/Newton/Sabine EM                           | yes |     |
| Kindred Rehabilitation Hospital Northeast Houston | Yes | 37  |
| Kindred Spring                                    | yes |     |
| Kirby Surgical                                    | Yes | 33  |
| K's Place Personal Care Home                      | Yes |     |
| La Porte EMS                                      | Yes |     |
| Lake Jackson EMS                                  | Yes |     |
| Lawrence Street Health Care Center                | Yes |     |

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|  |     |     |
|--|-----|-----|
| LBJ Hospital   | Yes | 18  |
| Liberty County OEM   | yes |     |
| Lufkin Fire Dept   | yes |     |
| Mainland Medical Center                                    | Yes | 47  |
| Memorial Herman Katy Hospital                              | Yes | 58  |
| Memorial Hermann Ambulatory                                | Yes |     |
| Memorial Hermann Cypress                                   | Yes | 10  |
| Memorial Hermann Greater Heights                           | Yes | 411 |
| Memorial Hermann Home Health Services                      | Yes |     |
| Memorial Hermann Hospice                                   | Yes |     |
| Memorial Hermann Memorial City                             | Yes | 73  |
| Memorial Hermann Northeast Hospital                        | Yes | 18  |
| Memorial Hermann Pearland Hospital                         | Yes | 36  |
| Memorial Hermann Southeast                                 | Yes | 35  |
| Memorial Hermann Southwest                                 | Yes | 5   |
| Memorial Hermann Sugar Land Hospital                       | Yes | 35  |
| Memorial Hermann Surgical Hospital First Colony            | Yes | 24  |
| Memorial Hermann Surgical Hospital Kingwood                | Yes |     |
| Memorial Hermann University Place Skilled Nursing Facility | Yes |     |
| Memorial Hermann-TMC, Children's and Ortho                 | Yes | 115 |
| MH Katy Rehab  | Yes | 2   |
| MH Woodlands   | Yes | 45  |
| Michael E. DeBakey VAMC                                    | Yes | 43  |
| Montgomery County Hospital District/Public Health District | Yes |     |
| Nacogdoches EMS  | Yes |     |
| Nacogdoches Medical Center                                 | Yes | 6   |
| Nexus Specialty Hospital                                   | Yes | 39  |
| Nexus Specialty Hospital -woodlands                        | Yes | 39  |
| North Cypress Medical Center                               | Yes | 32  |
| OakBend Medical Center_Jackson Street                      | Yes | 58  |
| OakBend Medical Center_Williams Way                        | Yes | 33  |
| Palacios Community Medical Center                          | Yes | 19  |
| Parallon Supply Chain/ HCA                                 | Yes |     |
| Park Manor of Conroe                                       | Yes | 4   |
| Park Manor of CyFair                                       | Yes | 4   |
| Park Manor of Cypress Station                              | Yes | 4   |
| Park Manor of Humble                                       | Yes | 4   |
| Park Manor of Quail Valley                                 | yes | 4   |
| Park Manor of Southbelt                                    | Yes | 4   |
| Park Manor of the woodlands                                | Yes | 36  |

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|  |       |      |
|--|-------|------|
| Park Manor of Tomball                                | Yes   | 4    |
| Park Manor of Westchase                              | Yes   | 4    |
| Park Plaza Hospital                                  | Yes   | 22   |
| Port Arthur FD                                       | Yes   |      |
| Port Arthur Public Health                            | Yes   | 3    |
| Rayburn Healthcare                                   | Yes   | 15   |
| Rice Medical Center                                  | Yes   | 12   |
| Sabine County Hospital                               | Yes   | 18   |
| Shriners Hospitals for Children-Houston              | Yes   | 20   |
| spring excellence surgical hospital                  | Yes   | 21   |
| St. Joseph Medical Center                            | Yes   | 46   |
| St. Joseph Heights                                   | Yes   | 46   |
| Sun behavioral Houston                               | Yes   | 17   |
| Sweeny EMS   | Yes   |      |
| Sweeny Hospital District (Hospital & EMS)            | Yes   | 3    |
| Texas Children's Hospital                            | Yes   | 8    |
| Texas Children's Hospital West Campus                | Yes   | 6    |
| Texas Children's Hospital Woodlands Campus           | Yes   | 6    |
| Texas Orthopedic Hospital                            | Yes   | 16   |
| The Concierge  | Yes   | 140  |
| The Medical Center of Southeast Texas Main Campus    | Yes   | 109  |
| The Medical Center of Southeast Texas Victory Campus | Yes   | 26   |
| The Surgery Center of Nacogdoches                    | Yes   |      |
| The Woman's Hospital of Texas                        | Yes   | 47   |
| TIRR memorial Hermann hospital                       | Yes   | 1    |
| Tomball Regional Medical Center                      | yes   | 177  |
| Tomball Rehab. and Nursing                           | yes   |      |
| Tops Surgical Specialty Hospital                     | Yes   | 24   |
| Trinity Rehabilitation and Nursing in Diboll         | yes   |      |
| Tyler County Hospital                                | yes   | 64   |
| UTMB   | Yes   | 74   |
| UTMB Angleton Danbury Campus                         | Yes   |      |
| Weimar Medical Center                                | yes   |      |
| West Houston Medical Center                          | Yes   | 28   |
| EMTF 6   |       | 61   |
| 150 participating agencies                           | Total | 4597 |

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## **Tab C: Grant-Based Capabilities** **Validated/Exercised**

Please complete the following form to indicate all public health and healthcare capabilities tested and validated during the exercise/incident response.

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**CDC - Identification of Capabilities Exercised/Validated**

This worksheet is designed to assist you in documentation of capabilities tested and validated during the exercise. Place an “X” in the “Yes” column below to indicate the public health drill conducted and/or capability exercised.

| <b>SNS Program Requirements – Drills (3 of 5)</b>   |  |            |
|---|--|------------|
| This activity included completion of the following drill elements:<br>(Data collection forms are attached.) |  | <b>Yes</b> |
| <b>TAR</b>  | 1. Staff Notification, Acknowledgement and Assembly              |            |
|   | 2. Site Activation, Acknowledgement and Assembly                 |            |
|   | 3. Facility Set Up   |            |
|   | 4. Dispensing Throughput   |            |
|   | RealOpt Modeling (optional substitute for Dispensing Throughput) |            |
|   | 5. Pick List Generation (HSRs only)                              |            |

**Public Health Preparedness Capabilities**

(Indicate only those capabilities validated through capability-based objectives.)

| <b>Capability</b>  | <b>Yes</b> |
|--|------------|
| 1. Community Preparedness  |            |
| 2. Community Recovery  |            |
| 3. Emergency Operations Coordination                             | X          |
| 4. Emergency Public Information and Warning                      |            |
| 5. Fatality Management   |            |
| 6. Information Sharing   |            |
| 7. Mass Care   |            |
| 8. Medical Countermeasure Dispensing                             |            |
| 9. Medical Materiel Management and Distribution                  |            |
| 10. Medical Surge  | X          |
| 11. Non-Pharmaceutical Interventions                             |            |
| 12. Public Health Laboratory Testing                             |            |
| 13. Public Health Surveillance and Epidemiological Investigation |            |
| 14. Responder Safety and Health                                  |            |
| 15. Volunteer Management   |            |

