



NATIONAL EXERCISE PROGRAM

# After-Action Report Improvement Plan

## Metrolina Healthcare Preparedness Coalition

### Tabletop Exercise: The Metrolina Shake

Final Publication: July 18, 2013

## EXERCISE OVERVIEW

<b>Exercise Name</b>	The Metrolina Shake
<b>Exercise Dates</b>	April 9, 2013
<b>Scope</b>	This exercise was a discussion-based tabletop, planned for eight (8) hours on April 9, 2013 at the Harris Conference Center. Exercise play was designed as a regional healthcare coalition tabletop to include local, regional, and state partners.
<b>Mission Area(s)</b>	This tabletop exercise focused on the response and recovery activities
<b>Core Capabilities</b>	<p><b>Emergency Operations Center (EOC) Management:</b> Emergency Operations Center (EOC) management is the capability to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event.</p> <p><b>Intelligence/Information Sharing and Dissemination:</b> The Intelligence/Information Sharing and Dissemination capability is the multi-jurisdictional, multidisciplinary exchange and dissemination of information and intelligence among the Federal, State, local, and Tribal layers of government, the private sector and citizens.</p> <p><b>Healthcare System Preparedness:</b> Healthcare System Preparedness is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.</p> <p><b>Recovery:</b> Demonstrate the demobilization of the incident within the Incident Command Structure</p>
<b>Objectives</b>	<p><b>Resource Coordination:</b> Determine strengths and weaknesses in the current plan governing coordination and integration of various community response resources. Identify critical issues and potential solutions.</p> <p><b>Communications:</b> Evaluate the existing Standard Operating Procedure (SOP) to determine whether plans to maintain communications and information sharing amongst community partners exist and note strengths and weaknesses of existing plans.</p> <p><b>Incident Action Planning:</b> Participants will demonstrate the ability to set priorities and identify major tasks, functions, and operations in response to a disaster through the development of Incident Action plans and subsequent Demobilization Plans.</p>

<b>Threat or Hazard</b>	Major Earthquake
<b>Scenario</b>	While earthquakes are sometimes believed to be a West Coast occurrence, there are actually 45 states and territories throughout the United States that are at moderate to high risk for earthquakes. The 2011 East Coast earthquake illustrated the fact that it is impossible to predict when or where an earthquake will occur, and demonstrates the need for all-hazard planning. This exercise emphasized the role and integration of community partners in response to a major earthquake within their region.
<b>Sponsor</b>	Metrolina Healthcare Preparedness Coalition
<b>Participating Organizations</b>	Participants included local, county, regional, and state partners. To include: hospitals, public health, fire departments, emergency medical services, and emergency management agencies.
<b>Point of Contact</b>	Sarah Seiler, MSN, RN, EMT-P Regional Healthcare Preparedness Coordinator Metrolina Trauma Advisory Committee 1110 Center Park Drive, Suite E Charlotte, NC 28217 704-357-8517 ext. 111 (office) 704-258-8966 (cell) Sarah.Seiler@carolinashealthcare.org

## ANALYSIS OF CORE CAPABILITIES

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

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Resource Coordination	Emergency Operations Center (EOC) Management		S		
Communications	Intelligence/Information Sharing and Dissemination	P			
Incident Action Planning	Healthcare System Preparedness		S		
	Recovery Planning	P			

**Ratings Definitions:**

- **Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **Performed with Major Challenges:** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- **Unable to be Performed:** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

## Table 1. Summary of Core Capability Performance

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

### Exercise Objective: Resource Coordination

Determine strengths and weaknesses in the current plan governing coordination and integration of various community response resources. Identify critical issues and potential solutions.

### Emergency Operations Center (EOC) Management

Emergency Operations Center (EOC) management is the capability to provide multi-agency coordination (MAC) for incident management by activating and operating an EOC for a pre-planned or no-notice event.

#### Strengths

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

**Strength 1:** Participants (as a whole) were able to effectively articulate how they would procure additional resources from state and regional assets during a disaster.

**Strength 2:** Hospital and Public Health partners understood their role and responsibility in activation of their local EOC. Participants were also able to describe how they would establish communication with the EOC, and when it would be warranted for a representative from their organization to deploy and act as a liaison.

**Strength 3:** For the most part, there was a good understanding by the respective community partners as to what resources were available, both locally and regionally.

#### Areas for Improvement

The following were identified areas for improvement:

**Area for Improvement 1:** Though there was an understanding of how to procure resources during a large-scale disaster, but there was some question as to how the requisition process would take place during an isolated emergency, specifically at a hospital location.

**Area for Improvement 2:** There was not sufficient representation from Emergency Management to establish what their response plans/standard operating procedures would be during a disaster.

