Operation Critical Link

Part Two - CMOC and Regional Functional Exercise

After-Action Report / Improvement Plan

May 8, 2026

EXERCISE OVERVIEW

Exercise Name	Operation Critical Link
Exercise Date	May 8th, 2026
Scope	Part two of this exercise was a regional functional exercise conducted through the Catastrophic Medical Operations Center (CMOC), located at 5115 Rosslyn in Houston, TX. The exercise evaluated CMOC functional management activities, regional partner coordination, use of web-based response platforms, and movement of Medical Countermeasure resources through the warehouse and to hospital facilities by vehicle transportation. This AAR focuses on CMOC response and regional improvement needs, not tabletop exercise play.
Focus Area(s)	Response
Capabilities	HPP Capability 2: Health Care and Medical Response Coordination HPP Capability 4: Medical Surge
Objectives	• Demonstrate the ability of the region to recognize a developing medical surge, identify when escalation is needed, and coordinate response actions. • Demonstrate the ability of the region to share information and coordinate messaging to maintain a common operating picture and support response operations. • Demonstrate the ability of the region to track patients and support load balancing across facilities. • Demonstrate the ability of the region to coordinate with public health and healthcare partners following confirmation of a biological threat, including resource coordination and medical countermeasure distribution. • Demonstrate the ability of the region to prioritize and coordinate resource requests.
Threat or Hazard	Natural, Human-Caused / Medical Surge
Scenario	The Houston region was experiencing increased activity associated with large-scale international events. Large fan festivals, watch parties, and community events across multiple corridors increased the regional population and placed sustained demand on healthcare, EMS, and public safety systems. Healthcare facilities and EMS agencies began experiencing patient volumes above seasonal baseline, including increased respiratory-related complaints, while public health surveillance identified an upward trend without a confirmed cause.
Sponsor	Regional Healthcare Preparedness Coalition Southeast Texas Regional Advisory Council Hospital Preparedness Program
Point of Contact	Timothy Chapman Regional Training & Exercise Coordinator Southeast Texas Regional Advisory Council Office: 281-822-4444 Cell: 832-570-2162 Timothy.chapman@setrac.org

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)
Demonstrate the ability of the region to recognize a developing medical surge, identify when escalation is needed, and coordinate response actions.	HPP Capability 4: Medical Surge		S		
Demonstrate the ability of the region to share information and coordinate messaging to maintain a common operating picture and support response operations.	HPP Capability 2: Health Care and Medical Response Coordination		S		
Demonstrate the ability of the region to track patients and support load balancing across	HPP Capability 2: Health Care and Medical Response Coordination		S		

facilities.					
Demonstrate the ability of the region to coordinate with public health and healthcare partners following confirmation of a biological threat, including resource coordination and medical countermeasure distribution.	HPP Capability 4: Medical Surge		S		
Demonstrate the ability of the region to prioritize and coordinate resource requests.	HPP Capability 2: Health Care and Medical Response Coordination		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 provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

Objective 1: Demonstrate the ability of the region to recognize a developing medical surge, identify when escalation is needed, and coordinate response actions.

HPP Capability 4: Medical Surge - Objective 2: Respond to a Medical Surge; Activity 9: Enhance Infectious Disease Preparedness and Surge Response

Strengths

Strength 1: CMOC staff established an organized response structure at the beginning of the activation by assigning staff to CMOC roles and responsibilities. This supported internal coordination and helped staff understand who was responsible for managing information, resources, logistics, and operational updates during the response.

Strength 2: CMOC staff and regional partners used EMResource, WebEOC, and Pulsara to support situational awareness and provide visibility of current surge capacity. EMResource was used to track bed availability and facility status during the operational period. Bed report snapshots showed available inpatient, ICU, ED, isolation, ventilator, and MCI bed capacity across the region. This information helped CMOC and regional partners understand facility strain, identify available beds, and support regional coordination.

