MAYO CLINIC

RED CHICAGO

FUNCTIONAL EXERCISE

AFTER ACTION REPORT

EXERCISE DATE: 8/11/2016

REPORT DATE: 9/23/2016

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SECTION 1: EXERCISE OVERVIEW

Exercise Name: RED Chicago

Type of Exercise: Functional

Date: August 11, 2016; pre-exercise simulations and briefings: August 5-10, 2016

Location: Mayo Clinic – Downtown Campus – Charter House, Rochester, MN

Mission: Response

Scenario Type: Human-caused – Terrorism – Radiological Exposure Device (RED)

Capabilities:

- (DHS) Planning
- (DHS) Communications
- (DHS/PHEP) Emergency Public Information & Warning
- (DHS) Employee [Responder] Safety & Health
- (DHS) Emergency Operations Center Management;
  (PHEP/HPP) Emergency Operations Coordination
- (DHS/PHEP) Mass Care
- (DHS) Medical Supplies Management & Distribution;
  (PHEP/HPP) Medical Material Management & Distribution
- (DHS/PHEP/HPP) Medical Surge
- (DHS) Weapons of Mass Destruction (WMD) /
  Hazardous Materials Response and Decontamination

Note: The six core emergency management function areas defined by The Joint Commission were also considered for scenario and evaluation plan development.

SECTION 2: EXERCISE DESIGN SUMMARY

Exercise Purpose

The primary purpose of the 2016 functional exercise was to provide an opportunity for Mayo Clinic and its local, regional, and federal emergency response partners to assess their capability to respond to a national level event (e.g., multiple improvised radiation exposure devices) resulting in marrow-toxic patients arriving to Mayo Clinic for care. Specifically, the exercises provided an opportunity to assess current capabilities against current procedures and plans through discussion-based and operational exercises to identify gaps and define an action plan for improvement.

Secondary purposes of the exercise included the following:

- Provide participants an opportunity to improve awareness about and to evaluate current response concepts, plans, and capabilities for an incident involving a nuclear radiation incident.
- Increase Mayo Clinic's, the community and the region's ability to respond effectively to incidents that result in a surge of patients arriving to hospitals in southeast Minnesota.
- Identify areas that require additional planning, training, and/or exercising to improve organizational and community readiness and resilience.

Exercise Background

Mayo Clinic participates in the *Radiation Injury Treatment Network*. As such, Mayo Clinic recognizes the need to prepare for disasters that would result in a surge of patients with marrow-toxic injuries arriving at Mayo Clinic. With this responsibility in mind, Mayo Clinic developed policies and procedures to respond to disasters, specifically in this case for a surge of patients with marrow-toxic injuries.

Additionally, Mayo Clinic supports a Hospital Disaster Preparedness & Response Compact, which involves Mayo Clinic Health System hospitals and non-Mayo Clinic hospitals in SE Minnesota and participates in a multi-disciplinary Healthcare Coalition. Leveraging the area's "healthcare system" and Coalition could support greater capacity to care for patients with marrow-toxic injuries.

Exercise Requirements

The current Department of Homeland Security (DHS) and Department of Health and Human Services – Office of the Assistant Secretary for Preparedness and Response (ASPR) grants require organizations and communities to conduct exercises to improve disaster response operations capabilities. The Joint Commission requires hospitals and ambulatory care facilities to conduct exercises periodically. Additionally, the Health System Preparedness Program (HSPP) requires periodic exercises to assess specific regional response capabilities. Mayo

Clinic recognizes the need to understand expectations, roles, and responsibilities of departments and external partners during an emergency and disaster incidents.

Exercise Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy.

The Department of Homeland Security (DHS) capabilities, which have been cross-referenced with Public Health Emergency Preparedness (PHEP) capabilities and Hospital Preparedness Program (HPP) capabilities, were used as the framework for assessing exercise activities.

Specific activities and tasks for evaluation were determined by the exercise planning team based on overall goals and objectives. The scope and conduct of this exercise was limited to that appropriate for a functional exercise and evaluation of processes was limited accordingly. Actions that were expected to occur for a given capability are noted by each capability.

- DHS: Planning (Phase I, II, III)
  Capability Description: Planning is the mechanism through which the organization develops, validates, and maintains plans, policies, and procedures describing how we will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from emergencies/disasters.