### Medical Countermeasures Distribution and Dispensing Full-Scale Exercise Requirements

A full-scale exercise is required to be conducted focusing on Medical Countermeasure Distribution and Dispensing once during the program period. These full-scale exercises are required to test all of the listed performance measures and involve all emergency response partners as appropriate. The following are the requirements for local public health and the DSHS health service regions.

| <b>Health Service Regions</b>   | <b>Yes</b> |
|---|------------|
| 1. Time in which the EOC is fully staffed.  |            |
| 2. Time in which Strategic National Stockpile state resources is/are requested following medical surveillance indication of need for the request. |            |
| 3. Total number of receipt, stage and store (RSS) sites, distribution and security staff activated and needed to operationalize the RSS.          |            |
| 4. Number of RSS sites distribution and security staff acknowledging ability to assemble within the target timeframe.                             |            |
| 5. Time in which all RSS sites and regional distribution sites (RDS) (if applicable) are made available for use.                                  |            |
| 6. Number of RSS, RDS, POD, hospital, etc., locations activated to meet incident needs.   |            |
| 7. Time to offload countermeasure assets at the RSS site after receipt.   |            |
| 8. Time to enter and update inventory files to inventory management.  |            |
| 9. Time to generate pick lists for all identified receiving locations identified in the incident.   |            |
| 10. Number and load capacity of transportation assets mobilized to meet incident needs.   |            |
| 11. Time in which medical resources/SNS assets arrive at identified receiving sites, RDS, PODs, hospitals, etc.                                   |            |

| <b>Local Health Departments</b>   | <b>Yes</b> |
|---|------------|
| 1. Time in which the EOC is fully staffed   |            |
| 2. Percent of public health personnel who arrive safely within the target timeframe to perform the capability   |            |
| 3. Percent of volunteer staff acknowledging the ability to assemble at a given response location within the target times specified in the emergency notification. |            |
| 4. Time in which the public is provided with accurate and consistent information messages regarding POD locations.  |            |
| 5. Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans.      |            |
| 6. Time for first shift staff to be at POD site and ready.  |            |
| 7. Time for all POD equipment and operational supplies to be in place.  |            |
| 8. Percent of security forces designated in the POD-specific plan who report for duty.  |            |
| 9. Time in which clinical staff and volunteers become available at triage stations.   |            |
| 10. Percent of PODs that are able to process patients at the rate (persons per hour) specified in SNS plans and state/local plans.                                |            |



## ASPR Capabilities Worksheet

This worksheet is designed to assist in the identification of the healthcare systems and capabilities tested and validated during the exercise/incident response. Place an "X" in the "Yes" column below to identify the hospital preparedness response system exercised.

| <b>Capability</b> (Indicate only those capabilities validated through capability-based objectives.) | <b>Yes</b> |
|---|------------|
| 1. Foundation for Health Care and Medical Readiness   | X          |
| 2. Health Care and Medical Response Coordination  | X          |
| 3. Continuity of Health Care Service Delivery   | X          |
| 4. Medical Surge  | X          |

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**Tab D:**                      **Department of Homeland Security**  
**Core Capabilities**

These core capabilities represent an evolution from the Target Capabilities List. The transition to core capabilities expands the focus to include Mitigation and allows greater focus on Prevention and Protection activities based on experience since the release of Homeland Security Presidential Directive 8 (HSEPD-8). Place an “X” in the right column if this capability was exercised and evaluated during this exercise.

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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                    | X          |
| 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               |            |
| Mass Search and Rescue Operations                    | Response               |            |
| On-Scene Security and Protection                     | Response               |            |
| Operational Communications                           | Response               | X          |
| Public and Private Services and Resources            | Response               |            |
| Public Health and Medical Services                   | Response               | X          |
| Situational Awareness                                | Response               |            |
| Economic Recovery                                    | Recovery               |            |
| Health and Social Services                           | Recovery               | X          |
| Housing  | Recovery               |            |
| Natural & Cultural Resources                         | Recovery               |            |

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**Tab E: CMOC Participant Comments**

**Exercise Design**

|  | <b>Excellent</b> | <b>Good</b> | <b>Average</b> | <b>Fair</b> | <b>Poor</b> |
|--|------------------|-------------|----------------|-------------|-------------|
| The exercise was well structured and organized                                       | 14               | 5           |                |             |             |
| The exercise scenario was plausible and realistic                                    | 18               | 1           |                |             |             |
| Participation in the exercise was appropriate for someone in my position             | 18               | 1           |                |             |             |
| The participants included the right people at the right level and mix of disciplines | 13               | 6           |                |             |             |
| The exercise allowed for imaginative thought and problem solving                     | 16               | 3           |                |             |             |

**Additional Comments:**

- First time; staff was kind and helpful
- Feel much more prepared with cont. education here
- Feel more confident navigating STAR, EOC, etc
- Grace was an excellent resource
- This was my first experience with CMOC and the staff was incredibly inviting & informative
- Enjoyed learning how to use the STAR board (but not very user friendly) & mission task requests
- I am second row. If we could have a FAQ sheet for scenarios like what do you do if you need meds?
- I appreciated all the detail, assets, and even the simulated cell phone users that went into this
- Lisa was extremely helpful. Thank you!



**Exercise Facilitation**

|   | Excellent | Good | Average | Fair | Poor |
|---|-----------|------|---------|------|------|
| The exercise rules of play were easily understood       | 15        | 3    |         |      |      |
| The exercise pace of play was appropriate and realistic | 14        | 3    | 1       |      |      |

**Additional Comments:**

- Dept. Chief of back row was approachable & assisted with situations of the unknown
- Since it was my first time, I was a little confused but everyone was very helpful
- Somewhat slow
- Deputy Clinical position is a plus!
- Would like to have a list of departments and their jobs. Example:

Logistics  
Supplies

Public Health  
Diseases  
Public Water  
Outbreaks

- It was a good pace for me because this was my first time in this position. It was busy enough to stay engaged and slow enough to stay afloat.
- Need a list of evacuating hospitals so we don't call them to take patients and a way to see which patients or # of patients going to which hospitals so we don't saturate hospitals. Need hospital contacts
- Needed running list of hospitals that were evacuating
- Needed list of hospitals that were accepted by hospitals
- List of extensions for players

**Based on the scenario, what are 3 things that you feel that the CMOC is well prepared to do?**

- Very nice setup
- More realistic scenarios
- Numerous resources available to assist even first time volunteers
- Assist with resources
- Assist with transfers
- Assist with finding answers
- Communication between different roles in the CMOC/SETRAC. Phone system improved from last year. Seemed more organized and plan in place.
- Able to assist pts w/ transfers between facilities (transportation and tracking)
- Maintain hospital statuses & be main POC
- Evacuation coordination

