Operation Safe Corridor

Tabletop Exercise – January 11, 2016

After-Action Report
Improvement Plan

NC Triangle Coalition
HEALTHCARE PREPAREDNESS

Crisis Prevention & Response Inc.
CPR

EXERCISE OVERVIEW

Exercise Name	Operation Safe Corridor: NC Triangle Coalition Surge Tabletop Exercise
Exercise Dates	January 11, 2016
Scope	This exercise is a Tabletop Exercise, planned for 4 hours at NC Emergency Operations Center, Raleigh. Exercise play is limited to Triangle Region hospitals, long-term care facilities, community health centers, emergency management and emergency medical services agencies in the Triangle region, and supporting state and federal agencies.
Mission Area(s)	Response
Core Capabilities	Public Health and Mass Care
Objectives	From the onset of a medical surge event, the regional HPCs or designee will demonstrate the ability to distribute situation reports to Coalition partners during each operational period and in accordance with the Coalition Information Sharing Plan. At the request of the State or HPC, Coalition partners will demonstrate the ability to provide pertinent healthcare delivery status within a specified timeframe. During a medical surge event, healthcare agencies will demonstrate the ability to obtain assets and/or resources in accordance with established mutual aid agreements and/or the SMRS Resource Request Procedure. Throughout the event, operational leaders will demonstrate the use of wellness screening for all volunteers and responders who are demobilizing. Upon surge of patient deaths during the event, healthcare partners will demonstrate the ability to document, store, and facilitate disposal of all remains in accordance with established guidelines.
Threat or Hazard	Patient Surge
Scenario	Hurricane-related evacuation of healthcare facilities in eastern North Carolina

Sponsor	North Carolina Triangle Coalition (NCTC)
Participating Organizations	North Carolina Triangle Coalition Triangle Region hospitals, long-term care facilities, community health centers, and public health offices Triangle Region emergency management offices and EMS agencies, and relevant state and Federal agencies
Point of Contact	Rick Christ, MEP, Crisis Prevention & Response, Inc., 540-239-6497, Rick.Christ@YourCrisisTeam.com Dale Hill, CapRAC, 919.350.7727, dahill@wakemed.org

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team. A detailed overview of objective and associated core capability, highlighting strengths and areas for improvement begins on page 6.

NOTE: *This exercise was designed using the 23 November, 2015 version of the Multi-Regional ESF-8 Operations Plan, provided to CPR on 24 November. However, a new version, called the Healthcare Coalition Support Plan was published on 4 January, 2016, the week before the exercise. The Coalition is being evaluated according to this newer version.*

Ratings Definitions:

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).

SUMMARY OF CORE CAPABILITY PERFORMANCE 1 OF 2

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
#1 From the onset of a medical surge event, the regional HPCs or designee will demonstrate the ability to distribute situation reports to Coalition partners during each operational period and in accordance with the Coalition Information Sharing Plan. (See page 6)	**Information Sharing** *Capability 6, Function 1, Task 2*		S		
#2 At the request of the State or HPC, Coalition partners will demonstrate the ability to provide pertinent healthcare delivery status within a specified timeframe. (See page 7)	**Information Sharing** *Capability 6, Function 2, Task 2*		S		
#3 During a medical surge event, healthcare agencies will demonstrate the ability to obtain assets and/or resources in accordance with established mutual aid agreements and/or the SMRS Resource Request Procedure. (See page 9)	**Emergency Operations Coordination** *Capability 3, Function 3, Task 1*	P			
#4 Throughout the event, operational leaders will demonstrate the use of wellness screening for all volunteers and responders who are demobilizing. (See page 10)	**Volunteer Management** *Capability 15, Function 4, Task 2*		S		

SUMMARY OF CORE CAPABILITY PERFORMANCE 2 OF 2

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
#5 Upon surge of patient deaths during the event, healthcare partners will demonstrate the ability to document, store, and facilitate disposal of all remains in accordance with established guidelines. (See page 11)	**Fatality Management** *Capability 5, Function 1, Task 2*			M	
#6 Upon receiving patients into the treatment facility resulting from a medical surge event, Unit Leaders will demonstrate the ability to track each patient from admission to discharge. (See page 12)	**Information Sharing** *Function 1, Task 2*				U
#7 From the onset of a patient surge event, the Coalition will demonstrate the ability to establish and monitor the status of daily bed availability. (See page 12)	**Information Sharing** *Function 1, Task 2*				U

