North Central Region Healthcare Coalition: Coalition Surge Test – Operation Armageddon, Jr.

After-Action Report/Improvement Plan

April 3, 2018

The Coalition Surge Test – Operation Armageddon, Jr. was facilitated through Colorado's North Central Region Healthcare Coalition, comprised of the Boulder Health and Medical Response Partnership Healthcare Coalition Chapter, the Metro Foothills Healthcare Coalition Chapter, and the Tri-County Healthcare Coalition Chapter.

COLORADO
North Central Region
Healthcare Coalition

EXERCISE OVERVIEW

Exercise Name	North Central Region Healthcare Coalition (NCR HCC): Coalition Surge Test - Operation Armageddon, Jr.
Exercise Dates	April 3, 2018
Scope	This exercise was a low/no notice Tabletop Exercise (TTX), with Functional Elements, conducted on April 3, 2018 for four hours at numerous locations within the ten-county North Central Region. Exercise play was limited to the health and medical partners located within Colorado's North Central Region.
Mission Area(s)	Response
HPP Capabilities	1. Healthcare and Medical Readiness 2. Health and Medical Response Coordination
Objectives	1. Test the ability of an evacuating facility and its coalition partners to rapidly shift into disaster mode 2. Test whether an evacuating facility knows whom to contact upon learning of the need to evacuate, and whether it can reach them at a moment's notice 3. Exercise coalition members' ability to communicate and coordinate quickly to find and match available beds and transportation resources with those needing to be evacuated 4. Test the coalition's ability to perform these tasks with existing on-site staff without excessive guidance or prompting from leadership
Threat or Hazard	Multiple boulder-sized meteorites
Scenario	The scenario: multiple boulder-sized meteorites have collided with acute care hospitals within the North Central Region, causing structural damage and resulting in the need for a full evacuation of all impacted facilities.
Sponsor	This exercise was sponsored by the North Central Region Healthcare Coalition (NCR HCC), and its associated chapters.
Participating Organizations	Participants included health and medical partners, and supporting entities, located within the North Central Region.
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Executive Summary

Colorado's North Central Region Healthcare Coalition (NCR HCC) conducted a Coalition Surge Test (CST) to exercise the region's capabilities aligned with the response to and support of a low/no notice *simulated* evacuation of 20 percent of the NCR HCC's staffed acute care bed capacity.

The CST is a component of the Hospital Preparedness Program (HPP) requirements and was sponsored, at the Federal level, by the Department of Health & Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR). The test consisted of two phases, and was conducted as a tabletop exercise with functional elements.

Phase 1: The first phase of the test lasted approximately 3.5 hours (210 minutes) and began with the Lead Assessor placing phone calls to five acute care hospitals in the region, including: Avista Adventist Hospital, Platte Valley Medical Center, Swedish Medical Center, Presbyterian/St. Luke's Medical Center, and Sky Ridge Medical Center. The Lead Assessor requested that each facility activate their hospital command center within 60 minutes, and provided evacuating facilities with a scenario that required the rapid, full evacuation of their hospital. Once all command centers had been stood up, and CST assessors had arrived on-site, evacuating facilities were instructed to assess their current patient census and start working to identify available and appropriate transportation resources and destinations for all patients. There was no actual movement of resources or patients. Evacuating facilities were give 90 minutes to work the incident. Following the 90-minute evacuation activity, healthcare coalition partners participated in a collaborative facilitated discussion via conference call. This discussion focused on exercise data collection from each of the five evacuating facilities, and a brief discussion around issues that arose during the test.

Phase 2: The second, and final, phase of the test lasted approximately 0.5 hours (30 minutes) and consisted of a virtual After Action Review (AAR). This review primarily consisted of discussions on strengths and areas for improvement for both the coalition as well as the individual players. The majority of facilities had executive leadership present for the AAR discussion.

General areas for improvement, as detailed in this report, include: the strengthening of the cross jurisdictional coordination/support system; review and/or development of a process for regional resource management; expansion of EMResource utilization; review and/or development of notification and communication processes during a cross jurisdictional event; standardization of patient tracking systems; and a review of and additional planning around Neonatal Intensive Care Unit (NICU) resources within and outside of the region.

