



Operation Rematch

Part Two – Regional Functional Exercise

After-Action Report / Improvement Plan

May 2025

EXERCISE OVERVIEW

Exercise Name	Operation Rematch
Exercise Dates	May 8 th , 2025
Scope	This was a functional exercise, planned for three hours in a remote set-up of the Catastrophic Medical Operations Center (CMOC), located at City Ambulance in Spring, TX. This was the second part of the Operation Rematch exercise series, following a series of tabletop exercises across the region in part one. Exercise play was limited to functional management activities and specifically excluded the movement or deployment of operational assets. This functional exercise took place across many locations and levels of play. The bulk of real-time functional activity was carried out in the CMOC. However, regional partners from healthcare facilities, emergency medical services agencies, public health entities, and offices of emergency management contributed to and played in the exercise at their various locations. Exercise play at these venues included functional activities, such as entering patients into patient tracking systems, requesting resources through web-based systems, and communicating status, actions, and conditions through regional web-based systems. There was some limited real-time, live interaction between players at some of these sites and players at the CMOC.
Focus Area(s)	Response
Capabilities	HPP Capability 2: Health Care and Medical Response Coordination
Objectives	- Assess regional ability to track patients from mass casualty incidents using Pulsara. - Demonstrate ability to coordinate deployment of emergency medical assets in response to a mass casualty incident. - Demonstrate ability to quickly assess regional bed availability following a mass casualty incident, communicate that information to decision makers, as needed, and utilize that information in making patient transport and load balancing decisions and recommendations. - Demonstrate regional ability to share and coordinate information related to the operational status of healthcare facilities and services facing potential disruption. - Demonstrate the ability to coordinate fulfillment of resource requests supporting healthcare facilities and services experiencing disruption. - Demonstrate ability to coordinate and disseminate messaging to regional healthcare preparedness coalition partners in response to an incident.
Threat or Hazard	Human-Caused/Medical Surge

Exercise Name	Operation Rematch
Scenario	The 2026 FIFA World Cup has brought an additional 389,000 international visitors to the Houston, Texas area for a period of 39 days. Many of these visitors are in Houston and the surrounding region for the July 4 th World Cup match between the US and UK national teams, being played at NRG park. There are several large official and unofficial watch parties across the region, and the atmosphere is jovial leading to the US vs. UK July 4 th rematch on the 250 th anniversary of American Independence. Spectators are watching the match and affiliated events live on television from throughout the world. Law enforcement, public safety, healthcare, and emergency management professionals watch cautiously prepared for the worst as the potential looms for acts of violence and terrorism taking place in the eyes of the world.
Sponsor	Regional Healthcare Preparedness Coalition SouthEast Texas Regional Advisory Council Hospital Preparedness Program
Participating Organizations	Participating jurisdictions and organizations included SETRAC and 37 hospitals, 3 EMS services, and 3 public health entities which are part of the Regional Healthcare Preparedness Coalition (RHPC). These hospitals, emergency medical services, and public health entities are located in or serve Texas Trauma Service Areas H, Q, and R.
Point of Contact	James Meaux Regional Training & Exercise Coordinator SouthEast Texas Regional Advisory Council Office: 281-822-4445 Cell: 713-876-7099 James.meaux@setrac.org

EXERCISE SUMMARY

This exercise consisted of 44 agencies representing the Hospital Preparedness Program, hospitals, EMS, and public health, and evaluators observed 170 events during exercise play.

Beginning Exercise Scenario

On May 8th, 2025, exercise players at the Catastrophic Medical Operations Center (CMOC) were briefed prior to the exercise:



Image 1: Exercise players, controllers, and evaluators at the Catastrophic Medical Operations Center receive a pre-exercise briefing.

The exercise takes place on July 4th, 2026, as the CMOC is activated in preparation for the final Houston game of the 2026 FIFA World Cup. The national “football” teams for England and the United States are playing against each other at NRG Stadium for this highly anticipated “rematch” game, taking place on the 250th anniversary of American independence.