Table 1. Summary of Core Capability Performance

OBJECTIVE 1: *FROM THE ONSET OF A MEDICAL SURGE EVENT, THE REGIONAL HPCS OR DESIGNEE WILL DEMONSTRATE THE ABILITY TO DISTRIBUTE SITUATION REPORTS TO COALITION PARTNERS DURING EACH OPERATIONAL PERIOD AND IN ACCORDANCE WITH THE COALITION INFORMATION SHARING PLAN.*

CORE CAPABILITY: INFORMATION SHARING (FUNCTION 1, TASK 2) *BEFORE, DURING, AND AFTER AN INCIDENT, UTILIZE COORDINATED INFORMATION SHARING PROTOCOLS TO RECEIVE AND TRANSMIT TIMELY, RELEVANT, AND ACTIONABLE INCIDENT SPECIFIC HEALTHCARE INFORMATION TO INCIDENT MANAGEMENT DURING RESPONSE AND RECOVERY.*

RATING	S	PERFORMED WITH SOME CHALLENGES

Strength 1: The Coalition sent a total of 65 messages to the other players in the room, which represents one-third of all the messages sent during the exercise. While only one formal situational report was sent to all other players, multiple additional messages were sent out clarifying previous information or updating the Tier I organizations and their local partners.

Strength 2: Several of these messages offered assistance to Tier I organizations or alerted them to information the Tier I organizations may not have had.

Strength 3: The Coalition requested updated situation reports from the Tier I organizations in order to update other Tier I organizations and the NC ESF-8 desk.

Area for Improvement 1: *Use the Situational Report Template*

Reference: Attachment 5, page 32, NCTC Support Plan 2016-01-04.

Analysis: Using the template would have facilitated faster issuance, standardization, and easier reading of situational reports. Also, any improvements to the template might have been discovered.

Area for Improvement 2: *Update NC Hospital WebEOC*

Reference: Health and Medical Resource Request Algorithm, page 4, NCTC Support Plan 2016-01-04.

Analysis: No updates were posted to NC Hospital WebEOC during the exercise.

OBJECTIVE 2: *AT THE REQUEST OF THE STATE OR HPC, COALITION PARTNERS WILL DEMONSTRATE THE ABILITY TO PROVIDE PERTINENT HEALTHCARE DELIVERY STATUS WITHIN A SPECIFIED TIMEFRAME.*

CORE CAPABILITY: INFORMATION SHARING (FUNCTION 2, TASK 2) *BEFORE, DURING, AND AFTER AN INCIDENT OR EVENT, HAVE REDUNDANT PROCESSES AND SYSTEMS TO COMMUNICATE THE STATUS OF THE INCIDENT AND THE STATUS OF THE COMMUNITY HEALTHCARE DELIVERY TO HEALTHCARE ORGANIZATIONS.*

RATING	S	PERFORMED WITH SOME CHALLENGES

Strength 1: The Northwest table produced four updates to the NCTC indicating needs and advising the Coalition of its status

Strength 2: About half (34 of 65) of the messages from the Coalition to Tier I organizations received a response.

SPECIAL FEATURE: All data from the ICS 213 Forms collected after the exercise was entered into a database. That data was standardized to reflect consistent "from" and "to" designations which was then charted on an interactive computer program to display the level of connectivity between each entity. Although a snapshot of it is included on the next page of this report, it does not do it justice. We encourage you to view the interactive version at:

http://bit.ly/CPR_NCTC01

Each line in the diagram represents a message between two points in the circle. What appears to be thicker lines are actually multiple messages between those two points. The user can hover one's mouse over any of those lines and view the contents of the message.

Area for Improvement 1: *In general, Tier I facilities and their local partners did not communicate adequately with the Coalition.*

Reference: page 5, NCTC Support Plan 2016-01-04

Analysis: Upon review of the 213 forms, there was a significant lack of situational awareness updates coming out of the tables to the Coalition, Emergency Management or ESF-8 desk.

Area for Improvement 2: *Despite participants being instructed to bring mobile devices to the exercise for the purpose of accessing WebEOC, no activity was recorded for this incident during the exercise. (Per Brad Thompson, ESF-8 Desk)*

Reference: Health and Medical Resource Request Algorithm, page 4, NCTC Support Plan 2016-01-04

Analysis: NC OEMS updated its version of WebEOC just before the exercise, but training on that new version is not scheduled until May and June of this year. However, Coalition partners seem to be less than comfortable with WebEOC in general than they should be, as evidenced by participant feedback forms.