The NCR HCC has approximately 4,530 staffed acute care beds in the region. To meet the HPP CST requirement of a 20 percent simulated evacuation, a total of 906 bed needed to evacuate. Based on data provided by the region's acute care facilities, the five facilities selected to evacuate would have surpassed this requirement. On the date of the CST, the total census for these facilities was slightly lower than expected and only totaled 841 patients. Additionally, assessors were only able to obtain transportation and destination data for four of the five evacuating facilities. The fifth facility solely utilized their system-level coordination center, which did not report back any data during or after the test. The four facilities that were included in the final data analysis had a combined total of 648 patients. Of these, the facilities worked to discharge 140 patients and identify open beds and transportation for 432 patients.

ANALYSIS OF HOSPITAL PREPAREDNESS PROGRAM (HPP) CAPABILITIES

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

Objective	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1) Test the ability of an evacuating facility and its coalition partners to rapidly shift into disaster mode	Capability 1: Healthcare and Medical Readiness	P			
2) Test whether an evacuating facility knows whom to contact upon learning of the need to evacuate, and whether it can reach them at a moment's notice	Capability 2: Healthcare and Medical Response Coordination			M	
3) Exercise coalition members' ability to communicate and coordinate quickly to find and match available beds and transportation resources with those needing to be evacuated	Capability 2: Healthcare and Medical Response Coordination			M	
4) Test the coalition's ability to perform these tasks with existing on-site staff without excessive guidance or prompting from leadership	Capability 1: Healthcare and Medical Readiness		S		

Table 1. Summary of HPP Capability Performance

Ratings Definitions:

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

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

Objective 1

Test the ability of an evacuating facility and its coalition partners to rapidly shift into disaster mode

Capability 1: Healthcare and Medical Readiness

Strengths

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

Strength 1: Evacuating facilities demonstrated the ability to activate and assemble their command teams quickly during a low/notice event. Assembled teams were diverse and large enough to support all activities associated with a full evacuation.

Strength 2: Receiving and potential receiving facilities exhibited the capacity to rapidly determine their open bed availability and respond efficiently to requests from evacuating facilities.

Strength 3: Those response support entities (e.g., Office of Emergency Management, Public Health/Emergency Support Function [ESF] #8, transportation partners) that were notified, had the capacity to promptly activate, respond to, and/or provide data on available resources.

Objective 2

Test whether an evacuating facility knows whom to contact upon learning of the need to evacuate, and whether it can reach them at a moment's notice

Capability 2: Healthcare and Medical Response Coordination

Strengths

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

Strength 1: All of the evacuating facilities belong to larger hospital systems, and all coordinated and communicated within their system fairly early on in the evacuation process.

Strength 2: The hospitals successfully utilized internal communication tools and were able to coordinate effectively with other departments within their facilities.

Strength 3: The evacuating facilities exhibited an awareness of what transportation partners existed and how to contact them to request resources. Evacuating facilities also demonstrated the ability to effectively reach out to a large number of potential receiving facilities to inform them of the event and request bed data.

Areas for Improvement

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

Area for Improvement 1: Notification processes did not include several key partners.

Analysis: There were inconsistencies in the external partners that the evacuating facilities notified during their evacuation. Office of Emergency Management (OEM), public health/ESF #8, and the chapters of the North Central Region Healthcare Coalition (NCR HCC), were not regularly included in notifications or situational updates. A number of evacuating facilities stated that they did not engage with additional partners because the evacuation was being supported within the system and additional resources were not needed. Failing to incorporate these partners early on in the response limits the resources and support for the impacted facilities and systems, and reduces the ability to obtain accurate situational awareness, especially during a cross jurisdictional or regional event(s).

Area for Improvement 2: Hospitals did not utilize EMResource to notify other facilities in the region/state of their status.

