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Southeast Texas Regional Advisory Council/ RHPC

AFTER ACTION REPORT & IMPROVEMENT PLAN

Operation Morning Star
Functional Exercise

May 19 – 22, 2013

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Handling Instructions

The title of this document is the Operation Morning Star After Action Report and Improvement Plan.

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(Person Completing and submitting the AAR/IP)

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Exercise Detail:

After Action Report for:	☒ Exercise ☐ Actual Event/Incident
Exercise Date(s):	May 20th-23rd, 2013
Exercise Type:	☐ Drill ☐ Tabletop ☒ Functional ☐ Full-Scale ☐ Retest
Exercise Geographical Scope:	☐ Local ☒ Regional ☐ State ☐ Multi-State ☐ International

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Executive Summary

Operation Morning Star is a functional mass casualty exercise held by the SouthEast Texas Regional Advisory Council (SETRAC) and the Regional Healthcare Preparedness Coalition (RHPC), in partnership with East Texas Gulf Coast Regional Trauma Advisory Council (RAC-R). The exercise was developed to test Catastrophic Medical Operations Center's (CMOC) Emergency Operations Coordination and Medical Surge capabilities. The exercise planning team was composed of:

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Based on the exercise planning team's determination, the following mission(s) and objectives were developed for "Operation Morning Star" Functional Exercise.

Mission(s):

The mission of the "Operations Morning Star" Functional Exercise is to assess the Catastrophic Medical Operations Center (CMOC) regional medical response plans and capabilities in the event of a no-notice incident.

Capabilities:

Presidential Preparedness Directive #8 Core Capabilities tested

- Emergency Operations Coordination
  Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

- Medical Surge
  Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

Objectives:

Emergency Operations Coordination

1. Activate Emergency Operations
   - Demonstrate the activation process as described in the CMOC Activation Plan as required in response to a mass casualty incident.
2. Develop Incident Response Strategy
   - Prioritize objectives and coordinate the operational objectives designated by the Operations Chief, according to the National Response Framework and National Incident Management System, for each operational period, throughout the entire operational period.
3. Maintain and Sustain the Response
   - Maintain the regional response to a mass casualty incident in accordance with the CMOC Basic Plan.

Medical Surge

1. Assess the Nature and Scope of the Incident
   - Assess, through the collection and analysis of health data (e.g., from emergency medical services and public health) to define the needs of the incident and the available healthcare staffing and resources.
2. Activate Medical Surge Operations
   - Coordinate regional implementation of individual hospital medical surge operations plans in accordance with Centers for Disease Control and Prevention, Assistant Secretary for Preparedness and Response, and public health guidelines, during an operational period.
3. Support Medical Surge Operations
   - Coordinate medical surge capabilities in accordance with the Centers for Disease Control and Prevention, Assistant Secretary for Preparedness and Response, and public health during an operational period.

Major Strengths Demonstrated:

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

- CMOC Operations quickly identified, on all four days, the need for a Joint Information Center (JIC) to handle the inquiries of elected officials and the media. The focus on the need for a Public Information Officer was present during all four days of the exercise.

- The Operations Chief did an exceptional job of assuring that all staff in the CMOC maintained situational awareness.

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- The usage and effectiveness of the WebEOC and EMResource computer applications by CMOC staff improved significantly through the week.

Primary Areas for Improvement Identified:

The primary areas for improvement are as follows:

- During all 4 days of the exercise it was clear the reference materials available to the CMOC staff were insufficient for their needs.

- Staff fielding resource requests often obtained incomplete information about the exact nature of the resource request (people, equipment or supplies).

Section 1: Exercise/Incident Overview

1.01 Exercise Name Designation:

Operation Morning Star

1.02 Exercise Dates:

May 20th-23rd, 2013

1.03 Exercise Duration:

4 days / 4 hours per day

1.04 Exercise Location(s):

City of Houston Emergency Operations Center

1.05 Sponsor:

Southeast Texas Regional Advisory Council/ Regional Healthcare Preparedness Coalition

1.06 Funding Source:

US Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response, Hospital Preparedness Program (ASPR).

1.07 Program Requirements Addressed:

HHS/ASPR

1.08 Mission(s) Tested During the Exercise/:

Response

1.09 Grant Funded Systems and Capabilities Demonstrated/Validated:

- Emergency Operations Coordination
- Medical Surge

1.10 Exercise Scenario/ Type:

Mass Casualty

1.11 Organizational Functions and Participants: See Tab A for Participant Listings.

Section 2: Exercise Design Summary and Analysis of Capabilities

2.01 Exercise/Incident Purpose and Design:

The purpose of the "Operation Morning Star" Functional Exercise is to evaluate the RHPC Catastrophic Medical Operations Center (CMOC) regional medical response plans and coordination of capabilities in healthcare facilities in the event of a no-notice incident.

