



After Action Report/ Improvement Plan

RITN Functional Exercise
April 18, 2016

Spectrum Health Medical Center



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After Action Report

RITN Functional Exercise

April 18, 2016

Distribution List

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- Dr. James Fahner
- Mark Van Dyke
- Dr. Ralph Rogers
- Dr. Stephanie Williams
- Exercise Design Team
- Shawn Ulreich, RN
- Julie Bulson, RN

Executive Summary

This Radiation Injury Treatment Network (RITN) Functional Exercise was funded using a grant from the Office of Naval Research (via the National Marrow Donor Program). This functional exercise took place at Spectrum Health Systems, Medical Center, Grand Rapids, MI. This document is produced with input from the RITN Functional Exercise Planning Team that followed guidance set forth by the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

The RITN provides comprehensive evaluation and treatment for victims of a mass casualty radiological incident resulting in marrow toxic injuries. RITN develops treatment guidelines, educates health care professionals, works to expand the network and coordinates situation response. RITN is a cooperative effort of the National Marrow Donor Program (NMDP) and The American Society for Blood and Marrow Transplantation (ASBMT).

This functional exercise began with 5 days of messages (see Appendix D) leading up to the activation of the Spectrum Health Medical Center Command Center. Many external agencies were also involved in exercise play; these agencies included Kent County Emergency Management, Kent County Health Department, American Red Cross, MI Blood, Region 6 Healthcare Coalition and the FCC-MI.

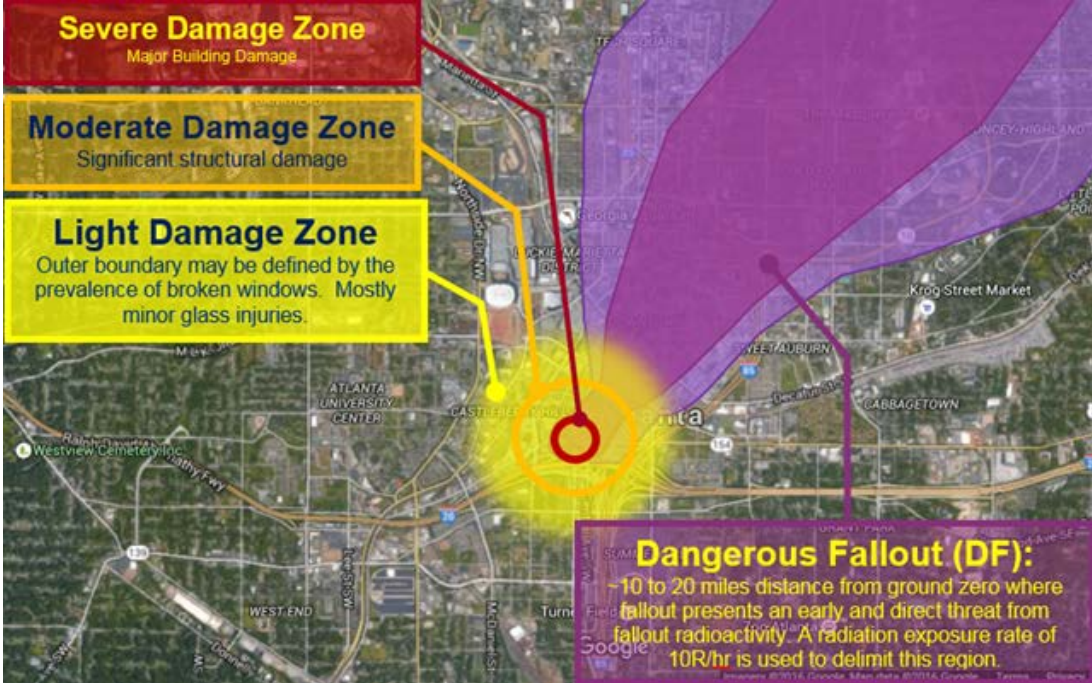
A unique aspect to this exercise is that it was designed to take place about 24 hours prior to the first RITN patients and family member(s) arrival in Grand Rapids, MI. This allowed for very productive discussion in the Hospital Command Center and time to develop and improve plans for an event of this magnitude.

Successful exercises lead to an ongoing program of process improvements. This report is intended to assist agencies striving for preparedness excellence by analyzing incident response results and:

- Identifying strengths to be maintained and built upon;
- Identifying potential areas for further improvement;
- Recommending follow-up actions.

Spectrum Health has made continual and significant improvements in its emergency preparedness process over the last ten years. To ensure continued success and to meet the challenges that come from growth and change, Spectrum Health staff will continue to look to the Executive Team for strong support and appropriate resources.

Scenario:



A beautiful sunny day, April 11th in downtown Atlanta turned into chaos and destruction after what is suspected to be an improvised nuclear device was detonated in Downtown Atlanta at 11:00 AM.

Eyewitnesses stated that the mushroom cloud rose above the city and begin to drift northeast. Debris blocked nearby roads and a cloud quickly enveloped a several block area. Most buildings within 2/3 mile of the detonation are severely damaged. Detailed damage assessments are underway. Injuries from flying or falling debris have been reported out to 3-½ miles from the center of the blast.

Several hospitals in the area report damage. Other hospitals are operating on a limited basis in areas that have not been damaged. All hospitals are urging those not seriously injured to seek care from clinic doctors and not to come to the hospitals. Most hospitals are also operating on emergency power from generators.

Electricity to the area is not reliable. Reports of damage to electronic devices have been reported as far away as 3 miles from the epicenter. Hundreds of cars are stalled on the roads making it nearly impossible for first responders to get to the wounded, major evacuation routes are also blocked by traffic accidents. There are also numerous cars abandoned as drivers fled the area in panic.

The Senior Exercise Controller will begin sending daily messages to exercise players beginning the day of the detonation. These messages will contain details that will require some action to be taken by exercise players each day. The daily messages will build upon each other with information regarding what has taken place in Atlanta, GA and include updates from the RITN (see Appendix D). The Functional Exercise will take place on Day 6 after the Radiological Disaster, one day before ARS patients begin to arrive at Spectrum Health Butterworth.

RITN has determined that a total number of 105 patients as well as one support person per patient will be sent to Spectrum Health due to ARS.

This functional exercise will take place in Spectrum Health Medical Center HCC, where exercise players will be provided the opportunity to demonstrate proficiency and competency in conducting critical tasks, demonstrate core capabilities and meet exercise objectives. The SimCell staff will simulate all other exercise activity and the deployment of resources outside of the HCC

Core Capabilities:

- PLANNING
- MASS CARE SERVICES
- OPERATIONAL COORDINATION
- PUBLIC INFORMATION AND WARNING

Objectives:

- Evaluate the process of collaboration from the federal coordinating center (FCC) in Detroit regarding the movement of patients to our RITN center. (PLANNING)
- Evaluate the ability of Spectrum Health to establish a plan for the receipt and housing of a large number of outpatients and their families as a result of the radiological incident. (PLANNING)
- Identify the responsibilities and resources necessary for mass care capabilities to support RITN patients and their families during ongoing treatment at Spectrum RITN Center. (MASS CARE SERVICES)
- Evaluate the process of opening the Hospital Command Center and managing the influx of patients due to the RITN activation. This includes the ability of Spectrum Health to identify public/private resources and integrate these organizations into the HCC structure as necessary. (OPERATIONAL COORDINATION)
- Determine the hospitals ability to deal with public concerns and fears related to bringing Acute Radiation Syndrome (ARS) patients into our community. (PUBLIC INFORMATION AND WARNING)

Strengths:

Some areas that were identified as strengths during the exercise include:

- Everyone in the HCC worked well together and knew their roles.
- Spectrum Health Medical Center HCC staff is very familiar with the web-based program eICS and used it to its fullest to manage the exercise.
- Very helpful to have Planning/Ops/Logistics near each other in HCC – often there is an overlap of objectives and this way they can assist each others
- Spectrum Health Medical Center has done a lot of forward thinking and already have numerous back-up plans in place
- Developed a great patient flow plan regarding the large influx of RITN patients
- Dynamics of the exercise were great, good discussion, forward thinking, excellent chiefs that were able to get a lot of work done in a short time period.