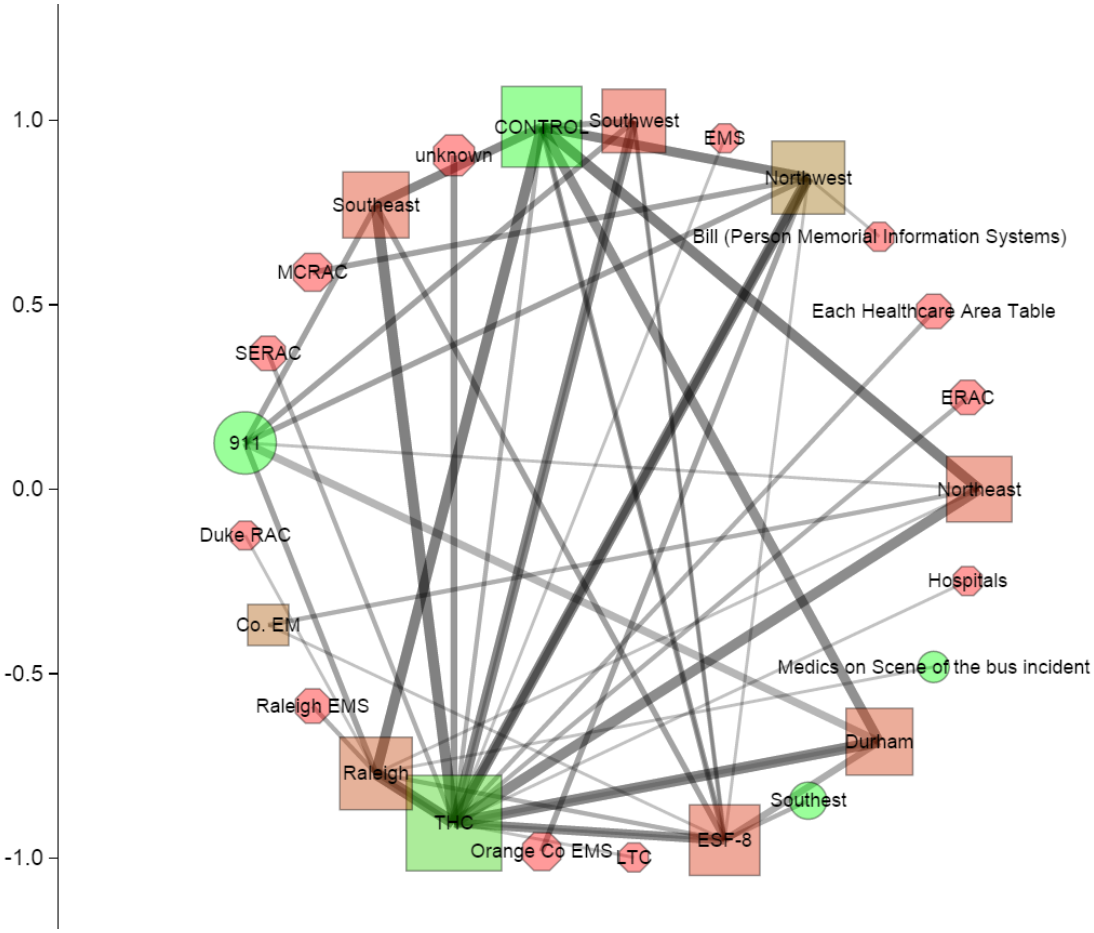


Figure 1: Data flow diagram from 213 forms

OBJECTIVE 3: *DURING A MEDICAL SURGE EVENT, HEALTHCARE AGENCIES WILL DEMONSTRATE THE ABILITY TO OBTAIN ASSETS AND/OR RESOURCES IN ACCORDANCE WITH ESTABLISHED MUTUAL AID AGREEMENTS AND/OR THE SMRS RESOURCE REQUEST PROCEDURE.*

CORE CAPABILITY: EMERGENCY OPERATIONS COORDINATION (FUNCTION 3, TASK 2) *THE STATE AND HEALTHCARE COALITIONS, IN COORDINATION WITH HEALTHCARE ORGANIZATIONS, EMERGENCY MANAGEMENT, ESF #8, RELEVANT RESPONSE PARTNERS, AND STAKEHOLDERS, IMPLEMENT PROCESSES FOR RESOURCE MANAGEMENT.*

RATING	P	PERFORMED WITHOUT CHALLENGES

Strength 1: As prescribed in the NCTC Support Plan, Tier I organizations filed requests with for additional equipment, staff, and supplies with their local Emergency Managers, at least some of which were forwarded up to the NC EOC.