Analysis: Due to the fact that the majority of evacuating hospitals initially turned to their system-level coordination teams, it appears that they did not immediately look to EMResource as a tool. This resulted in operations that were segregated and significantly hindered the ability for other partners to obtain accurate situational awareness. It is imperative that, in an event where hospital operations are significantly impacted, that this information is shared outside of the facility/system so that surrounding facilities can adjust their operations, as needed.

Area for Improvement 3: There was no evidence of notification processes or cross jurisdictional coordination across emergency management or public health/ESF #8 partners.

Analysis: Although only a small number of support and coordination entities were activated, they failed to notify or communicate with partners (e.g., emergency management) in other jurisdictions to determine if they have been activated and/or were working on the incident(s) concurrently.

Area for Improvement 4: Evacuating hospitals that belonged to a system, heavily relied on the system-level coordination centers, but stated that they are unaware of any emergency or disaster related procedures for these centers.

Analysis: A large scale evacuation will significantly impact system-level coordination centers. If there are not processes or procedures in place to accommodate the surge on coordination centers during an evacuation, where operations are heavily impacted, this resource, and its associated processes, has the potential to fail. In addition, evacuating hospitals stated that they were not aware of the capacity for the coordination centers to obtain situational awareness related to activities outside of their system and/or jurisdiction.

Objective 3

Exercise coalition members' ability to communicate and coordinate quickly to find and match available beds and transportation resources with those needed to be evacuated

Capability 2: Healthcare and Medical Response Coordination

Strengths

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

Strength 1: Evacuating facilities, on a fairly consistent basis, demonstrated that they could obtain the information necessary to determine their census, identify the type/level of care needed for evacuating patients, and communicate those needs to transportation partners as well as potential receiving facilities.

Strength 2: Many of the evacuating facilities discussed, and took into consideration, the impact that their evacuation may have potentially had on the other facilities within the region. All had conversations around how to distribute patients in an effort to not overload one area of the region, including sending patients away from the "center" of the region and options for going outside of the NCR, when possible. Additionally, evacuating facilities had conversations around sending staff with their patients in an effort to minimize the impact on the receiving facilities.

Areas for Improvement

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

Area for Improvement 1: The vast majority of evacuating hospitals did not utilize EMResource to query bed availability within the region/state.

Analysis: Evacuating facilities elected to call the potential receiving facilities to request open bed availability as opposed to sending out a query through EMResource (when obtaining data from healthcare facilities outside of their system). The lack of a standardized process for how hospitals will obtain this data may result in requests being missed, inefficiencies, and a sense of confusion around where/how information is being shared. A number of hospitals recommended having a centralized entity or individual who would be responsible for posting a query for the region if it is cross jurisdictional. This same point person/entity would help support resource management as they would have a higher level view of the situation.

Area for Improvement 2: The same resources (transportation and beds) were allocated multiple times to different facilities.

Analysis: Because the majority of evacuating facilities did not post to EMResource, and did not inform their support and coordination partners so that information could be shared, there were gaps in developing a regional assessment of the situation. There was also no coordination for the allocation, prioritization, or tracking of resources, which resulted in over-allocation of the same resources.

Area for Improvement 3: The resources for Neonatal Intensive Care Unit (NICU) patients is limited within the region, which has the potential to drive evacuating facilities to looking outside of the region, and potentially to surrounding states, to support patients who require this level of care.

Analysis: The lack of plans for transferring NICU patients outside of the region/outside of the state is a significant gap that has the capacity to negatively impact patient care and complicate the evacuation process for those facilities that support NICU patients.

Area for Improvement 4: Hospitals stated that not all facilities were aware of the different NICU levels – this is information that is required to determine acuity levels and correct placement at receiving facilities.

Analysis: The inconsistencies around knowledge of NICU levels of care amongst hospitals staff resulted in some confusion when discussing the transfer of these patients. Having a clear understanding of NICU levels becomes increasingly important when considering the limited resources available within the region.

Area for Improvement 5: There were inconsistencies in how hospitals determined the sequence of evacuation and, in part, this resulted in a number of facilities requesting transportation resources prior to having a clear picture of what types and numbers of resources they actually required.

