



COVID-19 Tabletop Exercise After Action Report (AAR) /Improvement Plan (IP)

May 1, 2020

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EXERCISE OVERVIEW

Exercise Name	COVID-19 Tabletop Exercises (Multiple Corridors)
Exercise Dates	March/April 2020
Scope	This is a Tabletop exercise, planned for three hours with the Regional Health Preparedness Coalition (RHPC). Exercise play is limited to registered participants
Purpose	The purpose of this exercise was to provide participants with an opportunity to evaluate current first receiving concepts, plans, and capabilities related to a pandemic. The exercise focused on coordination and continuity of operations.
Capabilities	<ul style="list-style-type: none"> • Health Care and Medical Response Coordination • Continuity of Health Care Service Delivery • Medical Surge
Objectives	<ul style="list-style-type: none"> • Assess the ability of the healthcare Agency/Facility to respond to a medical surge from COVID-19. • Validate healthcare agency/facilities supply chain management process and identify alternative resources/options for potential shortfalls.
Threat or Hazard	Pandemic
Scenario	An outbreak of severe respiratory illness (now labeled COVID-19) is occurring in Asia with approximately 80,000 infected. The Centers for Disease Control and Prevention (CDC) has identified this as a novel virus, a sub type never transmitted person to person. Currently 68 countries have reported cases of COVID-19, including the United States.
Sponsor	Southeast Texas Regional Advisory Council (SETRAC) Regional Healthcare Preparedness Coalition (RHPC), Assistant Secretary of Preparedness and Response (ASPR).
Participating Organizations	Multiple Hospitals, EMS services, Public Agencies, and Private Partners. A complete list is included in Appendix D.
Point of Contact	John Wingate SETRAC 1111 North Loop West, Suite 160 Houston, TX 77008 (281) 822-4439

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Assess the ability of the healthcare Agency/ Facility to respond to a medical surge from COVID-19.	Medical Surge		X		
Validate healthcare agency/facilities supply chain management process and identify alternative resources/options for potential shortfalls.	Health Care and Medical Response Coordination		X		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

OBJECTIVE 1:

Assess the ability of the healthcare Agency/Facility to respond to a medical surge from COVID-19.

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

HPP Capability 4: Medical Surge

Strengths

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

Strength 1: Communications; The current coordination between many facilities and agencies with the South East Texas Regional Advisory Council (SETRAC) has led to early planning for a surge related to COVID-19.

Strength 2: Regional Coordination; the coordination of multiple response partners has enabled the region to better respond to, and coordinate resource distribution in an efficient manner during a pandemic.

Strength 3: Regional Healthcare Preparedness Coalition Coordination; Multiple meetings, trainings, and exercise has enforced the relationships between the members of the coalition. This allows for a better coordination process as we learned to share a common viewpoint as a coalition and have melded together as one.

Areas for Improvement

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

Area for Improvement 1: Resource Management

Analysis: A 96 hour cache of equipment is sometimes not enough, the increased patient load will demand the use of more resources and with everyone in the nation making their orders at the same time there may not enough to go around, thus cause multiple shortages.

Area for Improvement 2: Staffing

Analysis: Staff absenteeism due to quarantine, illness, family care and transportation will cause a short fall in staff availability and reliability, this coupled with an increased census will cause patient care to suffer.

Area for Improvement 3: Facility Operations

Analysis: The ability to identify the need to limit and control access to the facility early on in a pandemic has not been considered in the past.

Area for Improvement 4: Education

Analysis: Many facilities and agencies had not participated in the trainings offered from SETRAC over the past years. Upon the on-set of a pandemic these trainings may not be available or the staff may not be able to conduct the trainings due to various limitations.

OBJECTIVE 2:

Validate Health Care Agency/Facilities supply chain management process and identify alternative resources/options for potential shortfalls.

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

HPP Capability 2: Healthcare and Medical Response Coordination

Strengths

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

Strength 1: RHPC Coordination; The Healthcare Preparedness Coalition has fostered effective and meaningful relationships with our response partners. Knowing our local OEM and EMS and their staff has allowed us to better prepare together.

