

NDMS/RITN/CMH Exercise

After-Action Report/Improvement Plan

9/5/2018

EXERCISE OVERVIEW

Exercise Name	NDMS/RITN/CMH Exercise
Exercise Dates	Module 1: July 12, 2018 (Pre-exercise Incident Command activation Children’s Mercy Hospital)
Scope	This exercise is a functional scale, community-wide, patient surge exercise planned for July 18, 2018 at Wheeler Airport in Kansas City, Missouri. Exercise play is limited to simulation of transport of live or mock patients from Wheeler Airport to hospitals or ambulatory locations.
Mission Area(s)	Prevention, Protection, Mitigation, Response, and/or Recovery
Core Capabilities	<p>Planning</p> <p>Public Information and Warning</p> <p>Operational Coordination</p> <p>Operational Communication</p> <p>Logistics and Supply Chain Management</p> <p>Public Health and Medical Services</p> <p>Animal Support</p> <p>Medical Surge</p> <p>Economic Recovery</p> <p>Situational Awareness</p>
Objectives	<p>MODULE 1-Incident Command (7/12/2018)</p> <p>Objective 1: Upon notification of activation of National Disaster Medical Structure/Federal Coordination Center (NDMS/ FCC) initiate Hospital Incident Command Structure at Children’s Mercy Hospital utilizing Hospital Incident Command Structure (HICS)</p> <p>Objective 2: Respond to EMS System Bed Poll</p> <p>Objective 3: Activate Surge Protocol for radiation injury and trauma patients.</p>

Objective 4: Upon notification of request by NDMS/FCC for Pediatric Providers to assist with patient triage determine which providers will participate in FCC screening of radiation and trauma patients.

Objective 5: Identify non-medical provider staff needed to assist at FCC.

Objective 6: Evaluate need for pediatric specific resources for radiation patients at the FCC (labs, supplies, PPE, equipment, staff, computers, wifi etc.)

Objective 7: Review policy for companion (not service pet) pet for inpatient visits for radiation injury patient (bone marrow transplant and palliative care). Determine how the consult is communicated to Child Life.

Objective 8: Review role of CMH Security for radiation injury patient under Juvenile Detention requiring inpatient and/or ambulatory services. Determine how CMH Security will be notified of incoming patient.

Objective 9: Discuss needs of radiation injury patient requiring dialysis in the inpatient and ambulatory setting. Determine how CMH Dialysis will be notified of incoming patient.

Objective 10: Document response in Children's Mercy electronic Incident Command Structure (eICS) for communication and coordination.

Objective 11: Determine which department represented at the FCC is responsible for coordinating admissions via 1-800-GOMERCY.

Objective 12: Determine if medical providers are legally covered by Federal Government (NDMS) for medical care/triage provided at the Federal Coordination Center (Wheeler Airport)

**MODULE 2-Functional Exercise Wheeler Airport
(7/18/2018)**

Objective 1: CMH Public Information Officer (PIO) participates in Joint Information Center (JIC) to develop coordinated internal and external messaging.

Objective 2: CMH Hematology/Oncology provider to triage twenty pediatric radiation patients at Wheeler Airport for either direct admission to Children's Mercy Hospital, ambulatory housing and care, or palliative care utilizing RITN triage tools.

Objective 3: CMH Emergency Medicine provider to triage twenty pediatric trauma patients at Wheeler Airport.

Objective 4: CMH Telemedicine staff set up and establish telemedicine link between Wheeler Airport and Children's Mercy Hospital, Adele Hall Campus.

Objective 5: CMH Admissions staff to admit twenty radiation injury patients and twenty trauma patients in Cerner. Include all triage tag and NDMS identifiers to ensure reimbursement by NDMS as well as available medical information.

Objective 6: *CMH Admissions staff* to contact 1-800-GO-MERCY to receive bed assignment for inpatient admissions. Collaborate with medical providers at Wheeler airport.

Objective 7: *CMH Admissions staff* to schedule ambulatory visit (Bone Marrow Clinic) for one radiation injury patient when prompted by medical provider at Wheeler Airport.

Objective 8: *CMH Admissions staff* to consult Child Life for companion pet inpatient visits when prompted by medical provider at Wheeler Airport.

