

## 1. Healthcare Coalition Instructions

- a. If the coalition was the primary sponsor, conduct the AAR conference with relevant partners to complete this form using healthcare capabilities objectives tested in the exercise.
- b. If the coalition was a participant in an exercise but was not the primary sponsor, the data from the developed AAR/IP may be used on this form. However the awardee and coalition must ensure that this form provides data regarding the testing of the healthcare preparedness capabilities.
- c. Note: A submitted AAR/IP must include documentation that is relevant to the testing of healthcare preparedness capabilities objectives or the HPP exercise requirements (See 2 & 3). Please refer to BP3 HPP Exercise Checklist to ensure the exercise meets the minimal requirements for qualification.

## 2. Implementation and Evaluation

Exercise Implementation: HPP awardees must ensure the HSEEP and HPP criteria are met when implementing a qualifying exercise. This must be evident in this AAR/IP. These implementation criteria are fully described on the BP3 HPP Exercise Checklist and include:

- a) HSEEP Compliance: Awardees must conduct preparedness exercises in accordance with the HSEEP Fundamentals
- b) Healthcare Coalition Participation: Each identified healthcare coalition must participate in at least one qualifying exercise. This may be at the sub-state regional level or the statewide level (refer to the Healthcare Coalition Participation definition for minimum requirements).
- c) Hospital Participation: All HPP participating hospitals (and if possible other healthcare organizations) must participate in a qualifying exercise. This should be in conjunction with their respective healthcare coalitions' participation (refer to definition for hospital participation).

## 3. Exercise Evaluation: Qualifying HPP exercises must include evaluation of capability targets. Please refer to the BP3 HPP Exercise Checklist for the required objectives for these four (4) capabilities:

- a) Emergency Operations Coordination
- b) Information Sharing
- c) Medical Surge
  - Special Consideration: Evacuation / Shelter-in-Place:  
If the primary risk for the healthcare coalition requires full-scale evacuation and shelter-in-place operations for the healthcare systems in the region, the healthcare coalition can exercise healthcare evacuation / shelter-in-place operations
- d) Recovery/Continuity of Operations

**"ICE STATION ZEBRA"...REMEMBER THE NAME-  
YOUR LIFE MAY DEPEND ON IT!**

## ICE STATION ZEBRA



# Region Healthcare Coalition Functional Exercise

Comment [APH1]: See Comment APH2.

## After-Action Report/Improvement Plan

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with ASPR's National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

## EXERCISE OVERVIEW

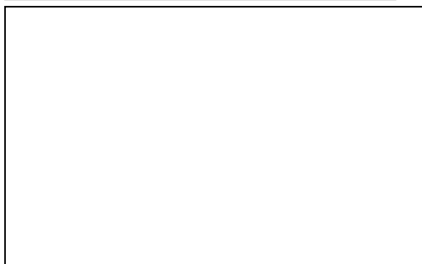
<b>Exercise Name</b>	[Redacted] Region Healthcare Coalition [Redacted] Preparedness Program (HPP) [Redacted] Table-Top Exercise.
<b>Exercise Dates</b>	[Redacted]
<b>Scope</b>	Designed as a regional county specific [Redacted] Functional Exercise to test all [Redacted] on how to respond to a winter weather event with Med Surge and utility loss scenario per State requirements [HSEEP compliant].
<b>Mission Area(s)</b>	Mitigation and Response.
<b>Capabilities</b>	Emergency Operations Coordination, Information Sharing, Medical Surge, and Healthcare System Preparedness.
<b>Objectives</b>	<ol style="list-style-type: none"><li>1. Identify alternate means of logistical support within the first 24 to 48 hours of the event.</li><li>2. Identify gaps in facility response during a medical surge event.</li><li>3. Identify gaps in communication inoperability within the [Redacted] Region Healthcare Coalition during an event.</li><li>4. Identify gaps in facility response to utility management during an event for loss of power, water, etc.</li></ol>
<b>Threat or Hazard</b>	Man-made disaster.
<b>Scenario</b>	Ice Storm   Med Surge   Loss of Utilities.
<b>Sponsor</b>	The [Redacted] Region Healthcare Coalition and the Arkansas Department of Health's (ADH) Preparedness and Emergency Response Branch.
<b>Participating Organizations</b>	ADH, ADEM, County OEMs [Redacted], EMS, County Health Units, Long Term Care/Assisted Living Facilities, Ham Radio Operators, [Redacted]

Comment [APH2]: Either this or Functional

Comment [APH3]: Either this or Table-Top

Comment [APH4]: Natural Disaster.