Strength 2: The NC EOC sent a message to the NCTC during the exercise, requesting ventilation availability (message 120).

Strength 3: The NC EOC sent a message to exercise control explaining how they would communicate needs from Tier I organizations, filtered through local and then regional EM, out to healthcare coalitions such as NCTC (message 110).

Area for Improvement 1: One unidentified participant reported in their feedback form: "I don't think it best for a large hospital to send their supply request to local EM. That puts too many hands in the pot AND puts incredible strain on local EM to deal with micro things."

Reference: Health and Medical Resource Request Algorithm, THC Support Plan, page 4.

Analysis: The Coalition may want to consider modifications for this plan, or work to convince all stakeholders that the existing plan is best.

OBJECTIVE 4: *THROUGHOUT THE EVENT, OPERATIONAL LEADERS WILL DEMONSTRATE THE USE OF WELLNESS SCREENING FOR ALL VOLUNTEERS AND RESPONDERS WHO ARE DEMOBILIZING.*

CORE CAPABILITY: VOLUNTEER MANAGEMENT (FUNCTION 4, TASK 2) *THE STATE, IN COORDINATION WITH HEALTHCARE ORGANIZATIONS, HEALTHCARE COALITIONS, PUBLIC HEALTH, AND THE APPROPRIATE LOCAL VOLUNTEER ORGANIZATIONS, DEVELOP A PROCESS TO ENSURE VOLUNTEERS PROVIDE ACCURATE AND COMPLETE INFORMATION DURING OUT-PROCESSING.*

RATING	S	PERFORMED WITH SOME CHALLENGES

Strength 1: All five tables to which this assignment was given indicated some method of assessing volunteers with respect to Critical Incident Stress Management (CISM), though the responses varied. Most indicated an in-house or local capability would be tasked.

Area for Improvement 1: None of the Tier I organizations indicated they knew how to access regional mental health resources, either through the North Carolina Disaster Response Network or by directly contacting NC CISM teams.

Reference: Attachment 7, Behavioral and Mental Health Support, pages A40-A43, NCTC Support Plan 2016-01-04

Analysis: Participants did not request mental health resources according to the plan.

OBJECTIVE 5: *UPON SURGE OF PATIENT DEATHS DURING THE EVENT, HEALTHCARE PARTNERS WILL DEMONSTRATE THE ABILITY TO DOCUMENT, STORE, AND FACILITATE DISPOSAL OF ALL REMAINS IN ACCORDANCE WITH ESTABLISHED GUIDELINES.*

CORE CAPABILITY: FATALITY MANAGEMENT (FUNCTION 1, TASK 2) *PRIOR TO AN INCIDENT, COORDINATE WITH HEALTHCARE ORGANIZATIONS TO IDENTIFY ALTERNATE STORAGE AND DISPOSAL OPTIONS FOR HUMAN REMAINS.*

RATING	M	PERFORMED WITH MAJOR CHALLENGES

Strength 1: All five tables to whom this assignment was given developed a plan to meet the challenge.

Area for Improvement 1: The development of five very different fatality management plans illustrates a lack of unified vision amongst Coalition members.

Reference: There is no comprehensive policy within the NCTC on mass fatalities management.

Analysis: Do to the lack of a standardized policy for fatality management, Coalition members were forced to adopt localized plans or develop them on the spot.

UNTESTED OBJECTIVES

Two stated objectives of Operation Safe Corridor were removed from this tabletop exercise because there are no plans, policies and procedures to exercise. They are:

Objective 6 (Patient Tracking) Upon receiving patients into the treatment facility resulting from a medical surge event, Unit Leaders will demonstrate the ability to track each patient from admission to discharge. **(Information Sharing, Function 1, Task 2)**

Objective 7 (Bed Availability) From the onset of a patient surge event, the Coalition will demonstrate the ability to establish and monitor the status of daily bed availability. **(Information Sharing, Function 1, Task 2)**

These two objectives, and their underlying capabilities, need to be a part of the improvement plan going forward. Both involve statewide effort and both are critical to managing a patient surge, especially one involving the transfer of large numbers of clients from one or more healthcare institutions to other institutions.