Objective 9: *CMH Admissions staff* to consult dialysis team for patient on hemodialysis when prompted by medical provider at Wheeler Airport.

Objective 10: *CMH Admission staff* to notify CMH Security that one of the patients is under juvenile detention custody and is being transported from FCC to Children's Mercy Hospital.



Objective 11: Observe “transport” of patient in juvenile detention by police department to Children’s Mercy Hospital while medical needs are being met in transport.

Objective 12: Observe “transport” of patients being directly admitted to Children’s Mercy Hospital by NDMS transport agency.

Objective 13: Observe “transport” of ambulatory patients to alternate care location (Three Trails Camp and Retreat Center by NDMS transport agency.

Objective 14: Observe “transport of pet of radiation injury patient.

Objective 15: Observe “transport” of adult patients to KUMed.

Objective 16: Observe notification of KUMed of patient “transport” from FCC to University of Kansas by NDMS transport agency.

Objective 17: KUMed to triage RITN patients for either direct admission or ambulatory care (table top exercise and/or functional exercise conducted at KUMed on or before 7/18/2018).

Threat or Hazard

Naturally Occurring: Earthquake and Radiation Accident

Scenario

A devastating Earthquake (Modified Magnitude Scale 7.5 Mw and Modified Mercalli Scale X) with epicenter between Spring City, TN and Oak Ridge, TN caused containment failure at Watts Bar Nuclear Station and a criticality event at Y-12 National Nuclear Security Site, respectively. Additionally, numerous trauma patients are reported. Patients are being evacuated from the Disaster Area

	Staging Facility (DASF) at Nashville International Airport (KBNA). The Kansas City FCC has been alerted.
Sponsor	National Disaster Medical System (NDMS) U.S. Department of Defense (DoD) U.S. Department of Health and Human Services (HHS) Veterans Health Administration (VHA) VHA Office of Emergency Management (OEM) Radiation Injury Treatment Network (RITN)
Participating Organizations	Veterans Health Administration (VHA) Office of Emergency Management (OEM) Headquarters VHAOEM Midwest Region Veterans Integrated Services Network (VISN) 15: VA Heartland Network Charles B. Wheeler Downtown Airport (Wheeler) Children’s Mercy Hospital (CMH) Kansas City Airport Police Kansas City Emergency Management (KCEM) Kansas City Fire Department (KCFD) Mid-America Regional Council (MARC)-Regional Association of Public Information Officers (RAPIO) Mid-America Regional Council (MARC)-Regional Hospital Coordination Center (RHCC) University of Kansas Health System FEMA Division of Children and Families Health and Human Services
Point of Contact	Robin Carroll, MS, MATS, RD, LD Director, Clinical Emergency Preparedness Children’s Mercy Hospital

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)
Module 1					
Activate HICS	Planning Operational Coordination Operational Communication	P			
Respond to EMSsystem Bed Poll	Operational Coordination Operational Communication	P			
Activate Surge Protocol	Medical Surge	P			
Determine Pediatric Providers to Triage at NDMS/FCC	Public Health and Medical Services Operational Coordination	P			
Identify Non-Medical staff for NDMS/FCC	Public Health and Medical Services Operational Coordination		S		
Identify Pediatric Equipment/Supplies for NDMS/FCC	Logistic and Supply Chain Management Infrastructure Systems		S		
Review Policy for Companion Pets	Animal Support Isolation and Quarantine	P			
Review role of CMH Security Dept for NDMS patient under Juvenile Detention	On Scene Security and Protection Operational Coordination	P			
Discuss needs of dialysis patient exposed to radiation	Public Health and Medical Services Operational Coordination	P			