This July 4th game is the culmination of a long, busy, and stressful 39-consecutive days of World Cup activities in the SouthEast Texas region. Increased vehicle traffic causes operational delays as roughly 400,000 international visitors enter the region. Healthcare facilities and services, already operating near capacity, are strained by the influx of visitors in the middle of a record-breaking heat wave. The patient care environment in the region becomes more difficult to navigate as countless languages and unique dialects arrive from throughout the world.

In addition to the FIFA World Cup game itself, there are additional mass gatherings throughout the region. There is an official “Fan Fest” event at Shell Stadium, hosting approximately 5,000 fans each night. Every major event venue is hosting official watch parties for the World Cup game or hosting Fourth of July events. There are countless additional unofficial and “pop-up” watch parties and Fourth of July celebrations throughout the region.

The Department of Homeland Security and the Federal Bureau of Investigation have issued advisories and warnings concerning potential terrorist activity for each jurisdiction hosting World Cup games across the nation, due to the media spotlight and opportunity to embarrass the United States on a global stage. Additional warnings have been issued specifically for Philadelphia and Houston due to their World Cup matches on the Fourth of July.

Due to the confluence of massive numbers of international visitors, excessive heat, terrorism concerns, traffic congestion, and major events, the CMOC and other emergency operations centers throughout the region have activated out of an abundance of caution.

Exercise Play – Catastrophic Medical Operations Center (CMOC)

Once briefed, exercise players took their positions in the CMOC and prepared for the unknown events that might occur during the Fourth of July World Cup match. Not long after exercise play began, participants learned of a (simulated) ransomware attack against a children's hospital in the region, leading to significant operational disruption to that facility and causing concerns at other facilities for potential follow-on attacks.



Image 2: The CMOC Chief briefs staff on developments in the exercise scenario.

As the exercise continued, players learned of a large explosion at a major event venue, with 600 (simulated) casualties needing triage, transport, and treatment at medical facilities throughout the region. The players in the CMOC sent an announcement to all hospitals in the region and solicited each facility's estimate of how many patients they could receive from the scene in each patient triage category. CMOC players soon learned that news of the explosion had reached the media, causing a mass exodus from the World Cup match at NRG stadium out of fears of secondary attacks.

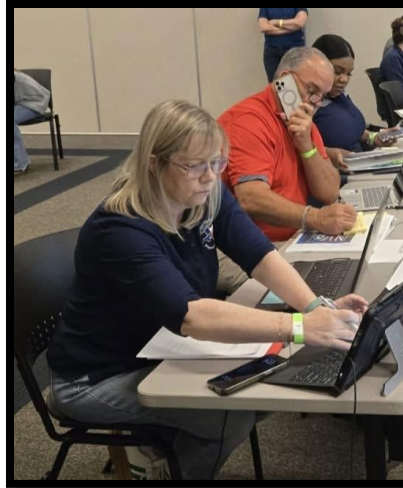


Image 3: CMOC Special Medical Populations Coordinator, West Corridor Leader, and East Corridor Leader respond to the developing scenario.

Players in the CMOC coordinated to request, organize, and deploy emergency medical response assets to the scene of the explosion. While doing this, they learned of a vehicle ramming attack at a small town Fourth of July parade, causing additional casualties. This information did not slow down the coordination taking place, and the secondary incident was addressed in the same manner as the initial explosion. Throughout the simulated response, players learned about a suspicious additional surge in patients throughout the region presenting healthcare providers with unusual gastrointestinal illnesses. The players in the CMOC shared this information and coordinated with public health entities while balancing the response to the other scenario events.