This exercise was designed and executed in accordance with the US Department of Homeland Security Exercise and Evaluation Program guidance. The exercise planning team discussed the complexities of responding to a major event in the City of Houston and surrounding areas. This process was completed over a 3 month period by completing 3 exercise planning conferences and extensive communication between the vendor and SETRAC/RHPC/RAC-R. These meeting were held at facilities throughout the Houston area including the Houston Emergency Operations Center and the Harris County School District main office.

2.02 Scenario Summary:

Monday, May 20th 2013 (Downtown Corridor)

There has been an incident at the I-610 & US 59 Overpass in Houston with multiple casualties. This has resulted in a structural failure of several pilings eliminating traffic. In addition, there are several additional road closures that will force emergency traffic to reroute and take secondary roads. Two additional intersections are closed. I-610 & Beltway 8, Main Street/90 and & US 59.

In addition to the road closures, Ben Taub and the TMC complex have been impacted by water/power issues, which creates additional system stress by eliminating the capability of accepting additional patients. There are some victims that have been contaminated for select hospital objectives accomplished through injects delivered to hospitals.

Major Events

1. I-610 & US 59; A road trailer, type MC 331 high pressure tank carrying 11,500 gallons of X liquid.
2. There has been a major traffic accident at the 610 and Hwy 59 overpass. A truck has hit one of the major overpasses and has caused a collapse of that overpass and many others overpasses in that area.
3. At the initial scene size up the first due Houston Fire units are reporting countless injuries and fatalities.
4. The access to the city from the Southwest has been severely limited with the traffic trying to reroute to main Street /90.
5. There are 2 large accidents on Main Street /90. The first is NB just before the Beltway 8 entrance and just North of Hiram Clarke Rd.

6. There is another accident on the NB Beltway 8 just after the on ramp from Hwy 59.
7. The truck that hit the overpass is carrying an unknown chemical. It has ruptured, which caused a spill and contaminated many patients.
8. There are people self-reporting to various area Emergency Departments and they are contaminated.
9. Houston Fire Department has found 2 busses full of high school students at the edge of the collapse. All are alive but 90 % are severely injured.
10. Ben Taub hospital and other facilities in the TMC complex have lost power and are on back-up generators. There has also been low water pressure reported.

TUESDAY, May 21st, 2013 (North Corridor)

A category EF5 tornado will produce major damage to facilities and cause numerous injuries and a limited number of fatalities. Response will be complicated by local flooding. In addition, to add stress, a minor event will be a multiple vehicle accident.

Major Events

1. An EF-5 tornado has swept through the North Sector of the Houston area causing major damage to the City of Tomball and the Woodlands.
2. There are initial reports of many injuries and fatalities but nothing is confirmed at this time.
3. The tornado has struck Tomball Medical Center and has caused major damage. The decision to evacuate the hospital immediately has been made and they are requesting assistance from the CMOC.
4. The initial units on scene report many severely injured residents throughout the town and report that the Home Depot has partially collapsed and it is estimated that there are approx. 45 fatalities and 30 that are severely injured.
5. The transportation officer on the scene is requesting assistance in figuring out where to send ambulances.
6. The City of the Woodlands has reported that the tornado has hit their city and it has caused many injuries and loss of life their also.
7. The Fire Department in the Woodlands has reported that the tornado has hit a school and there are many injuries.
8. The Unified command in both cities has requested state wide mutual aid ambulance assets.

Wednesday, May 22nd, 2013 (Southwest Corridor)

Multiple tornados touch down throughout the corridor. Tornadoes may be on the ground for distances of a half mile to 2-3 miles and do extensive building and property damage, resulting in search and rescue activities and a major medical command presence. Commercial facilities such as nurseries, Walmart, Lowes, Tractor Supply Warehouse, etc., contain hazardous materials such as organophosphates which could contaminate victims as well as responders.

Major Events

1. There have been reports of multiple Tornadoes on the ground in the Southwest Sector. These tornadoes have hit cities such as Sugarland, Missouri City and Stafford with some in unincorporated Fort Bend County.
2. The initial information coming in is that there is wide spread devastation throughout Fort Bend county.
3. One of the tornadoes has hit the First Colony Mall in Sugarland where there are many injuries and fatalities.
4. The need for ambulances has exceeded the available resources that are available in the immediate area. The Unified Command is requesting help to get more ambulances.
5. The first due units from Sugarland Fire and Sugarland PD also report that Methodist hospital has sustained damage but it is unclear as to how bad they are affected.
6. The unified command has requested that the state be put on alert and that they will be needing some statewide mutual aid assets. They are not sure what they will need at this current time.
7. The surrounding communities want to help but are not sure where to send their equipment and people and are looking for direction from the CMOC.
8. The need for ambulances has exceeded the available resources that are available in the immediate area. The Unified Command is requesting help to get more ambulances.
9. The media is requesting information to give the citizens regarding Public Health concerns.

