

Family Reunification Center (FRC) Functional Exercise: After-Action Report / Improvement Plan

Date of Exercise: Tuesday, July 26, 2022

Date of Report: Monday, October 31, 2022

This After-Action Report / Improvement Plan (AAR/IP) provides stakeholders with an analysis and recommendations for improvement planning. The AAR/IP aligns exercise objectives and preparedness doctrine and related frameworks and guidance needed to support organizational needs.

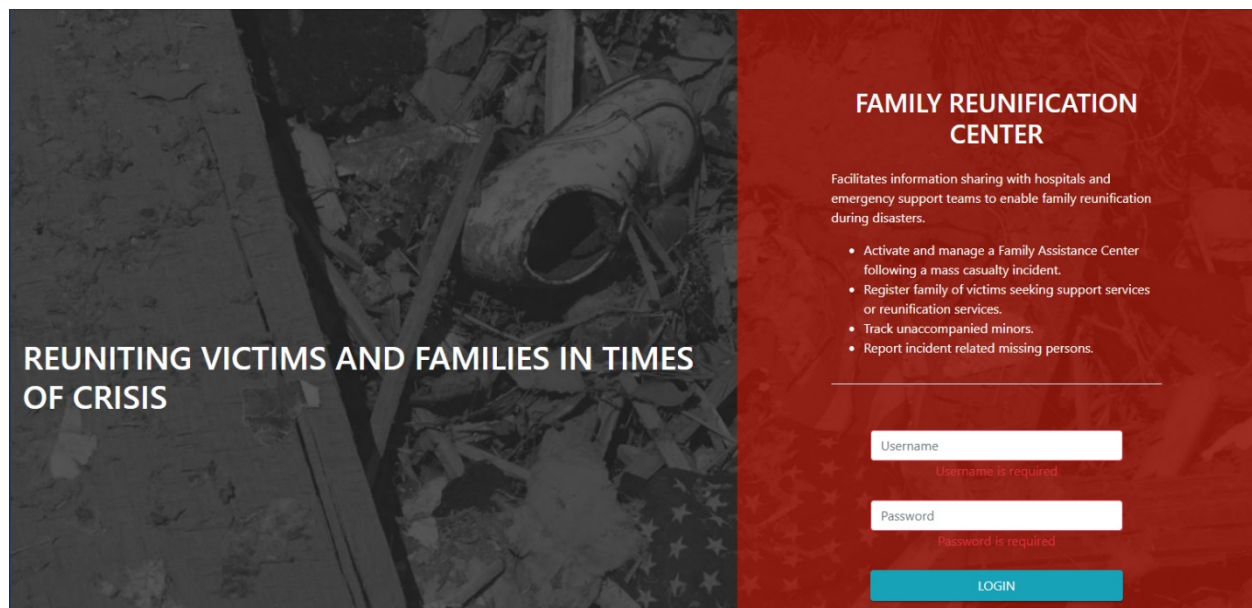


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EXECUTIVE SUMMARY

ReddiNet a service of the Hospital Association of Southern California developed an internet-based Family Reunification Center application to support family reunification efforts following a disaster.

To facilitate Health Care Coalition (HCC) reunification preparedness and response following an emergency or disaster, a Hospital Preparedness Program (HPP) deliverable was introduced for CY 2022 – “Conduct Family Reunification Center (FRC) training and tabletop exercise”.

This deliverable is intended to build upon the previously developed Family Information Center (FIC) guide and the previously implemented HPP deliverable of, “maintain participation with the Family Reunification Center system.”

On Tuesday, July 26, 2022 the Los Angeles County Emergency Medical Services (EMS) Agency, ReddiNet, and all Hospitals within Los Angeles County that are HPP fund recipients participated with the FRC exercise.

The objectives of the exercise include:

- Facilitate the development of processes needed to operationalize the use of the FRC application during an activation of the Family Information Center
- Promote end-user familiarity of family reunification capabilities
- Assess information sharing capabilities within the FRC application
- Identify correlation and limits of integration between the ReddiNet MCI module and the FRC application

The achievability of the objectives assessed end-users (players) to test accessing the FRC application data gathering, data entry, and information sharing to support family reunification efforts in a controlled setting.

The Los Angeles County EMS Agency followed the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for planning, conducting, evaluating, and reporting this exercise.

SUMMARY OF FINDINGS

This report was produced with AAR / IP documents from the exercise participants. The data was aggregated and filtered to identify factors that impacted the outcome of the exercise and recommended actions.

