



# Operation Rematch

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## After-Action Report/Improvement Plan

May 2025

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.



## EXERCISE OVERVIEW

<b>Exercise Name</b>	Operation Rematch
<b>Exercise Dates</b>	March 12 <sup>th</sup> , 14 <sup>th</sup> , and 21 <sup>st</sup> ; April 4 <sup>th</sup> and 25 <sup>th</sup>
<b>Scope</b>	Part one of this exercise series consists of five tabletop exercises, each planned for two hours at each Regional Healthcare Preparedness Coalition (RHPC) corridor meetings. Exercise play is limited to discussion-based activities concerning how RHPC partners are preparing, or can prepare, for the 2026 World Cup in Houston.
<b>Focus Area(s)</b>	Mitigation, Response
<b>Capabilities</b>	<ul style="list-style-type: none"> <li>- HPP Capability 2: Health Care and Medical Response Coordination</li> <li>- HPP Capability 3: Continuity of Health Care Service Delivery</li> <li>- HPP Capability 4: Medical Surge</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- Assess the ability to sustain increased emergency department patient volumes over an extended period, manage patient flow, and pre-position necessary supplies and equipment.</li> <li>- Assess public health plans including surveillance for, control of, and communication related to travel-associated infectious diseases.</li> <li>- Assess the impact of increased traffic congestion on staffing, patient transport, and supply deliveries and evaluate strategies for mitigating disruptions.</li> <li>- Assess the ability to communicate real-time threat intelligence, road closures, and operational updates to healthcare facilities, emergency responders, and non-law enforcement partners.</li> </ul>
<b>Threat or Hazard</b>	Human-Caused/Medical Surge
<b>Scenario</b>	The 2026 FIFA World Cup has several matches being played in Houston, Texas. These games bring approximately 389,000 visitors to the Southeast Texas region for a 45-day period. This influx of visitors results in an increase in emergency department patient volumes and emergency medical services calls for service. Additionally, these visitors add to the region's traffic congestion, straining supply deliveries, patient transport routes, and medical workers' commutes. These visitors bring with them travel-associated infectious diseases from around the world.
<b>Sponsor</b>	Regional Healthcare Preparedness Coalition (RHPC) Southeast Texas Regional Advisory Council (SETRAC) Hospital Preparedness Program (HPP)



<b>Exercise Name</b>	Operation Rematch
<b>Participating Organizations</b>	Participating jurisdictions and organizations will be those which are part of, or represented by, the RHPC. These are hospitals, emergency medical services, public health, medical special populations, and emergency management organizations in Texas Trauma Service Areas H, Q, and R.
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## ANALYSIS OF CAPABILITIES

Aligning exercise objectives and 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 capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	PERFORMED WITH SOME CHALLENGES (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Assess the ability to sustain increased emergency department patient volumes over an extended period, manage patient flow, and pre-position necessary supplies and equipment.	HPP Capability 4: Medical Surge		S		
Assess public health plans including surveillance for, control of, and communication related to travel-associated infectious diseases.	HPP Capability 4: Medical Surge		S		
Assess the impact of increased traffic congestion on staffing, patient transport, and supply deliveries and evaluate strategies for mitigating disruptions.	HPP Capability 3: Continuity of Health Care Service Delivery		S		
Assess the ability to communicate real-time threat intelligence, road closures, and operational updates to healthcare facilities, emergency responders, and non-law enforcement partners.	HPP Capability 2: Health Care and Medical Response Coordination		S		

Table 1. Summary of Core Capability Performance

### Ratings Definitions:



**Performed without Challenges (P):** The targets and critical tasks associated with the 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 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 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 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 capability, highlighting strengths and areas for improvement.



**Objective 1: Assess the ability to sustain increased emergency department patient volumes over an extended period, manage patient flow, and pre-position necessary supplies and equipment. The strengths and areas for improvement for each capability aligned to this objective are described in this section.**

The strengths and areas for improvement for the healthcare preparedness 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:** Regional stakeholders are revisiting gaps identified in previous events and discussing strategies to ease pressure on emergency departments. Ideas include routing lower-acuity patients to Freestanding ERs, creating alternative treatment areas, and setting up aid stations near high-traffic areas. There's a clear understanding that these actions can help support overall surge capacity during large-scale events.