- ARC reports that Van Andel Arena agreed to be a temporary shelter for RITN outpatients and family members. ARC Deputy DPM set up a meeting to do a walk thru and update the shelter agreement
- Players took the exercise seriously
- Loved the conversations and participation from other organizations/community partners

Improvement Areas (see Improvement Matrix on page 25 for details)

As in any incident (real-life or exercise) there are always lessons to be learned. The issues that were identified through investigating this incident include:

- Need to have IS in the HCC whenever it is opened
- Physical functionality of the Command Center could be better spaced out – each position on the IC chart need places for 2 people plus a scribe to sit, too cramped in space currently provided
- FCC – MI did not have access to eICS, need to make sure that they have access and are trained in its use.
- Need to increase the number of scribes/operators in HCC, especially during an actual event
- Develop a protocol to assess/triage patients. Location for triage.
- Outside agencies would like to be notified more quickly in an incident such as this. ARC would like to have their own caseworkers at the hospital to triage those individuals who might go into temporary shelters.
- American Red Cross found that many of their shelter agreements are out of date, will be working on updating these agreements.
- External agencies need additional training on how to use, eICS. Feedback is that it is an awesome system, staff just needs further training to use it successfully.
- Approval of media publications by the Incident Commander prior to being sent out.
- Solidification of the NDMS/RITN Patient Movement Scheme between the NDMS FCC Detroit and Spectrum Health Medical Center.
- Create a pro-forma work load/patient load-balancing plan between Karmanos Cancer Institute and Spectrum Health Systems since they are both RITN Care Centers in the NDMS FCC Detroit Catchment Area.
- Better coordination with Pharmacy, need a pharmacy plan for an event such as this requiring specialized medications.
- Find grant funding for a RITN Full-scale exercise to use everything we learned in this functional exercise.

The “areas for improvement” categorized above will be addressed through the Spectrum Health Disaster Committee and its working relationships with Spectrum Health management team and all related education opportunities. External agencies will address their identified “areas of improvement”.

Per normal procedures, once resolution is obtained or suggestions are implemented, any plans will be changed to reflect improvements and education will be disseminated among the management staff to then share with their teams and staff members. Once education is complete, the Disaster Committee and Management Team will incorporate exercising these specific points in the future disaster exercises we have planned for the remainder of the calendar year.

Conclusion

Overall this exercise response was a success. Exercise players knew what was expected of them and responded well to the objectives that were provided. We identified some items that need to be updated in current RITN SOP and developed several draft documents to support this plan.

As with most exercises, areas for improvement were identified. The Emergency Preparedness team will review the lessons learned from this exercise and will complete a thorough review of the current plan to incorporate the necessary changes for a safe and efficient response.

Hospitals are required by Joint Commission to complete a formal self-examination and develop an after-action report following all incidents. The willingness of all Spectrum Health staff to spend time looking for ways to improve itself echoes the organization’s desire to improve the health of the communities it serves.

EP Critique and Corrective Action Plan

Date of Incident/Event: RITN Functional Exercise
Date of Critique: April 18, 2016
Event Start Time: 10:00 AM
Event End Time: 2:00 PM
Submitted by: Mark Van Dyke

TYPE OF INCIDENT/EVENT (See Appendix B for details)			
<input type="checkbox"/>	Actual Incident ^[2] (unscheduled)		
<input type="checkbox"/>	Actual Event ² (scheduled) RITN (Radiation Treatment Network) Functional Exercise		
Discussion Based Exercises			
<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Tabletop Exercise
Operations Based Exercises			
<input type="checkbox"/>	Drill	<input checked="" type="checkbox"/>	Functional Exercise
<input type="checkbox"/>			Full Scale Exercise
Planning Team Membership			
See Appendix A			

INCIDENT/EVENT CATEGORY			
<input type="checkbox"/>	Plan Hostage	<input type="checkbox"/>	Severe Weather Plan
<input type="checkbox"/>	Plan Utility System Outage: {list utility}	<input type="checkbox"/>	Plan Mass Casualty
<input type="checkbox"/>	Plan DATA	<input type="checkbox"/>	Plan BEAR
<input type="checkbox"/>	Plan LISTEN	<input type="checkbox"/>	Plan Evacuation: {Horiz/Vert/Total}
<input type="checkbox"/>	Plan L	<input type="checkbox"/>	Respiratory Pandemic {0-4 / 5-6}
<input type="checkbox"/>		<input type="checkbox"/>	Plan Civil Disturbance: {Int / Ext}
<input type="checkbox"/>		<input type="checkbox"/>	Plan F
<input checked="" type="checkbox"/>	Other: RITN Exercise, Radiological Event		

SUMMARY OF INCIDENT/EVENT
<p>Scenario: A radiological dispersion device was detonated in downtown Atlanta, Georgia (city population 444,000) with an 8-10 kiloton yield. RITN has determined that a total number of 105 patients will be sent to Spectrum Health due to ARS</p>

OVERALL RATING OF INCIDENT/EVENT =			
Check Rating Level	Rating		Description
	0	Unable to be performed	Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).
	1	Performed with major challenges	<p>Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed:</p> <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws
X	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

COMMAND AND CONTROL					
Core Expectations		Yes	No	N/A	Comments
1. Was the proper initial alert paged, heard and understood:					
▫ Overhead				X	
▫ Pagers				X	
2. Was the alert escalated during the course of the incident?					
				X	
3. Was HICS activated?					
▫ Limited activation					
▫ Full activation		X			
4. Was the Hospital Command Center (HCC) activated and staffed?					
		X			
5. Did affected departments report in to HCC?					
		X			
6. Was the Corporate EOC activated and staffed?					
			X		
7. Was the "all clear" paged, heard and understood:					
▫ Overhead				X	
▫ Pagers				X	
8. Did each department respond appropriately and per guidelines?					
		X			
Additional Comments:					
Category Rating					
Check Rating Level	Rating		Description		
	0	Unable to be performed	Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).		
	1	Performed with major challenges	Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers 		

			<ul style="list-style-type: none"> ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws
X	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

COMMUNICATIONS				
Core Expectations	Yes	No	N/A	Comments
1. Was communication within the hospital/facility/EOC effective?	X			eICS, phone and email was used for communication
2. Was the correct code paged?	X			
3. Was the appropriate staff paged?	X			The Spectrum Health mass notification program, Everbridge, was used to communicate the plan to leadership positions at the affected facilities.
4. Were emergency communications set up as needed?	X			
5. Was a spokesperson designated for press and family information?	X			Corporate Communications were contacted and were aware of the situation in case of any press inquiries.
6. Was the call list implemented and up to date?	X			
7. Was on-going communication maintained with staff for the duration of the incident?	X			
8. Were patients and patients' families communicated with on a regular basis during the emergency?			X	Spectrum Health staff are encouraged to discuss with patients and family members any response plan that is over head paged and told what steps are being done to ensure their safety.
9. Were other healthcare organizations contacted and was contact information current?	X			
10. Were county and state Public Health and Emergency Management contacted?	X			Spectrum Health uses the eICS software program that allows public health and Emergency Management the option to be contacted when a response plan is implemented. Spectrum Health makes all response plans visible to outside agencies within the system.
11. Were community Emergency Response Agency(ies) efforts incorporated/coordinated?	X			Contact was made with FCC-MI, Kent County Emergency Management, Kent County Health Dept., ARC, MI Blood, Region 6 HCC
12. Was the switchboard able to handle/route outside calls appropriately?			X	
13. Were external agencies properly notified (Law Enforcement, Fire, Office of Emergency Management) when emergency response measures were initiated?	X			

14. Was information from the event site accurate? | X | | | |

Additional Comments: This portion of the exercise was well done; everyone who would be involved in an RITN activation was contacted in a timely manner.

Category Rating			
Check Rating Level	Rating		Description
	0	Unable to be performed	Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).
	1	Performed with major challenges	Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws
	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
X	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

RESOURCES & ASSET MANAGEMENT				
Core Expectations	Yes	No	N/A	Comments
1. Were emergency supplies readily available and adequate for response?		X		Need to work on developing a detailed pharmaceutical plan for an RITN incident. Other supplies seem adequate.
2. Were resources mobilized and appropriated, as necessary (responders, equipment, supplies, PPE, transportation, security)?			X	
3. Was there a need to contact local organizations for resource sharing? (Please describe in comments)	X			Contacted Region 6, FCC – MI, for additional pharmaceuticals
4. Was there a need to communicate with vendors or supplies during the incident? (Please describe in comments)	X			Looking for additional pharmaceuticals for a RITN incident
5. Were resources and assets monitored and tracked during the incident?	X			
6. Was enough staff available to maintain operations?	X			
7. Were time sheets for off duty staff called in/turned in?			X	
8. Were recall lists utilized?	X			
9. Were time sheets for off duty staff the Banner registry utilized?			X	
10. Were alternate care sites, either within or outside of our hospital utilized? (Please describe in comments)	X			Looked into alternate sites for blood draw etc., large number of outpatients in an RITN incident.
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
	0	Unable to be performed	Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
X	1	Performed with major challenges	Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed:	

			<ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws
	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

SAFETY AND SECURITY				
Core Expectations	Yes	No	N/A	Comments
1. Was adequate security provided?	x			
2. Was the building secured/access controlled in a timely manner?				
▫ Achieved by: Internal? 3 rd party?	X			Internal security staff was able to control access during exercise, talked about bringing in outside agencies as the incident developed
3. Did all responding staff and volunteers received appropriate identification?	X			Spectrum Health staff are required to wear identification badges at all times.
4. Was traffic control established and enforced?			X	
5. Were emergency vehicles and personnel able to access the facility?	X			
6. Were unauthorized people kept away from the incident area?	X			
7. Was there contact/coordination with outside agencies, e.g., law enforcement?	X			
8. Was property damage reported to the command center?			X	No property damage, exercise incident took place in Georgia
9. Was an evacuation necessary?			X	
10. Were staff injuries or exposures addressed?	X			Spectrum Health uses an electronic injury/exposure system. Incidents that occur during or because of a disaster response are reported to the Emergency Preparedness Department for follow up.
11. Was PPE utilized and adequate?		X		Not necessary
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
0	Unable to be performed		Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
1	Performed with major challenges		Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws 	

