

Operation

TEXAS



Two Step

SouthEast Texas Regional Advisory Council

**AFTER ACTION REPORT &
IMPROVEMENT PLAN**

May 10-May 11, 2016

Operation Texas Two Step

Functional Exercise



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RHPC "*Operation Texas Two Step*"
After Action Report and Improvement Plan

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Handling Instructions

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

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Exercise AAR/IP Point of Contact

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Exercise/Incident Detail:

After Action Report for:	<input checked="" type="checkbox"/> Exercise <input type="checkbox"/> Actual Event/Incident
Exercise/Incident Date(s):	May 10 - May 11, 2016
Exercise/Incident Type:	<input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
Exercise/Incident Geographical Scope:	<input type="checkbox"/> Local <input checked="" type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> International

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Executive Summary

The SETRAC/RHPC terrorist attack functional exercise *Operation Texas Two Step* was developed to test the ability of the RHPC region and the Catastrophic Medical Operations Center (CMOC) to coordinate the capabilities of Emergency Operations Coordination, and Information Sharing, Medical Surge, Responder Safety & Health, and Medical Countermeasure Dispensing. The exercise planning team was composed of:

Name	Organization
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Jim Bunch	The Women's Hospital of Texas
Danielle Calhoun	Texas Department of State Health Services
Kent Calvender	Houston Methodist Hospital
Fidel Calvillo	SouthEast Texas Regional Advisory Council
Toni Carnie	Tomball Regional Medical Center
John Carter	EPC of Texas
Dena Daniel	Huntsville Memorial
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Robin Davis	Memorial Hermann Health System
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Shawn Henners	MCHD
Janice Hensarling	Stephen F. Austin State University
Ray Higgins	Harris Health System
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Melanie Manville	City of Houston Office of Emergency Management
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Allen Sims	HCA
Lisa Spivey	SouthEast Texas Regional Advisory Council
Lori Upton	SouthEast Texas Regional Advisory Council

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Based on the exercise planning team's determination, the following mission(s) and objectives were developed for *Operation Texas Two Step*

Mission(s):

Response

HPP Capabilities Tested:

Capability 3: Emergency Operations Coordination

Capability 6: Information Sharing

Capability 10: Medical Surge

Capability 14: Responder Safety and Health

PHEP Capabilities Tested:

Capability 8: Medical Countermeasure Dispensing

Overview:

Regional Healthcare Preparedness Coalition (RHPC) *Operation Texas Two Step* Functional Exercise was a multiple-agency, multiple-site event designed to exercise and assess the capability of the regional plans through the Catastrophic Medical Operations Center (CMOC) to respond in a coordinated effort to a no-notice incident. The incident focused on emergency operations coordination, medical surge, and information sharing. The exercise provided an opportunity to test and evaluate the implementation of doctrine and policies provided in existing plans.

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Operation Texas Two Step was a two day exercise with exercise play scheduled for six (6) hours each day. The scenario on Day 1 involved multi-site terrorist attacks utilizing small arms, homicide bombers, and vehicle-borne improvised explosive devices. The scenario on Day 2 involved healthcare agencies responding to the intentional release of *Bacillus Anthracis* (Anthrax).

Major Strengths Demonstrated:

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

1. There was a high level of interaction amongst CMOC personnel and external entities. CMOC participants worked well with healthcare and non-healthcare agencies within the RHPC region.
2. The CMOC concept of operations was determined by evaluators to be capable of meeting the demands of an incident involving terrorist attacks resulting in mass casualties and mass fatalities.
3. Although several exercise participants were new and unfamiliar with CMOC operations, the majority of them quickly became comfortable with their roles and responsibilities. For these new participants, just-in-time training was adequate to assure that the mission was not compromised.
4. Use of a Deputy Clinical Branch Director was a positive addition to the command team. During the hotwash on day 1, the Clinical Operations Chief acknowledged, "Too much information was coming from too many directions." He could not address all of the demands and needs. He further stated the Deputy Clinical Care Branch Director position "is an absolute must."