Analysis: Evacuation sequence and prioritization was discussed at all of the facilities, but many reported that they lack a standardized process. Some facilities evacuated the highest acuity patients first and others started with the lower acuity patients. Not having a clear process in place can impact the type and number of resources required. A number of evacuating facilities began requesting transportation resources before they really understood what they needed. This process can result in rendering unused resources unavailable to other facilities who may need them.

Area for Improvement 6: The implementation of standardized patient tracking systems while in transit, as well as tracking final destinations, was not widely observed. Those evacuating facilities that did utilize patient tracking systems, did so using a variety of systems and methods.

Analysis: Currently, hospitals do not have a standardized method for tracking patients in transit or once they reach their final destination. In a large scale evacuation, this task can quickly become overwhelming and processes can fail. In addition, external partners will likely be requesting this information (e.g., OEM and ESF #8), which will require hospitals to track the data in a format that is quickly accessible and shareable.

Area for Improvement 7: Evacuating hospitals, as well as receiving hospitals, stated the need for additional work to be done on the transferring of medical records and credentialing of medical personnel when patients are moved outside of the system.

Analysis: Within the hospitals systems, the sharing of staff and transferring of medical records is clearly outlined and processes are in place. The gap exists when patients are transferred out of the system to another system or a non-system facility.

Objective 4

Test the coalition's ability to perform these tasks with existing on-site staff without excessive guidance or prompting from leadership

Capability 1: Healthcare and Medical Readiness

Strengths

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

Strength 1: Overwhelmingly, participating NCR HCC members demonstrated their ability to perform the tasks associated with facility evacuation, and subsequent coalition surge, with existing staff.

Strength 2: The majority of evacuating facilities had executive leadership present for either all of part of the CST, including the After Action Review.

Areas for Improvement

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

Area for Improvement 1: There were a number of gaps identified at the facility level related to evacuation processes and procedures. Depending on the facility, efforts to address these gaps will likely require input from leadership.

Analysis: Players had the capacity to manage the incident(s) with staff on hand, but a number of evacuating hospitals stated that there were processes that need to be reviewed and revised moving forward. These will likely need to be done in collaboration with leadership, and will result in a stronger system moving forward.

Appendix A: Improvement Plan (IP)

This IP has been developed specifically for the North Central Region Healthcare Coalition as a result of the NCR HCC Coalition Surge Test – Operation Armageddon, Jr. conducted on April 3, 2018.

HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element(s)	Primary Responsible Organization	Organization POC	Start Date	Completion Date
HPP Capability 1: Healthcare and Medical Readiness	1. Incorporate leadership into addressing facility-level gaps	It is recommended that work done to address those gaps identified at the facility-level should include leadership approval to expedite implementation of these processes during an event.	Planning	Healthcare facilities			
HPP Capability 2: Healthcare and Medical Response Coordination	1. Notification processes for key partners	The region will review and refine processes around communication and notification and will re-educate partners on who, how, and when to notify external partners.	Planning & Training	NCR Healthcare Coalition and associated chapters	Michelle Deland and NCR HCC chapter leads		
		Future CST planning teams will develop additional incident objectives in an effort to fully assess this process on a cross jurisdictional and	Planning	NCR Healthcare Coalition and CST Planning Team	Michelle Deland and NCR HCC Governance Board representatives		

		cross disciplinary level.					
HPP Capability 2: Healthcare and Medical Response Coordination	2. Utilization of EMResource for notification purposes	The region will work with hospitals to confirm that EMResource is the tool that they would like to use for notification. If so, this will be communicated throughout the region and additional training will be provided, as necessary.	Training	NCR Healthcare Coalition and the NCR Healthcare Committee	Michelle Deland and NCR Healthcare Committee co-chairs		
HPP Capability 2: Healthcare and Medical Response Coordination	3. Cross jurisdictional communication and coordination within the region's ESF #8 partners and OEM	It is recommended that ESF #8 leads and OEM partners develop a process for notifying regional partners of an incident(s) to facilitate coordination. This process should include procedures around collaboration when the EOC is activated and when the EOC is not activated.	Organization	NCR ESF #8 leads and OEM partners	ESF #8 leads and OEM partners		
HPP Capability 2: Healthcare and Medical Response Coordination	4. Disaster procedures for hospital system coordination centers	It is recommended that Hospitals work with their system coordination centers to evaluate or develop disaster operating procedures and plans, including	Planning	Healthcare facilities			