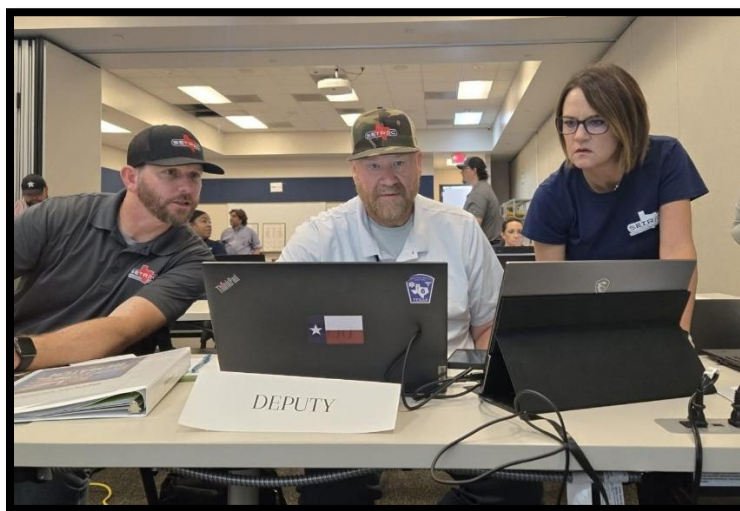


Image 4: CMOC Transportation Branch Director, Deputy Chief, and North Corridor Leader coordinate emergency medical response assets to respond to the simulated mass casualty incident.

Exercise Play – Regional Partners

Throughout the exercise, regional partners from hospitals, emergency medical services, and public health entities conducted functional exercise activities at their respective facilities and agencies alongside the players in the CMOC.

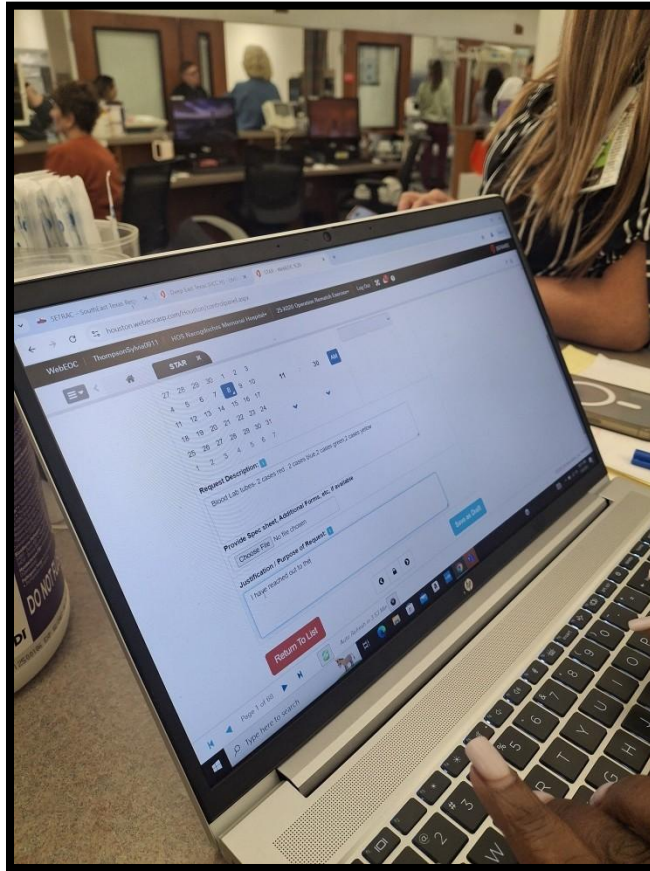


Image 5: An exercise player at a hospital submits an emergency request for additional resources.

Hospitals and Free-Standing Emergency Departments

Hospitals and Free-Standing Emergency Departments that played in the exercise were asked to complete an initial bed report for a mass casualty incident; by reporting how many patients they could receive from the scene. The healthcare facilities were given a scenario in which patients began arriving from multiple separate mass casualty incident scenes seeking care. Each facility was given 20 fictitious patients to enter into the regional patient tracking system. Additionally, facilities were tasked with informing regional partners of crucial situational updates, and submitting requests for additional resources and supplies necessary to care for the patients received in the exercise scenario.

Item/Mission Description	
Item/Mission:	0.9% NS IV Fluids
Qty:	2
Unit:	Case
When Needed?	05/08/2025 11:00 AM
For How Long?	Consumable
Mission Description:	Need 2 cases of 0.9% NS IV fluid 1000 mL bags.
Purpose of Request:	Influx of patients requiring aggressive IV fluid therapy related to explosion at NRG Park
File Attachment:	
PPE Attachment:	

Image 6: A resource request submitted by a participating hospital seeking additional medical supplies to treat patients received from a mass casualty incident.