Strength 3: CMOC staff gathered and monitored information through bed reports, MCI reports, EMS reports, and hospital input to identify surge needs and support regional coordination. CMOC worked with hospitals, EMS, public health, EMTF, and resource partners as the incident developed. CMOC also adjusted coordination processes when certain workflows did not function as expected, which helped improve documentation, consistency, and the connection between identified surge indicators and response actions.

Areas for Improvement

Area for Improvement 1: CMOC and regional partners identified the need for a clearer trigger-to-action process that connects surge indicators to specific CMOC actions during a medical surge.

Analysis: EMS offload delays, ED throughput concerns, saturated facility status, and bed availability changes were identified as surge indicators for CMOC to monitor. These indicators support coordination, regional messaging, load-balancing, and resource requests. However, there was not always a clear understanding of when these indicators should trigger specific CMOC actions. A clearer process would help CMOC staff and regional partners better connect surge information to operational decisions during a real incident.

Area for Improvement 2: Regional partners need more consistent training on surge reporting expectations.

Analysis: CMOC staff and regional partners identified a need for continued drills, training, and system familiarization. Several facilities requested feedback on whether bed reporting was completed correctly, while others identified WebEOC, EMResource, and Pulsara access

or process gaps. If regional partners are uncertain how to report surge status or how the data will be used, CMOC's common operating picture may be incomplete or delayed during a real incident.

Objective 2: Assess the ability of the region to share information and coordinate messaging to maintain a common operating picture and support response operations.

HPP Capability 2: Health Care and Medical Response Coordination - Objective 2: Utilize Information Sharing Procedures and Platforms; Activity 3: Utilize Communications Systems and Platforms

Strengths

Strength 1: CMOC staff and regional partners used established communication methods to share information across hospitals, EMS, public health, and response coordination staff. Shared information included facility status, bed availability, patient tracking, resource needs, public health updates, and incident-related concerns. These information exchanges supported CMOC's ability to maintain awareness of regional conditions and helped partners stay connected to the broader response.

Strength 3: CMOC staff and regional partners-maintained collaboration across hospitals, EMS, public health, and response coordination staff during the response. This collaboration supported the sharing of facility status, bed availability, public health updates, patient tracking information, and resource needs across multiple response partners.

Strength 2: CMOC staff and regional partners gathered patient manifest information to support evacuation and transfer coordination. CMOC created missions, utilized EMTF support, and tracked patients through regional platforms to maintain visibility of patient movement across the region.

Areas for Improvement

Area for Improvement 1: Regional platforms access, visibility, and user familiarity remain recurring regional gaps.

Analysis: CMOC staff and regional partners identified regional platforms access, visibility, and user familiarity as a gap. Issues included restricted access, expired logins, uncertainty about where to enter information, and confusion about how to submit or view STAR/resource requests. Public health access was also identified as limited. If key partners cannot access regional platforms or do not know how to route information, CMOC may not receive timely situational updates or resource requests during a real incident.

Area for Improvement 2: CMOC internal battle rhythm and role clarity should be strengthened during complex operations.

Analysis: CMOC staff and regional partners identified a need to strengthen CMOC's internal battle rhythm and role clarity. Gaps included unclear roles, command center setup, side conversations, communication delays, and the need for clearer instructions or quick reference tools. During a real incident, CMOC must manage surge, resource, public health, patient tracking, and MCM distribution information at the same time. A stronger internal battle rhythm, clearer role assignments, and a shared update process would help CMOC receive, validate, document, and share information more consistently across all positions.

Objective 3: Assess the ability of the region to track patients and support load balancing across facilities.

HPP Capability 2: Health Care and Medical Response Coordination - Objective 3: Coordinate Response Strategy, Resources, and Communications; Activity 1: Identify and Coordinate Resource Needs During an Emergency

Strengths

Strength 1: Regional partners used Pulsara to enter 306 patient records under a parent incident with separate missions for each incident thread. Patient records were entered under Anthrax Public Health Incident, Woodlands FanFest, Ford Park Incident, Mile March Sugar Land, Sugarland FanFest, and Houston Stadium. This setup helped organize patient tracking by mission while still giving CMOC and regional partners visibility of patient activity across the region.