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	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
X	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

STAFF RESPONSIBILITIES AND EMERGENCY RESPONSE				
Core Expectations	Yes	No	N/A	Comments
1. Were provisions for the management of staff, including distribution/assignment of responsibilities and functions and “just in time” training adequate?	X			
2. Were other facilities contacted?(Please describe in comments)	X			All Spectrum Health facilities were provided with information about radiation exposure. Region 6 hospitals were also notified
3. If other facilities were contacted, were they able to help?	X			Area hospitals and several nursing facilities offered to take current patients that were stable.
4. Were roles and responsibilities assigned in a timely manner?	X			
5. Did the facility close or did the ED go on bypass?		X		
6. Was staff appropriately trained and aware of their role?	X			Spectrum Health leadership staff are required to take ICS courses to understand their role within the incident command structure.
7. Did staff display adequate knowledge of their roles/responsibilities during an emergency situation?	X			Staff was provided with information regarding radiation and Acute radiation syndrome (ARS)
8. Was the Labor Pool/Staging Area used appropriately?			X	This was not needed in the exercise, discussed how it would be used the following days
9. Did staff reporting to the Labor Pool/Staging Area receive “just in time” training (location and person to report to, nature of job)?			X	
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
0	Unable to be performed		Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
1	Performed with major challenges		Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities 	

			<ul style="list-style-type: none"> ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws
	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
X	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

UTILITIES MANAGEMENT				
Core Expectations	Yes	No	N/A	Comments
1. Did the utilities perform as expected:				
<input type="checkbox"/> Phones?	X			
<input type="checkbox"/> Electrical Power?	X			
<input type="checkbox"/> Emergency Power?	X			
<input type="checkbox"/> Plumbing/Water System?	X			
<input type="checkbox"/> Computer Systems/IT?	X			
<input type="checkbox"/> Internet	X			
<input type="checkbox"/> HVAC Systems?	X			
<input type="checkbox"/> Medical Gases?	X			
2. If there was a utility outage, were redundant systems available?			X	
3. Was there appropriate management of loss of facility function?			X	
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
0	Unable to be performed		Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
1	Performed with major challenges		Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated performance that had a negative impact on the performance of other activities <input type="checkbox"/> Contributed to additional health and/or safety risks for the public or emergency workers <input type="checkbox"/> Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws 	
2	Performed with some challenges, but adequately		Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.	
X	Performed without challenges		Performance measures and tasks associated with the activity 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	

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			health and/or safety risks for the public or emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.
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PATIENT CLINICAL AND SUPPORT ACTIVITIES				
Core Expectations	Yes	No	N/A	Comments
1. Were provisions for the management of patients adequate:				
<input type="checkbox"/> Scheduling of services?	X			
<input type="checkbox"/> Management of patient information?	X			
<input type="checkbox"/> Patient triage and prioritization?	X			
<input type="checkbox"/> Patient admissions?	X			Had discussion on where RITN patient admissions would take place. Identified the Lemmon Holton lobby as that location
<input type="checkbox"/> Patient transfers?	X			
<input type="checkbox"/> Patient discharge?	X			
<input type="checkbox"/> Patient identification and tracking?	X			
<input type="checkbox"/> Personal hygiene/sanitation?	X			
<input type="checkbox"/> Mental Health?	X			
<input type="checkbox"/> Mortuary Services?	X			
<input type="checkbox"/> Alternate care sites?				
<input type="checkbox"/> Cancellation of scheduled elective procedures?		X		Determined this would probably not be necessary
2. Was all necessary medical treatment readily available on-site and adequate?	X			Patients not arriving for 24 hours, discussed in detail treatment that would be necessary, many patients would be treated as outpatients
3. Were any patients transferred to other facilities?	X			Discussed the possibility of doing so, identified alternate locations who could accept patients
4. Were the needs of patients and family members adequately addressed?				Large influx of patients and families into our city. Kent County Emergency Management and American Red Cross to assist with addressing the needs of the families.
5. Were adequate provisions made for the following vulnerable populations:	X			
<input type="checkbox"/> pediatric	X			
<input type="checkbox"/> geriatric	X			
<input type="checkbox"/> disabled - blind	X			
<input type="checkbox"/> disabled – hearing impaired	X			
<input type="checkbox"/> disabled - wheelchair	X			

<input type="checkbox"/> non-English Speaking		X		
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
	0	Unable to be performed	Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
	1	Performed with major challenges	Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated performance that had a negative impact on the performance of other activities <input type="checkbox"/> Contributed to additional health and/or safety risks for the public or emergency workers <input type="checkbox"/> Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws 	
X	2	Performed with some challenges, but adequately	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.	
	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.	

HEALTHCARE PREPAREDNESS PROGRAM CAPABILITIES				
Core Expectations	Yes	No	N/A	Comments
Capability 1: Healthcare System Preparedness	X			
Capability 2: Healthcare System Recovery			X	
Capability 3: Emergency Operations Coordination	X			
Capability 5: Fatality Management			X	
Capability 6: Information Sharing	X			
Capability 10: Medical Surge	X			
Capability 14: Responder Safety and Health			X	
Capability 15: Volunteer Management			X	
Additional Comments:				
Category Rating				
Check Rating Level	Rating		Description	
0	Unable to be performed		Performance measures and tasks associate with the activity were not performed in a manner that achieved the objective(s).	
1	Performed with major challenges		Performance measures and task associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: <ul style="list-style-type: none"> ▫ Demonstrated performance that had a negative impact on the performance of other activities ▫ Contributed to additional health and/or safety risks for the public or emergency workers ▫ Was not conducted in accordance with applicable plans, policies, procedures, regulations and/or laws 	
2	Performed with some challenges, but adequately		Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with	

Confidential: This report is prepared pursuant to, but not limited to (P.A.368 of 1978). This report is a review function and as such is confidential and shall be used only for the purpose provided by law and shall not be public record and shall not be available for court subpoena.

			applicable plans, policies, procedures, regulations and laws. However, opportunities to enhance effectiveness or efficiency were identified.
X	3	Performed without challenges	Performance measures and tasks associated with the activity 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 emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations and laws.

CRITIQUE SUMMARY

Overall this exercise response was a success. Exercise players knew what was expected of them and responded well to the objectives that were provided. We identified some items that need to be updated in current RITN SOP and developed several draft documents to support this plan.

As with most exercises, areas for improvement were identified. The Emergency Preparedness team will review the lessons learned from this exercise and will complete a thorough review of the current plan to incorporate the necessary changes for a safe and efficient response

ACTUAL EVENT/INCIDENT IMPACTS

This section only needs to be completed for **ACTUAL** events or incidents. Please provide a rating for each of the following impact categories (human, property and business). This information will be utilized in the event/incident database.

Human Impact of Event or Incident? <i>(Possibility of death or injury)</i>		Property Impact of Event or Incident? <i>(Physical losses and damages)</i>		Business Impact of Event or Incident? <i>(Interruption of services)</i>	
	Not Applicable		Not Applicable		Not Applicable
	Little Impact		Less than \$10,000		Less than \$10,000
	Some Impact		\$10,000 - \$100,000		\$10,000 - \$100,000
	Significant Impact		More than \$100,000		More than \$100,000

CORRECTIVE ACTION PLANNING (CAP)							
Based on the comments and Critique Summary, list observations/recommendations, identify corrective actions, assign areas of responsibility and completion dates as indicated below. Please see Appendix 3 for definitions and examples.							
Observation	Recommendation	Corrective Action Description	Individual Responsible	Start Date	Completion Date	Does this need to be retested?	Retest Date
Covered in IP, see pages							

Rating Definitions for Exercise Evaluations

Rating	Definition
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).