Public Health Entities

Public health agencies played through a scenario in which local healthcare facilities reported dramatic increases in patients presenting with gastrointestinal complaints, many of which were international visitors who had attended World Cup Fan Fest activities. Players at these locations discussed conducting interviews and case investigation, testing, and collaboration with health care providers to identify the cause of these complaints and ensure effective treatment to prevent a region-wide outbreak. The cause of the surge in gastrointestinal illnesses was ultimately an intentional contamination of water products with Cholera, orchestrated by a terror group.

PH Harris County has requested additional Epis for field investigations. Also have opened up Call Center to field public calls. LHA has issued treatment recommendations through a HAN and PH has dashboard tracking increase in cases. SETRAC has been notified of information to push out on the listserve for partners.

Image 7: A situation update shared by a public health partner while playing through the exercise scenario.

Emergency Medical Services

Emergency medical services agencies played a scenario in which they were asked to provide additional resources to respond to mass casualty incidents throughout the region and entered patients from these simulated incidents into the region's patient tracking system. These agencies had to balance the need for first responder availability in their home jurisdictions with the needs of neighboring agencies requiring additional outside assistance, while also ensuring that their personnel were proficient in the software applications used to track patients from these incidents.

Red TRAUMA	Test MA	Northwest Community	TEST - SETRAC Test Hospital, TX - Arrived
Facial abrasions, arm fr...	10y M RHP000812	Health EMS	by Northwest Community Health EMS - NW Medic 1

Image 8: A fictitious patient tracked during EMS transport to a test hospital used for the exercise.

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 regional ability to track patients from mass casualty incidents using Pulsara.	HPP Capability 2: Health Care and Medical Response Coordination		S		
Demonstrate ability to coordinate deployment of emergency medical assets in response to a mass casualty incident.	HPP Capability 2: Health Care and Medical Response Coordination	P			
Demonstrate ability to quickly assess regional bed availability following a mass casualty incident, communicate that information to decision makers, as needed, and utilize that information in making patient transport and load balancing decisions and recommendations.	HPP Capability 2: Health Care and Medical Response Coordination		S		

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Demonstrate regional ability to share and coordinate information related to the operational status of healthcare facilities and services facing potential disruption.	HPP Capability 2: Health Care and Medical Response Coordination			M	
Demonstrate the ability to coordinate fulfillment of resource requests supporting healthcare facilities and services experiencing disruption.	HPP Capability 2: Health Care and Medical Response Coordination			M	
Demonstrate ability to coordinate and disseminate messaging to regional healthcare preparedness coalition partners in response to an incident.	HPP Capability 2: Health Care and Medical Response Coordination	P			

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: Assess regional ability to track patients from mass casualty incidents using Pulsara.

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

Healthcare and Medical Response Coordination

Strengths

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

Strength 1: Hospital and emergency medical services personnel entered 394 patients into Pulsara during the 3 three-hour exercise. SETRAC and Pulsara trained 77 hospital personnel to use Pulsara for mass casualty incidents during the grant period (July to July) prior to the exercise. Additionally, Several Pulsara training events were held throughout the region during the initial transition to the new patient tracking platform, and SETRAC conducted a regional Pulsara drill in January 2025, all of which increased regional familiarity with the system.



Image 9: Pulsara patient summary for Operation Rematch exercise.

Areas for Improvement

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

Area for Improvement 1: Some facilities did not scan or type wristband numbers into Pulsara to uniquely identify patients. Texas wristbands have unique numbers, allowing each patient to be tracked uniquely. Entering patients without wristbands increases the likelihood of duplicate entries being made for the same patient.

Area for Improvement 2: Several facilities experienced difficulty entering patients into Pulsara under the incident that was created for the exercise. Hospitals and EMS agencies must be manually added to the incident and, with more than 180 hospitals and 600 EMS agencies in the region, this is a time-consuming process which prevents or delays regional partners linking patients to an incident.

Objective: Demonstrate ability to coordinate deployment of emergency medical assets in response to a mass casualty incident.

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

Healthcare and Medical Response Coordination

Strengths

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

Strength 2: The CMOC EMTF Coordinator and CMOC Logistics Branch Director quickly recognized what assets were available at the SETRAC warehouse. SETRAC staff have experienced several CMOC activations and responded to additional mass casualty incidents throughout the last year, leading response personnel to develop increased familiarity with regional assets.