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- Have the right people leading the exercise
- Meet the needs of the participants
- Have the resources to successfully help the hospitals

**Based on the scenario, what are 3 things that you feel that the CMOC needs to improve upon?**

- Quick reference guides
- Difficult to hear with 1 ear piece
- Have profile for event setup
- Difficulty w/ accessing the damage assessment
- Add all south hospital view on EMResource
- Training, training, training, training, training, training. End user training
- Ensure proper access provided to CMOC staff before activation
- Map of RACs in binder
- Were we supposed to have announcements? For example - where did hurricane hit? Saw closed roads on CMOC board but wouldn't have known if I didn't see it
- Building plans to track mission and logs requests outside of WebEOC
- Communications - sometimes the Chief and other front row staff do not communicate the same instructions/directions
- STAR can be confusing at times (making sure you are not in the "live" environment, making sure selections are indeed selected, etc

**Please tell us how we could improve exercises such as the one held today**

- Provide education or QRE of sites prior to "incident" to review
- This drill has improved over the years
- Ensure that everyone has the necessary administrative rights to EMResource and Track even if only for the event.

## **Tab F: Emergency Medical Task Force**

---

Exercise Hurricane Charlie

EMTF6 Deployment AAR

---

On Wednesday, June 7, 2017, 61 EMTF6 team members comprising 18 agencies from TSA-Q, -R, and -H, deployed in various roles for the Hurricane Charlie exercise. Numerous roles were activated for this Statewide Full-Scale exercise including Task Force Leaders (TFL), Medical Incident Support Teams (MIST), Ambulance Staging Managers (ASM), Ambulance Strike Teams (AST), AMBUS teams, and the Medical Unit Rehab Crew (MUR-C).

---

Successes:

- Team activation, check in and coordination with CMOC from the various staging areas went very well.
  - The WebEOC Mission Tasking Board was successfully used for assigning the appropriate mission to the appropriate unit.
  - The MUR-C was promptly established onsite and ready to provide medical services (not simulated; real medical-issue ready) to any deployed team, including EMTF, LE, FD, OEMs, etc.
  - Radio communications was established between the CMOC, Tully Staging – Houston and Ford Park Staging – Beaumont via the CMOC and TX State Interoperable Channels.
- 

Areas of improvement:

- The ETN iPhones just-in-time training created a “bottleneck” situation with mission-tasked units delaying their response awaiting the on-site in-service
- The newly developed GPS/”Xirgo created “ghost” units on the maps
- Develop specific job-action-sheets for each task in RCVQ at staging to increase efficiency.
- Having a pre-developed staging footprint and traffic plan, preferably printed on poster-size, may reduce complication and setup time among the staging team, as well as incoming units.
- Develop a linkage between the “Mission Tasking” board and the “Response Resources” board in WebEOC.
- Update the current Mission Tasking Board to minimize free-text and include “add a patient” capability.

Quick Fixes

---

- A pre-developed online webinar option for ETN training, pre-distributed to deployed teams may increase efficiency.
  - Utilizing bar-code scanning technology for accountability may greatly increase efficiency and accuracy
- 

EMTF6 had 61 total participants from the following 18 agencies from H, R, and Q:

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- Acadian
- AMR
- Atascocita FD
- Bayshore Hospital
- Beaumont FD
- CCEMS
- City of Alvin
- Clearlake Hospital
- Conroe Hospital
- FBCEMS
- Galveston EMS
- HCEC
- Houston FD
- Lake Jackson EMS
- MCHD
- Nacogdoches EMS
- Port Arthur FD
- Sweeny EMS

## **TAB G: Damage Assessments**

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| <b>Damage Assessment Estimates Healthcare Facilities: Hurricane Charlie (Operation Tempest) June 2017</b> |                              |                       |                            |                              |                  |
|---|------------------------------|-----------------------|----------------------------|------------------------------|------------------|
| <b>Jefferson County</b>   |                              |                       |                            |                              |                  |
| <b>Name</b>   | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>     |
| Christus Dubois Beaumont  | \$0.00                       | \$28,000.00           | \$4,500.00                 | \$124,000.00                 | \$156,500.00     |
| Christus Dubois Port Arthur   | \$1,000.00                   | \$2,200.00            | \$2,000.00                 | \$35,000.00                  | \$40,200.00      |
| Med Center SETX - Victory   | \$0.00                       | \$0.00                | \$0.00                     | \$0.00                       | \$0.00           |
| Med Center SETX   | \$1,000,000.00               | \$8,000,000.00        | \$800,000.00               | \$12,000,000.00              | \$21,800,000.00  |
| Baptist Beaumont  | \$5,500.00                   | \$25,000.00           | \$15,000.00                | \$1,200,000.00               | \$1,245,500.00   |
|   |                              |                       |                            |                              | \$23,242,200.00  |
| <b>Galveston County</b>   |                              |                       |                            |                              |                  |
| <b>Name</b>   | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>     |
| UTMB Main Campus  | \$628,546,283.00             | \$46,084,063.68       | \$26,000,000.00            | \$16,000,000.00              | \$716,630,346.68 |
| Mainland Medical Center   | \$10,000.00                  | \$0.00                | \$0.00                     | \$20,000.00                  | \$30,000.00      |
|   |                              |                       |                            |                              | \$716,660,346.68 |
| <b>Brazoria County</b>  |                              |                       |                            |                              |                  |
| <b>Name</b>   | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>     |
| Sweeny Community  | \$0.00                       | \$0.00                | \$0.00                     | \$0.00                       | \$0.00           |
| Brazosport Regional   | \$0.00                       | \$0.00                | \$0.00                     | \$100,000.00                 | \$100,000.00     |
|   |                              |                       |                            |                              | \$100,000.00     |
| <b>Colorado County</b>  |                              |                       |                            |                              |                  |
| <b>Name</b>   | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>     |
| Columbus Community  | \$0.00                       | \$0.00                | \$2,500.00                 | \$0.00                       | \$2,500.00       |
| Rice Medical Center   | \$0.00                       | \$0.00                | \$12,000.00                | \$25,000.00                  | \$37,000.00      |
|   |                              |                       |                            |                              | \$39,500.00      |
| <b>Angelina County</b>  |                              |                       |                            |                              |                  |
| <b>Name</b>   | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>     |
| CHI St Luke Memorial Lufkin   | \$1,000.00                   | \$2,500.00            | \$12,000.00                | \$45,500.00                  | \$61,000.00      |
|   |                              |                       |                            |                              | \$61,000.00      |

