



Operation Critical Link

Part One – Tabletop Exercise Series
After-Action Report/Improvement Plan (AAR/IP)
Spring 2026

EXERCISE OVERVIEW

Exercise Name	Operation Critical Link
Exercise Dates	March 11 th , 13 th , and 20 th ; April 10 th and 24 th
Scope	Part one of this exercise series consists of five tabletop exercises, each planned for two hours at each Regional Healthcare Preparedness Coalition (RHPC) corridor's meeting. Exercise play is limited to discussion-based activities concerning how RHPC partners are preparing, or can prepare, for the 2026 events in Houston.
Focus Area(s)	Mitigation, Response
Capabilities	<ul style="list-style-type: none"> - HPP Capability 2: Health Care and Medical Response Coordination - HPP Capability 3: Continuity of Health Care Service Delivery - HPP Capability 4: Medical Surge
Objectives	<ul style="list-style-type: none"> - Assess/Evaluate the ability of regional partners and CMOC to coordinate and manage a 15%-20% regional medical surge by identifying activation triggers, sharing surge status, and coordinating patient movement and resource escalation across corridors. - Assess/Evaluate the ability of regional partners and CMOC to share accurate, timely, and consistent information using established communication mechanisms and identify gaps in reporting, documentation, and platform utilization. - Assess/Evaluate the ability of regional partners and CMOC to identify the need for, request, receive, and coordinate distribution of Medical Countermeasures in accordance with established plans, while managing ongoing medical surge. - Assess/Evaluate the ability of regional partners and CMOC to maintain essential health care services during sustained surge conditions by identifying operational challenges and implementing contingency strategies.
Threat or Hazard	Human-Caused/Medical Surge

<p>Scenario</p>	<p>During the 2026 FIFA World Cup, Houston, Texas hosts multiple matches, bringing visitors to the Southeast Texas region over a 45-day period. Large fan festivals, watch parties, and related events significantly increase the regional population and place additional demand on healthcare, emergency medical services, and public safety systems. Healthcare facilities and EMS agencies begin experiencing patient volumes trending above seasonal baseline levels, including an increase in respiratory-related complaints, while public health surveillance indicators show mild but consistent elevation in respiratory illness activity across multiple corridors without confirmation of a specific pathogen. Increased event attendance also contributes to traffic congestion and operational pressures that affect patient transport routes, supply deliveries, and routine public safety operations. Regional partners continue monitoring conditions and coordinating through established communication channels to assess whether the observed trends represent routine impacts of a large international event or conditions that may require additional coordination to sustain regional healthcare operations.</p>
<p>Sponsor</p>	<p>Regional Healthcare Preparedness Coalition (RHPC) Southeast Texas Regional Advisory Council (SETRAC) Hospital Preparedness Program (HPP)</p>
<p>Participating in Jurisdictions/ Organizations</p>	<p>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.</p>
<p>Point of Contact</p>	<p>Timothy Chapman Regional Training & Exercise Coordinator Southeast Texas Regional Advisory Council Office: 281-822-4439 Cell: 832-570-2162 Timothy.chapman@setrac.org</p>

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent structure for reviewing CMOC and regional response processes. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings based on EEG notes, participant feedback, platform data, and the plans and processes tested during Operation Critical Link.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Assess/Evaluate the ability of regional partners and CMOC to coordinate and manage a 15%-20% regional medical surge by identifying activation triggers, sharing surge status, and coordinating patient movement and resource escalation across corridors.	HPP Capability 4: Medical Surge		S		
Assess/Evaluate the ability of regional partners and CMOC to share accurate, timely, and consistent information using established communication mechanisms and identify gaps in reporting, documentation,	HPP Capability 2: Health Care and Medical Response Coordination		S		

and platform utilization.					
Assess/Evaluate the ability of regional partners and CMOC to identify the need for, request, receive, and coordinate distribution of Medical Countermeasures in accordance with established plans, while managing ongoing medical surge.	HPP Capability 4: Medical Surge		S		
Assess/Evaluate the ability of regional partners and CMOC to maintain essential health care services during sustained surge conditions by identifying operational challenges and implementing contingency strategies.	HPP Capability 3: Continuity of Health Care Service Delivery		S		

Rating 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 summarize CMOC and regional strengths and the areas for improvement identified for each exercise objective and associated capability.

