



Virtual Tabletop Exercise for Healthcare Coalition Pediatric Surge Annexes

After Action Report and Improvement Plan

Exercise Date: March 20, 2024

12:00pm – 3:00pm PDT/3:00pm – 6:00pm EDT

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

EXERCISE OPPORTUNITY

This exercise was offered and hosted by the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM). Mid-South Emergency Planning Coalition (MSEPC) participated along with other healthcare coalitions from across the country. The scenario and exercise documents were provided to all participating agencies by WRAP-EM.

FUNDING ACKNOWLEDGMENT AND DISCLAIMER

Funding:

The Pediatric Disaster Care Centers of Excellence are supported by the Administration for Strategic Preparedness and Response (ASPR) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3M with 0 percent financed with nongovernmental sources.

The Gulf 7 Pediatric Disaster Network, a Pediatric Center for Disaster Excellence, is supported by Award Number 1 U3REP220671-01-00 from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The Western Regional Alliance for Pediatric Emergency Management, a Pediatric Center for Disaster Excellence, is supported by Award Number 6 U3REP190616-01-02 from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit [HRSA.gov](https://www.hrsa.gov).

Disclaimer:

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EXERCISE OVERVIEW

The Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) will be hosting a multi-HCC Virtual Tabletop Exercise (VTTX) to validate HCC Pediatric Surge Annexes. In addition to fulfilling HPP requirements, there are potential benefits for HCCs to share and learn from each other, hearing other challenges and questions by participating jointly in a Virtual TTX.

Exercise Name	Virtual Tabletop Exercise for Healthcare Coalition Pediatric Surge Annexes
Exercise Date and Times	March 20, 2024 12:00 PM - 3:00 PM PDT/AZ 1:00 PM - 4:00 PM MDT 2:00 PM - 5:00 PM CDT 3:00 PM - 6:00 PM EDT
Scope	This exercise is a Virtually hosted discussion-based Tabletop, planned for 2 ½ hours on Zoom. Exercise play is limited to Healthcare Coalition participation along with their members and partners. <ul style="list-style-type: none"> • Primary hosts will guide the process and run the technical side. • Three breakout sessions covering different sections of the Annex. • Each HCC will host and facilitate a breakout for their Coalition to conduct discussions regarding their Annex. • HCCs will be asked to share highlights after each breakout when returning to Main Room • Each HCC is responsible for completing documentation and AAR. Essentially, we are facilitating ten simultaneous Tabletop Exercise virtually.
Focus Area(s)	National Preparedness Goal Mission Area: Response Core Capability: Public Health, Healthcare, and Emergency Medical Services
Capabilities	Health Care Preparedness and Response Capabilities <ul style="list-style-type: none"> • Capability 2. Health Care and Medical Response Coordination • Capability 4. Medical Surge
Objectives	Healthcare Coalitions with their members and partners will: <ul style="list-style-type: none"> • Validate the content and elements of their HCC Pediatric Surge Annex • Validate that the contents and elements of their HCC Pediatric Surge Annex integrates with facility and other local plans. • Identify areas for improvement and further development for Pediatric Surge planning in their area. • Provide an opportunity to share best practices between HCC's
Threat or Hazard	Kids constitute approximately 25% of the population but constitute a much smaller portion of Healthcare Resources. Facilities, communities, and coalitions must plan for Pediatric Surge in the event of an emergency that effects a large number of children in a localized area.

Scenario	This scenario is based on a fictional, accidental incident at a local school. The intent is to use a pediatric MCI scenario with layers of complexity sufficient to highlight capabilities and gaps and to inform the content of HPP plans and annexes under development or being revised.
Sponsor	Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)
Participating Organizations	Healthcare Coalition leadership, members, and partners. See list in Appendix A
Point of Contact	David C. McCarthy Emergency Preparedness Solutions LLC david@epsolutionsaz.com WRAP-EM Arizona Coordinator PPN Drills & Exercise Project Manager Christopher McCarthy Emergency Preparedness Solutions LLC chris@epsolutionsaz.com Associate Consultant

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 MSEPC evaluation team.

Objective	Capability	Performance Rating
Validate the content and elements of their HCC Pediatric Surge Annex.	Capability 2. Health Care and Medical Response Coordination	S
Validate that the contents and elements of their HCC Pediatric Surge Annex integrates with facility and other local and regional plans.	Capability 4. Medical Surge	S
Identify areas for improvement and further development for Pediatric Surge planning in their area.		P
Provide an opportunity to share best practices between HCC's.		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.