Strength 3: CMOC staff were able to quickly assess the availability of emergency medical services units to deploy for mutual aid support to mass casualty incidents in the region. The CMOC EMTF Coordinator utilized a group messaging platform to communicate with EMS services throughout the region, enabling a rapid assessment of available assets.

Strength 4: Participating emergency medical services quickly developed plans to deploy and back-fill for available resources. EMS leaders have developed a strong community amongst each other and a relationship with SETRAC through routine regional experience deploying assets to neighboring jurisdictions for support during mass casualty events and severe weather responses.



Image 10: The CMOC EMTF Coordinator keeps track of available EMS response resources during the exercise.

Objective: Demonstrate ability to quickly assess regional bed availability following a mass casualty incident, communicate that information to decision makers, as needed, and utilize that information in making patient transport and load balancing decisions and recommendations.

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

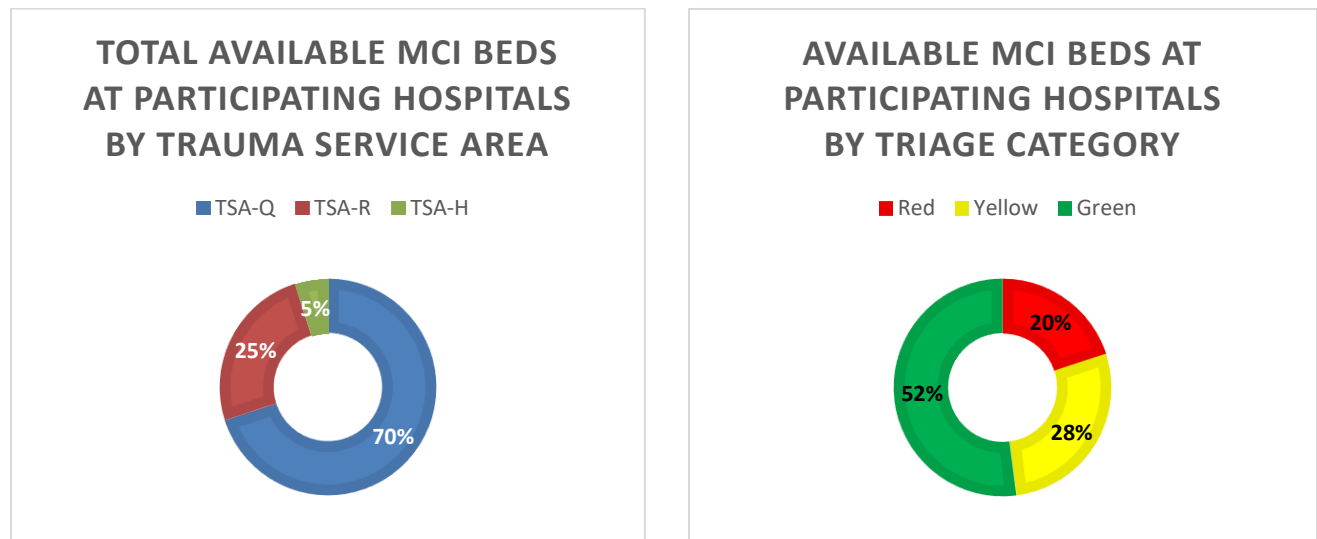
Healthcare and Medical Response Coordination

Strengths

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

Strength 5: Hospitals participating in the exercise reported MCI bed availability of 471 beds (94 red, 132 yellow, and 245 green) within one hour. Hospitals throughout the region have worked with the healthcare coalition for several years to develop plans and procedures to increase bed availability following a major incident, which resulted in all of the exercise patients from the yellow and green triage categories, and most of the patients from the red category, to quickly have hospital beds available to them.

Strength 6: CMOC coordinated with on-scene and EMTF partners to advise of hospital statuses and available beds. Personnel in the CMOC had access to bed availability reports and hospital statuses through technology platforms such as EMResource, allowing them to provide information from the regional perspective to agencies on-scene.