Objective 1: Assess/Evaluate the ability of regional partners and CMOC to coordinate and manage a 15%-20% regional medical surge by identifying triggers, sharing surge status, and coordinating patient movement and resource escalation across corridors.

The strengths and areas for improvement for each 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 partners recognized several indicators associated with increasing surge conditions and identified the need to increase situational posture. Participants discussed monitoring dashboards, surveillance indicators, EMS trends, and conducting operational coordination meetings before increasing response posture.

Strength 2: Regional partners showed an understanding of patient movement coordination, load balancing, and communication processes to support healthcare operations if facilities begin reaching capacity during prolonged surge conditions.

Strength 3: Regional partners recognized the operational challenges associated with staffing shortages, transportation issues, resource shortages, and prolonged system strain during sustained surge conditions and discussed operational response changes.

Areas for Improvement

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

Area for Improvement 1: Participants identified unclear understanding regarding when healthcare surge conditions should transition to CMOC notification, regional coordination, or EOC activation.

Analysis: Participants described different approaches for determining when regional coordination should occur. Some organizations discussed managing issues internally until impacts became significant, while others discussed earlier notification of regional partners.

These differences suggest that regional escalation expectations may not be consistently understood across all organizations.

Area for Improvement 2: Participants identified inconsistent communication of EMS operational impacts, including ambulance wait times, transportation delays, and resource limitations.

Analysis: Participants discussed different methods for sharing EMS operational issues during prolonged incidents. Some organizations routinely communicate delays and transportation impacts, while others indicated those issues may remain internal. Inconsistent reporting may make it more difficult for regional partners to understand developing operational impacts across the healthcare system.

Objective 2: Assess/Evaluate the ability of regional partners and CMOC to share accurate, timely, and consistent information using established communication mechanisms and identify gaps in reporting, documentation, and platform utilization.

HPP Capability 2: Health Care and Medical Response Coordination

Strengths

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

Strength 1: Regional partners discussed strong regional collaboration and communication throughout the exercise. Regional calls support information sharing and maintain situational awareness throughout the incident.

Strength 2: Regional partners discussed the use of regional platforms to support operational awareness during sustained incidents.

Strength 3: Regional partners discussed communication and coordination between hospitals, EMS, public health, OEM, and healthcare systems on a daily basis help to support a common operating picture.

Areas for Improvement

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

Area for Improvement 1: Participants identified inconsistent communication and information sharing between organizations during evolving incidents.

Analysis: Participants discussed communication gaps, incomplete information, and uncertainty regarding notification pathways during rapidly changing situations. Several groups described different approaches for sharing operational updates, which may create inconsistencies in regional situational awareness during a prolonged incident.

Area for Improvement 2: Participants identified different levels of familiarity with EMResource, WebEOC, patient tracking workflows, and reporting procedures.

Analysis: Participants discussed varying levels of experience using regional coordination platforms and reporting processes. Some participants were comfortable with the systems, while others expressed uncertainty regarding how information should be entered, updated, or shared during an incident.

Objective 3: Assess/Evaluate the ability of regional partners and CMOC to identify the need for, request, receive, and coordinate distribution of Medical Countermeasures in accordance with established plans, while managing ongoing medical surge.

The strengths and areas for improvement for each 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: Discussions identified awareness regarding the operational need for Medical Countermeasure coordination during a sustained biological incident involving suspected anthrax exposure and increasing healthcare operational strain throughout the region. Discussions reinforced the importance of coordinating prophylaxis support activities, maintaining healthcare operations, and communicating healthcare staffing concerns during a prolonged biological incident.

Strength 2: Discussions identified awareness regarding Alpha POD operations, prophylaxis distribution processes, staffing considerations, and Medical Countermeasure coordination

activities during sustained healthcare incidents. Discussions reinforced the importance of coordinating distribution activities while maintaining ongoing healthcare operations during prolonged emergency conditions.