ADDITIONAL CONCERNS

RACs vs. Coalition

This was the first tangible experience some of the participants had with the new NC Triangle Coalition. Many seem unsure of how they should relate to the NCTC compared to the legacy Regional Advisory Councils (RACs). This was evidenced by some messages during the exercise that were addressed to a specific RAC, rather than the NCTC. Also, some after-action comments reflect the same thinking:

> *"We should have been split up by RAC and not at random. This way would have allowed for mutual aid agreements/policies to be better implemented."*

We recognize that there are years of comfort with the RACs, and perhaps they can continue as a way of managing the span of control within the Coalition. We recommend you consider a combination of geographic or discipline-based divisions, branches or groups within NCTC to ensure better communication and coordination. Another, not-mutually-exclusive option, is to group them according to communications channels, based on what version of WebEOC they are using (and a separate group for those who do not yet have WebEOC access).

Incident Command

The Incident Command System (ICS), a part of the National Incident Management System, is the preferred method of organizing people and functions during an incident, and should be used during an exercise of emergency plans. Participants indicated, through their words and actions, a lack of mastery of ICS. We recommend that you conduct additional ICS training on a regular basis; that you use ICS in exercises and incidents, and that you support ICS within your stakeholder organizations. The Hospital Incident Command System (HICS), which is based on ICS, can be used instead of ICS, if that is preferable, or if it is required by existing plans, policies and procedures.

Coalition Outreach and Participation

The exercise enjoyed strong participation from hospitals, local emergency managers, Emergency Medical Service coordinators, and Public Health leaders. No long-term care, community health, or mental health agencies were represented. These latter categories probably represent the less-prepared and less-organized (in terms of emergency plans, training/exercises, and incident management capabilities) of all stakeholders. Continued outreach to these stakeholders, building engagement and participation, is key to the ability of the Coalition to deliver its benefits to some of the region's most vulnerable populations.

FEEDBACK FROM PARTICIPANTS

NC TERMS After-Action Survey

Participants were required to complete a survey within NC TERMS in order to receive their certification. Full results of the survey are included in this After-Action Report in Appendix C.

Participant Feedback Form

Participant feedback forms were included in each participant's Player Handbook. Participants were asked to complete the forms at the conclusion of the exercise. Thirty-four completed forms were collected after the exercise and their data was compiled. Highlights are included below. Full results are included in this After-Action Report in Appendix C. Some highlights are shown below.

Strengths

Participants were asked: "Based on the discussions today and the tasks identified during the exercise, list the top three strengths demonstrated today."

- ✓ Twenty-five items listed under this heading mentioned the words "Coordination", "collaboration", "networking", "sharing", "connection", or "participation." Clearly the participants enjoyed the opportunity to work with their colleagues from across the region and across multiple disciplines.

- ✓ "Knowledge" was listed 12 times, with knowledge of plans/procedures/roles listed eight times, and knowledge of resources listed four times.

- ✓ "Communication" was listed 11 times, in the context of state-local communications and inter-county communications.

- ✓ "Learning" was listed seven times, in contexts such as:

- ✓ "Learning about RAC capabilities", "Learn about the WebEOC healthcare account", "Learned what levels deal with which parts of the problem" and "Learned to look at the big picture."

Areas of Improvement

Participants were asked: "Based on the discussions today and the tasks identified during the exercise, list the top three areas that need improvement."

- The overwhelming first choice was the coordination between local emergency management, the Coalition, and the state EOC. Fifteen responses (out of 34) mentioned this. Examples include:
  - *"Better coordination of RACs into State EM"*
  - *"Understanding of STATE vs COUNTY responsibility"*
  - *"Understanding the chain of communication – in a regional capacity"*
  - *"Rules & policies don't cross jurisdictional lines"*
  - *"Clearly defined communication pathways of the flow (who to whom)"*

- Four respondents cited WebEOC access or training issues. One respondent said *"Allow fusion integration for 3 separate WebEOCs"*

- Several mentioned the need to include, and help, Long-term Care facilities and home health agencies. Responses included:
  - *"At state level, develop planning group to coordinate LTC evacuation"*
  - *"Determine method for aiding or ensuring LTC facilities have plans"*

- Other responses generally echoed the analysis and recommendations already mentioned within this AAR, such as: "DPH, EM, Hospital association need to develop statewide fatality management."

Interviews with Coalition Staff

Each member of the Coalition staff present for the exercise was interviewed individually.

- ✓ Overwhelmingly, they cited concerns with their establishment of incident command structure. Some said this was the first time that the Coalition has established ICS together. We encourage the Coalition to use it often, for planned events as well as response to incidents. In addition, we recommend that you conduct at least one exercise each month in which you establish ICS and designate at least command and general staff positions. The Coalition should alternate positions in order to build depth at each position. The tasks of each position should be documented at each exercise to build a position checklist useful for future events.