		but not limited to: adding additional staff, obtaining and maintaining situational awareness, and communication with the hospital command center					
HPP Capability 2: Healthcare and Medical Response Coordination	5. Utilization of EMResource to obtain open bed data within the region/state	Because EMResource is a widely accessible tool, it is recommended that hospitals use the system to query open bed status throughout the region when looking to move patients outside of their system. Additional education and training on this system will occur, as needed. Further, the utilization of EMResource should be built into existing hospital plans and exercises, as appropriate.	Planning, Training & Exercising	Healthcare facilities, supported by the NCR Healthcare Coalition	Michelle Deland and NCR HCC chapter leads, as needed		
HPP Capability 2: Healthcare and Medical Response Coordination	6. Resource management in a cross jurisdictional event(s)	The region will continue to work on how to manage cross jurisdictional/regional events so that there is coordination efforts related to information	Planning	NCR Healthcare Coalition in conjunction with other key stakeholders	Michelle Deland and NCR Healthcare Coalition Governance Board Regional		

		sharing, situational awareness, and resource management.			Planning Workgroup		
		It is recommended that support entities (OEM, ESF #8, NCR HCC) work to develop a process for managing and allocating HCC member resources that may be offered up either within or outside of the impacted jurisdiction (e.g., an ancillary healthcare partner that reaches out to the HCC with available resources that could support the incident). This action can be tied into the ongoing development of the NCR's cross jurisdictional health and medical coordination system.	Planning	NCR HCC and regional support entities (e.g., OEM, ESF #8, etc.)	NCR HCC and regional support entities (e.g., OEM, ESF #8, etc.)		
		It is recommended that there is further development of processes around the utilization of EMResource by hospitals, and communication of these processes to external partners.					

		Use of this system during an event(s) provides additional data points that are accessible by external partners and can aid in the processes listed above (SA, resource management, and information sharing).					
HPP Capability 2: Healthcare and Medical Response Coordination	7. Determination of NICU resources outside of the NCR	It is recommended that hospitals work to identify NICU resources outside of the region and build this info into their plans.	Planning	Healthcare facilities			
HPP Capability 2: Healthcare and Medical Response Coordination	8. Hospital staff education on NICU levels	It is recommended that hospitals work to increase staff knowledge on NICU levels, including what level(s) their facilities can support.	Training	Healthcare facilities			
HPP Capability 2: Healthcare and Medical Response Coordination	9. Clarification on evacuation prioritization procedures and subsequent determination of resources required to facilitate patient movement	It is recommended that hospitals work to clarify evacuation prioritization procedures to support the determination of appropriate transportation resources required for patient movement.	Planning	Healthcare facilities and EMS providers, as necessary			

HPP Capability 2: Healthcare and Medical Response Coordination	10. Patient tracking systems	It is recommended that hospitals continue to work on identifying and adopting a standardized patient tracking system in collaboration with EMS. Work aimed at addressing this gap has already been initiated within the NCR Healthcare Committee and can be supported by the NCR HCC, as needed.	Planning	Healthcare facilities and NCR Healthcare Committee and EMS, as needed			
HPP Capability 2: Healthcare and Medical Response Coordination	11. Determining processes for the transferring of patient records and credentialing of staff outside of the hospital system	It is recommended that hospitals work on formalizing processes for transferring medical records outside of their system as well as identifying credentialing processes for staff who travel outside of the system to provide support (this applies when a facility is sending staff as well as receiving staff).	Planning	Healthcare facilities and NCR Healthcare Committee			