**Area for Improvement 3:** Participants identified that the same vendors held memorandums of understanding (MOUs) with multiple facilities and organizations to supply critical resources.

There was concern over whether these agreements could be fulfilled in the event of a large-scale incident or disaster.

**Reference:** Participant feedback forms and hotwash.

**Analysis:** The overall consensus led to the belief that community partners understood when and how communications were to be established with the EOC, and the process for requesting resources during a disaster. There was discussion within both operational periods of whether vendors could realistically supply the critical resources within MOUs in a widespread incident. Developing a list within the region to share the MOUs is a good first step in identifying whether these can be realistically fulfilled, and if vendors from outside of the region would need to be identified as well. Feedback received from multiple participants indicated that there was not enough representation from Emergency Management partners at the exercise.

## Exercise Objective: Communications

Evaluate the existing Standard Operating Procedure (SOP) to determine whether plans to maintain communications and information sharing amongst community partners exist and note strengths and weaknesses of existing plans.

## Intelligence/Information Sharing and Dissemination

The Intelligence/Information Sharing and Dissemination capability is the multi-jurisdictional, multidisciplinary exchange and dissemination of information and intelligence among the Federal, State, local, and Tribal layers of government, the private sector and citizens.

### Strengths

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

**Strength 1:** Participants were able to demonstrate from both real-world events and Standard Operating Procedures, how information would be communicated amongst the community partners. The process for disseminating and sharing this information often was coordinated via the local EOC. The next step in building this capability is to define: how, what, and with whom information will be shared with.

**Strength 2:** Providing timely and relevant information to the public was also noted as a priority, and an understanding was identified that this too would need to be coordinated with community partners to ensure that all disciplines were speaking with a unified voice.

**Strength 3:** There were not any identified gaps in physical equipment needed to provide interoperable communications through the Voice Interoperability Plan for Emergency Responders (VIPER) via the 800 MHz radio system.

## Areas for Improvement

The following were identified areas for improvement:

**Area for Improvement 1:** Though the physical resources were in place for the VIPER 800 MHz radio system, there was still an identified need for training on its usage. During the respective hotwash(s), it was communicated that computer based training was available online for those in need of such resources through OEMS. It was also identified that there is an apparent lack of sufficient talk groups. Freestanding Emergency Departments and Hospitals are sharing the same talk groups, which could (potentially) lead to missed EMS communications.

**Area for Improvement 2:** Many of the participants indicated that a Joint Information Center (JIC) would be established to communicate timely information to the public and other community partners during a large-scale event through the EOC. While that is good in theory, there are understandable complexities for effectively establishing such a process during real-world events. A recommendation would be to establish a Joint Information Network, were Public Information Officers from the respective community partners can rapidly communicate directly with each other and share timely information with not only each other, but also identify who would be taking the lead when communicating to the media and public at-large.

**Reference:** Participant feedback forms and hotwash.

**Analysis:** While this overall objective was successfully accomplished during this exercise, there is still room for improvement, specifically with further training on the available radio system and developing a timely unified message to disseminate to the public.

## Exercise Objective: Incident Action Planning

Participants will demonstrate the ability to set priorities and identify major tasks, functions, and operations in response to a disaster through the development of Incident Action plans (IAPs) and subsequent Demobilization Plans.

## Healthcare System Preparedness

Healthcare System Preparedness is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care.

## Recovery

Demonstrate the demobilization of the incident within the Incident Command Structure

## Strengths

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

**Strength 1:** Participants were able to successfully develop tactics and strategies, where resources and assets of the community partners were pooled to accomplish a common set of objectives. The benchmark of the successful completion of this capability revolved around the participants' ability to establish a unified command, and develop objectives based-on a common set of incident priorities (life safety, incident stabilization, property preservation, and image preservation).

**Strength 2:** Hospital and Public Health partners were able to articulate their organizations' plans to establish a medical surge capability within their community. The next step in this is to execute these plans within an exercise to evaluate their effectiveness and feasibility.

**Strength 3:** Participants were able to successfully establish demobilization plans, partly due to the involvement by the community players in the exercise. It is evident that demobilization plans are commonplace for the EMS and fire agencies, which were of great benefit to some of the hospital and public health partners. It was a valuable opportunity to learn what the primary focus and components of a demobilization plan should entail.

## Areas for Improvement

The following were identified areas for improvement:

**Area for Improvement 1:** Utilizing domain appropriate ICS forms (e.g., ICS vs. HICS) in the development of IAPs would have greatly assisted in not only down-streaming the information to responders, but also greatly aids in transferring information between subsequent operational periods and Incident Management Teams. Training on the aforementioned domain specific documentation resources was identified as an area of opportunity for training moving forward.