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Document event in eICS	Operational Communication Operational Coordination		S		
Determine coordination of 1-800-GOMERCY between Wheeler Airport and Transfer Center at Adele Hall Campus	Operational Communication Operational Coordination		S		
Determine if CMH Medical Providers are legally covered by NDMS for medical triage/care provided at FCC	Risk Management Public Health and Medical Services		S		
Module 2					
CMH PIO participates in JIC	Public Information and Warning Operational Coordination Operational Communication	P			
CMH Hematology Oncology Medical Provider triages 20 patients at FCC	Public Health and Medical Services Operational Coordination	P			
CMH ED Medical Provider triages 20 patients at FCC	Public Health and Medical Services Operational Coordination	P			
CMH Telemedicine Staff set up and establish link between Wheeler Airport and Adele campus	Infrastructure Systems Public Health and Medical Services Medical Surge Operational Coordination	P			
CMH Admissions staff admit 20 RITN and 20 trauma patients to electronic medical record	Economic Recovery Operational Coordination Infrastructure Systems		S		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
	Medical Surge Health and Medical Services Operational Coordination Operational Communication				
CMH Admissions staff to contact 1-800-GOMERCY to receive bed assignments	Operational Coordination Operational Communication		S		
CMH Admissions staff to schedule ambulatory clinic appointment for one radiation patient	Public Health and Medical Services Operational Coordination Operational Communication		S		
CMH Admissions staff to consult Child Life for companion pet inpatient visit	Animal Support Isolation and Quarantine		S		
CMH Admissions staff to consult dialysis	Operational Coordination Public Health and Medical Services		S		
CMH Admissions staff to notify Security that one patient is under Juvenile Detention	On Scene Security and Protection Operational Coordination		S		
Observe "transport" of patient in Juvenile Detention	On Scene Security and Protection Operational Coordination		S		
Observe "transport" of patients being directly admitted to CMH	Critical Care Transport Public Health and Medical Services		S		
Observe "transport" of patients being sent to camp for ambulatory lodging	Critical Care Transport Public Health and Medical Services		S		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Observe “transport” of pet of radiation patient	Animal Support Isolation and Quarantine		S		
Observe notification of KUMed of patient “transport” to University of Kansas by NDMS transport agency	Critical Care Transport Public Health and Medical Services		S		
KUMed to triage RITN patients for either direct admission or ambulatory care	Medical Surge	P			
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • 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 (M): 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 (U): 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.

Module 1

1. Activate HICS

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Planning, Operational Communication, Operational Coordination

Strengths

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

Strength 1: Everbridge mass notification text to cell alert sent to command members.

Strength 2: Senior Vice President functioned as Incident Commander

Strength 3: Utilized HICS forms.

2. Respond to NDMS bed poll

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Operational Coordination, Operational Communication

Strengths

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

Strength 1: Confirmed Hospital Shift Supervisor responded to bed poll according to CMH policy.

Strength 2: Hospital Shift Supervisor receiving page and email alerts from EMS system achieved.

3. Activate medical surge for RITN/NDMS patients

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Medical Surge

Strengths

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

Strength 1: Command members very familiar with surge policy and actions: early dismissal of med/surgery and any patients in BMT unit that do not require that level of care, cancel elective surgeries, identify where special nursing skills would be needed. There would be time to prepare for incoming patients.

4. Identify pediatric providers for FCC triage

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: Medical Staff in Bone Marrow Transplant and Emergency Medicine engaged in RITN table top exercises annually and willing to participate in triage at FCC.

5. Identify non-medical provider staff to assist at FCC

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: Identified need form Admissions, Transport, Radiation Safety Telemedicine. All departments willing to participate in functional exercise. It was determine that Psycho Social team would be alerted but remain at hospital. A need to place consults and schedule ambulatory appointments was identified.

Areas for Improvement

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

Area for Improvement 1: Unfamiliar with process of pediatric triage at NDMS FCC and expectations and resources available.

Reference: FCC EOP

Analysis: Need to test in functional exercise to determine personnel needs.

6. Evaluate need for pediatric specific resources at FCC (labs, supplies, PPE, staff, computers, wifi, equipment)

L The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Logistics and Supply Chain Management, Infrastructure Systems

Strengths

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

Strength 1: Identified needs for telemedicine, phones, laptops, monitors, wifi, lock box for protected health information, and triage tags.

Areas for Improvement

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

Area for Improvement 1: Unfamiliar with process of pediatric triage at NDMS FCC and expectations and resources available.

Reference: FCC EOP

Analysis: Need to test in functional exercise to determine resource needs.