- DHS: Communications (PHEP/HPP: Information Sharing) (Phase I, II, III)
  Capability Description: Communications is the fundamental capability within an organization and the community that employees need to perform in the most routine and basic elements of their job functions. The Hospital Emergency Operations Center/Coordination Center and departments must be operable, meaning they possess sufficient communications capabilities to meet their daily internal and emergency communication requirements, including interoperability with external entities.

- DHS/PHEP: Emergency Public Information & Warning (Phase II, III)
  Capability Definition: The Emergency Public Information and Warning capability includes public (employee, patient, or visitor) information, alert/warning, and notification. It involves developing, coordinating, and disseminating information to the public (employee, patient, or visitor) and community response partners effectively under all hazard conditions.

- DHS: Employee [Responder] Safety & Health (Phase II, III)
  Capability Description: Ensures adequately trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of employees and, if necessary, their families through the creation and maintenance of an effective safety and health program.

- DHS: Emergency Operations Center Management
  (PHEP/HPP: Emergency Operations Coordination) (Phase I, II, III)
  Capability Description: Hospital Emergency Operations Center (HEOC) Management is the capability to provide multi-departmental coordination for incident management by activating and operating an HEOC for a pre-planned or no-notice event. HEOC management includes: HEOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among community entities, including local Emergency Operations Centers (EOC).

- DHS/PHEP: Mass Care (Sheltering/Lodging,
  Feeding, and Related Services) (Phase II)
  Capability Definition: Mass Care is the capability to provide immediate lodging, food services, dependent care, and psychological support to patient families.

- DHS: Medical Supplies Management & Distribution
  (PHEP/HPP: Medical Material Management & Distribution) (Phase II)
  Capability Description: Medical Supplies Management and Distribution is the capability to obtain and maintain medical supplies and pharmaceuticals prior to an incident and to transport, distribute, and track these materials during an incident.

- DHS/PHEP/HPP: Medical Surge (Phase II, III)
  Capability Description: Medical Surge is the capability to rapidly expand the capacity of the organization in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity.

- DHS: Weapons of Mass Destruction (WMD) /
  Hazardous Materials Response and Decontamination
  Capability Description: Weapons of Mass Destruction (WMD)/Hazardous Materials Response and Decontamination is the capability to assess and manage the victim contamination consequences of a hazardous materials release, either accidental or as part of a terrorist attack.

Note: The six core emergency management function areas defined by The Joint Commission were also considered for scenario and inject development.

Exercise Objectives

Exercise design objectives are focused on assessing response capabilities. The exercise focused on the following design objectives selected by the exercise planning team:

- Objective 1: Forecast the operational impact of the scenario presented to the participants and determine objectives for the next operational period within one hour of activation.
    - Aligns to: Situational Assessment
- Objective 2: Based on the assessment escalate the Hospital Incident Command System (HICS) operations and communicate the anticipated institutional resource commitments within the first operational period.
    - Aligns to: Operational Communications
- Objective 3: Simulate the activation of the identified institutional resource needs within the first operational period.
    - Aligns to: Operational Coordination

Exercise Participants

Departments/agencies with a response role during the exercise, by phase, included the following:

Phase I (Information Release)	
Internal	**External**
Administration	City of Rochester Emergency Management
Admissions Transfer Center	
Emergency Communications Center	Radiation Injury Treatment Network
Emergency Department	Veteran's Administration/National Disaster Medical System *(simulated)*
HICS	

Phase II	
Internal	**External**
Administration	City of Rochester
Admissions Coordinating Office	Mayo Clinic Health System
Bed Management Office	Memorial Blood Center
Blood Center	Olmsted County
Bone Marrow Transplant Unit	SEMN Healthcare Coalition Partners
Discharge Planning	VHA/NDMS *(simulating Federal Coordinating Center activities)*
Department of Lab Medicine and Pathology *(Transfusion Services)*	
Emergency Communications Center	
Emergency Department	
Hematology/Oncology Units	
HICS *(Mayo Clinic Emergency Operations Center)*	
Infectious Diseases	
Nursing	
Pharmacy	
Safety – Occupational Safety	
Safety – Radiation Safety	
Telephone Operations	
Transplant Center	

Exercise Format

To replicate a real-time series of events designed to elicit exercise player activities to allow for an effective assessment of current capabilities and limitations, the exercise program involved two exercise phases over multiple days.