This section provides a summary of the strengths and areas of improvement observed and noted during the exercise.

Key Strengths

Key strengths identified during this exercise include the following:

- Pre-exercise training with ReddiNet was the primary factor that contributed to those who successfully demonstrated use of the system
- A County-wide coordinated exercise to test the FRC application and information sharing
- Interdependency among facilities regarding data entry and information sharing
- Participant interest in additional FRC training and drills
- Leadership / Management support
- Staff engagement

Key Areas for Improvement and Future Exercise Considerations

Key areas of improvement that were identified during the exercise. Key areas include:

- The FRC system was not usable for an extended period during the exercise due to a system "error" which limited testing of full capabilities
- Identify and train appropriate staff (PBX Operators, Case Management, Registration, Nurse Leadership, etc.) across multiple departments and multiple shifts to support reunification activities

- Develop or update FRC plans (e.g., location of reunification center, staffing of that area, clearly defined roles for those assigned to that area).
- Identify activation triggers for FRC plan
- The need for additional training and exercises

EXERCISE OVERVIEW

Exercise Name	Family Reunification Center (FRC) Functional Exercise
Exercise Date	Tuesday, July 26, 2022
Scope	<p>The FRC exercise is a functional exercise for Hospital Preparedness Program (HPP) participants. There will be no actual movement of patients. The exercise will last two hours or until all tasks are achieved followed by an internal debrief.</p> <p>The exercise will allow end-users (players) to test accessing the FRC application data gathering, data entry, and information sharing to support family reunification efforts.</p>
Focus Area(s)	Mitigation, Response
Capabilities	<p>Capability 1. Foundation for Health Care and Medical Readiness</p> <p>Capability 2. Health Care and Medical Response Coordination</p> <p>Capability 3. Continuity of Health Care Service Delivery</p>
Goals and Objectives	<ul style="list-style-type: none"> • Facilitate the development of processes needed to operationalize the use of the FRC application during an activation of the Family Information Center. • Promote end-user familiarity of family reunification capabilities. • Assess information sharing capabilities within the FRC application. • Identify correlation and limits of integration between the ReddiNet MCI module and the FRC application
Threat/Hazard	Reunification following a disaster

Scenario	A large-scale multi-casualty incident (MCI) has occurred, and multiple patients have been transported to hospital emergency departments throughout the county. Your facility has received one (1) patient via ambulance. Five (5) additional patients have self-dispatched to your facility. You have a total of six (6) patients from the incident in your emergency department. The patient that arrived by ambulance is initially amnesic to the incident and is only able to provide first name, age, and DOB. The patient is otherwise stable in the delayed category. The patient has no identification or cell phone and cannot recall family contact information. The other patients who self-dispatched are stable and require observation only.
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program
Participating Organizations	Los Angeles County EMS Agency, Hospital Association of Southern California / ReddiNet, recipient Hospitals of HPP funds, and others tasked with FRC end-user responsibilities
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10100 Pioneer Blvd., Suite 200 Santa Fe Springs, CA 90670

ANALYSIS OF OBJECTIVES AND CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Ratings Definitions:

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

Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Facilitate the development of processes needed to operationalize the use of the FRC application during an activation of the Family Information Center.	Foundation for Health Care and Medical Readiness			M	
Promote end-user familiarity of family reunification capabilities.	Foundation for Health Care and Medical Readiness	P			
Assess information sharing capabilities within the FRC application.	Continuity of Health Care Service Delivery		S		
Identify correlation and limits of integration between the ReddiNet MCI module and the FRC application.	Health Care and Medical Response Coordination		S		

Table 1. Summary of Core Capability Performance

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

Facilitate the development of processes needed to operationalize the use of the FRC application during an activation of the Family Information Center

Strengths

The rating of *performed with major challenges* can be attributed to the following:

Strength 1: Identified staff who should participate with FRC education and training.

Strength 2: Identified staff to initiate the family reunification process.

Strength 3: Access to the online training plus virtual training facilitated by ReddiNet provided a convenient way to train staff on the FRC application.

Strength 4: The exercise helped identify assigned tasks and the need to cross-train staff that will be required to support a full FRC activation.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: Staff were not familiar with the FRC application.

Area for Improvement 2: Some facilities lacked FRC application training with ReddiNet.

Area for Improvement 3: Some facilities need to identify activation triggers and other processes to effectively utilize the system.