7. Review policy for companion pet (not service pet)

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Animal Support, Isolation and Quarantine

Strengths

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

Strength 1: Hospital policies in place to address pet vs service animal. Team identified consult to Psycho Social Team.

Strength 2: Incident Command decided an exception to policy would be made to allow a pet for a palliative care patient.

Strength 3: Hospital has two service dogs on staff and familiar with needs and risks.

8. Review role of CMH Security for RITN patient in juvenile detention custody

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

On Scene Security and Protection, Operational Coordination

Strengths

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

Strength 1: Director of Security and Transportation on Incident Command

Strength 2: CMH familiar with having patients (inpatient and ambulatory) under Juvenile Detention and safety guidelines.

9. Discuss needs of RITN patient requiring dialysis

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: CMH can support a large number of patients on dialysis at Adele Hall campus.

Strength 2: Additional capacity to care for dialysis patients at CMH affiliated dialysis camps.

Strength 3: Exercise with utilizing camp as an alternate care location completed July/August 2018.

10. Document in eICS

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Operational Communication, Operational Coordination

Strengths

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

Strength 1: Planning Section Chief received training in eICS from MARC Health Care Coalition. Periodic redundant communication exercises initiated by MARC Health Care Coalition in past year.

Strength 2: Entered information into eICS but no other members added information.

Areas for Improvement

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

Area for Improvement 1: Problem-Not all Incident Command members are trained to use eICS

Reference: Training pending for more eICS training by Health Care Coalition.

Analysis: Employees do not use eICS outside of Incident Command and are not familiar with functionality of program.

11. Determine which department would be responsible for communicating with 1-800-GO-MERCY from FCC

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Operational Coordination, Operational Communication

Strengths

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

Strength 1: Representation from Transport/Transfer Center on Incident Command

Strength 2: Identified goal to keep to usual process for approval for inpatient admission

Areas for Improvement

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

Area for Improvement 1: Unfamiliar with process for pediatric triage at FCC, roles and resources available to place call to Transport.

Reference: CMH Admissions Policies. Medical provider admitting patient typically calls transport.

Analysis: Need to practice pediatric triage at FCC to define roles for communication with Transport.

12. Determine if CMH medical providers are legally covered by NDMS for medical triage at FCC

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability

Strengths

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

Strength 1: CMH has a current MOU with VA/NDMS

Areas for Improvement

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

Area for Improvement 1: CMH does not have a document that offers coverage for medical liability when CMH medical providers are triaging patients at a non-CMH location.

Reference: Stafford Act. NDMS MOU.

Analysis: Need clarification from VA/NDMS that Stafford Act would cover CMH providers.

Module 2

13. CMH Public Information Officer participates in Joint Information Center

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Information and Warning, Operational Coordination, Operational Communication

Strengths

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

Strength 1: CMH PIO collaborated with airport, VA/NDMS, KCMO EM Dept on messaging.

Strength 2: Facebook post of event:
<https://www.facebook.com/ChildrensMercy/posts/10156382240950915>

Strength 3: Real life message posted to local media. <https://news.childrensmercy.org/fox-4-disaster-drill-gives-first-responders-chance-to-self-evaluate>

14. CMH Hematology/Oncology provider to triage twenty pediatric radiation patients at the FCC

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: Worked in conjunction with CMH Emergency Medicine medical provider.

Strength 2: Worked in conjunction with Radiation Safety Officer to screen patients for radiation.

Strength 3: Worked in conjunction with NDMS/VA adult medical provider.

15. CMH Emergency Medicine provider to triage twenty NDMS earthquake patients at the FCC

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: Worked in conjunction with CMH Bone Marrow Transplant medical provider.

Strength 2: Worked in conjunction with NDMS/VA adult medical provider.

16. CMH Telemedicine staff to set up and establish link between FCC and Adele Hall campus

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Infrastructure Systems, Public Health and Medical Services, Operational Coordination

Strengths

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

Strength 1: Transmitted from Wheeler Airport to Adele Hall campus.

Strength 2: Equipment worked successfully.

Strength 3: Adequate Telemedicine staff at FCC.