**Strength 2:** Stakeholders are focusing on ways to move patients through the system more efficiently. Efforts include using transition lounges and working closely with long-term care, rehab, and skilled nursing facilities. This kind of collaboration and coordination is seen as key to reducing inpatient holds and easing emergency department boarding during a surge.

**Strength 3:** Stakeholders are beginning to have real conversations about what the biggest challenges are going to be during a surge and how that impacts the healthcare infrastructure. These conversations haven't just been about what might go wrong but also about identifying what has worked well during other events and adjusting to deal with a surge that could last up to 45 days. Everyone knows that, as a region, getting ahead of the potential barriers we may face gives us more opportunity to avoid bigger problems as the event commence

### **Areas for Improvement**

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

**Area for Improvement 1:** Stakeholders expressed concern that current staffing models may not hold up during a sustained surge. With overlapping challenges like July 4th, summer PTO, and hurricane season, staffing availability could quickly become limited. While extended shifts and on-site incentives have been discussed, there are no formal plans in place to support staffing if sustained surges occur during the 45-day period.

**Area for Improvement 2:** Stakeholders raised concerns about the financial strain associated with extended response operations. Regional partners identified a gap in executive-level leadership involvement in planning for the upcoming event and emphasized the need for dedicated discussions. They identified gaps in how they will manage the surge of international visitors who will impact healthcare facilities not just in terms of patient volume, but also financially. Improved



planning, clearer communication, and stronger coordination are necessary to effectively manage funding and resource challenges during long-duration events.

**Area for Improvement 3:** Stakeholders raised concerns about the financial strain that comes with extended response operations. Regional partners identify a gap in executive level leadership involvement in planning for the upcoming event and a need to sit down and have conversations about how they will deal with a surge of international visitors who will affect facilities not only on a surge level but financially. Better planning, clearer communication, and stronger coordination are needed to manage funding and resources during long-duration events.

**Area for Improvement 4:** Stakeholders raised concerns about fragile supply chains and limited space to store extra resources. Without a coordinated approach, facilities could end up competing for the same supplies during high-demand periods. There's a need to review vendor contracts and strengthen mutual aid agreements to help close those gaps and support continuity of operations.

## **Objective 2: Assess public health plans including surveillance for, control of, and communication related to travel-associated infectious diseases.**

The strengths and areas for improvement for the healthcare preparedness 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:** Stakeholders are actively collecting surveillance data to detect early signs of disease clusters within the community. This proactive approach is used to help identify emerging trends and support faster, more effective public health responses. Additionally, mosquito trapping and testing will be initiated in the specific geographic areas where international teams are confirmed to stay, allowing vector-borne disease risks to be addressed in a timely manner.

**Strength 2:** Stakeholders have plans in place to begin monitoring communicable and emerging diseases from the countries of the teams staying within the jurisdiction. This targeted surveillance will support early recognition of potential health threats associated with the incoming international population. In addition, public health education materials such as flyers and website content will be used to ensure effective communication with both residents and visiting populations regarding potential health risks.

**Strength 3:** Stakeholders are actively expanding educational outreach by developing webinars focused on potential diseases that hospitals and medical providers may encounter. They also pointed out that printed reference materials will need to be translated into multiple languages once teams are selected, to help support the public and visitors. The goal is to give providers across the region the tools and education they need to care for traveling patients and help deter travelers from going to hospitals unless necessary.



## Areas for Improvement

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

**Area for Improvement 1:** Stakeholders expressed concerns about potential surveillance challenges once international travelers begin arriving in the country. Following up with individuals at high risk for disease transmission will become increasingly difficult as the surge grows, potentially straining public health infrastructure. Without a solution in place, these gaps could result in delays in outbreak detection and hinder timely public health response efforts.

**Area for Improvement 2:** Stakeholders raised concerns about translation gaps and the limitations of current messaging due to the wide range of unknown languages expected within the region. Many visitors may face health risks that aren't common in their home countries, and messaging will need to be adjusted to address that. Translation of materials is very expensive, so there was discussion around regional organizations needing to work together to coordinate those efforts. Without this, it could lead to patient surges within hospitals, potentially impacting public safety and overall well-being.