Thursday, May 23rd, 2013 (Southeast Corridor)

Chlorine release via train derailment adjacent to Hwy 3 results in the closing of I-45. The initial incident size up and assessment should confirm a chlorine release as the liquid becomes a vapor. Additional hazardous materials involved in the train derailment include Liquid Propane Gas (LPS) tank cars, and uranium hexafluoride. These events will stress the corridor by expanding the initial downwind plume and require air quality alerts by public health. The results would produce a substantial increase in walk in traffic in area ER facilities.

Major Events

1. A train derailment with a very large explosion has occurred at on the railroad tracks adjacent to HWY 3 and resulted in the closing of HWY 45 in both directions.
2. Chemicals are being released on the ground and in the air.
3. Large numbers of people are in need of medical attention from the surrounding areas
4. The CMOC has been activated and is up and running.
5. Decontamination is being established at the scene.
6. Some of the population in the exclusion zone have left the area and are seeking treatment at hospitals in the surrounding area.
7. Some patients have chemical burns and need specialized treatment.
8. Vapors in the air have caused a larger than normal number of people to seek treatment for respiratory problems. One of the Hospitals is downwind of the spill and has decided to evacuate.

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 the Presidential Preparedness Directive #8 capabilities and the Healthcare Preparedness Capabilities. The mission related capabilities included below form the foundation for the organization of all objectives and observations in this exercise. The capabilities linked to the exercise objectives of Operation Morning Star are listed below, followed by the corresponding activities required to demonstrate the capability. Each capability is followed by related observations, analysis of observed performance and recommendations for improvements where required.

CAPABILITY 1: EMERGENCY OPERATIONS COORDINATION

Capability Summary: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System

Observation 1: Strength

At the outset of exercise play each day, the CMOC Operations Chief did a good job of receiving the disaster scenario information from the field and then preparing and delivering operational objectives.

Observation 2: Strength

CMOC Operations members informed, directed, and updated Corridor personnel through direct verbal communication.

Observation 3: Strength

CMOC Operations quickly identified, on all four days, the need for a Joint Information Center (JIC) to handle the inquiries of elected officials and the media. The focus on the need for a Public Information Officer was ever present during all four days of the exercise.

Observation 4: Area of Improvement

During all 4 days of the exercise it was clear the reference materials available to the CMOC staff were out dated or lacking.

Analysis: 1. Phone directories were missing or had wrong numbers.

2. Contact Lists (Vendors, Area EMS Resources, etc.) were nonexistent. Staff would search the internet for various resource needs.

3. Staff used PDA's, cell phones, non-CMOC computers and personal contacts to manage the emergency.

Recommendation: Develop a process for validating these resources on a quarterly basis. The CMOC has an abundance of technology; consider the possibility of automated reminders in Outlook or similar application. Explore the possibility of email blasts to key stake holders to provide needed updates.

Observation 5: Area of Improvement

CMOC staff identified the inability of individual consoles to project their display on the wall.

Analysis: Only the Display Processor position is able to do this and it was unstaffed. Logistics attempted to display maps that were dynamic in nature and needed frequent updating to reflect resource location, incident scene, staging areas and other features. Without an individual console being able to display to the wall, the image needed to be saved to a jump drive and loaded onto the computer at the Display Processor station.

Recommendation: Staff all positions during exercise as you would during a live event. Not having these positions staffed during the times you practice will cause confusion during live event as processes will be different from which they learned.

Observation 6: Area of Improvement

Communication among position players was inconsistent, incomplete and disjointed during all four days of the exercise.

Analysis: Communication among the CMOC positions was inconsistent and followed no recognizable pattern. Communication between the front (Command) and back (Support) rows was unclear in that the back row players (support staff) did not understand which types of information and what priority scheme to use in transferring data to the Operations Section Chief. In a few cases, what was deemed to be critical information was held at the back row (support staff) until the Command level positions asked if anyone had that

specific information. Although there were attempts to explain what types of information needed to be "pushed" to the front (Command Staff), it seemed that there still was a lack of confidence on the part of the back row regarding information sharing.

Recommendation: Consider spending more time with the back row (support staff) participants prior to the start of the operational period to instill a better understanding of the information sharing process. Considerable "just-in-time training" could prove useful. Also consider the use of a standardized form to be used by the back row players (support staff). This form could help them remember what critical information point need to be captured and could suggest the types of messages that need to be forwarded in priority stages.