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| <b>Polk County</b>                | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
|-----------------------------------|------------------------------|-----------------------|----------------------------|------------------------------|-----------------------|
| <b>CHI St Lukes Livingston</b>    | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              |                       |
| <b>Fort Bend County</b>           | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>Oak Bend Williams Way</b>      | <b>\$25,000.00</b>           | <b>\$0.00</b>         | <b>\$22,000.00</b>         | <b>\$400,000.00</b>          | <b>\$447,000.00</b>   |
| <b>Oak Bend Richmond</b>          | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$75,000.00</b>         | <b>\$1,000,000.00</b>        | <b>\$1,075,000.00</b> |
| <b>Atrium Med Center</b>          | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$20,000.00</b>         | <b>\$100,000.00</b>          | <b>\$120,000.00</b>   |
| <b>Memorial Hermann Surgical</b>  | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
| <b>Methodist Sugarland</b>        | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              | <b>\$1,642,000.00</b> |
|                                   |                              |                       |                            |                              |                       |
| <b>Wharton County</b>             | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>El Campo Memorial</b>          | <b>\$2,000.00</b>            | <b>\$750.00</b>       | <b>\$7,000.00</b>          | <b>\$3,000.00</b>            | <b>\$12,750.00</b>    |
|                                   |                              |                       |                            |                              | <b>\$12,750.00</b>    |
|                                   |                              |                       |                            |                              |                       |
| <b>Chambers County</b>            | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>Bayside Community</b>          | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              |                       |
| <b>Sabine County</b>              | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>Sabine County Hospital</b>     | <b>\$2,500.00</b>            | <b>\$36,000.00</b>    | <b>\$42,000.00</b>         | <b>\$24,000.00</b>           | <b>\$104,500.00</b>   |
|                                   |                              |                       |                            |                              | <b>\$104,500.00</b>   |
|                                   |                              |                       |                            |                              |                       |
| <b>Austin County</b>              | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>CHI St Joseph - Bellville</b>  | <b>\$1,500,000.00</b>        | <b>\$1,000,000.00</b> | <b>\$3,000.00</b>          | <b>\$100,000.00</b>          | <b>\$2,603,000.00</b> |
|                                   |                              |                       |                            |                              | <b>\$2,603,000.00</b> |
|                                   |                              |                       |                            |                              |                       |
| <b>Montgomery County</b>          | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>Memorial Hermann Woodlands</b> | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
| <b>Cornerstone Conroe</b>         | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$6,000.00</b>          | <b>\$120,000.00</b>          | <b>\$126,000.00</b>   |
| <b>St Lukes Lakeside</b>          | <b>\$1.00</b>                | <b>\$2.00</b>         | <b>\$3.00</b>              | <b>\$4.00</b>                | <b>\$10.00</b>        |
| <b>Nexus Specialty Shenandoah</b> | <b>\$10,000.00</b>           | <b>\$25,000.00</b>    | <b>\$20,000.00</b>         | <b>\$1,000,000.00</b>        | <b>\$1,055,000.00</b> |
| <b>Nexus Specialty Woodlands</b>  | <b>\$0.00</b>                | <b>\$0.00</b>         | <b>\$0.00</b>              | <b>\$0.00</b>                | <b>\$0.00</b>         |
|                                   |                              |                       |                            |                              | <b>\$1,181,010.00</b> |
|                                   |                              |                       |                            |                              |                       |
| <b>Harris County</b>              | <b>Infrastructure Damage</b> | <b>Equipment loss</b> | <b>Increase staff cost</b> | <b>Business interruption</b> | <b>Total</b>          |
| <b>First Texas Hospital</b>       | <b>\$300,000.00</b>          | <b>\$250,000.00</b>   | <b>\$5,000.00</b>          | <b>\$100,000.00</b>          | <b>\$655,000.00</b>   |

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|   |                 |                |              |                |                  |
|---|-----------------|----------------|--------------|----------------|------------------|
| Texas Childrens TMC   | \$500,000.00    | \$1,200,000.00 | \$400,000.00 | \$2,000,000.00 | \$4,100,000.00   |
| TOPS Surgical   | \$4,000.00      | \$0.00         | \$0.00       | \$0.00         | \$4,000.00       |
| Holly Hall Retirement   | \$50,000.00     | \$0.00         | \$46,500.00  | \$2,100.00     | \$98,600.00      |
| West Janish Health Care Center  | \$13,000.00     | \$0.00         | \$9,336.00   | \$39,424.00    | \$61,760.00      |
| Memorial Hermann System   | \$10,000,000.00 | \$900,000.00   | \$500,000.00 | \$5,000,000.00 | \$16,400,000.00  |
| Park Plaza  | \$6,300.00      | \$0.00         | \$13,000.00  | \$49,000.00    | \$68,300.00      |
| Healthsouth of Humble   | \$500.00        | \$0.00         | \$15,000.00  | \$72,500.00    | \$88,000.00      |
| North Cypress Medical Center  | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| HCPC  | \$0.00          | \$0.00         | \$100,000.00 | \$100,000.00   | \$200,000.00     |
| East Houston Med Center   | \$0.00          | \$1,200.00     | \$0.00       | \$0.00         | \$1,200.00       |
| St Lukes Patients   | \$15,000.00     | \$5,000.00     | \$15,000.00  | \$50,000.00    | \$85,000.00      |
| Houston Northwest   | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| Healthbridge Childrens  | \$0.00          | \$0.00         | \$10,000.00  | \$10,000.00    | \$20,000.00      |
| St Joseph The Heights   | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| Sun Behavioral  | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| St Joseph Medical Center  | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| Healthsouth of Cypress  | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| LBJ General   | \$100,000.00    | \$975,000.00   | \$100,000.00 | \$70,000.00    | \$1,245,000.00   |
| Kindred Hospital Spring   | \$25,000.00     | \$50,000.00    | \$100,000.00 | \$500,000.00   | \$675,000.00     |
| Select Specialty West   | \$0.00          | \$0.00         | \$0.00       | \$0.00         | \$0.00           |
| Texas Orthopedic Hospital   | \$0.00          | \$0.00         | \$50,000.00  | \$300,000.00   | \$350,000.00     |
| Intracare North   | \$6,231.00      | \$0.00         | \$9,856.00   | \$0.00         | \$16,087.00      |
| St Lukes Springwood Village   | \$1.00          | \$2.00         | \$2.00       | \$4.00         | \$9.00           |
| Cornerstone Clearlake   | \$0.00          | \$0.00         | \$0.00       | \$500,000.00   | \$500,000.00     |
| Cornerstone Bellaire  | \$0.00          | \$0.00         | \$0.00       | \$500,000.00   | \$500,000.00     |
| Houston Methodist St Catherine  | \$1,500.00      | \$0.00         | \$7,000.00   | \$0.00         | \$8,500.00       |
| Houston Methodist Willowbrook   | \$5,000.00      | \$60,000.00    | \$125,000.00 | \$150,000.00   | \$340,000.00     |
| Cypress Fairbanks Med Center  | \$1,000.00      | \$1,000.00     | \$500.00     | \$600.00       | \$3,100.00       |
| Houston Methodist TMC   | \$75,000.00     | \$30,000.00    | \$100,000.00 | \$250,000.00   | \$455,000.00     |
| Clear Lake Regional   | \$240,000.00    | \$100,000.00   | \$40,000.00  | \$170,000.00   | \$550,000.00     |
|   |                 |                |              |                | \$26,424,556.00  |
|   |                 |                |              |                |                  |
|   |                 |                |              |                |                  |
| Total Medical Infrastructure Expense (excluding uncompensated patient care) |                 |                |              |                | \$772,070,862.68 |

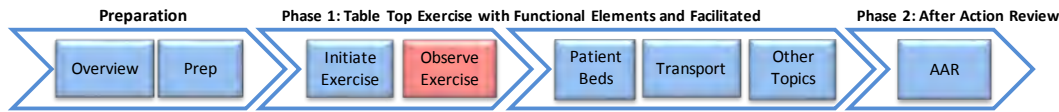


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# **Tab H: RAND Tool**

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## Table Top Exercise with Functional Elements: Observation



### Overview

#### Instructions:

If the RHCC participates in the real-time response, evaluate the effectiveness of its participation.