**PLANNING CORE CAPABILITIES “A”
Exercise Evaluation**

Exercise Objective: Evaluate the process of collaboration from the FCC (Detroit) regarding the movement of patients to the RITN Center

Core Capability: Planning

Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Determine the best way to communicate with FCC in Detroit MI.	<ul style="list-style-type: none"> Respond to RITN Alert message Determine appropriate staff to share this information with and how it should be shared 	<p>Done, IC via phone, FCC-MI does not have access to eICS</p> <p>Done</p>	<p>S/P/P</p> <p>P/P</p>
Confirm that the information in the Emergency Communications Capabilities section in SH-Radiation Injury Treatment Network (RITN) Transplant Center SOP is accurate.	<ul style="list-style-type: none"> Review the SH RITN Transplant Center SOP for accuracy and functionality Insure that HCC staff is familiar with all communication methods identified 	<p>Need to include pharmacy section; SOP needs modifying to address pharmacy cache; discussed document, IC told staff that this document is located within eICS</p> <p>Done, staff appears familiar with communications</p>	<p>S/S/P</p> <p>S/S/P</p>
Confirm that the staff and community partners listed in the SH RITN Transplant Center SOP have been notified	<ul style="list-style-type: none"> RITN response team page is implemented. All RITN team staff including BMT staff are notified Submit a Capabilities Matrix promptly to the RITN Control Team through HealthCare Standard Notify hospital staff and partner organizations 	<p>Arrived and involved in HCC discussion, good use of eICS</p> <p>Working on this/ Done but completed well into the exercise</p> <p>Completed</p>	<p>P/P/P</p> <p>S/P/P</p> <p>P/P/P</p>

	<ul style="list-style-type: none"> Notify county and state Public Health and Emergency Management 	Completed	P/P/P
		Final Core Capability Rating	P

Ratings Key
P – Performed without Challenges
S – Performed with Some Challenges
M – Performed with Major Challenges
U – Unable to be Performed

PLANNING CORE CAPABILITIES “B” Exercise Evaluation

Exercise Objective: Evaluate the process of collaboration from the FCC (Detroit) regarding the movement of patients to the RITN Center

Core Capability: Planning

Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Develop a written plan for the receipt of patients and their families upon arrival in Grand Rapids	<ul style="list-style-type: none"> Identify location for triaging patients as they arrive in Grand Rapids 	Lemmon Holton lobby first choice since not everyone arriving at once; discussed others; credentialing and badging also addressed	P/P/P/P
	<ul style="list-style-type: none"> Identify location of Reception center for families of patients 	Meeting rooms on 1 st floor within hospital, Lutheran Hospital just done the street; Good forward thinking, back-up plans Did not see written plan but every item was discussed, may not of had enough time; Ops/Planning working on this	P/P/P/P P/P/P/P
	<ul style="list-style-type: none"> Develop a written plan 		
Develop a written plan regarding housing for patients and their families due to a RITN activation	<ul style="list-style-type: none"> Based on the information gathered in Exercise Objective 2, Mass Care Services, develop a written plan for the housing of patients and their families 	Done; made initial contacts with area hotels, Renucci House, etc. Red Cross stated they could set up shelters for a short term solution if needed; verbal plan developed, Ops/Planning working on this	P/P/P
Confirm that the staff and community partners listed in the SH RITN Transplant	<ul style="list-style-type: none"> Identify where outpatients will gather for blood work, etc. 	Ops talked about, haven't seen the document; will involve MI Blood, many need to call in regional partners	P/P/P
		Done	P/P/P

Center SOP have been notified	<ul style="list-style-type: none"> • Discuss best ways to move patients from triage to inpatient areas • Include alternate locations for inpatients if all available beds are full • Develop a written plan 	Done; discussed; involved local hospitals	P/P/P
		Didn't see a plan, heard it talked about; Ops/Planning working on this	P/P/P
Final Core Capability Rating			P

Ratings Key
P – Performed without Challenges
S – Performed with Some Challenges
M – Performed with Major Challenges
U – Unable to be Performed

OPERATIONAL COORDINATION CORE CAPABILITIES Exercise Evaluation

Exercise Objective: Evaluate the process of opening the Hospital Command Center and managing the influx of patients due to the RITN activation. This may include the ability of Spectrum Health to identify public/private resources and integrate these organizations into the HCC structure as necessary.

Core Capability: Operational Coordination

Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Call out to Hospital Command Center staff	<ul style="list-style-type: none"> Use Everbridge to inform appropriate staff about the activation of the HCC 	Done; statement by Everbridge was simulated	P/P/P
	<ul style="list-style-type: none"> Confirm appropriate staff is in the HCC 	Done; all needed positions were staffed	P/P/P
Determine what private/public organizations you may want to include in the HCC for a RITN activation	<ul style="list-style-type: none"> Discuss whether you want outside organizations in the HCC or only the ability to contact through the EOC and/or via another form of communication 	Discussed and determined; strong coordination extending beyond HCC	S/P/P
	<ul style="list-style-type: none"> List what organizations would be integrated into the HCC if the decision is made to include them 	KCHD, AMR, RACES, ARC, media would be offsite	P/P/P
	<ul style="list-style-type: none"> If the decision is made to incorporate outside organizations in the HCC determine where they would sit and what if any 	Conference room, outside of the HCC, phones	P/P/P

	<p>communications equipment you will need to provide for them to function</p> <ul style="list-style-type: none"> If the decision is made to not have outside organizations in the HCC is contact information readily available? 	<p>For those not at Spectrum Health Medical Center, yes they have a list of external contacts; coordination not clearly outlined by observation</p>	<p>P/P/P</p>
Final Core Capability Rating			P

Ratings Key
<p>P – Performed without Challenges S – Performed with Some Challenges M – Performed with Major Challenges U – Unable to be Performed</p>

MASS CARE CORE CAPABILITIES Exercise Evaluation

Exercise Objective: Identify the responsibilities and resources necessary for mass care capabilities to support RITN patients and their families during ongoing treatment at Spectrum Health RITN Center.

Core Capability: Mass Care Services

Provide life-sustaining services to the affected population with a focus on hydration, feeding and sheltering to those who have the most need, as well as support for reunifying families.

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Identify organizations in our community that may be able to assist Spectrum Health in regards to locating housing, food and transportation for RITN patients and their families	<ul style="list-style-type: none"> Identify at least 3 local organizations that may be able to assist 	Done, ARC, Renucci House, local hotels, faith-based community	P/P/P/P
	<ul style="list-style-type: none"> Identify what assistance outside agencies can provide regarding RITN families basic needs 	Discussed	P/P/P
	<ul style="list-style-type: none"> Determine if written contracts are needed; who has the initial financial responsibility 	Many contracts appear to be in place already; discussed	P/P/S
Identify potential housing locations for RITN out-patients and families during the length of their stay	<ul style="list-style-type: none"> Develop a list of potential housing options, including contact information 	Renucci House Hope Network, Ronald McDonald House, local hotels	P/P/P/P
	<ul style="list-style-type: none"> Determine what to do with patients and families arriving tomorrow 	Lutheran Church, first floor meeting rooms, LH Cancer Center for triage and admit	P/P/P/P
	<ul style="list-style-type: none"> Identify method to track all costs involved 	Unnecessary b/c of cost center assignment	P/P/P/P

Address the additional needs of RITN patients and their families, such as food and transportation	<ul style="list-style-type: none"> Identify local transportation options Identify local feeding options Determine what to do with patients and families arriving tomorrow 	Spectrum bussing, plenty of capacity	P/P/P
		Not addressed Logistics working on this, area has been reserved	P/P/M P/P/S
Final Core Capability Rating			P

Ratings Key
P – Performed without Challenges
S – Performed with Some Challenges
M – Performed with Major Challenges
U – Unable to be Performed

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**PUBLIC INFORMATION AND WARNING
Exercise Evaluation**

Exercise Objective: Determine the hospitals ability to deal with public concerns and fears related to brining ARS patients into the community.

Core Capability: Public Information and Warning

Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken and the assistance being mad available.

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Develop educational materials for hospital staff	<ul style="list-style-type: none"> Identify existing educational resources regarding this type of radiation exposure Develop educational materials to alleviate concerns about working with RITN patients Determine best way(s) to share this information with staff 	Done	P/P
		Flyer put together, attached to eICS; reach out using internal web page	P/P
		Have managers talk to staff, Insite, FAQs	P/P
Develop educational materials for the general public	<ul style="list-style-type: none"> Identify existing educational resources regarding this type of radiation exposure Develop educational materials for the general public to alleviate concerns regarding having RITN patients and their families in our community 	Done	P/S
		KCHD to take lead on educating the public, media	P/S

Develop a multi-faceted media campaign to educate the public	<ul style="list-style-type: none"> Identify at least 2 ways social media will be used to distribute this information Identify 3 or more other methods that will be used to educate the public 	<p>Twitter and Facebook, have a Facebook chat where questions can be answered</p> <p>Set up Call-in center; media interviews; KCHD and SHH websites, brochures/flyers</p>	<p>P/P</p> <p>P/P</p>
Final Core Capability Rating			P

Ratings Key
<p>P – Performed without Challenges</p>
<p>S – Performed with Some Challenges</p>
<p>M – Performed with Major Challenges</p>
<p>U – Unable to be Performed</p>

Improvement Plan - 6 Spectrum Health System

Prepared by: Susan Barthels 20 Apr 2016 15:06 EDT

Status Included: All

Incident: RITN Functional Exercise, April 18, 2016 (Exercise/Drill)

Start Date: 4/18/2016 10:06:00 AM

End Date: 4/20/2016 1:58:00 PM

Incident Details: The following message is a Exercise/Drill at 6 Spectrum Health System. A radiological dispersion device was detonated in downtown Atlanta, Georgia (city population 444,000) with a 8-10 kiloton yield. RITN has determined that a total number of 105 patients will be sent to Spectrum Health due to ARS.