### **Objective 3: Assess the impact of increased traffic congestion on staffing, patient transport, and supply deliveries and evaluate strategies for mitigating disruptions.**

The strengths and areas for improvement for the healthcare preparedness capability aligned to this objective are described in this section.

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

### **Strengths**

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

**Strength 1:** Stakeholders recognize that without adjustments, time-sensitive deliveries could be disrupted during major events. To stay ahead of potential issues, they are discussing strategies like overnight deliveries, off-peak drop-offs, and flexible routing options. There's a clear understanding that supply continuity will require active coordination and planning across the region.

**Strength 2:** Stakeholders shared a common understanding that game-day traffic could significantly impact staff arrival times. In response, facilities are encouraging personnel to leave early, monitor traffic conditions, and plan alternate routes ahead of their shifts. Some facilities are also looking into voluntary ride-out procedures with incentives to support staffing during peak periods. Additionally, facilities are considering setting up shuttle services to help with essential staff stay on schedule.

**Strength 3:** Stakeholders understand the importance of maintaining emergency vehicle access during periods of heavy congestion. There's active coordination to identify workable approaches.



These efforts show a clear understanding of what needs to be in place to avoid delays for EMS and first responders.

### **Areas for Improvement**

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

**Area for Improvement 1:** Stakeholders identified gaps in collaboration between key transportation agencies and local partners. Without better coordinated planning and alignment, traffic strategies could work against each other and make it harder to manage the expected congestion. More consistent engagement is needed to ensure all partners are working toward the same goals during large-scale events.

**Area for Improvement 2:** Stakeholders are concerned that fans or residents might ignore barricades and enter restricted areas. This has happened during past events and could block emergency routes, putting response efforts at risk. Stronger enforcement and clearer public messaging are needed to keep those areas clear and ensure responder access isn't disrupted.

**Area for Improvement 3:** Stakeholders agree that off-site staging of supplies is important, but most haven't finalized specific locations. There are concerns about how climate-sensitive items will be stored and how supplies will be tracked or retrieved during an event. Without a clear and coordinated plan, even minor delays could impact patient care during a surge.

### **Objective 4: Assess the ability to communicate real-time threat intelligence, road closures, and operational updates to healthcare facilities, emergency responders, and non-law enforcement partners.**

The strengths and areas for improvement for the healthcare preparedness capability aligned to this objective are described in this section.

## **HPP Capability 2: Health Care and Medical Response Coordination**

### **Strengths**

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

**Strength 1:** Regional communication tools continue to provide reliable, real-time updates across multiple partners. They've been used effectively during previous events for messaging, patient tracking, and coordination. There's strong confidence in these platforms to support timely information sharing during large-scale responses.

**Strength 2:** Stakeholders are actively posting plans, templates, and updates on coalition and partner websites. This early sharing is helping improve alignment across jurisdictions and organizations. It's creating a more unified approach that will support faster, more coordinated responses when events occur.



## Areas for Improvement

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

**Area for Improvement 1:** Stakeholders noted that key contact lists and communication trees haven't been reviewed or updated recently. Outdated information can slow down coordination and delay response efforts during an emergency. Regular audits are needed to keep directories accurate and ensure quick access to the right contacts when time matters most.

**Area for Improvement 2:** Stakeholders noted that clinics, private practices, and vendors are often not involved in communication loops. This creates gaps in response efforts, particularly when it comes to resource coordination and public health messaging. Bringing these partners into the conversation is essential for improving whole-community preparedness.

**Area for Improvement 3:** Stakeholders questioned whether traffic communication plans were being developed in advance or if they'd be figured out in real time as events unfold. With multiple agencies and jurisdictions there needs to be a clear structure in place to support unified messaging and coordination. Without a solid all-hazard communication plan in place, there is an increased risk for traffic delays and failed response efforts across the region.