Observation 7: Area of Improvement

Numerous times those taking the requests and other key information did not know what information to acquire before ending the call.

Analysis: An issue with obtaining complete information was a constant on all four days and this resulted in many additional call backs to attain all the information needed to fill the request or pass on complete information

Recommendation: Design 'dispatch/communication' standardized form which provides fields that will trigger thought triggering on information necessary to complete the request. Ex: Date, Time, Calling Party, Organization/Unit representing, Call back number, (S.A.L.T. = Size, Amount, Location, Time Needed) and any other key pieces of information needed.

CAPABILITY 2: MEDICAL SURGE

Capability Summary: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

Observation 1: Strength

Over the course of the 4 days both the Operations Chief and Transportation Officer received multiple injects regarding medical surge issues that involved non-actionable information and requests. With each inject the information or request was discussed and analyzed in the front row by the four primary players (Operations Chief, Transportation, Logistics, and Clinical). The typical reaction/process time was usually under 60 seconds and a push back was provided to the inject originator or in some instances no action was required.

Observation 2: Strength

The need for a Planning Section was rapidly identified and staff was tasked with obtaining weather reports and the identification of Critical Infrastructure and Key Resources regarding surge issues in the impacted area and an attempt to make projections about the future course of the incident was made.

Observation 3: Strength

The usage and effectiveness of the WebEOC and EMResource computer applications by CMOC staff improved significantly through the week.

Observation 4: Area of Improvement

CMOC staff did not have access to an inventory of what is available in the warehouses and did not know how to request and activate those resources.

Analysis: CMOC staff indicated that there are two warehouses with medical equipment caches, those being Cardinal and Adams Warehouse. Staff believed the warehouses contained MCI caches, pharmaceuticals and other medical supplies but did not have that information available.

Recommendation: Provide the logistics seat with an inventory of what is available to them in these warehouses. While the ability to keep a 100 percent accurate list is almost impossible to achieve, a basic list needs to be included in the resources available to them.

Observation 5: Area of Improvement

The corridor representatives did not recognize the obvious flaws in the reporting of hospitals ability to take patients. The surge capability was not considered in calculating surge capacity by many of the hospitals.

Analysis: CMOC back row (support staff) did not have enough information on the facilities to recognize, or at least question the numbers the hospital provided when they appeared to be inflated

Recommendation: Provide the corridor representatives general information about the hospitals in their corridor. In addition, the CMOC staff training should focus on this issue during the education process.

Observation 6: Area of Improvement

The HavBed system was not updated with the most current contact information.

Analysis: The corridor representatives were attempting to call phone numbers and assigned individuals that are no longer with associated with that facility. This caused extreme delays in attaining information or notification of incident specific information, i.e. patient, chemical, etc.

Recommendation: Implement a schedule of reminders on a quarterly basis that emphasizes the importance that each hospital updates contact information as the personnel staffing these key positions change.

Observation 7: Area of Improvement

It was observed that numerous medical requests were not prioritized correctly in WebEOC which caused delays in meeting the critical medical requests.

Analysis: When selecting staff members for the corridor representative position, selecting personnel with a medical background would be extremely beneficial and encouraged when filling one of these positions.

Recommendation: If possible, staffing for the CMOC corridor should include personnel with a medical background.

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Section 3: Conclusion

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

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

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

All of the staff that participated in the exercise are obviously very committed to the CMOC concept and to the residents of The City of Houston and surrounding communities. Even though there have been many areas of improvement noted in this year's exercise, there has been noted improvement over the performance during last year's event.

In the opinion of the staff contracted to assist with this event, this was a very successful exercise and an exercise that the Southeast Texas Regional Advisory Council, RAC –R and participating hospitals can utilize the outcomes as building blocks for future planning, training considerations, and expenditures to improve their overall response capabilities and better serve the citizens of the City of Houston and surrounding areas.

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IMPROVEMENT PLAN

This IP has been developed specifically for the Southeast Texas Regional Advisory Council as a result of Operation Morning Star conducted on May 20-23rd 2013. The recommendations included in this IP draw on evaluator observations and recommendations as well as exercise participant recommendations documented during after action meetings/debriefings.