Primary Area for Improvement Identified:

The primary area for improvement, including recommendations, is as follows:

1. One of the most important aspects of CMOC operations is the process and procedures used by participants to move data and ensure that information is being correctly received and acted upon appropriately. There was some confusion with the Operations Chief, Clinical Care Branch Director, and the Transportation Branch Director as to who was developing transportation plans to move patients from the incident scene to receiving hospitals. The Operations Chief thought the Incident Commander was developing the transportation plan while the Clinical Care Branch Director thought that he was responsible to develop the plan. There appeared to be a clear lack of coordination among the CMOC front row staff regarding patient assignment/loading and transportation resource allocation.

Each position in the CMOC has a 3-ring binder containing the CMOC plan as well as checklist-type job aids to assist CMOC staff in understanding their duties. The exercise evaluation team noted that these binders are used very infrequently.

Section 1: Exercise/Incident Overview

Exercise/Incident Name/Designation:

Operation Texas Two Step

Exercise/Incident Dates:

May 10 - May 11, 2016

Exercise/Incident Duration:

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

Exercise/Incident Location(s):

Catastrophic Medical Operations Center - City of Houston Emergency Operations Center
SETRAC Warehouse- SETRAC Closed POD site

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:

ASPR

Mission(s) Tested During the Exercise/Event:

Response

Capabilities Demonstrated/Validated:

- HPP Capability 3: Emergency Operations Coordination
- HPP Capability 6: Information Sharing
- HPP Capability 10: Medical Surge
- HPP Capability 14: Responder Safety and Health
- PHEP Capability 8: Medical Countermeasure Dispensing

Exercise Scenario/Incident Type:

Multi-site terrorist attack
Medical Counter measures

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 Texas Two-Step 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 a mass casualty event and an outbreak of a known infectious disease. In addition, players focused on interdisciplinary and interagency coordination at both local and regional 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 multi-site terrorist attacks. 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 Texas Two Step* Functional Exercise was based on a multi-site terrorist attack scenario. The exercise began with a simulated intelligence bulletin from the Texas Fusion Center reporting uncorroborated information about a subject espousing radical anti-government rhetoric and amassing precursors consistent with the manufacture of improvised explosive devices. The exercise then progressed with seven (7) subsequent terrorist attacks utilizing small arms and improvised explosive devices in public venues resulting in high numbers of injured and deceased. The scenario on Day 2 involved the intentional release of *Bacillus Anthracis* (Anthrax).

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 Texas Two Step* 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 3: Emergency Operations Coordination

Objective 3.1: Demonstrate the activation process as described in the CMOC Basic Plan in response to an incident involving medical surge and mass casualties.

Activity 3.1.1: Implement the CMOC Activation plan and apply pertinent mass casualty concepts to the process.

Observation: Strength

Analysis:

CMOC has developed, trained on, and instituted numerous plans and checklists to assist participants with CMOC operations. Each CMOC position has a specialized binder of documents that will be needed by that position upon activation.

The exercise began with CMOC partially activated to a Level 3 based on the intelligence briefing provided to the players at the onset of the exercise. Upon additional information and request, CMOC was able to transition into a level 1 full activation.

Recommendations:

The Basic Plan should continuously be updated so that information on activation procedures is accurate and up-to-date.

CMOC Staff should continually consult the 3-ring binders at their workstations and utilize the checklists and job aids contained therein to aid them in memory recall for low frequency, high impact incidents such as those portrayed in the scenario for *Operation Texas Two Step*.

Observation: Strength and Area of Improvement

Analysis:

Although some players in the exercise did not have an adequate understanding of their particular role or of their respective role's interplay with other CMOC positions, the exercise highlighted the need for certain additional positions.

The position of Deputy Clinical Care Branch Director had recently been added to the CMOC Organizational Chart. It was noted that this position was key in assisting the Corridor Coordinators with technical support. However, since there was no Job Action Sheet for this position, the functional responsibilities and coordination between Clinical Care Branch Director and the Corridor Coordinators were sometimes unclear.

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Additionally, the need for clear direction in a Job Action Sheet was noted when Deputy Clinical Care Branch Director was directing the back row to find specific (color) beds and then proceeded to assign numbers of particular patients to specific hospitals.