- Phase I.A:
  The initiating event for the exercise program was achieved through specific exercise communications to the persons participating on August 9th. These communications provided information concerning the precipitating event (multiple Radiation Exposure Device incidents) and its development over a six-day period. The communication included the simulated activation of protocols from RITN and NDMS to Mayo Clinic, and from Mayo Clinic to emergency response partners (e.g., Community Emergency Notification, MNTrac Alert). The activity was also intended to provide an opportunity for designated emergency management staff to conduct a situation assessment and identify initial response actions. For this phase, only electronic communications was necessary.

- Phase I.B:
  Communications in Phase I.A included the SMC Emergency Department and request information concerning their response to an increase in patient contacts that required rule in/rule out of radiation exposure. These small-scale patient arrival scenarios were presented to each shift at Saint Marys Hospital to assess General Services and Emergency Department's response plans and the ability of staff members to refer to those plans.

- Phase I.C:
  Phase I.C included 30-minute seminar exercises (in the form of teleconference-format activities) to provide an opportunity for HICS members to receive simulated situation updates concerning the anticipated receipt of patients through the national disaster medical system (NDMS).

- Phase I.D:
  Phase I.D included 30-minute seminar exercises (in the form of teleconference-format activities) to provide an opportunity for HICS members to receive simulated situation updates concerning the anticipated receipt of patients through the national disaster medical system (NDMS).

- Phase I.E:
  Phase I.E consisted of a two-hour Public Affairs Workshop that allowed all Public Affairs participants to review the processes, procedures, and products that were used in the previous phases.

- Phase II: ~Four-Hour Exercise Activity
  This functional exercise involved a simulation of the first four hours of patient arrival at Mayo Clinic to allow for patient triage and placement decision making. Successful patient family care planning, in collaboration with community partners, was assumed to have taken place prior to this phase. Additionally, implementation of surge plans, likely involving patient transfer planning/coordination activities between Mayo Clinic and Hospital Disaster Preparedness & Response Compact members, was assumed to have been successfully achieved prior to this phase.

Exercise Scenario

The exercise involved response to a deployment of REDs in the Chicago area, prompting activation of the RITN and transfer of patients to the Mayo Clinic.

SECTION 3: ANALYSIS OF CAPABILITIES

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.

Ratings Definitions:

Performed without Challenges (P): The critical tasks associated with the capability were completed and 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 critical tasks associated with the capability were completed and 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 critical tasks associated with the capability were completed and 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 critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

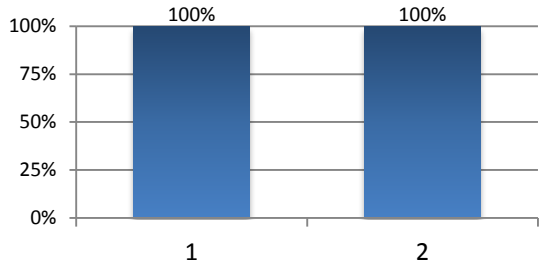
Capability	Objective	P	S	M	U
(HCC) Hospital Coordination Center Management	• Activate the HICS Coordination Center. • Direct HICS Coordination Center Operations.				
(HCC) Information Sharing	• Assess activation of HMACC/ Hospital Compact. • Gather and provide information.				
(HCC) Planning	• Demonstrate ability to meet and respond to evacuation needs.				
(HCC) Healthcare System Recovery	• Demonstrate ability to recover from the incident.	*(follow-on exercising needed)*			
(BMT) Communications / Medical Surge	• Assess the ability of the Bone Marrow Transplant to facilitate incoming RITN/NDMS Patients.				
(PA/JIC) Communications / Information Sharing	• Assess the ability of Public Affairs to carry out Crisis Management Team activation. • Assess the ability of Public Affairs to carry out Crisis Management communication. • Assess the ability of Public Affairs to carry out Crisis Management news conference coordination.				

This section of the report reviews the observations related to response capabilities and includes recommendations for improvement.

1. (HCC) Hospital Coordination Center Management

Capability Description: Hospital Coordination Center (HCC) Management is the capability to provide multi-departmental coordination for incident management by activating and operating an HCC for a pre-planned or no-notice event. HCC management includes HCC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among community entities, including local Emergency Operations Centers (EOC).