Strength 2: Community Coordination; coordination with local partners in the time of an emergency greatly enhances the capability of an agency or facility to develop a faster and more coordinated response to an incident.

Strength 3: RHPC Coordination; coordination with SETRAC and our community partners has increased our awareness of the procedures required to work through to obtain vital needed resources during a pandemic. Having the knowledge of a regional PPE distribution system will allow us to protect our staff, patients, and residents during a time of need.

Areas for Improvement

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

Area for Improvement 1: Internal Coordination

Analysis: It was identified that various agencies had not planned or coordinated with all of their facility visitors early on in the pandemic. Early determination of who will be permitted to access the facility during a lockdown, the level of required PPE while in the facility, and who will provide that PPE in the time of a PPE shortage and pandemic situation.

Area for Improvement 2: Resource Availability

Analysis: As the hospitals census increases so will the demand for needed PPE and with multiple healthcare facilities in the region requiring many of the same resources, coupled with the limited number of vendors with multiple agreements for the same resources, there are extreme shortages of needed resources and supplies, identify and verify an on-hand of supplies are available, also look to alternate vendors and network with similar agencies to set up MOA's/MOU's.

Area for Improvement 3: PPE Tracking

Analysis: PPE usage has not typically been an item of concern, we have relied on a facility supply as well as open supply chains. Monitoring our PPE usage and burn rates should be a priority to identify future potential shortfalls and long back orders.

Appendix A: Improvement Plan

This IP has been developed for SETRAC and the RHPC partners as a result of the COVID-19 Tabletop Exercises conducted in March & April of 2020

Objective	HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Objective 1: Assess the ability of the healthcare Agency/Facility to respond to a medical surge from COVID-19	HPP Capability 4: Medical Surge	Resource Management	Consider increasing the on-hand supply of vital equipment and identify additional vendors to include those who are located outside of the region, also identify any potential needs for additional transportation for these resources.	Planning	Each individual agency/facility	6/1/2020	On-going
		Staffing	Ensure early and on-going communications/coordination with staff and their availability during emergency situations.	Planning	Each individual facility/agency	6/1/2020	On-going
		Facility Operations	Review plans with the RHPC develop and conduct Infectious Patient trainings region wide for the RHPC.	Planning & Training	SETRAC	6/1/2020	Review Process: 8/31/2020 Development: 6/30/2020 Training: On-going
		Education	Increase the awareness of the training classes that are available through SETRAC, and ensure all appropriate disciplines are invited schedule trainings and attend trainings.	Planning	SETRAC	6/1/2020	Notify facilities: 8/31/2020 Scheduling & attendance On-going

Objective	HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Objective 2: Validate healthcare agency/facilities supply chain management process and identify alternative resources/options for potential shortfalls.	HPP Capability 2: Health Care and Medical Response Coordination	Internal Coordination	Prior planning on access to the facility or agency during a pandemic lockdown to include incorporation into the trainings for all staff members	Planning & Training	Each individual agency/facility in coordination with SETRAC	6/1/2020	Training Developed by SETRAC 6/30/2020 Facility or Agency Training On-going
		Resource Availability	Continue to work as a coalition to identify potential vendors for needed supplies, sharing of information and resources and continue providing a central distribution system capable of handling the demands of the coalition	Planning	Each individual facility/agency	6/1/2020	On-going
		PPE Tracking	Implement a process to identify PPE requirements as well as a system to track the usage and projected usage of PPE for a long-term incident	Planning	Each individual agency/facility	6/1/2020	On-going

APPENDIX B: EXERCISE PARTICIPANTS

Agency Name
A Pinewoods
Acadian
Afton Oaks Healthcare and Rehabilitation
Arbors of Briarwood
Ashton Parke Care Center
Avondale House
Baptist Beaumont
Baptist Hospital of SE Texas
Bayou Pines Care Center
Bellaire Fire Department
Bellville Medical Center
Ben Taub Hospital
Blue Star Hospice Inc.
Brazos Presbyterian Homes Inc
Briarwood Manor
Bridgemoor Transitional Care
Brookdale Senior Living
Brookshire Residence & Rehabilitation
Cambridge Health and Rehabilitation
Chambers County OEM