Evaluators noted there was confusion among the Operations Chief, Clinical Branch Director , and Transportation Branch Director as to who was developing and transportation plan to move patients from the incident to receiving hospitals. The Operations Chief thought the scene Incident Command was developing the transport plan while the Clinical Care Branch Director thought that he was to develop the plan. There was clearly a lack of coordination among Front Row staff regarding patient assignment/loading and transportation resource allocation.

A report of a critical incident (building collapse) was phoned in to a corridor rep. That rep did not know what to do with the report. When told to walk it up to the Operations Chief the corridor rep did not know which person to give it to.

Recommendations:

CMOC staff should fully utilize all resources available at their disposal to effectively augment CMOC operations.

Regular training on CMOC Operations needs to occur so that staff working the CMOC are comfortable with the plan and are aware of the job aids and other tools to make them successful in carrying out their duties.

The initial briefing of staff upon activation must contain priority information needs, a verbal validation of the process to report information and make resource requests, as well as a brief review of the positions in the CMOC and their roles. CMOC Staff should post operational period priorities in either WebEOC or on a dry erase board so incoming staff can have the same information as the initial incoming staff.

Objective 3.2: Evaluate the ability of the CMOC to prioritize and execute objectives designated by the CMOC Operations Chief during multiple operational periods.

Activity 3.2.1: Operations Chief designates operational period objectives and assigns each a priority for accomplishment.

Activity 3.2.2: Operations Chief is responsible for information sharing. As staff arrives Operations Chief will provide a briefing before the start of work.

Activity 3.2.3: Operations Chief will task work to appropriate position(s) and confirm action/closure.

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Activity 3.2.4: Ensure that everyone in the room has good situational awareness.

Observation: Area of Improvement

Analysis:

The Basic Operation Plan does not define how objectives are designated and/or prioritized. The plan requires the use of the Incident Command System (ICS) and National Incident Management System (NIMS).

The exercise design feature of staggering the arrivals of the CMOC front row personnel added realism to the play. When CMOC Support staff checked in, CMOC leadership did not provide initial briefings to oncoming staff on current priorities and objectives for the current operational period.

Once a briefing finally took place it was sufficiently descriptive of the situation but somewhat unclear in its directives to the participants:

- Verify that hospital bed counts are accurate in EmResource
- Inform facilities to establish “protective measures” within their facility
- Ensure that facility decontamination plans were in place
- Don’t hold on to “important” information received by a corridor representative

When the corridor representatives contacted the hospitals, very few calls included any information about taking appropriate protective measures or decontamination plans.

Recommendations:

Continue to have operational briefings for CMOC staff. This allows all participants to gain situational awareness of the incident.

Objectives for the operational period should be developed early, be clearly articulated to all CMOC staff, and be posted in a manner that allows for reference.

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Objective 3.3: Maintain the regional response to an incident involving medical surge and mass casualties in accordance with the CMOC Basic Plan.

Activity 3.3.1: The CMOC will be properly staffed to support an incident.

Observation: Strength

Analysis:

The Basic Plan states that during “Full Activation” the following positions will be staffed:

- Operations Chief
- EMS/Transportation Branch Director
- Public Health Branch Director
- Medical Populations Coordinator
- Logistics and Communications Branch Director
- Clinical Care Branch Director
- Deputy Clinical Care Director
- Corridor Coordinators
- Finance, Administration, and Documentation Branch Director
- MIST, MMU, Liaison, Staging (Incident Specific)

Once staffed it is assumed CMOC will coordinate any/all appropriate requests they receive for ambulances, staff, equipment, patient beds, etc.

All positions in the front row were filled appropriately in accordance with the Basic Plan. On day two of exercise play, one of the corridor representative positions was not staffed. As soon as the deficiency was identified, prompt action occurred to fill the shortfall.

Recommendations:

Continue to ensure that proper staffing levels are achieved by filling key roles identified in the Basic Plan.

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Objective 3.4: Evaluate the utilization of resource management systems that are being used during the exercise for effectiveness of allocation, deployment, and utilization of resources being requested.

Activity 3.4.1: Utilize available resource management tools to effectively allocate, deploy, utilize, and track available resources.