Issue Description	Issue Status	Issue Closed Date	Improvement Action	Action Status	Responsible Party	Due Date
- Staffing is critical for Labs - look at both labs (inpatient/outpatient).- Have multiple drawers in one space.- Review the process - give patients a scheduled time to come back for assessment	Open		Create a process for performing labs during RITN incident	Open	Mark Van Dyke	06/18/2016
6 South - 6-8 beds - could house the ICU patients here	Open		Investigate using 6 South as an ARS ICU patient area	Open	Mark Van Dyke	06/18/2016
Add more clinical things to pharmacy ideas	Open		Add more clinical objectives for Pharmacy in future exercises	Open	Mark Van Dyke	06/18/2016
Add treatment protocol to the RITN SOP	Open		Add treatment protocol to RITN SOP	Open	Mark Van Dyke	06/18/2016
Bethany Christian Services - if minor children are patients - work with BCS to connect kids with fostering families (which are already licensed).	Open		Include Bethany Christian Services for external partner during RITN	Open	Mark Van Dyke, Chad Fessenden	06/18/2016

Better org structure with security	Open		Improve organizational structure with Security	Open	Kelly Anglin-Noordewier, Mark Van Dyke	06/18/2016
Bring in R.A.C.E.S. to sit in our Command Center to monitor radios...ORAMR can sit in that spot	Open		Include R.A.C.E.S. in future RITN exercises	Open	Mark Van Dyke	06/18/2016
Carmanos will be in the same "boat" as us regarding drugs - look at all the hospitals in the State of MI and the drugs/doses - a time saver.	Open		Discussion with State of MI regarding creation of a statewide inventory of RITN medications	Open	Mark Van Dyke, Julie Bulson	06/18/2016
Create pro-forma work load/patient load balancing plans between Karmanos Cancer Institute and Spectrum Healthcare Systems since they are both RITN Care Centers in the NDMS FCC Detroit Catchment Area	Open		Develop identified plan	Open	NDMS FCC Detroit	09/18/2016
Child Life- Kids coming along with injured person- Space on unit for Care Management, Patient Relations, Child Life - Connect with families on a regular basis	Open		Include Child Life in RITN SOP	Open	Mark Van Dyke	06/18/2016
Command center is not best for group work within the sections - possible redesign	Open		Redesign command center for optimal workspace between sections	Open	Mark Van Dyke	10/22/2016
Deploy Team to Detroit to meet plane:- AMR truck- Enter into EMResource- Patients may progress - decline	Open		Include in SOP to send a Clinical Team with AMR to Detroit to assess patients upon arrival and enter into EMResource	Open	Mark Van Dyke	06/18/2016
Develop information packet for family who are with inpatient for an RITN incident. Impress on family that they need to communicate with the rest of their family members	Open		Develop ARS information packet for family members of patient	Open	Mark Van Dyke	06/18/2016

Develop pre canned messaging to push to the community and media	Open		Develop pre-canned RITN message to push to the community and media about radiation exposure concerns	Open	Clare Wade	06/18/2016
Dr. Fahner, Jordon Posey and Dr. Williams to be on a conference call with RITN to discuss process.	Open		Set up a meeting between Dr. Fahner, Jordan Posey, and Dr. Williams with RITN to discuss medication/treatment process	Open	Mark Van Dyke	06/18/2016
Pharmacy requires specialized medications	Open		Develop a Pharmacy plan for an event such as this requiring specialized medications	Open	Mark Van Dyke, Jordan Posey	06/18/2016
Further design the flow of patients from LHCP lobby, etc. (Triage area)	Open		Create a RITN patient flow plan	Open	Mark Van Dyke	06/18/2016
Goal: Identification/categorization: Temporary badges for family of patients on 5 South Separate badges for credentialing media	Open		Investigate possibility of using badges for all access to ARS treatment areas	Open	Kelly Anglin-Noordewier	06/18/2016
Have a veterinary practice on call to assist with family pets / Blue Pearl?	Open		Identify local veterinary clinic(s) to partner with in regards to possibly sick pets arriving with patients.	Open	Mark Van Dyke	06/18/2016
Kenneth is not on eICS - add the State of MI resources we'd need to contact.	Closed	05/03/2016	Kenneth would need to access site via the WebEOC portal	Completed	Mark Van Dyke	06/18/2016
Mark Van Dyke will connect with IS to establish the call center to monitor community concerns	Open		Include IS in the command structure	Open	Mark Van Dyke	06/18/2016
Need more SOT members (Scribes, operators)	Open		Recruit more SOT members	Open	Mark Van Dyke, Kathi Vande Guchte	06/18/2016

Pharmacy:- Nupigen - national stockpile - need to have more doses - go to our regional hospitals to also obtain	Open		Identify additional locations for acquiring Nupigen and other drugs used for treating ARS patients	Open	Jordan Posey	06/18/2016
Policy on disaster cost being charged to 83310	Open		Create a policy that all disaster costs are charged to cost center 83310	Open	Mark Van Dyke	06/18/2016
RITN policy/procedure and attachments do not provide details of what medications would be needed. Primary and alternative regimens should be attached. Maybe a worksheet could be made for pharmacy to identify the medications that we should evaluate for stocking levels?	Open		Create RITN medication worksheet	Open	Mark Van Dyke, Jordan Posey	06/18/2016
Should we have an algorithm for assessment parameters to be used/distributed to urgent care facilities and PCP offices?	Open		Create algorithm for assessment parameters	Open	Julie Bulson, Mark Van Dyke, Stephanie Williams	06/18/2016
Stockpile Ordering- Need to educate process for this - Jordan Posey - reach out to Pharmacies- Volume and duration unknown at this point.	Open		Determine process for stockpile ordering	Open	Jordan Posey	06/18/2016
What will we call this? Plan Listen, Surge Plan (Mass Casualty) – Keep InSite updated/current so people will have solid information	Open		Define RITN policy to identify which disaster plan is implemented	Open	Mark Van Dyke	06/30/2016
Why are patients that are coming to us flying to Detroit first and then transported to us? Investigate why patients can't be directly transported to Grand Rapids.	Open		Spectrum Health to Contact FCC/MI and RITN to Consider Including Gerald R Ford International Airport in Action Plan Called ops at KGRR – they are able to take C17's work	In Progress	Mark Van Dyke	06/18/2016

			with Kenneth at FCC to rewrite the plan			
External partners were having difficulty with with eICS	Open		External partners need additional training/practice with eICS	Open	Mark Van Dyke	10/18/2016

APPENDIX A – EXERCISE DESIGN TEAM

NAME	DEPARTMENT
Bailey, Joanna	SHH Pastoral Care
Barthels, Susan	SHH Emergency Preparedness, Exercise Contractor
Bart, Kirk	SHH Renucci
Billett, Warren	SHH IS Technology Services-Emergency Preparedness
Bivins, James	SHH Security Services, Mgr
Black, Karla	Kent County Health Dept.
Boote, Evan	SHH Radiology, Radiation Safety Officer
Borum, Katherine	SHH Nurse Mgr, BMT Unit
Brooks, Kim	SHH Patient Transport
Bulson, Julie	SHH Emergency Preparedness, Dir
Carlton, Pamela	SHH Transfer Center, Mgr
Causie, Kenneth	SHH Patient Access Svcs, Supv
Cragwall, Kate	American Red Cross
Constant, Matthew	SHH Fac Support Center, Security Police Dis, Coord
Denenberg, Matthew	SHH HDVCH Chief Medical Director
Dewitt, Kamala	SHH Pathology & Laboratory, Mgr
Dougherty, Mary	SHH Oncology & Med Surg, Dir
Fahner, James, MD	SHH HDVCH Hem/Oncology, Div Chief
Fessenden, Chad	SHH Care Management, Supv

NAME	DEPARTMENT
Garyson, Leonard	American Red Cross
Gregg, Michael	Region 6 HCC
Hibdon, Melissa	SHH Clinical, Adult BMT Infusion Services, Mgr
Hile, Barbara	MI Blood
Kamps, Jeremy	SHH Patient Registration
Kloostra, Mary	SHH Pathology Lab, Mgr
Knight, Sandy	SHH Oncology/Med/Surg, Mgr
Korte, Lauren	MDHHS, DEPR, Medical Surge Planner
Kusey, Maddison	SHH Emergency Preparedness Intern
Kwiatkowski, Greg	SHH Pharmacy-Reg, Mgr
Lodholtz, Jeff	MI Blood
Miller, Kathy	SHH Emergency Preparedness
Moser, Richard	SHH HDVCH Hematology Oncology, Mgr
Mueller, Curt	RITN
Nelson, Julie	SHH Lab, Oper & Quality Specs
Posey, Jordan	SHH Pharmacist, Clinical Generalist
Rossmann, Bruce	SHH Corporate Communications
Scholten, Julie	SHH NRSG-Admin, Project Mgr
Scholten, Timothy	SHH Ortho Trauma, Nurse Mgr
Shaw, Kenneth	SHH Emergency Preparedness Coord.