- \* During the exercise, review the qualitative measures below and decide how strongly you agree or disagree.
- \* Click your mouse on a box below to place a check mark in the box (and click a second time to remove it).
- \* Add specific examples and other observations in the comments boxes or on a separate document.
- \* Encourage players at the evacuating facility to attend a brief after action review scheduled after the functional exercise in order to discuss insights from the exercise and facilitated discussion.

### Qualitative Questions

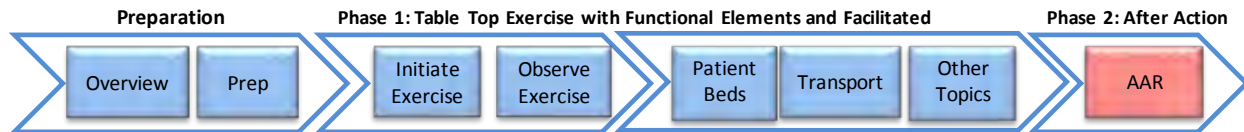
| <b>Situational Awareness</b>  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Did Not Observe | Comments                  |
|---|----------------|-------|---------|----------|-------------------|-----------------|---------------------------|
| Was able to get answers to its queries from receiving facilities in a timely manner | X              |       |         |          |                   |                 |                           |
| Facilitated collaboration among coalition partners by providing regular updates     |                | X     |         |          |                   |                 | via WebEOC and EmResource |
| Considered the impact of the evacuation on other facilities in the region           | X              |       |         |          |                   |                 | Thru CMOC                 |

| <b>Communication</b>  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Did Not Observe | Comments   |
|---|----------------|-------|---------|----------|-------------------|-----------------|--|
| Able to reach and communicate effectively with the appropriate persons at receiving facilities                            |                | X     |         |          |                   |                 | Facilities were able to communicate with CMOC via phone and WebEOC |
| Able to reach and communicate effectively with the appropriate persons at regional health care coordination center (RHCC) |                | X     |         |          |                   |                 |  |
| Able to reach and communicate effectively with the appropriate persons at EMS (emergency medical services)                |                | X     |         |          |                   |                 | Via WebEOC and CMOC this was completed                             |
| Coordinated with the RHCC on division of responsibilities regarding contact with receiving facilities                     | X              |       |         |          |                   |                 | via corridor seats in CMOC   |
| Coordinated with the RHCC on division of responsibilities regarding contact with EMS and transportation providers         |                | X     |         |          |                   |                 |  |

| <b>Transportation</b>   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Did Not Observe | Comments  |
|---|----------------|-------|---------|----------|-------------------|-----------------|---|
| Contacted EMS early in the exercise   | X              |       |         |          |                   |                 | EMS has a seat in the CMOC to ensure that communication with them is effortless. They assist with the coordination and communication from the field to CMOC |
| Considered acuity level of patients in choosing between ALS vs. BLS (advanced vs. basic life support), or other forms of transportation | X              |       |         |          |                   |                 | Front row staff, reviewed patient needs to determine ALS vs BLS   |
| Coordinated decisionmaking on sequence of evacuation (i.e., who is evacuated first?)  |                | X     |         |          |                   |                 |   |

| <b>Patient Tracking and Information Exchange</b> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Did Not Observe | Comments |
|--|----------------|-------|---------|----------|-------------------|-----------------|----------|
|  |                |       |         |          |                   |                 |          |

## After Action Review



### Instructions

The LEAD assessor will lead the hotwash to summarize results and findings from the exercise and facilitated discussion. You may wish to add comments or observations to the hotwash discussion. Remember to review how you scored the evacuating facility on the qualitative items in the "Exercise – Observation" tab and any notes you might have taken.

### Space for Notes (optional)

During Hurricane Charlie, facilities were requested to submit manifest reports to CMOC for patients that are evacuating hospitals. Facilities used the RAND TOOL and EMTrack to submit documentation and manage the evacuation at their facilities. The use of the tools ensured a successful evacuation of the healthcare facilities.

Christus Dubois South



Evacuating Facility Exercise Tables



**Instructions:** Use this table to record the number of patients that the evacuating facility needs to evacuate to receiving facilities.

Table A1: Evacuating Facility Census

| Hospital Unit    | # Patients Needing Evacuation to Hospitals, NHs or SNF |                       |   |
|------------------|--|-----------------------|---|
|                  | Initial Census   | # Patients Discharged | # Patients Remaining<br><i>(census - discharge)</i> |
| Long-term Care   | 10   | <del>0</del> 2        | <del>10</del> 8                                     |
| General Med/Surg | 0  | 0                     | 0   |
| ICU              | 0  | 0                     | 0   |
| Pediatrics       | 0  | 0                     | 0   |
| NICU             | 0  | 0                     | 0   |
| Psychiatry       | 0  | 0                     | 0   |
| L & D            | 0  | 0                     | 0   |
| <i>Total</i>     | 10   | <del>0</del> 2        | <del>10</del> 8                                     |

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06/07/2017 00:37 4898895165

DLB NLR STAT PTA

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*Christus Diermis Hospital North Campus*

| GENERAL MESSAGE   |                                      |  |
|---|--------------------------------------|--|
| TO: CMOG (713) 884-448 4521   | POSITION                             |  |
| FROM: Thomas Wilbur RRT   | POSITION: Safety officer             |  |
| SUBJECT: TRANSPORTATION ASSISTANCE  | DATE: 6/7/17                         |  |
| MESSAGE: PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS                                     |                                      |  |
| NAME OF YOUR FACILITY: <i>Christus Diermis Hospital North</i>                             |                                      |  |
| FACILITY ADDRESS: <i>2830 Collier Ave. 4th Floor BMT TX 77702</i>                         |                                      |  |
| CONTACT NAME: <i>Thomas Wilbur</i> PHONE: <i>409-710-7585</i>                             |                                      |  |
| LOCATION YOU ARE EVACUATING TO: <i>NA Shelter in Place</i>                                |                                      |  |
| <u>13</u>   | TOTAL NUMBER OF RESIDENTS            |  |
| <u>7</u>  | NUMBER OF RESIDENTS ON STRETCHERS    |  |
| <u>2</u>  | NUMBER OF RESIDENTS IN WHEELCHAIRS   |  |
| <u>6</u>  | NUMBER OF RESIDENTS ON OXYGEN        |  |
| <u>5</u>  | NUMBER OF RESIDENTS ON FEEDING TUBES |  |
| <u>2</u>  | NUMBER OF RESIDENTS WITH VENTS       |  |
| <u>—</u>  | NUMBER OF BUSES NEEDED               |  |
| <u>—</u>  | NUMBER OF AMBULANCES NEEDED          |  |
| PLEASE LIST AND EXPLAIN ANY OTHER SPECIAL NEEDS: <i>Shelter in Place</i>                  |                                      |  |
| Reply   |                                      |  |
| PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY<br>SENDER REMOVE THIS COPY FOR YOUR FILES |                                      |  |
| DATE: 6/7/17  | TIME: 0935                           | SENDER: Thomas Wilbur RRT / Safety officer |