## Appendix A: IMPROVEMENT PLAN

Capability	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
HPP Capability 2: Health Care and Medical Response Coordination	Ensure the SETRAC website includes readily accessible information on key operational and public health support topics to enhance regional preparedness for large-scale events.	Organizing	IT/T&E	SETRAC	06/09/2025	07/04/2026
HPP Capability 3: Continuity of Health Care Service Delivery	Monthly training and drills focused on frontline staff use of communication platforms to ensure regional familiarity and operational readiness.	Training	T&E	SETRAC	06/09/2025	07/04/2026
HPP Capability 3: Continuity of Health Care Service Delivery	Utilize corridor meetings to engage relevant partners and stakeholders to strengthen multi-agency coordination.	Planning	Coordinators	SETRAC	06/09/2025	07/04/2026
HPP Capability 2: Health Care and Medical Response Coordination	Provide bi-monthly regional updates through December, then increase to monthly updates leading up to major planned events to	Planning	Leadership	SETRAC	06/09/2025	07/04/2026



Capability	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	maintain awareness and alignment.					
HPP Capability 2: Health Care and Medical Response Coordination	Quarterly audits to maintain updated contact information.	Evaluating	T&E/Coordinators	SETRAC	06/09/2025	07/04/2026

This IP is developed specifically for Southeast Texas Regional Advisory Council as a result of Operation Rematch Tabletop series conducted on March 12th, 14th, and 21st; April 4th and 25<sup>th</sup>.



## **APPENDIX B: EXERCISE PARTICIPANTS**

Acadian EMS

Allegiance EMS

Altus Lumberton Hospital

Angelina County & Cities Health District

Aspire Hospital

Baptist Hospital SE TX

Bayside Community Hospital

Behavioral Hospital of Bellaire

Brazoria county health department

Chambers County Public Health

CHI Baylor St. Luke's Medical Center

CHI St. Luke's The Vintage

Christus Jasper

Christus St. Elizabeth

City of Houston OEM

City of Wharton EMS

DETRAC

DSHS 4/5 North

DSHS 6/5 South

Emergency Hospital Systems

Encompass The Woodlands

FBC Public Health PHEPR

Fort Bend County EMS

Fort Bend County Homeland Security & Emergency Management

Harris County Emergency Corps

Harris County Public Health



Harris Health Ben Taub General  
Harris Health LBJ General  
HCA Houston Healthcare Clear Lake  
HCA Houston Healthcare Conroe  
HCA Houston Healthcare Kingwood  
HCA Houston Healthcare North Cypress  
HCA Houston Healthcare Northwest  
HCA Texas Orthopedic Hospital  
HCA The Woman's Hospital of Texas  
Houston Methodist Continuing Care  
Houston Methodist Sugar Land Hospital\*  
Houston Methodist West  
Houston Methodist Willowbrook  
Huntsville Memorial  
Jasper Newton County Public Health  
Jefferson County EMC  
Kindred Hospital Clear Lake  
Kindred Hospital Sugar Land  
Kingwood Convenient Care Center  
Matagorda Regional Medical Center  
Memorial Herman Surgical Kingwood  
Memorial Hermann Cypress  
Memorial Hermann Greater Heights  
Memorial Hermann Katy  
Memorial Hermann Northeast  
Memorial Hermann Pearland Hospital  
Memorial Hermann Southeast  
Memorial Hermann Sugar Land  
Memorial Hermann Surgical First Colony



Memorial Hermann System  
Mid-Jefferson  
Missouri City OEM  
Nacogdoches County EMS  
Nacogdoches Medical Center  
Nacogdoches Memorial Hospital  
Oakwood Manor  
Ocean Behavioral Health Lufkin  
Orange County Health Services  
PAM Health Rehabilitation Hospital of Clear Lake South  
PAM Humble  
Pearland Fire Department  
Port Arthur Fire Department  
Rice Medical Center  
Sabine County Hospital  
SETRAC  
Shriners Children  
St. Joseph Medical Center  
St. Luke's Health Memorial Livingston  
St. Luke's Memorial  
Texas Children's Main  
Texas Children's The Woodlands  
Texas Children's West  
Texas Division of Emergency Management  
Total Point Emergency Center  
Tyler County Hospital  
University of Texas M. D. Anderson  
University of Texas Medical Branch  
UTHealth Houston HCPC/DCB



## West Oaks Hospital