NAME	DEPARTMENT
Stewart, Jack	Kent County Emergency Management
Tacoma, Bethany	SHH Emergency Preparedness Intern
Vandeguchte, Kathi	SHH Emergency Preparedness
Van Dyke, Mark	SHH Emergency Preparedness Supervisor
VanSlokema, Jessica	SHH Communications Lead, Spec
West, Joel	SHH Pharmacy – Reg. Mgr
Williams, Elisa	SHH Blood/Marrow Transplants, Adult BMT, Mgr
Williams, Stephanie, MD	SHH Adult BMT, Division Chief
Wolf, Ryan	SHH Pharmacy – Inpatient, Sup

APPENDIX B – EXERCISE DEFINITIONS

EXERCISE DEFINITIONS

WORKSHOP: A WORKSHOP RESEMBLES A SEMINAR, BUT IS EMPLOYED TO BUILD *SPECIFIC* PRODUCTS, SUCH AS A DRAFT PLAN OR POLICY (E.G. A TRAINING AND EXERCISE PLAN WORKSHOP IS USED TO DEVELOP A MULTI-YEAR TRAINING AND EXERCISE PLAN).

TABLETOP: A TABLETOP EXERCISE INVOLVES KEY PERSONNEL DISCUSSING SIMULATED SCENARIOS IN AN INFORMAL SETTING. TTXS CAN BE USED TO ASSESS PLANS, POLICIES, AND PROCEDURES.

DRILL: A DRILL IS A COORDINATED, SUPERVISED ACTIVITY USUALLY EMPLOYED TO TEST A SINGLE, SPECIFIC OPERATION OR FUNCTION WITHIN A SINGLE ENTITY (E.G. A FIRE DEPARTMENT CONDUCTS A DECONTAMINATION DRILL).

FUNCTIONAL: A FUNCTIONAL EXERCISE EXAMINES AND/OR VALIDATES THE COORDINATION, COMMAND, AND CONTROL BETWEEN VARIOUS MULTI-AGENCY COORDINATION CENTERS (E.G. EMERGENCY OPERATION CENTER, JOINT FIELD OFFICE, ETC). A FUNCTIONAL EXERCISE DOES NOT INVOLVE ANY “BOOTS ON THE GROUND” (I.E. FIRST RESPONDERS OR EMERGENCY OFFICIALS RESPONDING TO AN INCIDENT IN REAL TIME).

FULL SCALE: A FULL-SCALE EXERCISE IS A MULTI-AGENCY, MULTI-JURISDICTIONAL, MULTI-DISCIPLINE EXERCISE INVOLVING FUNCTIONAL (E.G. JOINT FIELD OFFICE, EMERGENCY OPERATION CENTERS, ETC.) AND “BOOTS ON THE GROUND” RESPONSE (E.G. FIREFIGHTERS DECONTAMINATING MOCK VICTIMS).

APPENDIX C – ACRONYMS

Acronym	
AAM	After Action Meeting
AAR	After Action Plan
ARS	Acute Radiation Syndrome
ASBMT	Am Society of Blood & Marrow Transplantation
C/E	Controller/Evaluator
DEPR	Department of Emergency Preparedness and Response
DHS	Department of Homeland Security
EEG	Exercise Evaluation Guidelines
ExPlan	Exercise Plan
FCC	Federal Coordination Center
FE	Functional Exercise
HCC	Hospital Command Center
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
IRD	Improvised Radiological Device
MDHHS	MI Department of Health and Human Services
MSEL	Master Scenario Events List
NDMS	National Disaster Medical System
NMDP	National Marrow Donor Plan

NRP	National Response Plan
POC	Point of Contact
RITN	Radiation Injury Treatment Network
SIMCell	Simulation Cell
SME	Subject Matter Expert
SOP	Standard Operating Procedures

APPENDIX D – 5 days of News Articles leading up to exercise

DAY 1 This is an Exercise

AP Breaking News

Exercise AP: Devastating Explosion of Unknown Origin – Downtown Atlanta, GA

Day One

A large explosion has occurred in downtown Atlanta, GA. Witnesses on scene report seeing a mushroom cloud rising over the city. Initial reports of significant damage have come in from up to a mile away. There are claims of windows shattering over 3 miles away. Traffic is stalled all over the city hindering first responders. People are streaming away from the downtown area on foot. Emergency Management officials say the source of the blast is unknown but are recommending that everyone seek shelter inside immediately.

Further updates will be provided when more information is known.

This is an Exercise.

DAY 2

EXERCISE NEWSPAPER TERROR IN THE HEART OF ATLANTA GA Unprecedented Horror and Devastation

This is an exercise

A beautiful sunny day, April 11th, in downtown Atlanta turned into chaos and destruction after what is suspected to be an improvised nuclear device was detonated in Downtown Atlanta at 11:00 AM.

Eyewitnesses stated that the mushroom cloud rose above the city and began to drift east. Debris blocked nearby streets and a cloud of dust quickly enveloped a several block area. Most buildings within 2/3 mile of the detonation are severely damaged. Detailed damage assessments are underway. Injuries from flying or falling debris have been reported out to 3-½ miles from the center of the blast.

Several local hospitals report damage to parts of their buildings. They are operating on a limited basis in areas that have not been damaged. All hospitals are urging those not seriously injured to seek care from clinic doctors and not to come to the hospital. Most hospitals are also operating on emergency power from generators.

Electricity to the area is not reliable, as the Electromagnetic Pulse (EMP) from the blast has affected numerous substations. Also the EMP fried some of the responder and hospital equipment.

Reports of damage to electronic devices have been reported as far away as 3 miles from the epicenter, Hundreds of cars that were not damaged in the blast were stalled on the roads making it nearly impossible for responders to get to the wounded. Major evacuation routes are also blocked by traffic accidents caused by the concussion blast and blinding light from the explosion. There are also numerous cars abandoned as drivers fled the area in panic.

Evacuation of the areas in the path of the dust cloud has been completed. Officials are recommending people who were in the evacuation area during or after the explosion (see Map) go to one of the contamination evacuation centers to be checked for residual radiation and exposure levels. Centers are located at: Atlanta University Center, 156 Mildred St., SW, Atlanta and Georgia International Horse Park, 1996 Centennial Parkway, Conyers, GA.

**DAY 3
EXERCISE NEWSPAPER
LOCAL BULLETIN
As the Smoke Clears - Assessment Continues
This is an exercise**

Atlanta continues to reel from the unfolding disasters caused by the devastating blast on the 11th.

The evacuations are now complete but the assessment of damage and radioactive levels is progressing very slowly. The National Guard is now patrolling the perimeter of the damage zones. There have been numerous cases of looting taking place. Martial law has been declared.

There are shortages of OTC medications, diapers, bottled water, soap and canned food. Consumers are noticing prices skyrocketing for those items that are still available.

Many relatives are seeking information on missing loved ones. Tom Jones is a typical case. His wife and small child were in the evacuation zone and had to leave. They were directed to go south. Tom was ordered to shelter-in-place in his office building for almost 36 hours. He says "It was the hardest time in my life. The cell phones were not working and I didn't know if my family was safe or not. I am still unable to go home as our house is still in the quarantined zone."

There are some success stories though. Kit Wilson is now reunited with her family and staying with Aunt Betty here in Grand Rapids, MI. She says, "Luckily we had developed a family emergency plan before the disaster. We all had our communication plan and outside relocation spot. We were spread on all sides of the city but we all had Aunt Betty's home phone number in our wallets, purses or backpacks. We all called her on a landline when we were safe. A few of us were able to get our one word text "safe" message through to each other once we were out of the impact area. We all started heading to our rendezvous point and were back together again within four hours."

**NEW LEADS FOR INVESTIGATORS
This is an exercise**

Atlanta, GA – Federal, state and local authorities are continuing to follow leads about Monday's nuclear explosion. Recent information provided by an unnamed source suggests they are looking for two men wearing jeans, dark t-shirts and ball caps that were seen in the area prior to the explosion in a white service van. The van had pulled over on the side of the highway as if they were having engine trouble. They are believed to be a part of a terrorist group, Collective

Nemesis (CN) that has claimed responsibility. The group released a statement stating in part, “Know that if we can hit you in Georgia, we can hit you anywhere. Get all your troops out of foreign lands now. You have two weeks.”

A million dollar reward has been offered for information leading to an arrest in this act of terrorism or any information that thwarts any planned incidents. Anyone with information about these men or Monday’s incident is encouraged to contact the Federal Bureau of Investigation office in your local area or call the tip line, 1-800-NOCRIME.

**LOCAL BULLETIN
RADIATION RESPONSE
What should I do?
This is an exercise**

Radiation experts are reporting that above normal reading of radiation have been taken up to 20 miles northeast of the center of the explosion.

Dr. Curie, Radiation Oncologist with Federal Department of Health and Human Services emphasized the importance of following recommendations put out by local authorities. Sheltering or evacuation orders are given with the health of the population in mind. Those outside the areas designated should not be in any danger.

Local meteorologists have studied the wind patterns from the 11th and issued a press release stating that the local winds that day were from the southwest but with the great distance between Grand Rapids and Atlanta no fallout should have traveled into Michigan in the winds.