Point of Contact



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## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

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

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<i>The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during a response. (HCCDA # 11)</i>	Emergency Operations Coordination		(S)		
<i>The HCC demonstrates the ability to enhance situational awareness for its members during an event. (HCCDA #12)</i>	Emergency Operations Coordination		(S)		
<i>The HCC has demonstrated resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of an emergency. (HCCDA #14)</i>	Emergency Operations Coordination		(S)		
<i>The HCC has demonstrated the capability of redundant means of communication for achieving and sustaining situational awareness. (Continuity Indicator #4)</i>	Information Sharing	(P)			
<i>Report Essential Elements of</i>	Information Sharing	(P)			

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<i>Information (Joint Measure 6.1)</i>					
<i>The HCC has demonstrated through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate bed availability of staffed members' beds, within 4 hours of a disaster. (MS Indicator #4)</i>	Medical Surge		(S)		
<i>The HCC has demonstrated the ability to do the following during an incident, exercise, or event; 1) Monitor patient acuity and staffed bed availability in real time, 2) Off-load patients, 3) On-load patients, 4) track and document patient movement. (MS Indicator #5)</i>	Medical Surge		(S)		
<i>The HCC has a process to enhance its member's situational awareness to support activation of immediate bed availability through continuous monitoring. (Continuity Indicator #3)</i>	Medical Surge		(S)		
<i>The HCC has prioritized and integrated essential healthcare recovery needs in its Emergency</i>	Recovery/Continuity of Operations	(P)			

Objective	Healthcare Preparedness Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<i>Operations Plan. (Continuity Indicator #6)</i>					
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness 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.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness 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.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness 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.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).</li> </ul>					

**Table 1. Summary of Healthcare Preparedness Capability Performance**

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

## Capability: Emergency Operations Coordination

Definition: Healthcare Coalitions engage with local/regional/state incident management during exercise.

### Objectives:

*Objective 1: Healthcare Coalition Developmental Assessment Factor #11: The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during a response.*

*Objective 2: Healthcare Coalition Developmental Assessment Factor #12: The HCC demonstrates the ability to enhance situational awareness for its members during an event.*

*Objective 3: Healthcare Coalition Developmental Assessment Factor#14: The HCC has demonstrated resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of an emergency.*

### Strengths

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

**Strength 1:** Participation from coalition partners (EMS, OEM, LTC, etc) with hospitals throughout [ ] region.

### Areas for Improvement

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

**Area for Improvement 1:** Each hospital to identify local alternate care sites that can supplement the regional alternate care site.

**Reference:** *National Guidance on Healthcare System Preparedness Capability 3 Emergency Operations Coordination.*

**Analysis:** The hospitals within the [ ] region will continue to work with all coalition partners and encourage their participation in future regional exercises. The hospitals met the challenges presented with the loss of various utilities.

A

**Comment [APH5]:** Change upper right corner of header to match previous pages:  
“ [ ] Arkansas 2016  
Ice Station Zebra HPP”

**Comment [APH6]:** Not a complete sentence but a fragment. What are you actually trying to say? Example: “Participation came from within the entire [ ] region with supporting coalition partners (EMS, OEM, LTC, etc) to include all of the hospitals.”

**Comment [APH7]:** ??? “Each hospital *needs to* identify their local alternate care sites. . . “ ???”

**Comment [APH8]:** Make sure the Analysis section doesn’t reflect a solution to the “Area for Improvement” section. That is done within Appendix A: Improvement Plan. The Analysis is designed to offer a better detailed explanation as to why this area needs improving.



## Capability: Information Sharing

Definition: Identify, disseminate, collect, coordinate and manage public health and medical related information and situational awareness between the healthcare coalition, healthcare organization's and the state health authority.

### Objectives:

*Objective 1: Continuity of Healthcare Operations # 4: The HCC has demonstrated the capability of redundant means of communication for achieving and sustaining situational awareness.*

*Objective 2: Joint Measure #6.1: Report Essential Elements of Information*

### Strengths

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

**Strength 1:** The coalition partners utilized AWIN, Tandberg/E-Link, Ham radio, and in-house radios which provided multiple redundancies to have in place.