- ✓ Members also cited a lack of Coalition familiarity with WebEOC. We recommend that regular communication be instituted through WebEOC, including documentation and status reports of Operation Safe Corridor, in order to build familiarity with WebEOC among all constituents. The monthly exercise suggested above should be conducted within WebEOC, so that constituents get used to turning to WebEOC in order to receive information.
- ✓ Coalition members indicated an uncertainty regarding the structure of the Coalition and its relationship with constituents. No one was able to articulate a particular role for the RACs going forward, yet most staff indicated some sub-organization would be required, either by geography or by discipline. We recommend that the Coalition talk to other coalitions in order to get some ideas about what can work best here.

Exercise Conduct

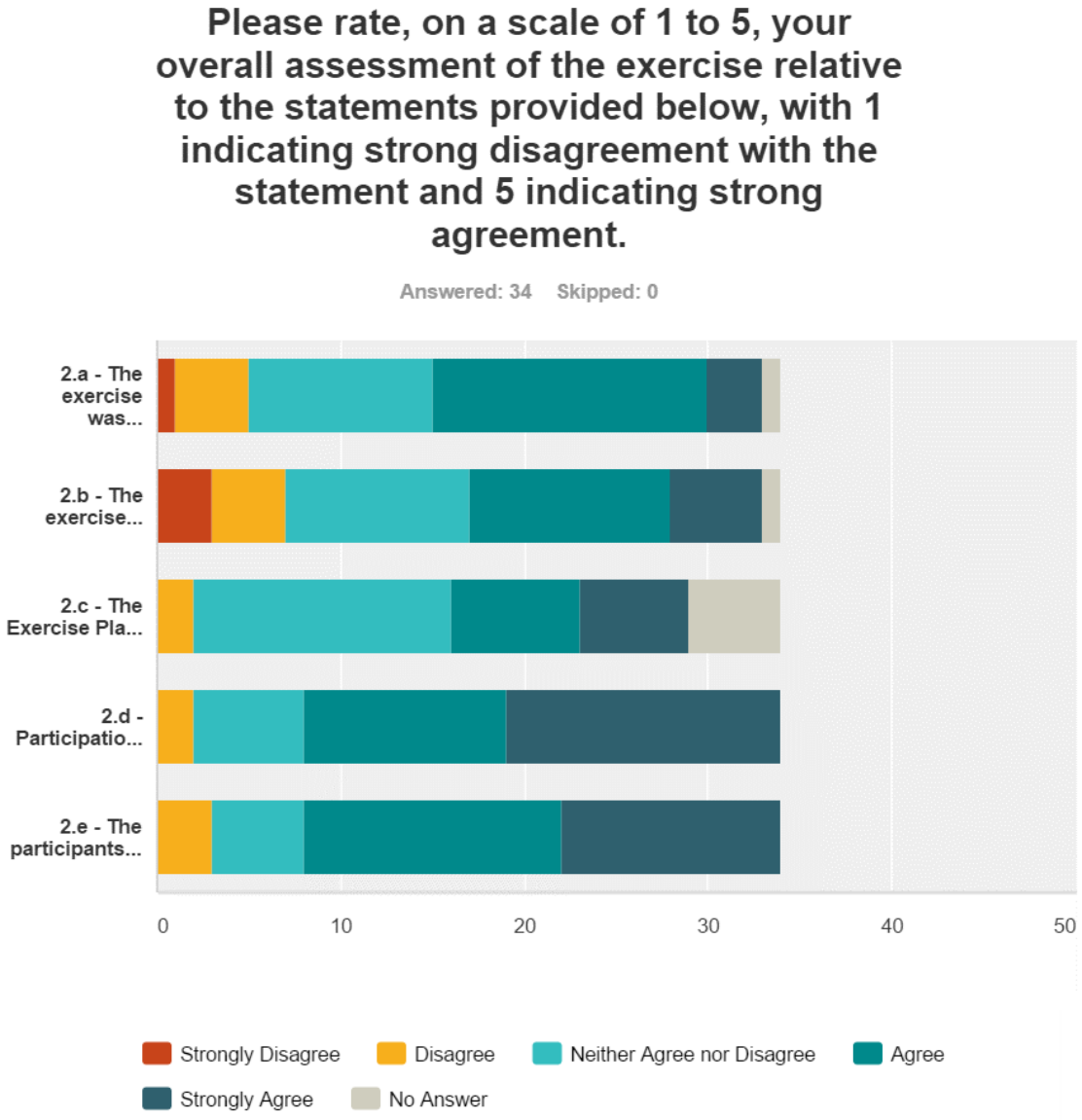
Input was received from the Participation Feedback Form, distributed during the exercise, and from the post-exercise online survey in NC TERMS. In addition, a hotwash was conducted with the NCTC internal team immediately after the exercise, and individual confidential interviews were conducted with members of the NCTC internal team after the exercise.