Atlanta residents who think they may have been contaminated by radiation fallout are being urged to self-decontaminate themselves by removing their clothes and bagging them up. The clothes should then be taken to the decontamination centers. They should then take a shower for at least 5 minutes washing from top to bottom – washing all areas. Afterwards they should go to one of the decontamination centers to be scanned for further contamination. The centers are located at: Atlanta University Center, 156 Mildred St, SW, Atlanta and Georgia International Horse Park, 1996 Centennial Olympic Parkway, Conyers, GA. Also on-site are triage teams that can provide initial assessment and referral to the appropriate medical care if needed.

Local Atlanta hospitals that are overwhelmed with patients are requesting that all non-emergency patients go to the Medical Triage Unit set up at Atlanta University Center. Anyone needing hospital services will be sent by ambulance/helicopter to hospitals with availability to treat the patients.

**DAY 4
EXERCISE NEWSPAPER
WHERE ARE YOU?
Residents Leave The Area
This is an exercise**

A number of Atlanta residents are leaving the area without notifying officials. Some family members and friends do not know where their loved ones are or if they are safe. Families are having difficulty connecting, as many cell towers are not functioning either because of the blast or the call volume. Phone companies have brought in several COWs (Cell On Wheels) to serve as temporary cellular antenna towers and electronic radio transceivers but the coverage is spotty. The local responder towers have also been affected. The National Guard has brought in their mobile equipment to supplement responder communication. Amateur radio operators have also set up local networks to assist.

To let others know you are safe or to search for family or friends, register with the American Red Cross, Safe and Well website, <https://safeandwell.communityos.org>. You may also initiate an Emergency Information Request by calling your local American Red Cross Chapter or 1-800-RED-CROSS.

**MEDICAL TREATMENT AVAILABLE
Treatment Centers set up
This is an exercise**

Atlanta hospitals are still overwhelmed with patient care and recovery from damage as well as limited electricity. Injured residents are seeking treatment outside Atlanta. Some are going to neighboring towns. There are some reports of patients driving to surrounding states.

John Wayne, the city Public Information Officer, reported that current estimates have the death toll at 3,000, injured at 25,000. Officials estimate that up to 130,000 people may have been exposed to the nuclear fallout. Mobile Medical units are set up at ABC College of Business to triage patients for transport by the National Disaster Medical System out of the Atlanta International Airport. These patients will be sent to NDMS and RITN designated hospitals across the country for treatment.

The Georgia Department of Health is requesting all resident who were in the evacuation zone after the explosion call 1-800-555-1234 for directions to appropriate treatment locations and decontamination sites.

IT IS URANIUM!
This is an exercise

AP – In a joint statement, the Department of Homeland Security (DHS), FBI and Environmental Protection Agency (EPA) addressed the nation. They stated readings indicate the improvised nuclear device was made using Uranium 235. Interagency Modeling and Atmospheric Assessment Center (IMAAC) has created a plume model to help predict the atmospheric dispersions and their consequences. Initial models show the radiation is blowing Northeast.

DOD has sent CBRE Response Teams to monitor, conduct search and rescue, decontamination, and help with emergency medicine.

LOCAL BULLETIN
LOCAL HOSPITAL IMPACT
This is an exercise

Local hospitals have seen the arrival of a few patients from the Atlanta area. Most appear to be worried well at this point.

Hospitals, in states south of Michigan are receiving an influx of “walk-in” patients from Georgia that are beginning to stretch their capabilities.

There has been discussion regarding opening the Region 6 healthcare multi-agency coordination center to ensure that all patients, local and from the disaster area, have quality care.

Kent County and the City of Grand Rapids with the help of the ARC are contemplating opening a Reception Center for receiving multiple evacuees.

WHAT NEXT?
Recovery Underway
This is an Exercise

Macon, GA – With evacuation of the affected Atlanta areas complete, recovery is now struggling to get underway. “It’s been absolutely terrifying”, said Marsha Williams, a resident of the area. She and her family were returning from a family event out of town at the time of the explosion. With her home located within 1 mile of Ground Zero, she’s being told by officials that the damage is likely significant. “We’re not allowed in yet and that’s tough. How can we begin to even process any of this when we’re stuck where we are”, said Williams. She and her family, including 3 kids under the age of 10, have been staying with family in Macon.

All over the city, homes are being abandoned and looting is a problem. Residents in non-affected areas are also leaving the area. Sal Struthers who lived in southwest Atlanta has left the area and went to live with relatives in Michigan. He says, “I don’t trust the government to tell us the truth. Who knows where that radiation will go? I am taking no chances.” Nancy Henderson, spokeswoman for the Fulton County Emergency Management stated, “We are aware of the looting in several locations and are stepping up efforts to protect those areas. Additional resources are being requested to assist with this.” Georgia National Guard units have been activated and a request has been made for support from other states.

Those outside of the 20 block contaminated area are expected to be allowed access to their homes and businesses soon, after the completion of radiation surveys of the area as radiation levels are dropping. Radiation monitors are also being set up. Electricity is expected to be restored to most areas within the next two weeks. So far the aquifer is not registering any contamination but all water sources will continue to be monitored.

**DAY FIVE
LOCAL BULLETIN
VICTIMS FLEE TO SAFETY OF OUR CITY
This is an exercise**

Grand Rapids, MI – Brent McMillan heard about the Atlanta nuclear explosion on the news. He and his family were packed within the hour and started driving away from Atlanta. “I knew it wasn’t good and I just knew we had to get as far away as we could” said McMillan. “MI was our destination as my sister and her family live there. On the way into town my wife and I decided it was safer for our family to head towards Spectrum Health Butterworth to be checked out, just in case....”. The McMillan family is not alone. Local bulletin has learned of many residents from the Atlanta area that simply fled this way. Some were told evacuate while others decided prior to any official announcements.

The Governor of Michigan has issues a statement welcoming Georgia residents to the state during this time of fear but encouraging all to consider radiological assessment so the contamination can be contained. Any evacuees from the Atlanta area that are already here are recommended to bag up any clothes or other items that were potentially contaminated and take them to [local collection point] in Grand Rapids.

Local hotels and apartments are filling up fast and evacuees are having trouble finding accommodations. Many of these families came with few possessions. They also are low on funds. Local homeless shelters are full. Red Cross has opened a shelter at [local shelter location].

SPECTRUM HEALTH BUTTERWORTH RECIEVES RADIATION CASUALTIES

A Spectrum Health spokesperson has confirmed that they have received patients from the affected areas; however, most patients had no radiation contamination. “What we see in incidents like these, are a lot of “worried well”, which are people who seek immediate medical attention that had little to no direct exposure to the event itself. People are exposed to radiation every day from various sources from natural sources like the sun to man-made like dental x-rays”, stated their radiological expert. The patients who come to Spectrum Health receive a radiation survey and are decontaminated if necessary. Mark K., a nurse at Spectrum Health, explains, “External radiations is easy to remove. When you remove your clothes you get rid of over 80% of the contamination. Take a shower and wash thoroughly from top to bottom for about 5 minutes and you have removed most of the rest.”

Hospitals and clinics across the region are also reporting receiving patients from Georgia stretching resources and staff. “We are receiving a lot of calls from people with concerns about radiation” stated a spokesperson of Spectrum Health, “There are a lot of misconceptions out there.” For more information on everyday radiation exposure visit <http://www.epa.gov/radtown/personal.html>