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**EMTrack™ Patient Log Report**

For: **Christus Dubuis Hospital of Beaumont-South**

From: 06/07/2017 09:00 CDT

To: 06/07/2017 11:04 CDT

| Create Time      | ID #      | Name                    | Age    | Gender | Acuity  | Complaint | First Provider   | Last Provider   | Status   | Elapsed | Last Tracking Update              |
|------------------|-----------|-------------------------|--------|--------|---------|-----------|--|---|--|---------|-----------------------------------|
| 06/07/2017 10:55 | 859895    | Le, Tuen                | --     | Male   | Minor   |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | Transporting: To Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | 0:06    | 7 Jun 2017 10:58 by Thomas Wilbur |
| 06/07/2017 10:10 | 768432    | Jones, James Jesse      | 44 yrs | --     | Minor   |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Christus Dubuis North                 | Transporting: To Christus St. Elizabeth Hospital - Christus Dubuis North                 | 6:54    | 7 Jun 2017 10:10 by Thomas Wilbur |
| 06/07/2017 10:48 | 34672969  | Dehmer, Jeffrey Eaton   | 50 yrs | Male   | Minor   |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | Transporting: To Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | 0:16    | 7 Jun 2017 10:48 by Thomas Wilbur |
| 06/07/2017 10:58 | 355678    | Bean, Junior Lee        | 29 yrs | Male   | Minor   |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | Transporting: To Christus St. Elizabeth Hospital - Dubuis Hospital North Campus          | 0:08    | 7 Jun 2017 10:58 by Thomas Wilbur |
| 06/07/2017 09:26 | 192637465 | Barton, Anthony Luigi   | 34 yrs | Male   | Minor   |           | Christus Dubuis Hospital of Beaumont-South                                     | Christus St. Elizabeth Hospital - Transporting to Christus Dubuis North | Transporting: To Christus St. Elizabeth Hospital - Transporting to Christus Dubuis North | 1:38    | 7 Jun 2017 09:26 by Thomas Wilbur |
| 06/07/2017 10:12 | 974158    | Unique, Charlie Jeffrey | 64 yrs | Male   | Minor   |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Christus Dubuis North                 | Transporting: To Christus St. Elizabeth Hospital - Christus Dubuis North                 | 0:52    | 7 Jun 2017 10:12 by Thomas Wilbur |
| 06/07/2017 10:02 | 1234694   | Michelle, Leah Koris    | 23 yrs | Female | Delayed |           | Christus Dubuis Hospital of Beaumont-South -                                   | Christus St. Elizabeth Hospital -                                       | Transporting: To Christus St. Elizabeth  | 1:02    | 7 Jun 2017 10:02 by Thomas Wilbur |

Report run by: Thomas Wilbur

From: Christus Dubuis Hospital of Beaumont-South

on: 06/07/2017 11:04:51 CDT

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**EMTrack™ Patient Log Report**

For: **Christus Dubuis Hospital of Beaumont-South**

From: 06/07/2017 09:00 CDT

To: 06/07/2017 11:04 CDT

| Create Time      | ID#    | Name         | Age    | Gender | Acuity | Complaint | First Provider   | Last Provider   | Status  | Elapsed | Last Tracking Update              |
|------------------|--------|--------------|--------|--------|--------|-----------|--|---|---|---------|-----------------------------------|
| 06/07/2017 10:00 | 237690 | Reed, Gary A | 55 yrs | Male   | Minor  |           | Jefferson County EMS to transport  | Christus Dubuis North                                   | Hospital - Christus Dubuis North  | 6:59    | 7 Jun 2017 10:05 by Thomas Wilbur |
|                  |        |              |        |        |        |           | Christus Dubuis Hospital of Beaumont-South - Jefferson County EMS to transport | Christus St. Elizabeth Hospital - Christus Dubuis North | Transporting To Christus St. Elizabeth Hospital - Christus Dubuis North |         |                                   |

*2 Patients Families Will Evacuate their Family Members Transporting 8 Patients to Christus Dubuis North to Shelter in Place*

*Thank you  
Thomas Wilbur RRT*

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E-1149

Christus Dubravas South Campus

| GENERAL MESSAGE   |                                      |
|---|--------------------------------------|
| TO: CMDC (713) 864-4521   | FROM: Thomas Wilbur RRT              |
| REASON: TRANSPORTATION ASSISTANCE   | DATE: 6/7/17                         |
| NAME OF YOUR FACILITY: Christus Dubravas Hospital Beaumont South Campus<br>FACILITY ADDRESS: 860 South 8th Street BMT Texas 77701<br>CONTACT NAME: T. Wilbur PHONE: 409-218-2585<br>LOCATION YOU ARE EVACUATING TO: Dubravas ST Elizabeth |                                      |
| 8-10  | TOTAL NUMBER OF RESIDENTS            |
| 2   | NUMBER OF RESIDENTS ON STRETCHERS    |
| 0   | NUMBER OF RESIDENTS IN WHEELCHAIR    |
| 3   | NUMBER OF RESIDENTS ON OXYGEN        |
| 4   | NUMBER OF RESIDENTS ON FEEDING TUBES |
| —   | NUMBER OF RESIDENTS WITH VENTS       |
| 1   | NUMBER OF BUSES NEEDED               |
| 2-3   | NUMBER OF AMBULANCES NEEDED          |
| PLEASE LIST AND EXPLAIN ANY OTHER SPECIAL NEEDS: NA   |                                      |
| Reply: Complete   |                                      |
| PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY<br>SENDER REMOVE THIS COPY FOR YOUR FILES   |                                      |

DATE: 6/7/17 TIME: 0930 CREATOR/COMPILER: Thomas Wilbur RRT Safety officer Dubravas  
 4/1/18 11/12 AM [Signature]

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## Evacuating Facility Exercise Tables



**Instructions:** Use this table to record the number of patients that the evacuating facility needs to evacuate to receiving facilities.