Observation: Strength and Area of Improvement

Analysis:

It appeared to the evaluation team that the CMOC Clinical Branch Director was insufficiently familiar with the operation of the WebEOC and EmResource applications. He had difficulty sending a request for a bed count and was unsure if he had appropriately issued an MCI to all hospitals through EMResouce.

Because there was not an effective mechanism for keeping the active incidents “separate”, the Operations Chief and the Deputy Clinical Care Branch Director devised an ad-hoc method to maintain accurate information regarding number of patients, patient types and transport resource needs. They decided to use separate notepad sheets for that purpose. Although this method has the potential to cause confusion (because not all CMOC staff can readily access the information), it proved to be an effective method.

Recommendations:

If legacy electronic management tools are found to be inefficient for operational needs, they need to be corrected or modified so operational needs are met without the need for alternate record keeping/data storage tools.

Make training on common computer applications as well as CMOC specific software tools available and encourage staff to attend.

Capability 6: Information Sharing

Objective 6.1: Through the use of EMSsystem and WebEOC, demonstrate the ability to transmit timely, relevant, and actionable incident-specific healthcare information.

Activity 6.1.1: Incident response information is effectively communicated through the use of all appropriate communications methods (i.e., 2 way communications, EMSsystem, WebEOC, etc).

Observation: Strength

Analysis:

During past exercises WebEOC suffered catastrophic failures whereby the entire system crashed, significantly hampering the effectiveness of the CMOC. Similar failures of WebEOC were not experienced during *Operation Texas Two Step*.

Recommendations:

Continue to work with specialty software providers to minimize unscheduled/unplanned outages or failures.

Continue to train on alternate manual methods in the event of a software failure.

Observation: Area of Improvement

Analysis:

The Basic Plan states that communication drills are held monthly for EmResource, WebEOC, and radio systems, and that training on EmResource, WebEOC, and CMOC functions are held quarterly.

Some Corridor Coordinators were unfamiliar with the EMSsystem and WebEOC applications, as well as the EOC telephone system.

Neither the Corridor Coordinators nor the Deputy Clinical Branch Director were aware of the method to track where patients were being transported to from an incident scene. The Houston Fire dispatcher injects for information regarding patient destination caused a lot of confusion among the CMOC players. Evaluators noted no viable answer was determined.

The Operations Chief was maintaining their position log but was not posting select information elements to the CMOC Events board on a regular or timely fashion. Therefore, none of the Corridor Coordinators were able to see that data until later in the afternoon when the Operations Chief position log was displayed on the status wall. He was tracking "scene patient" information in his log that

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could have benefited the Corridor Coordinators had they been able to see that information.

The Clinical Care Branch Director Mission Board was not functioning in the morning session for some people. When it was repaired and utilized in the afternoon, the Deputy Clinical Branch Director instructed the Corridor Coordinators to manually fill out a paper ICS General Message Form and submit that to the Clinical Care Branch Director. The Corridor Coordinators had difficulty doing so because the data fields on the General Message form did not match the Mission Board data fields. Therefore, the data transfer / conversion process led to confusing data submissions and inconsistent information flow.

Several Corridor Coordinators asked for hospital phone lists so that they could call their hospitals. They did not know where to obtain hardcopy lists or how to access that information with EMResource. The Deputy Clinical Care Branch Director resorted to using his personal mobile phone contacts to call hospital representatives in order to obtain information for the Corridor Coordinators.

Recommendations:

Encourage participation in monthly drills of EMResource and WebEOC.

Evaluate the adequacy of quarterly trainings on EMResource, WebEOC, and CMOC functions.

Capability 10: Medical Surge

Objective 10.1: Demonstrate the use of EMSsystem, WebEOC, and other data collected to define the needs of the incident and determine available healthcare staffing, bed availability, and resources throughout the incident.

Activity 10.1.1: EMSsystem, WebEOC, and systems are used to collect and document data, available healthcare staffing and resources throughout the incident.

Observation: Strength

Analysis:

CMOC staff were able to run bed reports in EMSsystem in order to determine the bed availability of the corridor in response to a large scale Mass Casualty Incident (MCI).

Recommendations:

Continue to utilize current technologies for managing surge in the region.

Capability 14: Responder Safety & Health

Objective 14.1: Demonstrate the process for notifying hospitals of the need for activation of closed PODs.