- ➢ Several participants commented that they were challenged with exercise messages that did not reflect the existing plans, policies and procedures. Some messages were attributed to the Coalition, when they should have been from the state, for example. This was due to a lack of familiarity with local plans, and with changes to plans that occurred just prior to the exercise. This led to comments from participants such as:
- ➢ *"I feel this exercise was difficult to follow due to unrealistic situations. Things should always go through local or state EM. This issue cost a lot of time in having to ask additional questions. A better understanding of the system and process would have led to a better exercise."*
- ➢ In future exercises, some of the Coalition leadership might be removed from "player" status so that they can have input into the messages and other final exercise plans, to ensure they are realistic within the stakeholders' plans, policies and procedures.

Participants were asked to agree or disagree with the following statements:

2.a - The exercise was well structured and organized.
2.b - The exercise scenario was plausible and realistic.
2.c - The Exercise Plan provided prior to the exercise was a valuable tool throughout the exercise.
2.d - Participation in the exercise was appropriate for someone in my position.
2.e - The participants included the right people in terms of level and mix of disciplines.

Their responses are shown below:



APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for North Carolina Triangle Coalition as a result of Operation Safe Corridor: NC Triangle Coalition Surge Tabletop Exercise conducted on January 11, 2016.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: **Situational Awareness**	There is no standard **Situation Report Template** for the North Carolina Triangle Coalition (NCTC)	**Develop** final version of Situational report template & attach to NCTC Support Plan	**O**	NCTC	Randy Hoffman	April 2016	May 2016
		Educate Coalition stakeholders on the template & its use	**T**	NCTC	• CapRAC: Steve Harrison • Duke HPC: Jim Starlin • Mid-Carolina: Randy Hoffman	June 2016	August 2016
		Evaluate the correct use of the template by Coalition stakeholders	**Ex**	NCTC	• CapRAC: Steve Harrison • Duke HPC: Jim Starlin • Mid-Carolina: Randy Hoffman	September 2016	November 2016
	WebEOC access by exercise participants was not confirmed or consistent	**Verify** what percentage of key stakeholders (EM, EMS, PH, Hospitals) have access to Healthcare WebEOC	**O**	NCTC	• CapRAC: Steve Harrison • Duke HPC: Jim Starlin • Mid-Carolina: Randy Hoffman	March 2016	June 2016
		Add WebEOC training & evaluation to NCTC Training & Education Plan	**P**	NCTC	Randy Hoffman	April 2016	May 2016
		Conduct training in Healthcare WebEOC	**T**	NC Office of EMS ***NCTC to schedule***	• CapRAC: Janis Brown • Duke HPC: Jim Starlin • Mid-Carolina: Randy Hoffman	May 2016	September 2016

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[2]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 2: **Communications between all stakeholders**	Facilities and their local partners **did not communicate regularly with the Coalition**	**Develop** final version of Situational report template & attach to NCTC Support Plan	**O**	NCTC	Randy Hoffman	April 2016	May 2016
		Educate Coalition stakeholders on the template & its use	**T**	NCTC	• CapRAC: Steve Harrison • Duke HPC: Jim Starlin • Mid-Carolina: Randy Hoffman	June 2016	August 2016
		Evaluate the correct use of the template by Coalition stakeholders	**Ex**	NCTC	• CapRAC Steve Harrison • Duke HPC Jim Starlin • Mid-Carolina Randy Hoffman	September 2016	November 2016
	WebEOC was not used as a primary method of communication during the exercise	**Develop** process for requesting NCTC support and/or assets	**P**	NCTC	• CapRAC Steve Harrison • Duke HPC Jim Starlin • Mid-Carolina Randy Hoffman	March 2016	June 2016
		Add WebEOC training & evaluation to NCTC Training & Education Plan	**P**	NCTC	Randy Hoffman	April 2016	May 2016