17. CMH Admissions staff to admit twenty radiation injury patients and twenty trauma patients into electronic medical record with triage tag identifiers to ensure reimbursement

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Economic Recovery, Operational Coordination, Infrastructure Systems, Medical Surge, Public Health and Medical Services, Operational Communication

Strengths

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

Strength 1: Adequate Admissions staff at FCC.

Strength 2: Equipment worked successfully.

Strength 3: Good collaboration with JPATS team.

Areas for Improvement

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

Area for Improvement 1: Triage admission must be entered by JPATS prior to CMH Admissions.

Reference: NDMS EOP

Analysis: Unfamiliar with pediatric triage process at FCC.

Area for Improvement 2: Protected Health Information must be protected at all times

Reference: CMH PHI policies

Analysis: Evaluator not familiar with patient PHI policies and did not secure documents in lock box at FCC for transport back to CMH.

18. CMH Admissions staff to contact 1-800-GO-MERCY to receive bed assignments

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability

Strengths

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

Strength 1: Communication observed

Areas for Improvement

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

Area for Improvement 1: .Medical provider needs to call Transport and not Admissions Dept

Reference: CMH Admissions policy

Analysis: Follow existing policies of having medical provider contact Transport instead of Admission Dept.

19. CMH Admissions staff to schedule ambulatory appointments

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability

Strengths

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

Strength 1: Medical information documented in electronic medical record.

Areas for Improvement

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

Area for Improvement 1: Timely scheduling of ambulatory appointments from the FCC for pediatric patients not being admitted to inpatient setting.

Reference: CMH Scheduling policies and procedures

Analysis: Need CMH Scheduling staff at FCC to facilitate ambulatory appointments.

20. CMH Admissions staff to consult Child Life, Dialysis, Security

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability

Strengths

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

Strength 1: Consult requests observes

Areas for Improvement

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

Area for Improvement 1: Consults would not be transmitted by Admissions department but would follow existing policies and be transmitted at the request of the admitting medical provider to Transport/Transfer Center (1-800-GO-MERCY)

Reference: CMH Admission policies and procedures

Analysis: Follow existing procedures for consults from admitting provider to Transport

21. Observe Transport of: patients in juvenile detention, directly admitted to CMH, admitted to CMH ambulatory, transported to University of Kansas, and with pet dog

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Critical Care Transport, Public Health and Medical Services, On Scene Security and Protection, Animal Support, Isolation and Quarantine

Strengths

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

Strength 1: Observed request for transport of patients based on triage criteria

Strength 2: Van for transport of patients and family members (pets) to ambulatory setting on location during exercise

Strength 3: CMH Transport at FCC to simulate transport of critically ill children.

Areas for Improvement

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

Area for Improvement 1: Transport of patient in juvenile detention must be transported with law enforcement present

Reference: Law enforcement transport of minors in juvenile detention policy

Analysis: Coordinate among NDMS law enforcement, airport law enforcement, KCMO law enforcement and medical transport.

Area for Improvement 2: Transport of dog must be arranged with volunteer agency

Reference: EMS policies regarding transport of animals.

Analysis: Volunteer veterinarian organization involvement needed

Area for Improvement 3: Coordinate transport of pediatric patients based on triage category and whether care will be inpatient vs ambulatory setting

Reference: Hospital evacuation triage tags

Analysis: Pediatric medical providers need to designate ambulatory vs inpatient care setting with colored triage category to ensure transport to correct facility.

22. KUMed to triage RITN patients for either direct admission or ambulatory care

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Medical Surge

Strengths

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

Strength 1: Completed triage as part of table top exercise with hospital leadership prior to the functional event.

Strength 2: When triaged more patients than originally planned KUMed was able to adjust to the increased surge.

Strength 3: KUMed was able to provide address for ambulatory patients to be transported to in addition to the direct admits via the emergency department.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Health and Human Services
FEMA Division of Children and Families
Radiation Injury Treatment Network (RITN)
Veterans Health Administration (VHA) Office of Emergency Management (OEM) Headquarters
VHA OEM Midwest Region
Veterans Integrated Services Network (VISN) 15: VA Heartland Network
Charles B. Wheeler Downtown Airport (Fire, Police, PIO)
Kansas City Missouri Emergency Management (KCEM)
Kansas City Missouri Fire, EMS