APPENDIX E – EVALUATION SURVEY

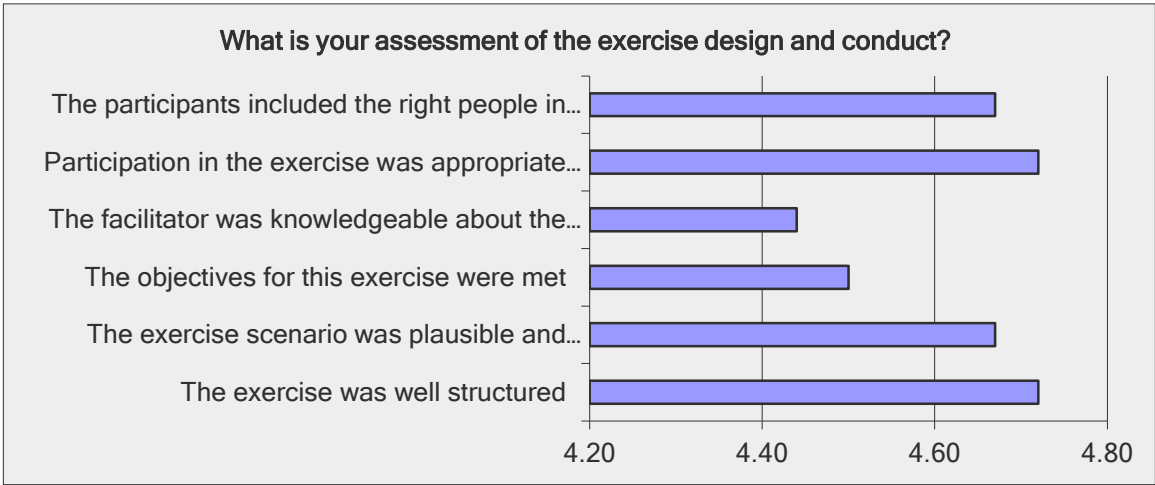
Based on discussions today and the tasks identified, list the top 3 issues and/or areas that need improvement	
Answer Options	Response Count
	16
<i>answered question</i>	16
<i>skipped question</i>	2
Number	Response Text
1	1. Scheduled communication among the agencies involved. 2. Support for the Command Center (Scribe Operators); the CC will be open for long stretches of time. 3. Space to receive phone calls/e-mails with questions and concerns by staffs from Spectrum Health.
2	1. Solidification of the NDMS/RITN Patient Movement Schema between the NDMS FCC Detroit and the Spectrum Health Systems/Michigan Region 6 HCC. 2. Obtain current signatures on new NDMS Memorandum of Agreement (MOAs) with each Spectrum Health System provider(s). 3. Create pro-forma work load/patient load balancing plans between Karmanos Cancer Institute and Spectrum Health Systems since they are both RITN Care Centers in the NDMS FCC Detroit Catchment Area.
3	Need to add specifics to the plan. Need to educate SMEs to the HCC. Need to increase the number of scribes / operators
4	Patient specifics, and communication regarding. Will EMTrack need to be involved?
5	1. Interaction with community organizations. 2. Interaction with local emergency management. 3. Implement plans identified to ensure viability (feeding increased numbers, designating transport services for an extended period, etc.)
6	1) Communication protocols for activation 2) Further clarification re: EOC structures e.g. Spectrum, Kent County, Health Department
7	1. Not all being in the same room can be challenging to ensure info is going both ways. 2. More scribes if it were a real event
8	Routing and triaging pts when they arrive at spectrum
9	More coordination was needed between the medical director and pharmacy representative because of the clinical discussion that needed to happen. We need a better way to identify the medications needed for the RITN protocol and alternatives if those medications are not available in sufficient supply for the number of patients. Some of the injects were based on actions that would have taken place before or after the timeframe of the event.
10	Size of command center
11	Communication between the HCC and the Chiefs; both teams were making plans and the other was unaware. Pharmacy plan for an event such as this requiring specialized medications.
12	Better definition on questions for the exercise. Defined times for report outs
13	Protocol to assess/triage patients. Location for triage.
14	Coordination with Pharmacy. Coordination with other regional health care centers. Coordination with community agencies earlier, like Red Cross and MI Blood
15	Communication between the conf room and the chiefs in the lobby area. Registration and on boarding of pts in alternative treatment site. Medical plans from the BMT providers.
16	Approval of media publications by the Incident Commander prior to being sent out.

Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority	
Answer Options	Response Count
	12
<i>answered question</i>	12
<i>skipped question</i>	6
Number	Response Text
1	Communication: 1. Identify agencies/players involved. 2. Identify forms of communication and specifics (i.e. phone #s, e-mail, pager #s). 3. Identify representatives from each agency who can address questions/requests - 3 deep. SOTs: Recruit, recruit, recruit; Create schedule available to staffs
2	1. Spectrum Health Systems should sign current NDMS MOAs as soon as possible and return them to Kenneth Bresnan for government signature (HIGH). 2. Spectrum Health Systems should work with Kenneth Bresnan, Karmanos Cancer Institute and HCCs in Region 2 South and Region 6 to create a pro-forma work load/intrastate transportation plan for possible incoming RITN patients. (MEDIUM)
3	update the SOP; schedule a class; discuss with Kathi
4	Provide us with manifest if available. Will patients be arriving at once, or over the course of a few hours?
5	1. High 2. High 3. Medium
6	1) All activation calls to Red Cross need to go to Duty Dispatch Officer # 616 899-4511 2) Further discussion with with key players to understand where Red Cross would interface with which EOC's in a health disaster
7	I would say both are medium. For a real event the scribe issue would likely not be one. For the other, we had frequent updates, but it was the section chiefs giving info to the HCC; and we didn't always get all info needed.
8	1) Recognizing that some events may require more clinical discussions to make informed decisions. Co-locating clinicians to improve real-time discussions. For RITN - high. For other types of response - may be less necessary. 2) Identifying the RITN aBMT protocol including doses and duration (if possible to anticipate); identifying alternatives for all protocol medications. High 3) For an actual event, opening the command center as soon as possible would let us accomplish some of these tasks much earlier. In another exercise, longitudinal injects to prompt pharmacy stock before the event could allow pharmacy to concentrate on other issues that may come up. High
9	Work to identify an area that would be larger, yet in a safe spot within the building. This would be of medium to low priority.
10	Communications - high/medium. Pharmacy - high
11	Develop assessment algorithm - high. Location for triage - discuss alternate location - high
12	all are high to medium priority

Describe the action steps that should be taken in your area of responsibility	
Answer Options	Response Count
	11
<i>answered question</i>	11
<i>skipped question</i>	7
Number	Response Text
1	Create schedule for staffs. Attend PASS meeting with information about SOT. Make information available about SOT at staff educational events and on the internal InSite pages
2	Kenneth Bresnan needs to follow-up with Mark Van Dyke at Spectrum Health Systems and assist in obtaining appropriate signatures on NDMS MOAs. Kenneth Bresnan also needs to follow-up with Curt Mueller, RITN National Program Exercise Manager to set-up planning meeting with Michigan RITN Providers and Michigan HCCs in Region 2 South and Region 6 during the next Regional RITN TTX planned for late July 2016.
3	delegate :)
4	looking into mobility - ability to relocate staff and have all tools needed (WOW, label/wristband printers, etc)
5	N/A (elevator)
6	Red Cross identified a number of internal issues that need to be improved from this drill. But I am limiting my answers on this survey to the Spectrum /Red Cross interactions.
7	This is a new type of exercise for us so I think developing more formal plans on patient flow and triage areas like we do for MCI would be beneficial
8	Once we have a the definitive RITN protocol and appropriate alternatives, we need to work on a pharmacy worksheet that would allow us to record stock levels of necessary medications in a meaningful and organized way. Identify if the FCC in Detroit has any stockpile of medications associated with the RITN BMT protocol. Identify the process for requesting stockpile medications. Identify the process for requesting an EM Track alert to statewide hospitals to assess stock level of targeted medications that we cannot acquire internally.
9	N/A
10	Developing a clear standard work flow in the event of a RITN emergency
11	Close follow-up with our Peds BMT team

List the policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.	
Answer Options	Response Count
	10
<i>answered question</i>	10
<i>skipped question</i>	8
Number	Response Text
1	Emergency Operations Plan. Scribe Operator Team policies and Standard Work
2	Sign new current NDMS MOAs (High - within 30 days). Revise NDMS Concept of Operations to include Spectrum Health System as RITN receiver/provider (MEDIUM - within 6 months)
3	RITN SOP
4	Standard work for PAS in an RITN event
5	Not sure Spectrum leadership really has a understanding of the role Red Cross does play in disaster responses. An inservice on our scope of our services in a disaster might be helpful.
6	Adding an RITN plan for patient triage and intake would be very beneficial I would say fairly high priority.
7	Pharmacy Mass Casualty Plan - currently awaiting review. Worksheet for pharmacy to report stock levels. Plan for coordination with FCC if a medication stockpile exists. Procedure for using EM Track notification for medication availability.
8	Develop a medication plan for pharmacy - high. Docs and pharmacists to develop in collaboration.
9	Disaster plans
10	Radiation Decontamination Policy

What is your assessment of the exercise design and conduct?							
Answer Options	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Rating Average	Response Count
The exercise was well structured	0	0	0	5	13	4.72	18
The exercise scenario was plausible and realistic	0	0	1	4	13	4.67	18
The objectives for this exercise were met	0	0	0	9	9	4.50	18
The facilitator was knowledgeable about the material, kept	0	0	1	8	9	4.44	18
Participation in the exercise was appropriate for someone in	0	0	0	5	13	4.72	18
The participants included the right people in terms of level	0	0	1	4	13	4.67	18
<i>answered question</i>							18
<i>skipped question</i>							0



What changes would make to improve this exercise	
Answer Options	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	10
Number	Response Text
1	Have 2-3 deep representatives for departments/agencies who will participate. Some were unavailable and did not return requests for information in a timely manner.
2	Investigate the use of the Michigan Casualty Transport System for use to transfer RITN patients intrastate during an incoming NDMS patient evacuation mission.
3	Apologize if I already filled this out - I don't recall if I submitted the first one I was filling out
4	Would have liked to see how Red Cross would interact with Kent County Emergency Manager and Health Dept.
5	Not many. I loved the conversations and participation from other organizations/community partners.
6	More longitudinal injects, rather than just information updates, would have been helpful and may have made our community partners feel more involved. Thanks!!
7	None. I think the dynamics of exercise were great, good discussion, forward thinking, excellent chiefs that were able to get a lot of work done in a short time period.
8	More involvement and notification with additional outside agencies