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Healthcare Facilities *(*Denotes an evacuating facility)*
Avista Adventist Hospital*
Briarwood Health Care Center
Children's Hospital Colorado
Craig Hospital
Good Samaritan Medical Center
Littleton Adventist Hospital
Longmont United Hospital
Midtown Surgical Center
North Suburban Medical Center
Platte Valley Medical Center*
Presbyterian/St. Luke's Medical Center*
Rose Medical Center
Saint Joseph Hospital
Sky Ridge Medical Center*
St. Anthony Hospital
St. Anthony North Health Campus
Swedish Medical Center*
UCHealth Memorial Hospital North
UCHealth University of Colorado Hospital
Emergency Medical Services/Transportation Resources
Action Care Ambulance
AirLife Denver
American Medical Response (AMR)
Apex Paramedics
Banner Health Service Ambulance
Bennett-Watkins Fire
Denver Health Paramedics
Falck Rocky Mountain
Flight For Life Colorado
Mile High Ambulance
North Colorado Med Evac
Northglenn Ambulance
Platte Valley Ambulance Services
Regional Transportation District (RTD)
School District 27J
South Metro Fire Rescue

Stadium Medical
Thornton Fire Department
West Metro Fire Rescue
Office of Emergency Management
Douglas County Office of Emergency Management
Adams County Office of Emergency Management
Public Health/ESF #8
Boulder County Public Health Department
Tri-County Public Health Department
Other
Wheat Ridge Regional Center
Adams County Communication Center (ADCOM)

APPENDIX C: COALITION SURGE TEST HOSPITAL SURVEY

Following the NCR HCC CST, the coalition sent out an electronic survey to all hospitals in the region to obtain additional data and feedback. Appendix C includes general feedback received from the survey on the CST. Complete survey results will be shared with the NCR HCC chapters, NCR HCC Governance Board, and assessors. In addition, this data will be utilized during the development and implementation of future CST exercises in the North Central Region.

Question: All hospitals, if applicable: Please list the top 3 areas for improvement or lessons learned that your facility identified as a result of this exercise:
Could have provided more info via EM Resource; received 2 inquiries about bed availability, but was not asked whether I could reserve/ commit these beds to the inquiring facilities
Familiarize more staff with EMResource, identify outdoor/alternate command center location & equipment
Better way to get beds more smoothly; identification of transportation was the longest and hardest part of this drill; if we send out of system - how do we do medical records, etc.
Transport challenging as likely had same availability as all requesting hospitals

Question: All hospitals, if applicable: Please list the top 3 exercise successes from your facility or successes related to coordination efforts:
Call was clear and concise from Swedish
Good teamwork, communication, & good leadership
Accountability of patients; able to send medical staff with patients no matter how they transported; ability to attain beds quickly

Question: All hospitals: Please provide feedback on the Coalition Surge Test as a whole:
It went very well, first time we did a complete hospital evacuation and it went well
Excellent drill

Question: All hospitals: Please provide your thoughts on what the NCR HCC can do to help you be better prepared for an evacuation, patient movement, surge, etc.:
Would recommend a central person or persons be responsible for posting a bed inquiry if there is an incident that effects/is likely to effect more than one hospital; there should also be central management of which beds go to which patients
If there were 5 hospitals involved, there should be centralized allocation of beds and transportation. It should not be “fast fingers” for dialing but the bed requests should go to one centralized place and the

beds allocated and transportation allocated from a centralized location. This would eliminate overbook of resources
External communication resource with transportation and pd

Question: All hospitals: Please provide any additional feedback, suggestions, comments, not captured above:
Thank you for setting up the web meeting so that the "non-participants" could listen to the lessons learned and the formation of the AAR

APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Report/Review
ASPR	Assistant Secretary for Preparedness and Response
CST	Coalition Surge Test
EMS	Emergency Medical Services
ESF	Emergency Support Function
HHS	Department of Health and Human Services
HPP	Hospital Preparedness Program
IP	Improvement Plan
NCR	North Central Region
NCR HCC	North Central Region Healthcare Coalition
NICU	Neonatal Intensive Care Unit
OEM	Office of Emergency Management
SA	Situational Awareness
TTX	Tabletop Exercise