[1] Capability Elements are: **P**=Planning, **O**=Organization, **E**=Equipment, **T**=Training, or **Ex**=Exercise.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[3]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 3: **Manage mutual Aid Agreements / Requests**	There is no consistent **method to request resources** from the NCTC	**Review** the plan with stakeholders and consider modifications	**P**	NCTC	• CapRAC Dale Hill • Duke HPC Ken Shaw • Mid-Carolina Randy Hoffman	March 2016	July 2016
		Conduct workshops to develop a comprehensive plan	**T**	NCTC	• CapRAC Dale Hill • Duke HPC Ken Shaw • Mid-Carolina Randy Hoffman	March 2016	July 2016
Core Capability 4: **Volunteer Management / Safety**	Participants exhibited a **lack of awareness** of statewide mental health and/or CISM assets	**Distribute** list of mental health resources to NCTC stakeholders	**T**	Duke HPC (for NCTC)	Jim Starlin (for NCTC)	July 2016	September 2016
	There was a lack of consistency in **Volunteer Management plans** among participants	**Review** plans for ongoing volunteer and staff support for mental health and CISM	**P**	NCTC	• CapRAC Dale Hill • Duke HPC Jim Starlin • Mid-Carolina Randy Hoffman	March 2016	September 2016
		Add mental health support training (CISM, PFA, etc.) & evaluation to NCTC Training & Exercise Plan	**P**	NCTC	Randy Hoffman	April 2016	May 2016

[3] Capability Elements are: **P**=Planning, **O**=Organization, **E**=Equipment, **T**=Training, or **Ex**=Exercise.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element[4]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 5: **Evaluate Fatality Management**	**Plans, policies and procedures** for fatality management are nonexistent	**Develop** comprehensive mass fatalities management plans	**P**	NC Division of Public Health ***NCTC to monitor***	Dale Hill (for NCTC)	March 2016	September 2016
		Add mass fatality training & evaluation to NCTC Training & Exercise Plan	**P**	NCTC	Randy Hoffman	September 2016	October 2016
Core Capability 6: **Patient Tracking**	**Plans, policies and procedures** for patient tracking are nonexistent.	**Develop** patient tracking process	**P**	NC Office of EMS ***NCTC to monitor***	• CapRAC Steve Harrison • Duke HPC Jim Starlin • Mid Carolina Randy Hoffman	March 2016	September 2016
		Add patient tracking process training & evaluation to NCTC Training & Exercise Plan	**P**	NCTC	Randy Hoffman	September 2016	October 2016
Core Capability 7: **Bed Availability**	There was **no standardized process** for requesting patient bed availability **within or outside** the NCTC	**Develop** comprehensive bed availability process plans	**P**	CapRAC (for NCTC)	Dale Hill Lisa Patterson	March 2016	June 2016
		Add bed availability coordination training & evaluation to NCTC Training & Exercise Plan	**P**	NCTC	Randy Hoffman	June 2016	July 2016

[4] Capability Elements are: **P**=Planning, **O**=Organization, **E**=Equipment, **T**=Training, or **Ex**=Exercise.

APPENDIX B: PARTICIPATING AGENCIES

Emergency Management:

City of Raleigh Emergency Management
Cumberland County Emergency Services
Department of Emergency Services Person County
Durham County Emergency Management
Franklin County Emergency Management
Harnett County Emergency Management
Johnston County Emergency Services
Orange County Emergency Services
Wake County Emergency Management

Emergency Medical Services:

Durham County EMS
Franklin County Emergency Services
Harnett County EMS
Orange County Emergency Services
Person County EMS
Sampson County EMS
Scotland County EMS
Warren County EMS

Hospitals:

Cape Fear Valley Health System
Cone Health Emergency Management
Duke University Hospital
Duke Health
Duke Raleigh Hospital
Duke Regional Hospital
Fayetteville Veterans Administration Medical Center
FirstHealth Moore Regional Hospital
Harnett Health System
Maria Parham Medical Center
UNC Healthcare
UNC Medical Center
UNC Rex Healthcare
UNC School of Medicine
US Dept of Veterans Affairs
Vidant Health
WakeMed Cary Hospital
WakeMed Raleigh Hospital

Public Health:

Alamance County Health Department and Medical Reserve Corps
Chatham County Public Health Department
Cumberland County Department of Public Health
Durham County Public Health
Franklin County Health Department
Harnett County Public Health
Montgomery County Health Department
On Target Preparedness
Orange County Health Department
Person County Public Health
Robeson County Health Department
Wake County Human Services Public Health

State of North Carolina:

NC DHHS
NC DHHS DMH/DD/SAS
NC DHHS PHP&R
NC Emergency Management
NC National Guard
NC Office of EMS

Other:

American Red Cross
Crisis Prevention & Response, Inc.
EHPC
Robeson Health Care Corporation
SHPR