Capability/ Objective #	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
1 and 2	Develop a process for validating resources in the CMOC on a quarterly basis. The CMOC has an abundance of technology; consider the possibility of automated reminders in Outlook or similar application. Implement a schedule of reminders on a quarterly basis that emphasizes the importance that each hospital updates contact information as the personnel staffing these key positions change.	Develop and implement a process to update and validate contact information for use in the CMOC on a regular basis.	SETRAC	December 31, 2013
1	Staff all positions during exercise as you would during a live event. Not having these positions staffed during the times you practice will cause confusion during live event as processes will be different from which they learned.	Work with exercise locations to ensure that all critical positions are staffed during exercises.	SETRAC	September 30, 2013
1	"Just-in-time training" could prove useful to the less experienced Corridor reps.	Develop just-in-time training for CMOC staff through a learning management system	SETRAC	March 31, 2014
1	Design 'dispatch/communication' standardized form which provides fields that will trigger thought triggering on information necessary to complete the request. Ex: Date, Time, Calling	Develop a CMOC job aid/checklist to assist with the collection of key information during activations of the CMOC.	SETRAC	December 31, 2013

	Party, Organization/Unit representing, Call back number, (S.A.L.T. = Size, Amount, Location, Time Needed) and any other key pieces of information needed.			
2	Provide the logistics seat with an inventory of what is available to them in these warehouses. While the ability to keep a 100 percent accurate list is almost impossible to achieve, a basic list needs to be included in the resources available to them.	Create an updated inventory list of all CMOC resources and update it on a quarterly basis.	SETRAC	March 31, 2014
2	Provide the corridor representatives general information about the hospitals in their corridor. In addition, the CMOC staff training should focus on this issue during the education process.	Ensure that CMOC representatives are trained in EMSystems and develop a just-in-time training for CMOC staff that are not trained on EMSystems.	SETRAC	April 30, 2014

Authorizing Official: Lori Upton Date: September 9, 2013

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TAB A

Exercise Evaluation Team

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The following individuals served as the evaluation team for Operation Morning Star:

Name	Position	Area	E-Mail	Phone
Michael Smiley	Evaluation Lead	CMOC	mes2245@gmail.com	(314) 713-4365
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TAB C

Exercise/Incident Participant Rosters

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Corridor	Participants
Downtown	727
North	359
Southwest	747
Southeast	504
Total	2,337

Corridor	Facility Name	Participants
DT	Doctors Hospital Tidwell	20
DT	DSHS Region 6/5S	6
DT	HCA Gulf Coast Division - Supply Chain	22
DT	Houston Orthopedic and Spine Hospital	15
DT	Kindred Healthcare North	5
DT	Kindred Heights	5
DT	Memorial Hermann Corporate	24
DT	Memorial Hermann Memorial City	15
DT	Memorial Hermann Northwest Hospital	100
DT	Memorial Hermann TMC	65
DT	Michael E. DeBakey VAMC	253
DT	Park Plaza Hospital	44
DT	Riverside General Hospital	25
DT	Select Specialty Hospital	2
DT	Select Specialty Hospital Houston Heights	2
DT	Shriners Hospitals for Children	5
DT	St Anthonys Hospital	27
DT	St. Luke's Episcopal Hospital	200
DT	Texas Childrens	35
DT	Texas Medical Center	22
DT	Texas Orthopedic Hospital	23
DT	Texas Specialty Hospital at Houston	1
DT	The Woman's Hospital of Texas	40
DT	TIRR Memorial Hermann	36
DT	University General Hospital	16
DT	UTH Harris County Psychiatric Center	16
DT	St Joseph's Hospital	1
DT	Total	727

Corridor	Facility Name	Participants
N	Aspire Hospital	18
N	Baptist Hospital - Orange	4
N	Baptist Hospital of Southeast Texas	5
N	Christus Jasper Memorial Hospital	1
N	Christus St. Elizabeth	8
N	Christus St. Mary	1
N	Healthsouth Hospital of Cypress	10
N	Healthsouth Rehab Hospital The Woodlands	1
N	HEALTHSOUTH Rehabilitation Hospital Humble	143
N	Houston Northwest Medical Center	15
N	Icon Hospital	15
N	Intracare north	12
N	Jasper/Newton/Sabine County OEM	1
N	Kindred Hospital Houston Northwest	1
N	Kingwood Medical Center	27
N	Liberty County Emergency Management	1
N	Memorial Hermann Northeast	19
N	Memorial Hermann The Woodlands	43
N	Methodist West Houston Hospital	44
N	Methodist Willowbrook Hospital	50
N	Nexus Specialty Hospital	2
N	Solara Hospital Conroe	16
N	St. Luke's Hospital at The Vintage	31
N	The Medical Center of Southeast Texas	20
N	Tomball Regional Medical Center	136
N	Texas Emergency Care-Atascocita	6
N	Texas Emergency Care-Cypress	6
N	Total	578