Strength 3: Discussions identified awareness regarding prioritization of limited resources and coordination activities while managing multiple concurrent incidents during sustained healthcare emergencies. Discussions also identified concerns regarding staffing limitations, resource shortages, and competing operational priorities during prolonged healthcare surge conditions.

Areas for Improvement

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

Area for Improvement 1: Participants identified unclear understanding regarding Medical Countermeasure distribution and coordination responsibilities.

Analysis: Participants discussed different assumptions regarding who would be responsible for requesting, distributing, tracking, and coordinating Medical Countermeasures during an incident. Discussions indicated a need for additional clarification regarding agency roles and responsibilities.

Area for Improvement 2: Participants identified uncertainty regarding CMOC activation and regional coordination procedures during escalating incidents.

Analysis: Participants discussed varying levels of familiarity with CMOC operations and how regional coordination would occur during a large-scale event. Some participants expressed uncertainty regarding when CMOC would activate and what support functions would be available.

Area for Improvement 3: Participants identified limited familiarity with Medical Countermeasure operations outside of regional exercises.

Analysis: Participants discussed limited opportunities to participate in Medical Countermeasure activities during routine operations. Several groups indicated additional training and exercise opportunities would help increase familiarity with Medical Countermeasure procedures and coordination processes.

Objective 4: Assess/Evaluate the ability of regional partners and CMOC to maintain essential health care services during sustained surge conditions by identifying operational challenges and implementing contingency strategies.

The strengths and areas for improvement for each 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: Discussions identified awareness regarding maintaining healthcare operations during sustained surge conditions involving multiple concurrent incidents throughout the region. Discussions also identified contingency considerations associated with staffing shortages, increased patient volumes, transportation limitations, and prolonged healthcare system strain during sustained healthcare emergencies.

Strength 2: Discussions identified the importance of maintaining communication regarding operational concerns, staffing impacts, resource limitations, and healthcare system strain during prolonged incidents. Discussions reinforced the importance of maintaining coordination and situational awareness between organizations during sustained healthcare emergencies.

Strength 3: Discussions identified awareness regarding contingency considerations associated with prolonged healthcare surge conditions including staffing impacts, patient movement concerns, resource limitations, and operational strain affecting healthcare delivery throughout the region. Discussions also reinforced awareness regarding how operational impacts occurring in one healthcare facility or corridor could create additional strain throughout surrounding healthcare systems during prolonged incidents.

Areas for Improvement

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

Area for Improvement 1: Participants identified concerns regarding staffing shortages and operational fatigue during prolonged incidents.

Analysis: Participants discussed challenges associated with maintaining staffing levels during a sustained response. Several groups noted concerns regarding employee illness, staff burnout, extended operational periods, and the ability to maintain services over time.

Area for Improvement 2: Participants identified concerns regarding prolonged patient wait times, ICU capacity limitations, and delays in transfers.

Analysis: Participants discussed how increased patient volumes may affect patient throughput, bed availability, and transfer operations throughout the region. Several groups noted that delays in patient movement may create additional strain on healthcare facilities during prolonged incidents.

Area for Improvement 3: Participants identified continued staff preparedness and operational education as an area for improvement.

Analysis: Participants discussed the need for ongoing training, exercises, and preparedness activities to maintain staff readiness. Several groups noted that continued education would help improve familiarity with regional coordination processes and incident response procedures.