Analysis: The pre-exercise training, preparation activities, and the actual exercise revealed gaps in staffing needs, training needs, equipment needs, and existing plans. The system-wide lack of use and awareness has resulted in a deficiency in plans, policies, procedures, training, and developer feedback. The gaps revealed the need to further development and operationalize FRC plans.

Promote end-user familiarity of family reunification capabilities:

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: End-users successfully accessed system, registered seekers, and reunited family members.

Strength 2: The training resources provided by ReddiNet prepared staff to manage the system without difficulties.

Strength 3: Utilizing the system in real-time, on the live ReddiNet system and FRC application, necessitated the user to access the modules and update login credentials.

Strength 4: The exercise allowed end-users to understand and experience the tasks required for the reunification process from start to finish.

Strength 5: Staff entered the names of the “patients” and “seekers” into the FRC application successfully.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: Some facilities reported challenges with system access. Since ReddiNet and FRC application are two independent applications, accessing both required two different usernames and passwords. This caused confusion for some facilities and created limited access to the FRC module.

Area for Improvement 2: Some participants reported confusion about nomenclature (e.g. seeker, missing person, etc.) and confusion regarding some of the processes which resulted in delays.

Area for Improvement 3: Some facilities reported the need for Job Action Sheets (JAS) outlining details (website, log-in info, etc.) for just-in-time training.

Area for Improvement 4: Some facilities reported the need for hands-on FRC application training prior to the exercise.

Analysis: The pre-exercise training and preparation activities were beneficial in preparing end-users to successfully access the system, enter data, and reunite seekers with patients.

Assess information sharing capabilities within the FRC application:

Strengths

The rating of *performed with some challenges* can be attributed to the following:

Strength 1: Successfully paired seekers with the inputted patients from other hospitals and made any necessary corrections to the inputted data.

Strength 2: Use of standardized platforms (ReddiNet MCI and FRC application) throughout the Healthcare Coalition supported information sharing capabilities between facilities.

Strength 3: Having to wait to open facility specific FAC until after EMS opened the MCI in ReddiNet was major improvement from previous exercises where each hospital opened their own without connecting to a unified event.

Strength 4: Having the ability to share information regarding victim or patient location throughout the County.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: The FRC application froze during the exercise making data entry and searches impossible during the downtime.

Area for Improvement 2: The need for additional computers at some facilities as well as additional end-users to support reunification efforts.

Area for Improvement 3: Multiple FACs were activated in the FRC application by a single facility to support one on-campus reunification site due to multiple end-users at the site activating separate FACs.

Area for Improvement 4: Some facilities did not enter patient information into the ReddiNet making it impossible for other hospitals to find their missing person.

Analysis: The inter-dependency was evident as some facilities successfully entered patient data and seeker data while others did not. This resulted in some facilities not being able to locate and reunite patients with seekers. Because of system errors the full capability could not be tested.

Identify correlation and limits of integration between the ReddiNet MCI module and the FRC application:

Strengths

The rating of *performed with some challenges* can be attributed to the following:

Strength 1: No issues entering the facility's victim data into the MCI and FRC modules. Interface intuitive. The system captured data accurately.

Strength 2: Correct data transferred from ReddiNet MCI module to FRC application

Strength 3: The overall functionality of the FRC application to reunite families was successful.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: It was difficult to locate and select the correct MCI to associate with the new FAC due to the extensive list of MCI options provided which included active and non-active MCIs.

Area for Improvement 2: Duplicate "missing persons" and "seekers" were entered into the FRC application.

Area of Improvement 3: Usernames and passwords for ReddiNet and the FRC application were not known by some end-users.

Area of Improvement 4: Active FACs remained open (not closed by facility) after conclusion of exercise. End-users did not de-activate (close) FAC after event ended or no longer needed.

Area of Improvement 5: Unable to search for missing persons by "Hair Color" or "Eye Color"

Analysis: The system-wide error impeded the accomplishment of tasks to assess the full capability of the system. In addition, the system wide error impeded the capability to fully assess the County-wide coordination needed to successfully reunite missing persons.