Corridor	Facility Name	Participants
SW	Angelton Danbury Medical Center	2
SW	Bellville St. Joseph Health Center	20
SW	Brazoria County EOC	2
SW	Brazosport Regional Health System	2
SW	CHRISTUS St. Catherine Health	4
SW	Columbus Community Hospital	2
SW	El Campo Memorial Hospital	2
SW	Matagorda Regional Medical Center	7
SW	Medical Center of SE Texas	100
SW	Memorial Hermann Katy	150
SW	Memorial Hermann Rehab - Katy	15
SW	Memorial Hermann Southwest Hospital	130
SW	Memorial Hermann Sugar Land	280
SW	Methodist Sugar Land Hospital	6
SW	OakBend Medical Center	2
SW	OakBend Medical Center - Williams Way	2
SW	RAC-R	4
SW	St Lukes Sugar Land Hospital	31
SW	Sweeny Community Hospital	2
SW	West Houston Medical Center	46
SW	Total	797

Corridor	Facility Name	Participants
SE	Baptist Hospital of SE Texas-Orange Campus	4
SE	Bayshore Medical Center	1
SE	Bayside Community Hospital	2
SE	CHRISTUS St. John Hospital	50
SE	Clear Lake Regional Medical Center	100
SE	East Houston Regional Medical Center	120
SE	Kindred Hospital Bay Area	25
SE	LBJ	1
SE	Memorial Hermann Southeast	200
SE	San Jacinto Methodist Hospital	8
SE	Shriner's Childrens Hospital	1
SE	St. Luke's Patients	46
SE	TX Emergency Care Center Pearland	6
SE	Total	556

CMOC Participants	
Houston Fire Department	Harris County Emergency Corps
Acadian Ambulance	Baystar EMS

Comment [LS1]: We need to add Baystar EMS, Harris County Emergency Corps , Acadian and Houston Fire Department. They all participated in CMOC.

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TAB D

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.

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.

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

TAB E

CMOC Participant Comments

What is your assessment of today's exercise?

- A map would have been helpful to get a bigger picture of what was going on
- Issues with phone/radio system. Back up phone process is NOT intuitive.
- Very good pushing through information
- Not much for Public Health position to do
- It went well. Great job.
- Working in the TMC spot and being non-clinical, it is more difficult to communicate with hospitals and CMOC staff
- Just some miscommunication and confusion on pushing info to CMOC Significant Event.
- Awesome learning! Bittersweet! Some disconnect between "quantities" and "sim-cell" quantities. MICU turn-around time undeterminable. Great training – Great exercise organizers.

Exercise Facilitation

- Maybe use a few minutes to remind participants on how to use system as many of us haven't use the WebEOC since being trained.
- Your process works well for PH
- Enjoyed very much
- Jargon used
- Issues with ID of "in play" facilities
- There was one call I took regarding bus accident that occurred in Brazoria. The request was for transportation of 130 patients. I verbally told RAC-R seat and pushed event to CMOC Sig Events and verbally told chief. I was curious as to why nothing else was asked of RACR regarding calling hospitals and I never saw an update of types of patients. On Tuesday, there just seemed to be more interaction between Medical/Dept Chief and RACR Seat.
- Hospitals need to be realistic in the amount of patients they'll take as well as asking for "real" help, equipment, etc.
- The evaluators were very involved and had several come over to ask what I was doing
- Participation of the CMOC during a drill is VERY helpful
- I'm not sure if so many catastrophies at one time is condusive to learning. I get that it is supposed to be overwhelming and I learned about documenting what work is being done for which incident. See Doug

What changes would you make to improve this exercise?

- List of objectives by position out to participants prior to exercise.
- More basic training
- It is kind of dark and hard to read manuals. Need more lights
- Nothing. Exercise excellent
- More basic training
- Only participated in last day but thought the exercise was well thought out and was very valuable to me
- Technical systems support
- Try to reduce confusion from Sim cell to hospital reports.

Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe, and record?

- Explain duties

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

- Nothing
- Spreadsheet of dialysis clinics
- Spreadsheet of other long-term care facilities
- Dialysis facilities listing
- Add revision dates to listings to know how current the lists are
- Plan for my seat to have greater rights in EMS systems
- Explanation of how notification of EMS persons is notified
- EMSystems or Everbridge
- Phone training on forward, transfer, code # for long distance
- Needed more follow up from logistics if not updated in WebEOC so that we could follow up to requestor
- Phone system intuitive process, should not get logged out if I hang up the phone
- Long distance code? Either having a standard # or one on standby
- Need mechanism to list group scene command center and # of patients by priority by scene with summary totals and to be able to list poor information and total patient before R/Y/G/Exp/Dead counts
- EMSystems. Alpha sorting within all facility lists. Not all are alpha
- Bed count and MCI count should be combined. Need Ped vs Adult differentiation
- As CMOC should be able to update information for target facilities (ie facility states “I don’t have time to do that”
- Need to remove comments boxes on some areas (blood)

- In facility level should be able to say that they do not have a service (Ped., OR, ER, etc) and prevent request for information and list as service not available on board page
- I would like additional training.
- Only problems were some of the hospitals gave me the run around. Did not always get the right person
- User friendly contact directory by corridor
- Training, training, training
- More CMOC training. I think the drills are better training then the initial training for working the station. Gives a better understanding of what needs to be done.
- Working headsets and phones
- ASM plan needs a food and water component
- TASK board kept dropping off tasks

Any comments for the exercise facilitator?