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated: 2
Tasks Evaluated: 15
EEGs with Valid Data: 2
Mean Weighted Score: 100% (equivalency: "P")

Strengths

Strength 1: Players were very familiar with their roles and responsibilities, frequently referring to their JAS to guide their activities.

Strength 2: In general, the location used as a secondary HCC served well.

Strength 3: The resources commissioned to the HCC exhibited a deep level of expertise, willingness to coordinate/cooperate, and commitment to take the scenario seriously.

Areas for Improvement

1.1 Area for Improvement: Telephones

Reference: HICS, MACS

Analysis: It was determined that, while the HCC location in general served well, more telephones need to be activated for use in that location.

Recommendations:

1.1.1 Accommodate additional telephones in secondary HCC location.

1.2 Area for Improvement: Coordination with Regional HMACC

Reference: HICS, MACS

Analysis: The Regional HMACC was not initially considered in the response to the scenario, despite the fact that it is referenced in the Job Action Sheets of key HICS roles. After some prompting, it was brought into the response planning discussion. This can be addressed through training of key role-fillers.

Recommendations:

1.2.1 Provide training to IC and LO that reinforces the importance of HMACC notification and request for activation/coordination.

1.3 Area for Improvement: Clinical Expertise at FCC

Reference: HICS, MACS

Analysis: One participant suggested that personnel with clinical skills at the FCC report to Mayo to help triage needs for hospitalization versus outpatient care.

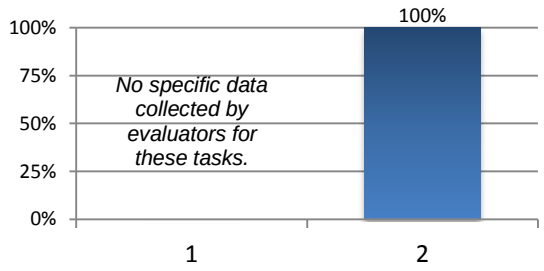
Recommendations:

1.3.1 Assign clinical staff at FCC to assist with admission/outpatient decisions.

2. (HCC) Information Sharing

Capability Description: Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated:	2	
Tasks Evaluated:	17	(Obj. 1 tasks n/a)
EEGs with Valid Data:	1	
Mean Weighted Score:	100%	(equivalency: "P")

Strengths

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

Strength 1: Discussion among all players went extremely well.

Strength 2: All players participated actively in the simulated response efforts, and did not hesitate to ask questions as needed in order to obtain clarification.

Areas for Improvement

2.1 Area for Improvement: NDMS Data

Reference: HICS JAS – Patient Flow Branch Director, IT Unit Leader

Analysis: There was a great deal of discussion on the ability of Mayo Clinic to be able to successfully import the NDMS Medical Record to the Mayo Clinic Medical Record. That issue was never resolved during the exercise. The Patient Flow Branch needs to connect with the NDMS Medical Records group to determine how the medical record transfer process will occur, and to ensure that existing processes are robust enough to address any implementation issues that may arise during the course of an actual event.

Recommendations:

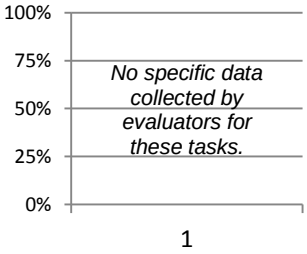
2.1.1 Engage in conversation with NDMS representatives to determine the appropriate process to transfer NMDS medical records.

2.1.2 Update the JAS of appropriate role-fillers to define the process to be used to transfer NMDS medical records.

3. (HCC) Planning

Capability Description: Planning is the mechanism through which the organization develops, validates, and maintains plans, policies, and procedures describing how we will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from emergencies/disasters.

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated:	1	
Tasks Evaluated:	0	(Obj. 1 tasks n/a)
EEGs with Valid Data:	0	
Mean Weighted Score:	n/a	

Strengths

No specific strengths were identified by evaluators.