**Area for Improvement 2:** The ability to establish functional operational periods assist an Incident Management Team in not only prioritizing objectives, but also in identifying what objectives can be accomplished with resources immediately on-hand. One of the factors in determining the timespan in which the operational period is established is predicated based on the volatility of the incident. With greater volatility, there is a need for shorter operational periods, to establish situation awareness with the information/intelligence being received.

**Reference:** Participant feedback forms and hotwash.

**Analysis:** It is evident that some community partners (specifically EMS, fire, and Emergency Management) have greater experience in developing IAPs and Demobilization Plans than others, and several instances within the exercise demonstrated the benefit behind establishing such planning documents. The hope moving forward is that continued focus will be placed on their

development and maintenance to build accountability and effective communication amongst responders and those in the incident command role.

## APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the Metrolina Healthcare Preparedness Coalition as a result of “The Metrolina Shake” conducted on April 9, 2013.

Objective/ Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
<b>1. Resource Coordination</b>	<b>1. Procurement</b> P	Develop a functional exercise to evaluate the process used by healthcare partners for procuring resources during an emergency/disaster.	<b>Exercise</b>	<b>MHPC &amp; EMA</b>			
	<b>2. Corporate Healthcare Emergency Operations Plans (EOP)</b> C	Determine how corporate healthcare EOPs can be integrated within respective county plans.	<b>Planning</b>	<b>Hospital Partners &amp; EMA</b>			
	<b>3. Emergency Support Functions</b>	Engage Emergency Management Agencies with healthcare coalition Partners, to determine what the expectations are regarding ESF 8 responsibilities.	<b>Training</b>	<b>MHPC &amp; EMA</b>			
	<b>4. EOC Operations</b>	Incorporate healthcare partners into the EOC operations specifically	<b>Planning</b>	<b>MHPC &amp;</b>			

		coordination.					
	<b>5. Informal Resource Requests</b>	Provide an education piece on informal resource request process from MHPC.	<b>Training</b>	<b>MHPC</b>			
	<b>6. Equipment Liability</b>	Provide an education piece on the liability and biomedical certification concerns with sharing of equipment between healthcare facilities.	<b>Training</b>	<b>Hospital Partners (Risk/Legal)</b>			
<b>2. Incident Action Planning (IAP)</b>	<b>1. IAP Development</b>	Delivery of training that focuses on the development of S.M.A.R.T. objectives within the IAP, to be shared with community partners.	<b>Training</b>	<b>MHPC</b>			
		Educate partners on the effective use of domain-specific ICS documentation forms, and how they are developed into an IAP.	<b>Training</b>	<b>MHPC &amp; Discipline-Specific Partners</b>			
	<b>2. Incident Management Teams</b>	Develop training for discipline-specific Incident Management Teams, to include their role/responsibilities during a community-wide response.	<b>Training</b>	<b>MHPC</b>			
	<b>3. Medical Surge</b>	Design and conduct an exercise operationalizing medical surge plans within a realistic scenario.	<b>Exercise</b>	<b>MHPC</b>			

<b>3. Communications</b>	<b>1. Joint Information Network</b>	Look into the development of Joint Information Networks, inclusive of Public Information Officers from respective community partners.	<b>Planning</b>	<b>EMA</b>			
	<b>2. VIPER</b>	Add additional Talk Groups onto the VIPER network, to prevent the potential for missed EMS communications between freestanding Emergency Departments and Hospitals.	<b>Resource Allocation</b>	<b>OEMS</b>			
		Communicate the online resources available for VIPER training through OEMS.	<b>Training</b>	<b>OEMS</b>			

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
<b>State</b>
North Carolina Emergency Management
North Carolina Office of Emergency Medical Services
<b>Regional</b>
Metrolina Healthcare Preparedness Coalition
<b>Hospital</b>
Carolinas Health System
Carolinas Medical Center – NorthEast
Carolinas Medical Center – Rehabilitation
Carolinas Medical Center – Union
CaroMont Health
Catawba Valley Medical Center
Cleveland Regional
Kings Mountain
Presbyterian
Presbyterian – Charlotte
Presbyterian – Matthews
Presbyterian – Orthopedic
Presbyterian – Huntersville
<b>Emergency Medical Services (EMS)</b>
Cabarrus EMS
Catawba EMS
Charlotte Fire Department
Lincoln EMS
Mecklenburg EMS Agency
Stanley EMS
Union EMS
<b>Public Health</b>
Anson Public Health Department
Cabarrus Public Health Department
Cleveland Public Health Department
Iredell Public Health Department
Mecklenburg Public Health Department
Stanley Public Health Department
<b>Emergency Management</b>
Mecklenburg Emergency Management
Catawba Emergency Management