Appendix A: IMPROVEMENT PLAN

Capability / Process	Issue / Area for Improvement	Corrective Action	Lead / Support	Target Date
Healthcare and Medical Response Coordination	Unclear surge activation triggers.	Identify ICS 300/400 training opportunities and host or push out class information throughout the year.	Preparedness and Response division of SETRAC	June 2026; June 2027
Healthcare and Medical Response Coordination	Transportation delays and EMS turnaround concerns.	Continue working with EMS and Hospital partners on the EMS at Hospital board in EMResource to improve visibility of EMS delays and hospital statuses.	Preparedness and Response division of SETRAC	Start July 2026; complete January 2027
Health Care and Medical Response Coordination	Need for more platform training.	Provide refresher training on WebEOC, EMResource, and Pulsara.	Preparedness and Response division of SETRAC	Start June 2026; complete October 2026
Health Care and Medical Response Coordination	Unclear MCM request and Alpha POD roles.	Work to bring an MCM workshop/training to the region to familiarize partners with the MCM request, coordination, and distribution process.	Preparedness and Response division of SETRAC	Start July 2026; complete December 2026
Health Care and Medical Response Coordination	Unclear prophylaxis and staffing needs.	Continue to encourage hospitals to complete the End of Year Survey, which guides the region on prophylaxis needs for staff and family members.	Preparedness and Response division of SETRAC	Start June 2026; complete November 2026
Health Care and Medical Response Coordination / Medical Surge	Staffing shortages and staff fatigue.	Continue to encourage partners during Corridor meetings to review staffing plans and identify backup staffing options for prolonged incidents.	Preparedness and Response division of SETRAC	Start July 2026; complete January 2027
Continuity of Healthcare Service Delivery	Need for continued staff preparedness and education.	Continue regional trainings, table-tops, and exercises throughout the year to improve readiness and familiarity with regional response processes.	Preparedness and Response division of SETRAC	Start June 2026; complete February 2027

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Allegiance Mobile Health
Baptist Hospital SE TX
Bayside Community Hospital
Beaumont Public Health
Behavioral Hospital of Bellaire
Brazoria County Health Department PHEP
Chambers County Public Health
Chambers County Sheriff's Office
CHI St. Luke's Livingston
CHI St. Luke's Lufkin
CHI St. Luke's San Augustine
CHI St. Luke's The Woodlands
Children's Memorial Hermann Hospital
Christus Jasper
Christus St. Elizabeth
City of Houston
Columbus Community
Encompass Health Vision Park
Encompass Health Woodlands
Encompass The Vintage

Fort Bend County EMS
Fort Bend County Health and Human Services
Fort Bend County HSEM
Fort Bend County Office of Homeland Security & Emergency Management
Fort Bend County Public Health PHEP
Galveston County Health District
Hardin County Health Services
Harris County Office of Homeland Security and Emergency Management
Harris County Public Health
Harris Health Ben Taub General
HCA Houston Healthcare Clear Lake
HCA Houston Healthcare Conroe
HCA Houston Healthcare North Cypress
HCA Houston Healthcare Tomball
HCA Houston Healthcare West
HCA Texas Orthopedic Hospital
Houston Fire Department
Houston Methodist Baytown
Houston Methodist Cypress
Houston Methodist The Woodlands
Houston Methodist West

Houston Methodist Willowbrook
Huntsville Memorial
Kindred Hospital Houston Northwest
Kindred Hospital Sugar Land
Liberty-Dayton Regional
Lone Star Behavioral Health
Lufkin State Supported Living Center
MCHD
Memorial Hermann Cypress
Memorial Hermann Greater Heights
Memorial Hermann Katy
Memorial Hermann Memorial City
Memorial Hermann Northeast
Memorial Hermann Pearland Hospital
Memorial Hermann Rockets Orthopedic Hospital
Memorial Hermann Southeast
Memorial Hermann The Woodlands
Michael E. DeBakey VA Med Center
Mid-Jefferson
Mont Belvieu Fire Department
Montgomery County Homeland Security OEM

Montgomery County Public Health Department
Montgomery County Public Health District
Nacogdoches County EMS
Nacogdoches Medical Hospital
Nacogdoches Memorial Hospital
Northwest Community Health
Oak Bend Medical Center/Williams Way Wharton
Orange County Health Services
Public Health
Rice Medical Center
Sabine County Hospital
SETRAC
Shriners Children
Texas Children's The Woodlands
Texas Children's West
Texas Department of State Health Services
Texas Division of Emergency Management
The Medical Center of SE TX
TIRR Memorial Hermann
Tyler County Hospital
Tyler County Hospital / St. Luke's Health Lufkin

United States Department of State - Diplomatic Security Service
UT-M. D. Anderson
Wharton EMS
Winnie-Stowell Volunteer EMS
Woodland Heights Medical Center