Areas for Improvement

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

Area for Improvement 3: Some hospitals in Trauma Service Area (TSA) R reported emergency department beds available, but not MCI beds available on the regional bed report. The bed

report format for this TSA is set-up with more than the MCI Red, MCI Yellow, and MCI Green beds, allowing several other bed types including critical care and emergency department beds. These additional options create opportunities for confusion as to the number of beds available for patients in different MCI triage categories in the region and delay potential patient placement.

Reference: EMResource: HCC R Initial MCI Event Template

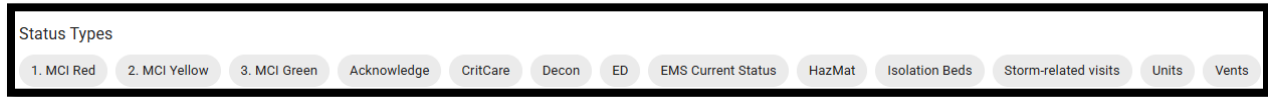


Image 11: Status types collected in the EMResource Initial MCI event template for HCC/TSA R.

Area for Improvement 4: MCI bed availability at participating hospitals was unable to immediately accommodate 12 patients from the red triage category. Confusion about bed types on some bed reports, in addition to challenges in estimating additional beds that would be available if additional room had to be created by rapidly discharging or transferring existing patients, reduced the number of beds available during the exercise.

Reference: Operation Rematch MCI Bed Report

Analysis: Some facilities reported no beds available for MCI beds by triage category, but did report emergency department or critical care beds available, indicating that this number may have been able to be absorbed but the availability was entered into the wrong field. Additionally, many facilities reported only beds currently available in real-time, and not beds that would be available if room had to be rapidly created for additional mass casualty incident patients.

However, several healthcare facilities reported bed availability without participating in the full functional activity of the exercise. These partners that reported bed availability but did not participate in the functional portion of the exercise contributed an additional 238 MCI beds, including 44 additional beds for MCI Red patients, exceeding the capacity needed for the patients from the exercise. The following facilities participated in the bed report portion of the exercise and contributed to the additional bed capacity needed for success:

- Ben Taub General
- CHI St. Luke's Sugar Land Hospital
- CHI St. Luke's The Vintage
- El Campo Memorial Hospital
- HCA Houston Healthcare – Medical Center
- HCA Houston Healthcare – Northwest
- HCA Houston Healthcare – Tomball
- HCA Houston Healthcare - Pearland
- Houston Methodist ECC Sienna

- LBJ General
- Memorial Hermann CCC – Greater Heights
- Memorial Hermann CCC – Kingwood
- Memorial Hermann CCC – Sienna
- Memorial Hermann CCC – Summer Creek
- Memorial Hermann Katy
- MidCoast Medical Center Bellville
- St. Michael’s Elite Hospital
- Texas Children’s Hospital
- Texas Children’s Hospital The Woodlands Campus
- Texas Children’s Hospital West Campus
- Baptist Hospital of Southeast Texas – Beaumont
- Mid-Jefferson Extended Care – Beaumont
- PAM Rehabilitation Hospital of Beaumont

Objective: Demonstrate regional ability to share and coordinate information related to the operational status of healthcare facilities and services facing potential disruption.

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

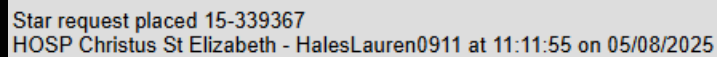
Healthcare and Medical Response Coordination

Strengths

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

Strength 7: Several partner agencies and facilities throughout the region shared situational information with the CMOC through the WebEOC position log. SETRAC has held 6 technology training courses and 5 CMOC trainings courses for the region since October 2024, which provided partners with the knowledge and skills to share information appropriately and efficiently.

Strength 8: Several partners included State of Texas Assistance Request (STAR) numbers in the position log entries. Partners providing exact STAR numbers in a location that all CMOC personnel can access and refer back to made it easier to locate and act on requests from regional partners.



Star request placed 15-339367
HOSP Christus St Elizabeth - HalesLauren0911 at 11:11:55 on 05/08/2025

Image 12: WebEOC position log entry with exact STAR number posted to CMOC Events board.

Areas for Improvement

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

Area for Improvement 5: Some public health entities did not have access to post or recommend position log entries to the CMOC Events board, while others were able to do so. This prevented information such as outbreaks and presentations of suspicious diseases from being reported to CMOC and shared for situational awareness with healthcare facilities.