Breakout Module 1 – Activation, Roles, and Responsibilities

Observations that demonstrated competency				
<ul style="list-style-type: none"> Alerting methods are strong – Healthcare Resource Tracking System (HRTS), ReadyOp. Information sharing among partners – Regional Medical Communications Center (RMCC) has wide reach for sharing information. Relationships among facilities, agencies, and organizations are strong. Capabilities are widely known – both what they are and what is lacking. 				
Observations that showed areas for improvement				
<ul style="list-style-type: none"> Physical limits of pediatric equipment and adult only facilities. Could improve the resource request process during mass casualty events. Lack of pediatric hospital beds. Lack of ambulances for transport. 				
Recommendations				
<ul style="list-style-type: none"> Identify items for “pediatric surge kits” to assist with training and supplies at adult hospitals. Establish MOUs and other mutual aid options for other services related to transportation. Continue to incorporate EOC activation and resource requesting into all exercises. 				
Topic	Strength	Gap	Challenge	Not Addressed
Activation/ Notification	X			
Information Sharing	X			
Roles & Responsibilities	X			
Logistics/Resource Management		X	X	

Breakout Module 2 – Operations

Observations that demonstrated competency				
<ul style="list-style-type: none"> • Patient tracking system – used statewide and trained locally with EMS and hospital participation. • Hospitals maintain ED, facility, and offload statuses for increased visibility – are receptive to requests of updates during events. 				
Observations that showed areas for improvement				
<ul style="list-style-type: none"> • Current lack of family assistance and reunification plans as a region. • Not a lot of cross-industry coordination – ex. Schools and emergency management are not actively working together to ensure same page during events. • Roles and responsibilities of public information are not clearly defined as it relates to affected families/friends. 				
Recommendations				
<ul style="list-style-type: none"> • Continue to work with local partners to establish and exercise a family assistance/reunification plan with clear processes. 				
Topic	Strength	Gap	Challenge	Not Addressed
Triage	X			
Transportation		X	X	
Facility Load-leveling	X			
Tracking	X	X		
Reunification		X		

Breakout Module 3 – Special Considerations

Observations that demonstrated competency				
<ul style="list-style-type: none"> Hospitals routinely exercise and test processes to include pediatrics, even at adult only facilities. Security is a big emphasis among organizations. 				
Observations that showed areas for improvement				
<ul style="list-style-type: none"> Behavioral health options and resources are lacking. Resources in community are not widely known. Decontamination and special pathogens are both under review and being reworked post-COVID. 				
Recommendations				
<ul style="list-style-type: none"> Continue to identify aspects to exercise and test throughout the year. Conduct facility specific and community wide exercises to increase awareness and understanding. 				
Topic	Strength	Gap	Challenge	Not Addressed
Behavioral Health			X	
Decontamination		X	X	
Evacuation				X
Special Pathogens			X	
Security	X			

Appendix A: IMPROVEMENT PLAN

This IP is developed specifically for Mid-South Emergency Planning Coalition because of the Virtual Tabletop Exercise for Healthcare Coalitions conducted on March 20, 2024.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Capability 2	Family Assistance	Develop community wide processes for establishing and maintaining family assistance center during a large event.	Planning, Organization	Various – MSEPC, Red Cross, Shelby County Community Services	FY24	June 30, 2025
Capability 2:	Planning with schools	Conduct deliberate planning with school systems to ensure awareness and understanding to response process and how they incorporate into the schools' plans for family information.	Planning, Organization, Training	MSEPC where appropriate and available. Shelby County EMA can facilitate other meetings with all municipal school involvement.	FY25	June 30, 2025
Capability 4:	Pediatric supplies	Identify vital supplies to treat and sustain pediatric patients and develop "pediatric surge kits" for distribution at adult-only facilities.	Planning, Training, Exercise	MSEPC, with support from pediatric facility staff	FY25	June 30, 2025

APPENDIX B: EXERCISE PARTICIPANTS

Supporting Organizations	
Federal	
US HHS Administration for Strategic Preparedness & Response Hospital Preparedness Program	
Healthcare Coalitions	
CA - HCCOC CA - Contra Costa Medical Health Preparedness Coalition CA - Monterey San Benito Healthcare Preparedness Coalition IL - Champaign Regional Healthcare Coalition MI - Region 2 North Healthcare Coalition NM - New Mexico HCC IL - Springfield Region TN - Mid-South Emergency Planning Coalition TX - Panhandle RAC-A/HCC-A (Amarillo) TX - Panhandle RAC-B/HCC-B (Lubbock)	
Support Organizations	
Western Regional Alliance for Pediatric Emergency Management	

Individuals	
David McCarthy	Ann Nguyen
Christopher McCarthy	Kevin Sheehan
Katie Hudnall	

Commented [CM1]: Who else do we need to credit?

A finalized list of participating facilities and organizations will be generated post exercise.

APPENDIX C: MSEPC EXERCISE PARTICIPANTS

Edit to add the participants of your HCC
HOSPITALS
Baptist Women's and Children's
Le Bonheur Children's
Methodist Germantown
Methodist North
Methodist Olive Branch
Methodist South
Methodist University
Regional One Health
St. Francis Memphis
EMS
Community Health Care
Memphis Fire Department
EMERGENCY MANAGEMENT
City of Memphis Office of Emergency Management
Shelby County Homeland Security – Emergency Management