Strength 2: Regional partners used EMResource to report MCI bed and capacity data during the exercise. HCC Q's MCI snapshot reported 360 MCI beds by triage category, HCC H's MCI snapshot reported 6 MCI beds by triage category, and HCC R's MCI snapshot reported 43 MCI beds by triage category. This information helped provide visibility of available MCI bed capacity and supported patient placement and load-balancing awareness during the exercise.

Strength 3: CMOC staff used regional resource knowledge and partner coordination pathways to support patient movement, evacuation, and transfer coordination. CMOC gathered patient manifest information, created missions, utilized EMTF support, and tracked patients through regional platforms to maintain visibility of patient movement across the region.

Areas for Improvement

Area for Improvement 1: Pulsara incident setup, mission naming, and user access should continue to be improved to support clearer patient tracking and regional visibility during future incidents.

Analysis: CMOC staff and regional partners identified a need for clearer communication on the Pulsara process, including how parent incidents and missions should be used and how

users should access the system. Issues included confusion around finding the correct incident, understanding how missions are labeled, and knowing where patient information should be entered. Participants also identified the need for additional guidance and training so regional partners can use Pulsara consistently during multi-incident events. The Pulsara export showed 18 patient records without populated ID fields and only 177 unique SETRAC wristband numbers across 246 records. These issues could affect patient tracking accuracy, reunification, load-balancing awareness, and regional visibility during a real incident.

Area for Improvement 2: CMOC should better define how regional platform information is reviewed, shared, and used to support patient placement and load-balancing decisions during a medical surge.

Analysis: EMResource snapshots showed that bed availability data was submitted, but it was not clear how CMOC reviews the data, identifies regional capacity, shares information with EMS or clinical partners, and provides load-balancing recommendations. A clearer written process or defined workflow would help CMOC staff understand how data should be reviewed, summarized, shared, and used to support operational decisions during a medical surge.

Objective 4: Assess the ability of the region to coordinate with public health and healthcare partners following confirmation of a biological threat, including resource coordination and medical countermeasure distribution.

HPP Capability 4: Medical Surge - Objective 2: Respond to Medical Surge; Activity 10: Distribute Medical Countermeasures during Medical Surge Response

Strengths

Strength 1: CMOC staff and regional partners used the MCM Distribution Plan to guide Alpha POD and MCM distribution operations. The plan outlines activation steps, staff roles, signage, supplies, hospital packet contents, transfer forms, traffic flow, and demobilization expectations. The warehouse process was tied to an established plan, which allowed SETRAC and partners to test and validate the process before a real biological incident.

Strength 2: CMOC staff and regional partners were able to use prior PPE distribution activations and years of warehouse coordination experience to support MCM distribution operations. As practical issues were identified during the exercise, including hospital participation, facility lists, medication quantity validation, staff and family distribution, traffic control, phone lines, radios, computers, and staging, staff were able to recognize the gaps and adjust the process. This demonstrated the region's ability to apply past operational experience, identify problems during distribution operations, and pivot when needed to keep the process moving.

Strength 3: CMOC staff and regional partners coordinated across public health, logistics, warehouse operations, and healthcare partners to support the Alpha POD and MCM

distribution process. Staff used assigned roles, partner communication, and existing distribution procedures to support facility pickup, transfer form use, medication quantity questions, and coordination with public health.

Areas for Improvement

Area for Improvement 1: Alpha POD roles, traffic control, and distribution documentation need continued refinement.