- They were great and assisted with all my questions and directed me on how to find out what I needed
- Everyone did well
- The evaluators were very involved. I had several come over to ask what I was doing.

TAB F

Individual Hospital Comments

- There needs to be more injects that start from the facilities that need to be directed up to system commands then to CMOC. I believe we need to test this aspect of the plan to see if information is fed in both directions.

- We also need to test EMTrack as it was not utilized during this drill to push patients to any location WebEOC and phone calls were used.

- The exercises were a challenge at first but at the end everything went smooth, more basic training is needed for me. But overall it was a learning experience. Thanks.

- Overall, good exercise that accomplished all St. Luke's objectives. Thank you all exercise team!

- Recognize close hold on 'No Notice" exercise scenarios, but prior sharing of scenario with individual participant controllers would better enable us to ensure all our individual objectives are covered and better plan for individual controller' evaluators. Provision of contingency injects was helpful, but should have been provided earlier.

- St Luke's submitted ICS 202 as requested, but it did not post to WebEOC (push to CMOC block was checked). One Incident Command team member, Alene Jackson initially logged into WebEOC, inadvertently logged out and then was locked out.

- Quit receiving injects about half way through drill, but facility was prepared to move ahead on its own.

- Would have been nice if Evaluators educational materials were distributed earlier.

- Did not receive any injects or requests from Sim Cell/CMOC

- Choice to view CMOC significant events was not displayed on WebEOC Planning or Security positions; these worked last year during Operation Four Square

- WebEOC status showed "Not Accepting RR213s" when trying to submit a resource request

- Description of bridge collapse was incomplete (northbound/southbound?)

- Slow activity affecting TMC Main Campus; most activity was on Galleria/West Houston side

- No participant feedback forms or activity logs provided; these were helpful last year, so made my own this year

- Promote and post at least minimal information on SETRAC website (who is playing, which days corridors are playing, schedule for each day); this is essential for controller's planning purposes

- Provide controller webinar and PowerPoint to take notes (was unable to print it) at least one week in advance

- Provide participant handout at least one week in advance; include which corridors are playing on which days

- As last year, provide list of participating organizations, controllers and contact phone numbers

- If injects are promised by consultant, please provide

- Everything I pushed up to CMOC never showed up in the CMOC significant log. I called Aaron at one point and he said that he could see them but they never popped up.

- While the incident commander was holding a meeting I received a call and the left a message saying they were calling to give us our inject and that they would call again later but we never got another call.

- No problems with CMOC performance during exercise. In the past, exercises broke/paused for lunch. During this one, my inject came while I was incorrectly assuming we had paused.

- The hospital roster needs to be updated. I had a few hospitals that didn't recognize the name of the contact listed in EMResource.

- There were a few hospitals in which I had the contact paged overhead.

- I would like to see more training sessions as I have several new players in my facility that need to be trained before sitting for an actual event.

- In conclusion I thought it went very well. I was a little skeptical at the beginning but my neighbors and other staff provided very good assistance

- Sent information up to CMOC-some posted on Significant Events and some did not. Did they not go through or did someone decide they didn't need to be posted?

- We contacted CMOC twice and received prompt attention to our request or questions. Overall CMOC 's role was very satisfactory for this exercise. The position boards were updated promptly and information posted was critical as we developed and prepared our response to this disaster.

- Only known issue was we requested a refrigerator truck at 9:37 and did not receive a reply.
- There were no issues seen with the CMOC process, at our facility the radio was turned off and the person responsible for it was not aware of its function, the staff was trained and a process was put in place to assure ongoing training and competence.
- The majority of "log-ins" were valid and current among our participants.
- We were able to resolve the one password issue quickly with the automated system.
- Team members actively sought other ways to communicate with CMOC and each other when WebEOC was not responsive.
- We received very courteous and competent support from CMOC once they were aware of our issue regarding getting our information out to them. They helped keep us in the drill for a period of time so we weren't on the sidelines. The needed data was passed via phone or e-mail.
- Communication between Baptist Orange and Baptist Beaumont was very accurate, appropriate and continuous communication via e-mail, text and phone throughout the exercise and helped to keep the two campuses on the same page.
- Baptist Hospital personnel definitely need more training and familiarization with WebEOC.
- Baptist Hospital needs to identify and train a larger pool of WebEOC users.
- Recent and frequent upgrades/changes to WebEOC are somewhat confusing for those who do not use the system on a regular basis or for those that use only certain functions of the system for day to day business.
- Users that work at both of two hospitals no longer seem to have the capability to log-in and manually select which campus (Orange or Beaumont) they are representing on WebEOC. This is an issue as many of our Directors and key personnel hold positions at both campuses and could be assigned to either for an actual event.
- Users on both our campuses had some initial uncertainty as we received no outside communication that the drill had started and did not know where in WebEOC to look for the event that would affect us.