Table A1: Evacuating Facility Census

*Brazosport Regional Health System*

| Hospital Unit    | # Patients Needing Evacuation to Hospitals, NHs or SNF |                       |   |
|------------------|--|-----------------------|---|
|                  | Initial Census   | # Patients Discharged | # Patients Remaining<br><i>(census - discharge)</i> |
| Long-term Care   | 0  | 0                     | 0   |
| General Med/Surg | 73   | 62                    | 11  |
| ICU              | 16   | 10                    | 6   |
| Pediatrics       | 2  | 0                     | 2   |
| NICU             | 0  | 0                     | 0   |
| Psychiatry       | 4  | 0                     | 4   |
| L & D            | 1  | 0                     | 1   |
| <i>Total</i>     | 96   | 72                    | 24  |

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**EMTrack™ Patient Log Report**

For: **Brazosport Regional Health System**

From: 06/07/2017 00:00 CDT

To: 06/07/2017 14:00 CDT

| Create Time      | ID #     | Name            | Age    | Gender | Acuity    | Complaint                   | First Provider                    | Last Provider                     | Status  | Elapsed | Last Tracking Update             |
|------------------|----------|-----------------|--------|--------|-----------|-----------------------------|-----------------------------------|-----------------------------------|---------|---------|----------------------------------|
| 06/07/2017 13:16 | BLUE116  | Bond, Micheel   | 42 yrs | Female |           | Bleeding                    | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:57    | 7 Jun 2017 13:16 by Laura Minter |
| 06/07/2017 13:02 | GREEN213 | Smith, John     | --     | --     | Immediate | Breathing Problems          | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 1:11    | 7 Jun 2017 13:02 by Laura Minter |
| 06/07/2017 13:18 | GREEN421 | Hoggers, Walt   | 36 yrs | Male   | Minor     | Altered Mental Status       | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:54    | 7 Jun 2017 13:18 by Laura Minter |
| 06/07/2017 13:04 | GREEN222 | doe, Iori       | --     | --     | Delayed   | Altered Mental Status       | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 1:09    | 7 Jun 2017 13:04 by Laura Minter |
| 06/07/2017 13:18 | GREEN416 | Archer, paul    | 33 yrs | --     | Minor     | Anxiety/Behavioral Problems | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:55    | 7 Jun 2017 13:18 by Laura Minter |
| 06/07/2017 13:20 | GREEN431 | melinda, dolles | --     | --     | Minor     | Bite/Sting                  | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:53    | 7 Jun 2017 13:20 by Laura Minter |
| 06/07/2017 13:03 | GREEN216 | smith, blake    | --     | --     | Delayed   | Anxious/Irritable           | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 1:10    | 7 Jun 2017 13:03 by Laura Minter |
| 06/07/2017 13:15 | GREEN229 | smith, roxie    | --     | --     | Delayed   | Chronic Medical Problems    | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:57    | 7 Jun 2017 13:15 by Laura Minter |
| 06/07/2017 13:03 | GREEN219 | doe, dominic    | --     | --     | Delayed   | Swelling/Edema              | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 1:10    | 7 Jun 2017 13:03 by Laura Minter |
| 06/07/2017 13:18 | GREEN413 | smith, darlene  | --     | --     | Delayed   | Anxiety/Behavioral Problems | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:55    | 7 Jun 2017 13:18 by Laura Minter |
| 06/07/2017 13:20 | PINK276  | Jones, Lisa     | --     | --     | Delayed   | Nausea/Vomiting/Diarrhea    | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:53    | 7 Jun 2017 13:20 by Laura Minter |
| 06/07/2017 13:15 | GREEN225 | smith, susan    | --     | --     | Delayed   | Nausea/Vomiting/Diarrhea    | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:58    | 7 Jun 2017 13:15 by Laura Minter |
| 06/07/2017 13:19 | GREEN422 | smith, glen     | --     | --     | Immediate | Seizure                     | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:54    | 7 Jun 2017 13:19 by Laura Minter |
| 06/07/2017 13:17 | GREEN402 | doe, albert     | --     | --     | Delayed   | Anxiety/Behavioral Problems | Brazosport Regional Health System | Brazosport Regional Health System | Arrived | 0:56    | 7 Jun 2017 13:17 by Laura Minter |

Report run by: Trameka Jewett

From: Brazosport Regional Health System

on: 06/07/2017 14:13:48 CDT

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### Evacuating Facility Exercise Tables



**Instructions:** To the extent that the coalition is involved in coordinating patient transportation, use this table to document the recruitment of vehicles for patient transport. Whenever appropriate, note the coalition's involvement in coordinating patient transfers.

*See Attached*

| Name of Transportation Organization | Coordination facilitated by RHCC (Y/N)? | Emergency Vehicles Offered |          |                         | Other Vehicles Offered |                 |                  |
|-------------------------------------|---|----------------------------|----------|-------------------------|------------------------|-----------------|------------------|
|                                     |   | # ALS                      | # BLS    | #<br>Emergency<br>Total | # Vans/<br>Busses      | # Other         | # Other<br>Total |
| <i>EX: Lifestar Response</i>        | <i>No</i>                               | <i>5</i>                   | <i>2</i> | <i>7</i>                | <i>1</i>               | <i>1 (Helo)</i> | <i>2</i>         |
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Evacuating Facility Exercise Tables



**Instructions:** Use this table to record the number of patients that the evacuating facility needs to evacuate to receiving facilities.

**Table A1: Evacuating Facility Census**  
 UTMB

| Hospital Unit    | # Patients Needing Evacuation to Hospitals, NHs or SNF |                       |   |
|------------------|--|-----------------------|---|
|                  | Initial Census   | # Patients Discharged | # Patients Remaining<br><i>(census - discharge)</i> |
| Long-term Care   | 111  | 86                    | 25  |
| General Med/Surg | 115  | 65                    | 50  |
| ICU              | 26   | 1                     | 25  |
| Pediatrics       | 45   | 20                    | 25  |
| NICU             | 0  | 0                     | 0   |
| Psychiatry       | 6  | 3                     | 3   |
| L & D            | 1  | 0                     | 1   |
| <i>Total</i>     | 189  | 172                   | 127   |

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**EMTrack™ Patient Log Report**