Activity 14.1.1: Hospitals are advised of the need for prophylaxis to include facility requirements (how much of each drug is needed).

Observation: Area of Improvement

Analysis:

The Closed POD Plan is silent as to how CMOC will notify hospitals of the need to activate a closed POD. The plan clearly states that the sole responsibility of SETRAC is to assist with the dispensing of the cache to hospitals.

One evaluator noted that during the process of gathering data relative to each hospital's need for prophylactic medications, the Corridor Coordinators were asking the hospitals to "guesstimate" the drug requirements rather than referring the hospitals to the pre-developed table that indicated the needs of each facility. In fact, evaluators noted that hospitals were called back and given a total of four (4) different directions on what information was being requested and how the information should be reported to the CMOC.

It did not appear that any of the players were familiar enough with the plan to know how to direct the Corridor Coordinators, how to communicate with the hospitals, or what the roles and responsibilities of the CMOC front row positions should be. During the hotwash, the Operations Chief admitted that she was not sure how to give direction and that she needed the POD plan more accessible in order to be able to refer to the data tables and other attachments.

During the hotwash, the DSHS representative stated the DSHS didn't need any more information than the total number of individuals needing medication.

Recommendations:

Update the current Closed POD plan to address how notification to hospitals of the need to activate a closed POD occurs.

Update the current Closed POD plan to address roles and responsibilities for each position during a period of mass prophylaxis.

Use common language when requesting resources for medical countermeasures.

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Objective 14.2: Create staffing plan for Rosslyn Warehouse to setup, prepare, and dispense medical countermeasures.

Observation: Strength

Analysis:

The layout of the warehouse provided adequate space for receiving and dispensing medical countermeasures. Traffic lanes and pickup points were established and well-marked which provided for a clear directional flow. Caches for pick-up were grouped together for rapid loading.

Recommendations:

Logistical needs for SETRAC Closed POD:

- Signage
- POD Box
- Folders for each facility
- Clipboards
- Labels pre-made for each facility and number of people
- Update MCM amounts on contact sheet

PHEP Capability 8: Medical Countermeasure Dispensing

Objective 8.1: Identify and initiate medical countermeasure dispensing strategies.

Observation: Area for improvement

Analysis:

The Closed POD Plan is also silent regarding what strategies would be determined by the CMOC. According to the Healthcare Preparedness Capabilities guidance document the State is responsible in coordination with all stakeholders.

CMOC staff struggled to identify the correct numbers for mass prophylaxis. There was significant confusion as to whether “numbers” referred to courses of treatment, individual pills counts or patient counts. This resulted in numbers ranging from 27,000 patients to 271,000 patients to 3 billion doses of prophylaxis. When this confusion occurred, it would have been acceptable to call for a stop in action to regroup and reorganize.

Recommendations:

Additional training is needed by CMOC staff on the closed POD plan. A lack of knowledge of the plan caused confusion during the drill.

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. Emergency Operations Coordination, Information Sharing, Medical Surge, Responder Safety and Health, and Medical Countermeasure Dispensing primary capabilities 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.

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 Texas Two Step* 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/ Objective #	Recommendations	Corrective Action to be Implemented	Responsible Party/Agency	Projected Completion Date
3.1	<p>The Basic Plan should continuously be updated so that information on activation procedures is accurate and up-to-date.</p> <p>CMOC Staff should continually consult the 3-ring binders at their workstations and utilize the checklists and job aids contained therein to aid them in memory recall for low frequency, high impact incidents such as those portrayed in the scenario for <i>Operation Texas Two Step</i>.</p>	<ol style="list-style-type: none"> 1. Update Plan as needed. 2. Ensure that CMOC personnel are trained to consult binders. 	SETRAC	<i>On-going</i>
3.1	<p>CMOC staff should fully utilize all resources available at their disposal to effectively augment CMOC operations.</p> <p>Regular training on CMOC Operations needs to occur, with an emphasis on the Plan, job aids, and tools.</p> <p>Initial briefing of staff upon activation must contain priority information needs, a verbal validation of the process to report information and make resource requests, and a brief review of the positions in the CMOC and their roles.</p> <p>CMOC Staff should post operational period priorities in either WebEOC or on a dry erase board so incoming staff can have the same information as the initial incoming staff.</p>	<ol style="list-style-type: none"> 1. Ensure that CMOC personnel training includes an emphasis on the Plan, job aids, and tools. 2. Ensure that CMOC personnel training includes an overview of the essential elements of initial and ongoing briefings. 3. Ensure that a mechanism is in place to post operational period priorities. 	SETRAC	<i>On-Going</i>