Analysis: CMOC staff and regional partners identified a need to improve Alpha POD roles, traffic control, organization tracking, and distribution documentation. The exercise showed that the process should be clearer for identifying participating organizations, confirming what each organization needs, and tracking what has been prepared or distributed. During a real biological incident, unclear roles, traffic flow, or tracking processes could delay pickup, create safety concerns, or lead to incorrect distribution quantities.

Area for Improvement 2: Partner and public health responsibilities for MCM operations need further clarification.

Analysis: CMOC staff and regional partners identified a need for clearer coordination between public health, DSHS, SETRAC, and healthcare partners during MCM distribution. Responsibilities related to EMS agency participation at Alpha PODs, unregistered hospitals, eligible groups, and distribution to staff families need further clarification. While the MCM plan identifies the process for participating hospitals, a real incident may involve agencies or facilities that are not fully addressed in the current workflow. Clarifying these responsibilities would reduce confusion during activation and help CMOC, public health, and healthcare partners maintain a consistent distribution process.

Area for Improvement 3: Hospital participation and regional education for MCM distribution need further development.

Analysis: CMOC staff and regional partners identified a need for increased hospital participation in the MCM distribution process. Hospitals need clear guidance on what information must be submitted, how medication quantities are determined, and how staff and family distribution should be managed. Additional regional education would help hospitals better understand their role in the process and ensure the information provided to SETRAC and public health partners is accurate and timely. Strengthening hospital participation and education would improve planning accuracy, reduce confusion, and support a more consistent distribution process during activation.

Objective 5: Assess the ability of the region to prioritize and coordinate resource requests.

HPP Capability 2: Health Care and Medical Response Coordination - Objective 3: Coordinate Response Strategy, Resources, and Communications; Activity 1: Identify and Coordinate Resource Needs During an Emergency

Strengths

Strength 1: CMOC staff used regional resource knowledge to support the routing and coordination of resource needs. Incoming requests and operational issues were reviewed and directed toward the appropriate resource pathway, which supported coordination for supplies, staffing, transport, and other regional support needs.

Strength 2: CMOC staff coordinated resource information and routed requests through the appropriate pathways during the response. This included situation reporting, resource information, strike team support requests, and decisions on where resource needs should be directed. Information was received by CMOC and shared with the appropriate partners or resource pathway. This was a strength because CMOC staff understood how to route resource needs, identify possible solutions, and support coordination during a complex regional

Strength 3: Regional partners used established resource request pathways to identify and communicate needs related to STAR requests, WebEOC, staffing, supplies, PPE, pharmacy support, transfer centers, and specialized resources. CMOC staff and regional partners were able to identify where facility-level resources were limited and where regional coordination support would be needed. This supported the region's ability to route resource needs through the appropriate coordination process during a complex response.

Areas for Improvement

Area for Improvement 1: Resource request completion and STAR tracking need continued improvement.

Analysis: CMOC staff and regional partners identified a continuing gap in how resource requests are completed, documented, and routed to CMOC. Some requests did not clearly include the STAR request number or were not forwarded to CMOC in a way that allowed staff to quickly locate and act on the request. Improving this process will help CMOC identify submitted requests faster, track request status more consistently, and coordinate resource support more efficiently during a real incident.

Area for Improvement 2: Resource request documentation should be standardized before future incidents.

Analysis: CMOC staff and regional partners identified gaps with STAR request user familiarity. Some users were unsure where to view requests, how to submit requests, how to route STARs, or how to make sure CMOC logistics could see the request. Regional partners

also identified the need for more WebEOC training. If requests are not submitted or routed correctly, CMOC may not see them in time, which can delay resource support during a real incident.

Appendix A: IMPROVEMENT PLAN

This Improvement Plan is developed for the Regional Healthcare Preparedness Coalition and CMOC based on Operation Critical Link conducted on May 8, 2026. Corrective actions are written to improve regional processes, not to evaluate individual performance.