- Baptist Hospitals of Southeast Texas were originally told we would be participating in the drill on 23 May 2013. It was not until Thursday, 16 MAY 2013 that we learned we would be participating on an earlier date. It caused us some trouble insuring we had adequate personnel to participate.

- No issues had. Great exercise. Very easy to respond and navigate through.

- Personnel changes revealed that a "down trace" organization did not have access to WebEOC and associated training. Identify appropriate personnel depth to ensure appropriate backup for WebEOC access at the hospital level and facilitate training opportunities with SETRAC.

- More training on "reviewer" access. Reviewer access not ready prior to commencement of exercise. Exercise information and handouts were excellent.

- The EMResource notifications and alerts worked great from my perspective!

- The "Hospital Contingency Injects" was realistic and appropriate. I think I would be interested in knowing how each hospital/corridor responded to the injects. What were some of the "commonalities" and differences in response?

- We had no problem reaching someone when I called. The timing for the events/injects was fine.
-
- My only problem was trying to view CHRISTUS St. John position logs/events on the CMOC side.

- We cannot find where our mobile DECON Trailer was ever requested to respond to the location

- Over all I am pleased with the exercise process and response.

- We noticed a failure to get the notification timely. I believe we only have 1 form of communication. We would like to see our EMC and others get notified as well.

- We also found we have a need for the SETRAC 800MHZ radios at our outlying facilities. We will be needing to get at least 2 more of these radios.

- Other than those couple communication difficulties, the drill went really well.

- We attempted to call the CMOC on one occasion to offer assistance with taking in the Cornerstone Patients who were being evacuated. I was disconnected before speaking to anyone.

- This drill went better for our facility than previous drills we have participated in. We were able to follow the messages on WebEOC and adapted our scenarios accordingly.

- Confusion on our part as to what Communication Testing would entail. We were under the impression that injects would be sent to tell us communication would be interrupted in some way to the outside world. Come to find out it was just how to use WebEOC and EMResource. Would like to have seen some sort of communication with CMOC other than just watching the status board, but as far as we can tell there were no issues.

- On the day of our drill, I was a little confused on how things were supposed to work. I saw the notice that CCH was receiving two patients but was then unsure on what my next steps were. It would have been nice to have some guidelines that were specific, such as "write your acceptance of patients in this location". After calling CMOC, I was instructed that I was doing it right by writing in my hospital log under events. Overall, I just felt very confused during Operation Morning Star. On a positive note, many of the questions CMOC asked were very useful in our group. For example, if the news reporter wanted an update on a situation, who would give that update. It brought awareness to the situation and how we would handle it.

- I did not have any interactions with the CMOC. The only issue I had was the lack of information flowing back to the facilities. Aside from the EMResource alerts, there was not a lot of information. I kept looking in all the different tabs in WebEOC to see if I was missing something. Thanks.

- WebEOC was easy to follow; updating bed status was a simple process. My only concern is how I'm notified of a MCI. It is most likely an issue I need to correct internally. I have the EMResource app for my phone but it does not alert me. If I am away from my desk for an extended amount of time and miss an email how would I be notified?

- We received a call from the CMOC the morning of the drill and thanks to the call we knew to switch over from EMResource to WebEOC to follow along. This was our first drill to work with the CMOC on and we were not really sure how it all worked. We were unable to watch the original video from the SETRAC website due to our system blocking it and not being able to get it unblocked prior to the exercise beginning. It was a great learning experience for us. Thanks for allowing us to participate!

- Injects needed to grow organically from the hospitals (have sim cell send inject to hospital and see if it arrives at the CMOC)

- CMOC officers need training on information dissemination – snapshots of activities were brief and unclear, asked for information that was not relevant or necessary to send

- Need to speed up the patient distribution process and begin sending patients to hospitals via sim cell sooner (the bubba ambulance inject)

- EMTrack or regional patient tracking technology needs to be employed in the drill

- From my standpoint, I think the hospitals (or at least my hospitals) felt disconnected from the CMOC during the event and were unclear of the direction. We need to find a way to increase hospital participation and volunteers for the sim cell so we can push patients in EMTrack or drive injects to keep things going. Hospitals need a lot of work (and their own gumption) on how to design and deliver an exercise, but we have to make sure the goals of the smaller exercise play into the larger picture.