Chambers Health
City of Houston
Clarewood House
Colonial Belle Bellville
Colonial Belle Nursing Facility Sealy
Con Servant Healthcare
Copperfield Healthcare and Rehabilitation
Cornerstone Healthcare Group
Country Village Care
Courtyard Rehabilitation and Healthcare
Creekside Village Healthcare
Crenshaw Ambulatory Surgery Center
Crescent Home Health Inc.
Cypress Creek Rehab
Davita Dialysis
Debok Healthcare Inc.
Denson Home Health
Eagles Trace
East Houston Hospital and Clinics
East View Healthcare
Encompass Health Cypress
Encompass Health Sugar Land

Focused Care at Baytown
Focused Care at Burnet Bay
Focused Care at Humble
Fresenius Kidney Care Baytown
Fresenius Kidney Center Jasper
Garrison Nursing Home
Gulf Coast Long Term Care
Gulf Coast Regional Blood Center
Harbor Healthcare System
Harbor Hospice
Harris County ESD 4
Harris County Institute of Forensic Sciences
Harris Health System
HCA Healthcare Mainland
Healthmark Group
Heart to Heart Hospice of West Houston
Hemphill Care Center
Heritage Villa Nursing and Rehabilitation
Holly Hall Retirement Community
Home Health Care of Huntsville
Home Therapeutic Solutions
Hospice of VVRMC

Houston Methodist Baytown
Houston Methodist Clear Lake
Houston Methodist Hospital SNF
Houston Methodist Sugar Land
Houston Physicians Hospital
Humble Fire & Rescue
Jasper Newton County Public Health District
Kamcare Home Health
Kindred Clear Lake
Kindred Hospital Houston Medical Center
Kindred Hospital Sugar Land
Kingwood Endoscopy
LBJ Hospital
League City EMS
Legend Oaks Northwest
Liberty Dayton Regional Medical Center
Liberty Healthcare Center
MD Anderson
Medical Center of SE Texas Beaumont
Medical Center of SE Texas Port Arthur
Memorial Hermann
Memorial Hermann University Place Nursing Center

Misty Willow Healthcare
ML Healthcare
Mont Belvieu
Nacogdoches Memorial Hospital
New Day Intermediate Care
Northwest EMS
Oak Bend Medical Center Jackson Street
Oak Bend Medical Center Wharton
Oak Bend Medical Center Williams Way
Oak Village Healthcare
Palacios Community Medical Center
PAM Rehab Hospitals of Clear Lake
Paradigm at Woodwind Lakes
Park Manor of Quail Valley
Park Manor of Westchase
Pelican Company
Post Acute Medical Rehabilitation Hospital Clear Lake North
Quality in Hospice Consulting
Refinery Terminal Fire Company
Regent Care in The Woodlands
Rice Medical Center
River Oaks Hospital

Sacred Oak Medical Center
Senior Allegiance Home Health
Serenity Hospice Solutions
SETRAC
Seven Acres Jewish Senior Center
Sharpview Residence and Rehabilitation Center
Southern Home Health
Special Kids Care (SKC)
SSA Home Health
St Joseph Medical Center
Stein LTC
SUN Behavioral Houston
Terra Bella Health nd Wellness
Texas DSHS
Texas Medical Center (TMC)
The Gardens of Bellaire
The Hallmark
The Resort at Texas City
Transition Home Healthcare
TruCare Living Centers Columbus
TTI Home Health Care
VibraLife of Katy

West Oaks Nursing and Rehabilitation
Woodlake Nursing and Rehab
Participating Agencies = 132 Participants = 298

APPENDIX G: EXERCISE PLANNING TEAM

Name	Agency/Facility
Lori Upton	SETRAC
Fidel Calvillo	SETRAC
John Wingate	SETRAC
Adam Lee	SETRAC
Hilal Salami	SETRAC
Lisa Spivey	SETRAC