Capability / Process	Issue / Area for Improvement	Corrective Action	Lead / Support	Target Date
Medical Surge	Surge indicator trigger-to-action process	Review and update and train on load balancing process.	Preparedness; Training & Exercise	Start June 2026; complete December 2026
Health Care and Medical Response Coordination	Platform access during EOC activations	Review CMOC process for vetting corridor chairs. .	SETRAC; Preparedness; WebEOC Administrator	Start June 2026; complete October 2026
Health Care and Medical Response Coordination	Platform understanding	Review and update quick reference guide for regional Platforms		
Health Care and Medical Response Coordination	Pulsara incident and mission setup	Develop standardized naming guidance for parent incidents and missions. Provide refresher training on selecting the correct incident/mission and using wristband numbers for patient accountability.	SETRAC; Pulsara Support; Training & Exercise	Start June 2026; complete November 2026
Medical Surge	Bed report use for load balancing	Create a CMOC checklist for summarizing EMResource bed reports and documenting how that data is shared with EMS, facilities, and CMOC leadership for load-balancing support.	SETRAC / CMOC; Preparedness	Start July 2026; complete January 2027
Medical Surge / MCM Distribution	Alpha POD traffic, packet, and quantity validation process	Update the MCM Distribution Plan with lessons from the exercise, including traffic flow, lane staffing, transfer form verification, hospital packet contents, quantity change requests, and escalation to CMOC/Logistics.	SETRAC; Public Health Partners; Preparedness / Logistics	Start June 2026; complete February 2027

Health Care and Medical Response Coordination	CMOC internal battle rhythm and role clarity	Develop a CMOC internal battle rhythm job aid that identifies position responsibilities, briefing frequency, information flow, and documentation expectations during concurrent surge, resource, and MCM operations.	SETRAC / CMOC; Preparedness; Training & Exercise	Start July 2026; complete December 2026
Health Care and Medical Response Coordination	Technology support for CMOC and partner command areas	Identify minimum equipment needs for CMOC and partner command locations, including landlines, radios, computers, dual monitors, internet/cell service support, and backup communication methods.	SETRAC; participating facilities; Preparedness / Facilities	Start July 2026; complete March 2027

Appendix B: PARTICIPATING ORGANIZATIONS

The following organizations submitted Regional Functional Exercise feedback or were reflected in the response data reviewed for this AAR/IP. This appendix is not intended to be a complete sign-in roster.

Participating Organization
Baptist Hospitals of Southeast Texas
CHRISTUS Health St Elizabeth
Christus Jasper Memorial
CHRISTUS Orange and Mid County
CHRISTUS Southeast Texas
Encompass Health Rehabilitation Hospital of Cypress
FBI
Galveston County Health District
Harris County Public Health
HCA Conroe
HCESD6/North Channel EMS
Houston Methodist Baytown

Houston Methodist Cinco Ranch ECC
Houston Methodist Clear Lake Hospital
Houston Methodist Continuing Care
Houston Methodist Cypress ECC
Houston Methodist Cypress Hospital
Houston Methodist Deer Park ECC
Houston Methodist Hospital The Medical Center
Houston Methodist Hospital West Hospital
Houston Methodist Kirby ECC
Houston Methodist League City ECC
Houston Methodist Pearland ECC
Houston Methodist Sienna ECC
Houston Methodist Spring ECC
Houston Methodist Sugar Land Hospital
Houston Methodist The Woodland ECC
Houston Methodist Willowbrook Hospital
Huntsville Memorial Hospital
Memorial Hermann Cypress
Memorial Hermann Greater Heights
Memorial Hermann Northeast
Memorial Hermann TMC
Montgomery Co. Public Health Department

Nacogdoches Medical Center
Nacogdoches memorial hospital
OakBend Medical Center
Rice Medical Center
St. Luke's Health Livingston
Texas Children's (all campuses)
Texas Children's Hospital - The Woodlands
Texas Children's Hospital West Campus
Townsen Memorial Health System, Humble
Townsen Memorial Health System, West
Tyler County Hospital