Areas for Improvement

3.1 Area for Improvement: Logistical Arrangements

Reference: EOP – Radiation Exposures Annex

Analysis: In planning for the logistical accommodations of transferred patients, participants indicated that more questions should have been considered. Examples include transportation, lodging, expenses for outpatients and their family members. One participant further called for identification of a drop-off point to screen all non-hospitalized patients, assignment of medical staff to meet incoming patients as they arrive, and planning for use of shuttle buses. A few assumptions were made rather than asking for clarification on some of these issues. This may be addressed by composing a template checklist of such considerations for this and other incidents involving transfer of patients.

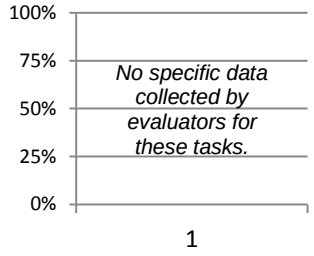
Recommendations:

3.1.1 Develop comprehensive checklist of logistical considerations for transferred outpatients and their family members.

4. (HCC) Healthcare System Recovery

Capability Description: Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated:	1	
Tasks Evaluated:	0	(Obj. 1 tasks n/a)
EEGs with Valid Data:	0	
Mean Weighted Score:	n/a	

Strengths

No specific strengths were identified by evaluators.

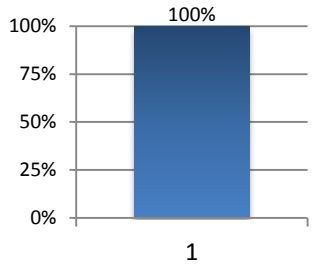
Areas for Improvement

No specific areas for improvement were identified by evaluators. It is recommended that a tabletop exercise be conducted to explore this mission area in greater depth, since discussion-base activities may serve as a better environment for same.

5. (BMT) Communications / Medical Surge

Capability Description: In concert with communications, Medical Surge is the capability to rapidly expand the capacity of the organization in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity.

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated: 1
Tasks Evaluated: 6
EEGs with Valid Data: 2
Mean Weighted Score: 100% (equivalency: "P")

Strengths

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

Strength 1: (8/5/2016) Procedures were followed as information was provided.

Strength 2: (8/9/2016) All activities were completed in a timely manner and reported to the Simulation Cell, then to HICS during the briefing.

Strength 3: (8/11/2016) Key resources were onsite, very engaged, and proactively considered information needs, including radiation experts, RITN representatives, and City emergency management representatives.

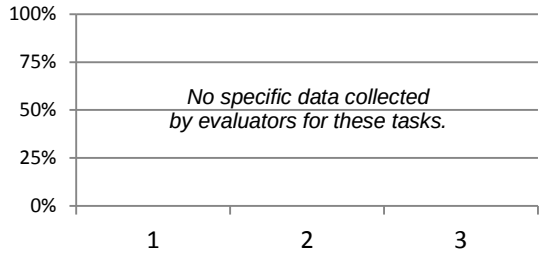
Areas for Improvement

No specific areas for improvement were identified by evaluators.

6. (PA/JIC) Communications / Information Sharing

Capability Description: This capability, which is the functional equivalent of the Emergency Public Information & Warning capability, includes public (employee, patient, or visitor) information, alert/warning, and notification. It involves developing, coordinating, and disseminating information to the public (employee, patient, or visitor) and community response partners effectively under all hazard conditions.

Performance Ratings



P = Performed without challenges (76-100%)
S = Performed with some challenges (51-65%)
M = Performed with major challenges (26-50%)
U = Unable to be performed (0-25%)

Objectives Evaluated:	2	
Tasks Evaluated:	0	(Obj. 1-3 tasks n/a)
EEGs with Valid Data:	0	
Mean Weighted Score:	n/a	

Strengths

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

Strength 1: Over the course of the exercise, more than 380 social media posts, five newspapers stories, and two blogs that were populated on SimulationDeck allowed participants to gain situational awareness about the incident, monitor the media and public's reaction to evolving events, evaluate trending questions and concerns, and better inform operational decisions and public messaging.

Strength 2: As a result of the multi-day, warm-start activities, participants arrived for the functional exercise well-versed in the risks and challenges exercise controllers hoped to explore and were exceptionally equipped to engage in productive conversations.

Strength 3: Players developed and published several press releases and talking points documents on SimulationDeck in response to the questions and concerns posted by the simulated public and press.