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3.1	Ensure that Deputy Clinical Branch Director has appropriate tools to perform anticipated duties.	1. Develop Job Action Sheet and other tools as needed.	SETRAC	December 2016
3.4	Ensure that electronic management tools effectively meet the needs of the CMOC.	1. Provide training for common computer applications and CMOC specific software tools. 2. Research electronic management tools to ensure that they meet all data needs.	SETRAC	On-Going
6.1	Ensure that all CMOC personnel are aware of the method to track patients. Ensure that all resources, such as hospital contact lists, are available in EMResource.	1. Encourage participation in monthly drills of EMResource and WebEOC. 2. Evaluate adequacy of trainings on EMResource, WebEOC, and CMOC functions.	SETRAC	On-Going
14.1	Ensure that the Closed POD plan addresses: <ul style="list-style-type: none"> • How notification of hospitals will occur • Roles and responsibilities • Common language 	1. Update the Closed POD Plan to address how notification of hospitals will occur. 2. Update Closed POD Plan to address roles and responsibilities for each position during POD operations. 3. Use common language when requesting resources for medical countermeasures.	SETRAC	December 2016

Authorizing Signature: Trameka Jewett CEM- T&E coordinator **Date:** July 31,2016

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 Texas Two Step*

Name	Position
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Michael Smiley	Evaluator
Jon Davis	Evaluator
Rosalie Henson	Evaluator

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Tab B: Corrective Action Plan

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Corrective Action Plan - Instructions for Use

The Corrective Action Plan (CAP) is a tool for use as the “next step” in the improvement planning process following the completion of the Improvement Plan section of the AAR/IP. The CAP is intended as a tool that allows for defining the overall timeline for implementation of a corrective action as well as tracking the implementation process to its conclusion. The CAP enables officials within an organization to:

1. Based on the capabilities selected to be tested during the exercise, select the most appropriate recommended corrective action to be implemented and assign a projected completion date,
2. Identify the individual within the organization that will take the lead in the implementation process,
3. Identify any programs, functions or other organizations whose support is required to achieve full implementation,
4. Identify the individual within the identified support program, function or organization that is assigned to carry out the defined support role,
5. Identify the various individual tasks or steps that must be accomplished to achieve full implementation of the selected corrective action and assign a timeline for completion of each.

<u>Capability:</u>	Capability (from the PHEP, HPP Preparedness Capabilities and/or the DHS Target Capabilities List) addressed during the exercise / incident response to which the objective/corrective action is linked.
<u>Observation Title:</u>	A summary title/description of the objective/performance impacted by the corrective action recommendation.
<u>Corrective Action Description:</u>	Statement of the corrective action selected for implementation to improve overall and specific preparedness capabilities identified as being required during the exercise / response.
<u>Office of Primary Responsibility:</u> (OPR)	This is the program, function or organizational office charged with insuring complete and full implementation of the selected corrective action required to improve overall and specific capabilities as identified during the exercise / response.
<u>Point of Contact (POC):</u>	The individual within the OPR that is identified as taking the lead to ensure complete and full implementation of the identified corrective action.
<u>Support Programs / Functions:</u>	Programs, functions and/or other entities whose support is required to accomplish the full implementation of the selected corrective action. This includes the identification of the individuals within these entities that will take the lead in supporting the implementation along with their contact information.
<u>Tasks & Timeline for Full:</u> <u>Implementation</u>	A breakout of the individual tasks that, when each is accomplished, allows for full implementation of the selected corrective action. This includes when each task is to be initiated and when each should be completed. These tasks should be listed in the order each is required as a building-block approach.