For: **University of Texas Medical Branch**

From: 05/01/2017 09:54 CDT

To: 06/09/2017 09:54 CDT

| Create Time      | ID #   | Name                 | Age     | Gender | Acuity    | Complaint | First Provider  | Last Provider                       | Status   | Elapsed | Last Tracking Update                 |
|------------------|--------|----------------------|---------|--------|-----------|-----------|---|-------------------------------------|--|---------|--------------------------------------|
| 06/06/2017 10:59 | 555569 | Cotazar, Julio       | 12 days | Male   | Immediate |           | University of Texas Medical Branch - Help transport requested | Seton Dell Childrens Medical Center | Transporting: To Seton Dell Childrens Medical Center | 22:57   | 6 Jun 2017 10:56 by Mike Mastrangelo |
| 06/05/2017 15:28 | 555555 | Alfred, Alonso       | 55 yrs  | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 42:27   | 5 Jun 2017 15:28 by Mike Mastrangelo |
| 06/07/2017 09:50 | 555582 | O'Well, Tip          | 89 yrs  | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:03    | 7 Jun 2017 09:50 by Mike Mastrangelo |
| 06/05/2017 16:34 | 555559 | Escobar, Emilio      | 17 yrs  | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 43:19   | 6 Jun 2017 15:34 by Mike Mastrangelo |
| 06/07/2017 09:38 | 555577 | Stevens, Thaddeus    | 103 yrs | -      |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:16    | 7 Jun 2017 09:38 by Mike Mastrangelo |
| 06/07/2017 09:43 | 555579 | Lincoln, George      | 56 yrs  | -      |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:11    | 7 Jun 2017 09:43 by Mike Mastrangelo |
| 06/07/2017 09:44 | 555580 | Costello, Elvis      | -       | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:09    | 7 Jun 2017 09:44 by Mike Mastrangelo |
| 06/05/2017 15:28 | 555556 | Bilbo, Betty         | 62 yrs  | Female |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 42:28   | 5 Jun 2017 15:28 by Mike Mastrangelo |
| 06/07/2017 09:29 | 555573 | Simon, Cary          | 73 yrs  | Female |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:25    | 7 Jun 2017 09:29 by Mike Mastrangelo |
| 06/06/2017 15:40 | 555563 | Inez, Inez           | 49 yrs  | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 42:13   | 6 Jun 2017 15:40 by Mike Mastrangelo |
| 06/05/2017 15:29 | 555557 | Ghandier, Chuck      | 65 yrs  | -      |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 42:24   | 5 Jun 2017 15:29 by Mike Mastrangelo |
| 06/05/2017 15:36 | 555580 | Fernandez, Frank     | 27 yrs  | -      |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 42:17   | 5 Jun 2017 15:36 by Mike Mastrangelo |
| 06/07/2017 09:48 | 555581 | Whipple III, Chester | 7 yrs   | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived  | 0:04    | 7 Jun 2017 09:49 by Mike Mastrangelo |
| 06/07/2017       | 555584 | Carter, Jimmy        | -       | Male   |           |           | University of Texas   | University of                       | Arrived  | 0:02    | 7 Jun 2017 09:51                     |

Report run by: Mike Mastrangelo

From: University of Texas Medical Branch

on: 06/07/2017 09:54:32 CDT

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**EMTrack™ Patient Log Report**

For: **University of Texas Medical Branch**

From: 05/01/2017 09:54 CDT To: 06/09/2017 09:54 CDT

| Create Time      | ID #   | Name                | Age    | Gender | Acuity    | Complaint | First Provider  | Last Provider                       | Status  | Elapsed | Last Tracking Update                 |
|------------------|--------|---------------------|--------|--------|-----------|-----------|---|-------------------------------------|---|---------|--------------------------------------|
| 09:51            |        |                     |        |        |           |           | Medical Branch  | Texas Medical Branch                |   |         | by Mike Mastrangelo                  |
| 06/07/2017 09:27 | 555572 | Rohrstadt, Linda    | 63 yrs | Female |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:26    | 7 Jun 2017 09:27 by Mike Mastrangelo |
| 06/07/2017 09:41 | 555576 | Washington, Abraham | 90 yrs | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:12    | 7 Jun 2017 09:41 by Mike Mastrangelo |
| 06/05/2017 15:32 | 555558 | Davidson, David     | 32 yrs | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 42:21   | 5 Jun 2017 15:32 by Mike Mastrangelo |
| 06/05/2017 15:39 | 555562 | Harrison, Hank      | 57 yrs | --     |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 42:14   | 5 Jun 2017 15:39 by Mike Mastrangelo |
| 06/05/2017 15:36 | 555561 | Giovanl, George     | --     | --     |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 42:15   | 5 Jun 2017 15:36 by Mike Mastrangelo |
| 06/07/2017 09:35 | 555578 | Jackson, Litaoyz    | 64 yrs | --     |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:18    | 7 Jun 2017 09:35 by Mike Mastrangelo |
| 06/07/2017 09:30 | 555574 | Nicks, Stevie       | 75 yrs | Female |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:24    | 7 Jun 2017 09:30 by Mike Mastrangelo |
| 06/07/2017 09:32 | 555575 | Mitchell, Joannia   | 75 yrs | --     |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:22    | 7 Jun 2017 09:32 by Mike Mastrangelo |
| 06/07/2017 09:54 | 555583 | Arthur, Cheilar     | --     | Male   |           |           | University of Texas Medical Branch                            | University of Texas Medical Branch  | Arrived   | 0:00    | 7 Jun 2017 09:54 by Mike Mastrangelo |
| 06/08/2017 10:54 | 555587 | Borgese, Jorge Luis | 7 days | Male   | Immediate |           | University of Texas Medical Branch - Help transport requested | Seton Dell Childrens Medical Center | Transporting To Seton Dell Childrens Medical Center | 23:00   | 6 Jun 2017 10:54 by Mike Mastrangelo |

Report run by: Mike Mastrangelo

From: University of Texas Medical Branch

on: 06/07/2017 09:54:32 CDT

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**Instructions:** Use this table to document the receiving facilities contacted and the number of beds they confirmed were available to hold patients from the evacuating facility. Whenever appropriate, note the coalition's (RHCC) involvement in coordinating patient transfers.

**Table A2: Beds Confirmed at Receiving Facilities**

| Name of receiving facility | Coordination facilitated by RHCC (Y/N)? | # Long-term care beds | # General beds (med/surg) | # ICU beds | # Peds beds | # NICU beds | # Psychiatry beds | # L&D beds | # Total Beds |
|----------------------------|---|-----------------------|---------------------------|------------|-------------|-------------|-------------------|------------|--------------|
| EX. GWU Hospital           | No                                      |                       | 10                        | 2          |             | 1           |                   |            | 13           |
|                            | yes                                     | 25                    | 50                        | 25         | 25          | 0           | 3                 | 1          | 127          |
|                            |   |                       |                           |            |             |             |                   |            |              |
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**Instructions:** To the extent that the coalition is involved in coordinating patient transportation, use this table to document the recruitment of vehicles for patient transport. Whenever appropriate, note the coalition's involvement in coordinating patient transfers.

Table A3: Vehicles Recruited for Patient Transport

| Name of Transportation Organization | Coordination facilitated by RHCC (Y/N)? | Emergency Vehicles Offered |          |                         | Other Vehicles Offered |                 |                  |
|-------------------------------------|---|----------------------------|----------|-------------------------|------------------------|-----------------|------------------|
|                                     |   | # ALS                      | # BLS    | #<br>Emergency<br>Total | # Vans/<br>Busses      | # Other         | # Other<br>Total |
| <i>EX: Lifestar Response</i>        | <i>No</i>                               | <i>5</i>                   | <i>2</i> | <i>7</i>                | <i>1</i>               | <i>1 (Helo)</i> | <i>2</i>         |
|                                     | yes                                     | 25                         | 8        | 36                      | 2                      |                 | 2                |
|                                     |   |                            |          |                         |                        |                 |                  |
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