Areas for Improvement

6.1 Area for Improvement: Simulation Deck

Reference: PA/JIC Plans

Analysis: Some players had difficulty accessing Simulation Deck at the beginning of functional exercise play. It also was discovered that Simulation Deck emails were in some cases misrouted to spam/junk email folders, as they pertained to new users signing up for an account. Some basic review of Simulation Deck use, including advising new users to "white-list" Simulation Deck emails, will alleviate these relatively minor issues.

Recommendations:

6.1.1 Provide refresher training on use of Simulation Deck.

6.1.2 Advise users to "white-list" Simulation Deck emails.

6.2 Area for Improvement: Efficiency of Public Information Activities

Reference: PA/JIC Plans

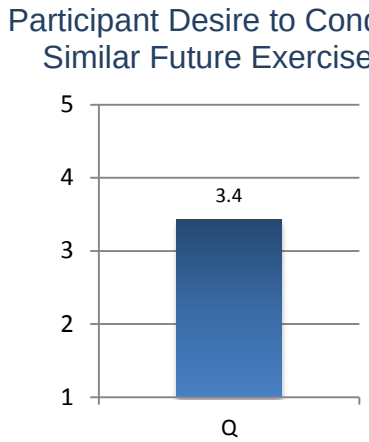
Analysis: One participant reported that it seemed to take a long time to build appropriate responses to seemingly obvious questions and concerns. This may be addressed by creating templates for news releases, social media posts, internal messages, etc. based on threats and hazards of greatest concern to the organization.

Recommendations:

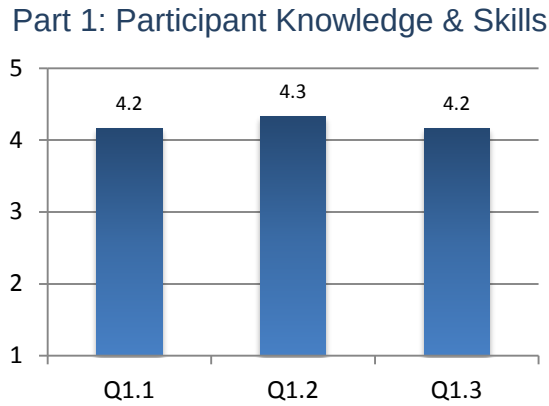
6.2.1 Develop threat/hazard-specific public information templates.

APPENDIX A: PARTICIPANT FEEDBACK SUMMARY

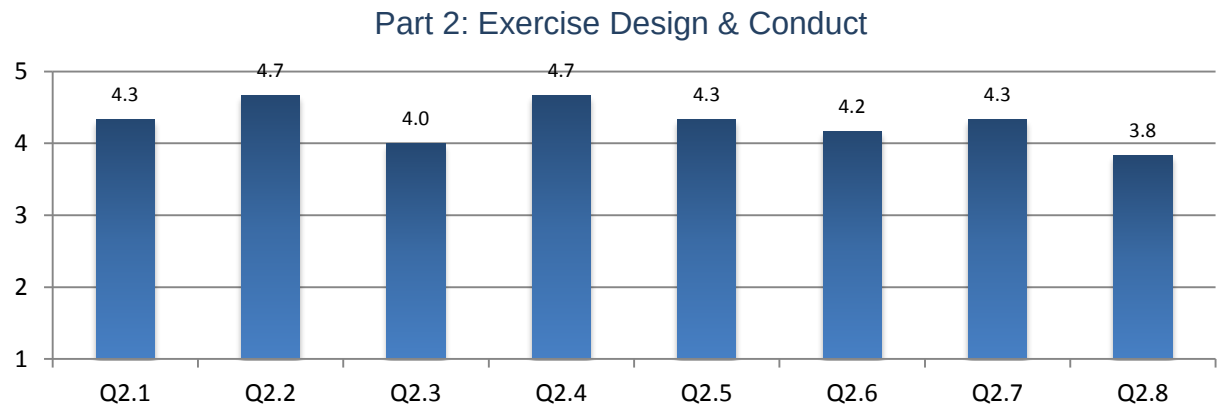
Participants were provided the opportunity to rate their desire to conduct future exercises like the subject exercise, their own knowledge and/or skills, as well as the design and conduct of the exercise, related to multiple assessment factors. This was assessed using individual Participant Feedback Forms, which were completed by seven participants. In general, as a result of the exercise, participants felt more confident in their abilities to respond to emergencies and felt the exercise was well planned and implemented; however, interest in conducting future exercises like this met with mixed opinions. The rating scale for all questions on the Participant Feedback Forms was one through five, with one indicating "strongly disagree" and five indicating "strongly agree."