Area for Improvement 6: Several hospitals submitted position logs which did not make it to the CMOC Events board. Personnel at these hospitals entered their information and updates into their position log entries but did not select the option to route the entry as a recommendation for CMOC Events.

Objective: Demonstrate the ability to coordinate fulfillment of resource requests supporting healthcare facilities and services facing disruption.

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

Healthcare and Medical Response Coordination

Strengths

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

Strength 9: The CMOC coordinated with the on-scene points of contact for mass casualty incidents quickly. CMOC personnel recognized the importance of assisting the on-scene command structure with identifying and acquiring additional emergency medical assets, which aided in the efficient response of additional resources to the scene.

Strength 10: The CMOC quickly identified resources and developed plans to acquire specialized supplies for healthcare facilities in need. CMOC personnel had in-depth knowledge of regional facilities and agencies, as well as their capabilities which allowed for easy and efficient identification of resources for specialized supplies.

Areas for Improvement

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

Area for Improvement 7: Several State of Texas Assistance Requests (STARs) submitted by healthcare partners but were not assigned by the requestor to CMOC Logistics, nor was CMOC Logistics set to follow the request by the requesting entity. There are several steps in the process to submit a STAR and partners often forget to set CMOC Logistics as following or assign CMOC Logistics responsibility for the STAR, which causes requests not to be seen and fulfilled by the CMOC.



Image 13: Responsible Party/Following portion of STAR entry left incomplete by the requestor.

Area for Improvement 8: Hospitals submitted STARs to the CMOC without including statements in their requests indicating that the needed resources could not be acquired locally. Response professionals often assume that because the request is submitted as part of a recognized incident that the inability to acquire the resource is a given. However, written justification is an administrative requirement at the state and federal levels, which results in many of these requests for necessary resources being returned to the requestor to be corrected. The process of returning the “unjustified” request and resubmitting it ultimately delays the delivery of crucial resources to regional partners.

Purpose of Request: Local resources exhausted. Unable to obtain

Image 14: Example statement in a resource request attesting that the resources cannot be acquired locally.

Area for Improvement 9: Some healthcare partners submitted vague requests for resources or supplies such as “blood products” without specifying the type or quantity of blood products needed. Vague requests must be sent back to the requestor for clarification before they can be fulfilled, delaying the arrival of the resources needed to the healthcare partners that will use them.

Item/Mission: DRILL MCI: Blood products
Qty: 1
Unit: Each

Image 15: Request submitted to CMOC for "blood products" without specific types and quantities of blood products.

Area for Improvement 10: Many requests from regional partners listed multiple requested resources or supplies in the same STAR. While STAR requests can be partially filled, listing multiple needed items in one request increases the chances that one or more items will be overlooked, whereas submitting a separate request for each needed item reduces the likelihood of overlooked requests.

Item/Mission Description

Item/Mission: DRILL - Operation Rematch - Blood Products
Qty: 1
Unit: OtherSpecify Unit Type:Units
When Needed? 05/08/2025 11:00 AM
For How Long? Consumable
Mission Description: DRILL - Blood Products 16 O- 40 O+ 40 Plasma 10 Platelets
Purpose of Request: Current stock of blood products will be quickly depleted if multiple patients come in requiring multiple rounds of MTP
File Attachment:
PPE Attachment:

Image 16: Resource requests submitted with multiple different products/items requested in one request, with different needed quantities for each.

Area for Improvement 11: Resource requests submitted to CMOC often lacked delivery information for the resources or supplies requested. Personnel unfamiliar with the STAR process often overlook the portion of the request concerning delivery location and assume that is complete because their account lists the organization that they represent. However, incomplete delivery information only delays receipt of critically needed resources during an incident.



Delivery Address

Destination:

, TX -
I

Point of Contact:

Image 17: Incomplete delivery information for a submitted resource request.

Objective: Demonstrate ability to coordinate and disseminate messaging to regional healthcare preparedness coalition partners in response to an incident.