Tab C: **Exercise/Incident Participant Rosters**

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North Corridor

Agency Name
Angelina County & Cities Health District
CHI St Luke's Health Memorial Livingston
CHI St Luke's Health Memorial Lufkin
CHI ST. Luke's Health Memorial San Augustine
Nacogdoches Memorial Hospital
Nexus Specialty Hospital
Polk Co OEM
Sabine County Hospital
Tyler County Hospital
Woodland Heights Medical Center

South

Atrium Medical Center
Bay Area Regional Medical Center
Bay Area Rehabilitation Hospital
CHI St Lukes Sugar Land Hospital
CHI St. Luke's Health Brazosport
CHI St. Luke's Patients Medical Center
Clear Lake Regional Medical Center
DSHS (North 4/5)
HCA Pearland Medical Center
HealthSouth Sugar Land
Houston Methodist Sugar Land Hospital
Houston Physicians Hospital
Kindred Hospital Sugar Land
Kindred Hospital Town and Country
Mainland Medical Center-HCA
Memorial Hermann Hospital System
Memorial Hermann Pearland Hospital
Memorial Hermann Southeast
Memorial Hermann Southwest
Memorial Hermann Sugar Land Hospital

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OakBend MC/Williams Way
Rice Medical Center
Shriners Hospitals for Children Galveston
Surgery Specialty Hospital of America

East

Advanced Diagnostic Hospital East
Baptist Hospital
Bayshore Medical Center
Bayside Community Hospital
Christus St Elizabeth
Christus St. Mary
East Houston Regional Medical Center
Houston Methodist San Jacinto Hospital
Liberty Dayton Regional Medical Center
The Medical Center of Southeast Texas

West

CHI St Lukes Health - The Vintage Hospital
CHI St Luke's Lakeside Hospital
CHI St. Joseph Health - Bellville Hospital
CHI St. Luke's The Woodlands Hospital
Columbus Community Hospital
Cornerstone Hospital Conroe
Cypress Creek Hospital
HCA Kingwood Medical Center
Health Bridge Childrens Hospital
HealthSouth Humble
HealthSouth Rehab Hospital - The Woodlands
Healthsouth Rehab Hospital-Cypress
HealthSouth The Vintage
Houston Methodist Willowbrook Hospital
Houston NW Medical Center

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Humble Surgical Hospital
Huntsville Memorial Hospital
Icon Hospital
IntraCare North Hospital
Memorial Hermann Katy
Memorial Hermann Memorial City
Memorial Hermann Northeast Hospital
Memorial Hermann Rehabilitation Hospital Katy
Memorial Hermann The Woodlands
North Cypress Medical Center
Texas Children's Hospital (West Campus)
Tomball Regional Medical Center
West Houston Medical Center
West Oaks Hospital

Downtown

Agency Name
Baylor St. Luke's Medical Center
Cornerstone Hospital - Bellaire
Gulf Coast Regional Blood Center
Harris Health (BT/QM & LBJ)
Houston Methodist Hospital
Memorial Hermann TMC/Children's/Ortho
Michael E. DeBakey VAMC
Park Plaza Hospital
Select Specialty Hospital - LP/MC
Shriners Hospitals for Children
SUN Behavioral Houston
Texas Children's Hospital (Main Campus)
Texas DSHS (Houston Area)
Texas Medical Center
Texas Orthopedic Hospital
The Woman's Hosp. of Texas
TIRR Memorial Hermann Hospital
U.T. MD Anderson Cancer Center
United Memorial Medical Center

CMOC Workers

Observers

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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.

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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.

SNS Program Requirements – Drills (3 of 5)		
This activity included completion of the following drill elements: (Data collection forms are attached.)		Yes
TAR	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.)

Capability	Yes
1. Community Preparedness	
2. Community Recovery	
3. Emergency Operations Coordination	x
4. Emergency Public Information and Warning	
5. Fatality Management	
6. Information Sharing	x
7. Mass Care	
8. Medical Countermeasure Dispensing	x
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	x
15. Volunteer Management	

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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.

Health Service Regions	Yes
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.	

Local Health Departments	Yes
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.	

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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	X
15. Volunteer Management	

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Tab E: **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.

Core Capabilities	Mission Areas	Yes
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	X
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	
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	
Housing	Recovery	
Natural & Cultural Resources	Recovery	

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Tab F: CMOC Participant Comments

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What is your assessment of today's exercise?