Q: I would like to conduct more exercises like this.



Q1.1: As a result of the incident/exercise, I feel more confident in my abilities to respond to emergencies.
Q1.2: As a result of the incident/exercise, I understand my role and responsibilities during emergencies.
Q1.3: I feel prepared to participate as a responder for my organization during an emergency.



Q2.1: The exercise was well structured and organized.
Q2.2: The exercise scenario was plausible and realistic.
Q2.3: The exercise documentation (e.g., player information handout, exercise plan, etc.) was valuable.
Q2.4: Participation in the exercise was appropriate for someone in my position.
Q2.5: The participants included the right people in terms of level and mix of disciplines.
Q2.6: The exercise simulation created a realistic environment for exercise play.
Q2.7: The Controller/Facilitator was effective.
Q2.8: The Player Debrief (Hot Wash) was beneficial.

In addition to assessment of the factors described above, participants also were asked to provide input based on their observations of simulated response activities and capabilities. Specific strengths and areas for improvement documented by participants have been captured in the analysis section of this report.

APPENDIX B: IMPROVEMENT PLAN

Legend

Aligned Committee		Priority Definitions	
EDEPC =	Emergency Department Emergency Preparedness Committee	**Priority 1:**	Just do it; top priority. (3 months.)
EPP =	Emergency Preparedness Plan Committee	**Priority 2:**	Appropriate to accomplish after Priority 1 items are complete. (6-9 months.)
HICS =	HICS Coordinating Group	**Priority 3:**	Appropriate to accomplish after Priority 2 items are complete. (12-18 months.)
HPS =	Hospital Practice Subcommittee	**Priority 4:**	Do not initiate unless prioritized to higher level as a direct result of changes in conditions.
HMC =	HazMat Decon Workgroup		
MCI =	Mass Casualty Incident Workgroup		
NEPC =	Nursing Emergency Preparedness Committee		

TJC EM Core Functions	Capability	Recommendation	Aligned Committee	Accountable Person/ Action Staff	Completion Date	Priority
Communications	1. (HCC) Hospital Coordination Center Management	1.1.1 Accommodate additional telephones in secondary HCC location.	HICS	B. Callies	12/1/2016	2
Resources and Assets		1.2.1 Provide training to IC and LO that reinforces the importance of HMACC notification and request for activation/coordination.	EPP	M. Sexton	12/1/2016	2
Resources and Assets		1.3.1 Assign clinical staff at FCC to assist with admission/outpatient decisions.	HICS	B. Callies	10/10/2016	1
Communications	2. (HCC) Information Sharing	2.1.1 Engage in conversation with NDMS representatives to determine the appropriate process to transfer NMDS medical records.	HICS	D. Teske	12/1/2016	2
Resources and Assets		2.1.2 Update the JAS of appropriate role-fillers to define the process to be used to transfer NMDS medical records.	HICS	Med Ops Section	2/1/2017	3
Resources and Assets	3. (HCC) Planning	3.1.1 Develop comprehensive checklist of logistical considerations for transferred outpatients and their family members.	HICS	Med Ops Section	2/1/2017	3

Note: For institutional tracking purposes, all improvement recommendations will be documented in Mayo Clinic's ***Exercise Documentation and Improvement Tracking Tool***.

TJC EM Core Functions	Capability	Recommendation	Aligned Committee	Accountable Person/ Action Staff	Completion Date	Priority
	4. (HCC) Healthcare System Recovery	n/a; consider TTX to explore this mission area in greater depth.	HICS	J. Johnson	1/9/2017	2
	5. (BMT) Communications / Medical Surge	n/a	HICS	NA	9/1/2016	4
Communications	6. (PA/JIC) Communications / Information Sharing	6.1.1 Provide refresher training on use of Simulation Deck.	HICS	J. Johnson	1/9/2017	3
Communications		6.1.2 Advise users to “white-list” Simulation Deck emails.	HICS	Public Information Officer Team	1/9/2017	3
Resources and Assets		6.2.1 Develop threat/hazard-specific public information templates.	HICS	Public Information Officer Team	1/9/2017	3