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

Healthcare and Medical Response Coordination**Strengths**

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

Strength 11: The CMOC sent information to regional partners through EMResource regional announcements and emails to the SETRAC listservs. SETRAC maintains email listservs enabling partners to receive updates, even if they are not actively using EMResource.

Appendix A: IMPROVEMENT PLAN

This IP is developed specifically for the Regional Healthcare Preparedness Coalition as a result of Operation Rematch conducted on May 8th, 2025.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Healthcare and Medical Response Coordination	1. Wristband scanning in Pulsara	Remind partners during a corridor meeting to either scan or type wristband numbers into a patient's Pulsara channel during mass casualty incidents.	Training	SETRAC	Corridor Coordinators	June 2025	September 2025
Healthcare and Medical Response Coordination	2. Adding entities to Pulsara incidents	Collaborate with Pulsara to find a solution which allows the entire region to be added to a Pulsara incident quickly.	Equipping	SETRAC	Preparedness	June 2025	May 2026
Healthcare and Medical Response Coordination	3. TSA R bed report entry options	Remove status types from HCC R Initial MCI Event Template in EMResource so that it matches those of HCC Q and H, with MCI Red, MCI Yellow, and MCI Green as the only options.	Equipping	SETRAC	Preparedness	June 2025	August 2025
Healthcare and Medical	4. Limited bed availability for	Discuss methods for creating room for MCI surge patients in the	Planning	SETRAC	Corridor Coordinators	October 2025	January 2026

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Response Coordination	MCI Red patients	emergency department during corridor meetings.					
Healthcare and Medical Response Coordination	5. Public Health access to CMOC Events board	Collaborate with Houston WebEOC Administrator and Juvare to ensure that all public health entities in the region have access to recommend events to the CMOC Events board and ensure similar access in the upcoming WebEOC/Nexus build-out.	Equipping	SETRAC	Preparedness	June 2025	September 2025
Healthcare and Medical Response Coordination	6. Hospital position logs not recommended to CMOC Events board	Revise SETRAC Technology Training to emphasize recommending events to the CMOC Events board and ensure familiarity with that process.	Training	SETRAC	Training & Exercise	June 2025	October 2025
Healthcare and Medical Response Coordination	7-11. Unfamiliarity with STAR process	Develop a standalone training course discussing the STAR process and STAR development for healthcare partners and CMOC staff.	Training	SETRAC	Training & Exercise	June 2025	January 2026

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations – Regional Healthcare Preparedness Coalition
SouthEast Texas Regional Advisory Council
Healthcare Facilities
Beaumont Emergency Hospital
CHRISTUS Hospital Orange
CHRISTUS Jasper Hospital
CHRISTUS St. Elizabeth Hospital
CHRISTUS St. Mary
Columbus Community Hospital
Cypress Creek Hospital
Elite Hospital Kingwood
Encompass Health Rehabilitation Hospital of Cypress
HCA Houston Healthcare – Clear Lake
HCA Houston Healthcare – Conroe
HCA Houston Healthcare – Kingwood
Houston Methodist Hospital TMC
Houston Methodist Sugar Land
Houston Methodist The Woodlands
Houston Methodist West
Houston Methodist Willowbrook
Houston Physicians Hospital
Huntsville Memorial Hospital
Liberty-Dayton Regional Medical Center
Memorial Hermann Cypress

Participating Organizations – Regional Healthcare Preparedness Coalition
Memorial Hermann Greater Heights
Memorial Hermann Memorial City
Memorial Hermann Northeast
Memorial Hermann Pearland
Memorial Hermann Southeast
Memorial Hermann Southwest
Memorial Hermann Sugar Land
Memorial Hermann The Woodlands
Memorial Hermann TMC
Nacogdoches Memorial Hospital
Oak Bend Medical Center
Shriners Hospital for Children – Texas
St. Joseph Medical Center
St. Luke’s Health Memorial San Augustine
Sweeny Hospital
Tyler County Hospital
UTHealth Behavioral Science Campus
Emergency Medical Services
City of Wharton EMS
Houston Fire Department
Northwest Community Health
Public Health Entities
Brazoria County Health Department
Harris County Public Health

Participating Organizations – Regional Healthcare Preparedness Coalition
Montgomery County Public Health District
Texas Department of State Health Services