APPENDIX A: IMPROVEMENT PLAN

This IP is developed specifically for Los Angeles County Healthcare Coalition because of the Family Reunification Center Exercise conducted on July 26, 2022.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1. Foundation for Health Care and Medical Readiness	Staff not familiar with the FRC application	Arrange and provide additional staff training with ReddiNet		Facility			
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities will need to identify staff and provide reoccurring training with ReddiNet	Identify staff needed for FRC operations and schedule training with ReddiNet		Facility			
Capability 1. Foundation for Health Care and Medical Readiness	Identify activation triggers, and other processes to effectively utilize the system.	Facilities should determine triggers / threshold to activate respective FRC response (e.g. type of incident, MCI, number of victims, etc.) plan.		Facility			
Capability 1. Foundation for Health Care and Medical Readiness	Challenges with ReddiNet and FRC application access due to each requiring a different username and password	Discuss with ReddiNet the feasibility of allowing end-users to use the same username and password to access both applications		EMS Agency / ReddiNet			

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1. Foundation for Health Care and Medical Readiness	Confusion about nomenclature (e.g. seeker, missing person, etc.) and confusion regarding some of the processes	Arrange and provide additional staff training with ReddiNet		Facility			
Capability 1. Foundation for Health Care and Medical Readiness	Need to outline details of how to perform task for just-in-time training	Develop Job Action Sheets (JAS) or incorporate steps into existing JAS		Facility			
Capability 1. Foundation for Health Care and Medical Readiness	Need for hands-on, interactive, FRC training.	Discuss with ReddiNet the feasibility of adding hands-on, interactive, training to FRC training sessions		EMS Agency / ReddiNet			
Capability 3. Continuity of Health Care Service Delivery	The FRC application froze during the exercise making data entry and searches impossible during the downtime	ReddiNet to determine cause and implement solution		ReddiNet			
Capability 3. Continuity of Health Care Service Delivery	Additional computers were needed at some facilities as well as additional end-users for ReddiNet and FRC application	Determine and obtain resources needed to support operational needs		Facility			
Capability 1. Foundation for Health Care and	Staff not familiar with the FRC application	Identify staff and provide reoccurring FRC application training		Facility / EMS Agency			

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Medical Readiness							
Capability 3. Continuity of Health Care Service Delivery	Multiple FACs were activated in the FRC application to support a single reunification site due to multiple end-users at that site activating separate FACs in the FRC application	Develop processes to coordinate activities to ensure a single FAC is activated per reunification site. If multiple sites exist on campus then okay to activate, if needed, additional FACs.		Facility			
Capability 3. Continuity of Health Care Service Delivery	Some facilities did not enter patient information into the ReddiNet making it impossible for other hospitals to find their missing person	Determine if due to system error or end-user error. If end-user error provide pertinent corrective action (e.g. training, education, etc.)		Facility			
Capability 2. Health Care and Medical Response Coordination	Non-pertinent MCI data in FRC application	Disable the ability to select non-active MCI in FRC		ReddiNet			
Capability 2. Health Care and Medical Response Coordination	Active FACs remained open (not closed by facility) after conclusion of exercise. End-users did not de-activate (close) FAC after event ended or no longer needed.	Discuss with ReddiNet feasibility of adding an alert mechanism to remind end-users to close active FACs if attempting to log off or exit the application		EMS Agency / ReddiNet			

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 2. Health Care and Medical Response Coordination	Username and passwords for ReddiNet and the FRC application were not known by some end-users.	Develop process (e.g. monthly or quarterly log-in test, etc.) to ensure end-users have username and password		Facility			
Capability 2. Health Care and Medical Response Coordination	Unable to search for missing persons by "Hair Color" or "Eye Color"	Add "Hair Color" and "Eye Color" as searchable fields		ReddiNet			
Capability 2. Health Care and Medical Response Coordination	Duplicate "missing persons" and "seekers" entered into the application	Provide additional training to end-users to minimize duplicate entries		Facility			
Capability 2. Health Care and Medical Response Coordination	System-wide error impeded accomplishment of many of the FRC components and tasks to assess the full capability of the system. In addition, it impeded the capability to fully assess the County-wide coordination needed to successfully reunite missing persons	Conduct another FRC Exercise		EMS Agency			
Capability 2. Health Care and Medical Response Coordination	Difficult to locate and select the correct MCI to associate with the new FAC due to the	Do not list all MCIs. Change criteria to list only those MCI's		ReddiNet			

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	extensive list of MCI options provided	that are "open" and "actual".					

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
County
Los Angeles County Emergency Medical Services (EMS) Agency
[Jurisdiction A]
Hospital Preparedness Program (HPP) Participating Facilities
Hospital Association of Southern California / ReddiNet