	Excellent	Good	Average	Fair	Poor
The exercise was well structured and organized	11	9	1		
The exercise scenario was plausible and realistic	15	4	2		
The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target	12				
The exercise documentation provided to assist in preparing for and participating in the exercise was useful	10	2			
Participation in the exercise was appropriate for someone in my position	12	8	1		
The participants included the right people at the right level and mix of disciplines	12	7			
This exercise allowed my agency./jurisdiction to practice and improve prior capabilities	10	2			
After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised	9	2			
The problem allowed for imaginative thought and problem solving	4	4	1		

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Exercise Facilitation

	Excellent	Good	Average	Fair	Poor
The exercise rules of play were easily understood	4	4	1		
The exercise pace of play was appropriate and realistic	2	6		1	
The exercise injects were delivered to the appropriate participants and in a timely manner	3	4	1	1	
The exercise injects were meaningful and realistic	4	3	2		

What changes would you make to improve this exercise?

- Quick intro to your work station
- The POD list was organized by jurisdiction, this made it a little complicated to look through. If it has been separated by our corridor or alphabetically it could have helped with the process. Also if the list of names was aligned to the left instead of centered in the column
- Unable to determine what was actually going on
- Full scale exercise would be nice
- Make plan more available from start of exercise. Utilize checklists

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

- There was a lot of confusion of what to do on the back row on Day 2. There were multiple people giving unclear direction and mixed messages coming from hospitals
- No injects for back row (Day 2)
- Could use more injects (Day 2)
- As discussed, CMOC should have solid plan before releasing information and requests to players

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

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- POD PLAN!!!!
- Capability to see request only from your corridor or position
- SNS policy gaps
- Ability to edit LoRe requests that you have submitted

Based on the exercise today and the tasks identified, list the top three strengths and/or areas that need improvement

- Breadth of participation was impressive
- Some information from hospitals regarding prophylaxis needs seemed inaccurate
- More detail should be given when asking facilities to participate
- Leaders were very helpful and informative
- Each exercise had a different learning opportunity
- Direction and Communication (+)
- Coordination of activities within CMOC (-)
- Need additional training in CMOC (-)
- Well organized
- Knowledgeable players involved
- Team effort - everyone worked really well together
- WebEOC needs major rehauling. NOT EFFICIENT!
- Mark's spreadsheet was awesome
- Headsets did not sound clearly
- Having a Deputy Clinical helped spread the load well
- Really liked the staggered start-up
- There was some incorrect contact information
- Some hospital staff had no idea what we were talking about with tag color
- Good communications
- Speed of drill
- Scenario
- Communication with team leader
- Hospitals willing to participate
- Ease of instructions/resources

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

- As an observer, I was able to view all activity in WebEOC and EmResource that was being used by my agency
- Yes. Many moving parts happening very quickly with a need to send immediate assets and to log it in as real time as much as possible. The program we use is not conducive for efficiency

Identify corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it is a high, medium, or low priority.

- Further education to hospitals about how to submit requests for prophylaxis (high)

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- The invitation email should have more information on it (low)
- Coordination within the CMOC on certain activities (high)
- Finalize tasking process (medium)
- If you enter information into one board, it would be great to have it auto-fill into other associated boards (e.g. mission tasking and response resources)
- Update contact information (high)

Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

- At the time of the calls, we obtained as much corrected information as possible

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

- Review CMOC plan (high)
- Staff placement plan within CMOC (high)
- WebEOC needs to be mainstreamed (2)
- More back row positions for transportation (1)

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

- I was impressed! Will likely ask you all to brief out on this at a future HPP meeting. MCM + MCI are both gaps other contractors have identified
- During the morning briefing a detailed explanation of what was going on for the day would be helpful. When I started this exercise I felt very frustrated & overwhelmed because I had no idea what was going on. This was my first time doing the exercise.
- Went well. Lots of Kevins. Realistic in nature
- This was my first exercise and I don't have much to compare it to. It seemed to go well. I really enjoyed the opportunity to shadow Mark
- Great exercise
- Clearer announcements on new incidents
- I thought today was a very good exercise. Teamwork was excellent