**Comment [APH9]:** Is this really a strength? Read the next Area of Improvement.

### Areas for Improvement

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

**Area for Improvement 1:** To request AWIN MAC channel for future exercises to help reduce the amount of talk over.

**Area for Improvement 2:** Several hospitals within the region expressed the need for additional in-house radios.

**Analysis:** There were issues with AWIN interference/static which made it difficult at times to understand what was being requested; overall AWIN radios along with amateur radio operators are the region's best ways of communicating within the coalition.

**Reference:** *National Guidance on Healthcare System Preparedness: Capability 3 Emergency Operations Coordination and Capability 6 Information Sharing.*

**Reference:** The Arkansas Statewide Communication Interoperability Plan, 2013.

**Comment [APH10]:** Two separate issues require separate support listings.

## Capability: Medical Surge

Definition: The healthcare coalition demonstrates the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community.

### Objectives:

*Objective 1: Medical Surge Program Measure Indicator #4: The HCC has demonstrated through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate bed availability of staffed members' beds, within 4 hours of a disaster.*

*Objective 2: Medical Surge Program Measure Indicator #5: The HCC has demonstrated the ability to do the following during an incident, exercise, or event; 1) Monitor patient acuity and staffed bed availability in real time, 2) Off-load patients, 3) On-load patients, 4) track and document patient movement.*

*Objective 3: Continuity of Healthcare Operations Program Measure Indicator #3: The HCC has a process to enhance its member's situational awareness to support activation of immediate bed availability through continuous monitoring.*

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

### Strengths

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

**Strength 1:** Coalition met the demand from influx of patients.

**Reference:** *National Guidance on Healthcare System Preparedness, Capability 10 Medical Surge.*

**Analysis:** The hospitals within the [ ] region were able to meet the demands from the influx of patients and worked with other hospitals in the region for moving patients to where they would receive the best care for their condition. [ ]

**Comment [APH11]:** By what method? How?

## Capability: Recovery/Continuity of Operations

Definition: The HCC maintains operations and expedites the return to normalcy or a new standard of normalcy for the provision of healthcare service delivery to the community.

### Objective:

*Objective 1: Continuity of Healthcare Operations Program Measure Indicator #6: The HCC has prioritized and integrated essential healthcare recovery needs in its Emergency Operations Plan.*

### Strengths

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

**Strength 1:** [ ] Region OEM's demonstrated their ability and assistance with the coalition partners for needed supplies, fuel, and water, etc.

**Analysis:** The hospitals within the [ ] region were able to return to normal operations.

**Comment [APH12]:** How?? What does this sentence really mean? Where's the "wow" factor?

**Comment [APH13]:** How? More detailed information needed.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for the Arkansas [ ] Region Healthcare Coalition as a result of Ice Station Zebra conducted on [ ]

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Emergency Operations Coordination	1. Each hospital to identify local alternate care sites that can supplement the regional alternate care site.	Each hospital in region to identify ACS and submit information to regional leaders.	Planning	HPP [ ] Coalition	[ ]	1 July 2016	30 June 2017
Core Capability 1: Information Sharing	1. To request AWIN MAC channel for future exercises to help reduce the amount of talk over. 2. Several hospitals within region expressed the need for additional in-house radios.	Coalition leaders will request MAC channel for future regional exercises.	Planning	HPP [ ] Coalition Leaders	[ ]	1 July 2016	30 June 2017
		Coalition leaders will evaluate for possible purchase with regional funds.	Equipment	HPP [ ] Coalition Leaders	[ ]	1 July 2016	30 June 2017

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

## APPENDIX B: EXERCISE PARTICIPANTS

**Comment [APH14]:** Require Organization, Printed name, Signature, email, and if possible, phone number.

From: [ ] To: [ ] # 1 / 1

PROGRAM National Park  
Disaster Drill

PRESENTED BY [ ] Region

DATE [ ] TIME 830am PLACE Pass Rm

DESCRIPTION OF PROGRAM ASA Command Ctr.

ATTENDANCE 11

1	19	37
2	20	38
3	21	39
4	22	40
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