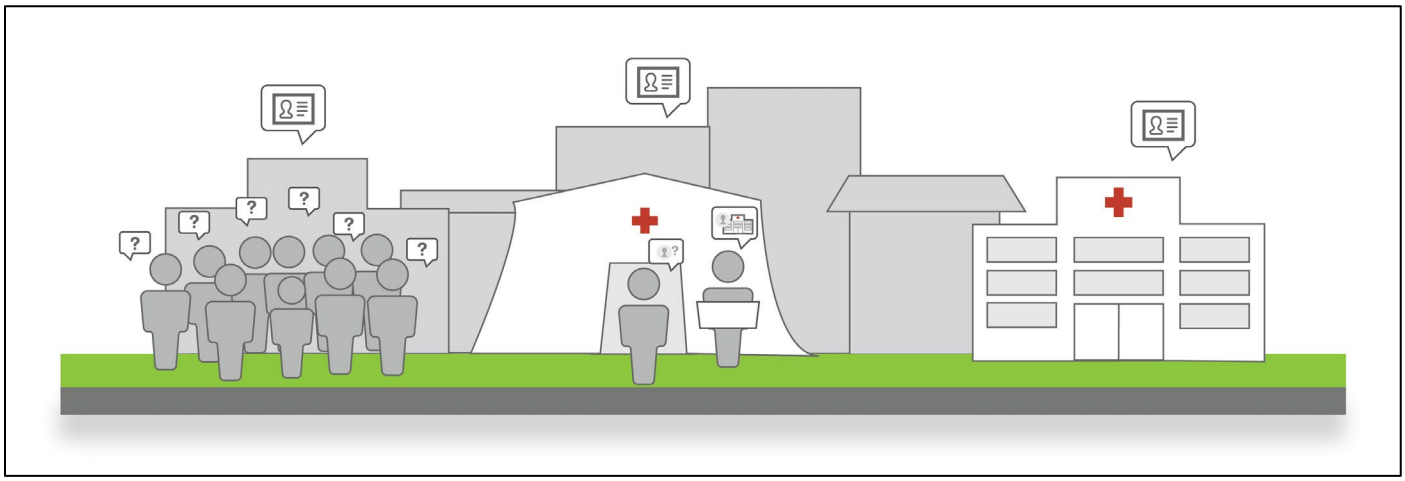
Family Reunification Center (FRC) Functional Exercise: After-Action Report / Improvement Plan

Date of Exercise: Thursday, July 24, 2025
Date of Report: Thursday, October 9, 2025

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives and preparedness doctrine and related frameworks and guidance. 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.



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EXECUTIVE SUMMARY

Welcome to the Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program, Family Reunification Center Training and Exercise.

Supported by the U.S Department of Health & Human Services, Administration for Strategic Preparedness and Response (ASPR), Hospital Preparedness Program (HPP), and in coordination with the Hospital Association of Southern California.

The Los Angeles County EMS Agency previously recognized the need for family reunification following a mass casualty incident. Working with community partners and other stakeholders, the EMS Agency contributed to the development of the County's Family Assistance Center plan and the Family Information Center (FIC) guide. The FIC guide was developed to assist hospitals in creating their facility-specific FIC plan.

Subsequently, ReddiNet, a service of the Hospital Association of Southern California (HASC), developed the internet-based Family Reunification Center (FRC) application to support family reunification efforts following a disaster. The FRC application facilitates information sharing with other hospitals to enable family reunification efforts following a disaster.

The main objective of the family reunification center exercise is to facilitate hospital preparedness in reuniting patients with family members separated due to a large-scale multi-casualty incident (MCI) or other incident resulting in an influx of patients and seekers to the emergency department.

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 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.

Strengths

Key ***strengths*** identified during the exercise include the following:

- ***Internal Communication, Collaboration, and Engagement*** Strong teamwork, effective communication among team members, and active engagement across departments contributed significantly to success.
- ***Training, Preparedness, and Learning*** Hands-on and pre-drill training, clear user guides, and opportunities for learning ensured staff were well-prepared and confident in their roles.
- ***Process, Organization, and Leadership*** Well-structured planning, clear division of roles, organized drill execution, and supportive leadership enabled smooth operations.
- ***Use of ReddiNet and FRC Application*** Effective use of ReddiNet, FRC application, and other technological resources streamlined operations and facilitated quick responses.
- ***Teamwork and Problem-Solving*** Teams demonstrated strong critical thinking, adaptability, and the ability to solve problems efficiently under pressure.

Areas of Improvement

Key *areas of improvement* identified during the exercise include the following:

- *Training & Competency*: Many staff (including nursing supervisors, charge nurses, directors, clinics, social workers, and leadership) lack adequate training on ReddiNet and the FRC application.
- *External Communication & Contact Information:* Many issues revolve around delayed, unclear, or missing contact information between teams, facilities, or command centers. Communication bottlenecks (such as not having direct telephone numbers, outdated contact lists, or unclear protocols) cause duplication of work, data entry errors, and delayed reunification.
- *Access to Resources & Documentation:* Staff struggled to quickly access FRC plans, user guides, checklists, and policies during the exercise.
- *System & Technology Issues:* Technical problems included system errors, login issues, data delays, and difficulty using modules like ReddiNet.
- *Data Accuracy & Process Standardization:* Incorrect data entry by participating hospitals led to confusion and inefficiency.

EXERCISE OVERVIEW

Exercise Name	Family Reunification Center (FRC) Functional Exercise
Exercise Date	Thursday, July 24, 2025
Scope	The FRC exercise is a functional exercise for Hospital Preparedness Program (HPP) fund recipients. Exercise activities will be conducted at HPP hospitals and will involve each facility identifying a safe and secure location to use as their reunification area. There will be no actual movement of patients. The exercise will last three hours to ensure all tasks are achieved. Play will take place in the live ReddiNet and FRC applications.
Focus Area(s)	Planning and Collaboration, Information Sharing and Analysis
Capabilities	Capability 2. Health Care and Medical Response Coordination
Goals	• Improve the user experience of the FRC application through additional hands-on training. • Activation of Family Information Center (FIC) / Family Reunification Center (FRC) plans, to include identifying areas in or near the facility to use for family reunification, and to clearly define roles and responsibilities for staff assigned to that area. • Develop and/or implement processes to ensure the FRC application is utilized during an activation of the FIC/FRC plan. • Engage stakeholders to ensure that everyone understands their role in disaster response and reunification efforts.
Objectives	• Each participating hospital will activate their respective FIC/FRC plan within 15-minutes of notification. • Each participating hospital will identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation. • Each participating hospital to clearly define roles and responsibilities of staff assigned to FIC/FRC area during the incident. • Each participating hospital to develop and/or implement processes to ensure the FRC application is utilized during the activation of their respective FIC/FRC plan for conducting reunification efforts.
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 by private auto and walked-into the emergency department. You have a total of six (6) patients from the incident in your emergency department. The patient that arrived by ambulance is initially amnesiac to the incident and is only able to provide first name, last name, and age. 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 • ReddiNet, a service of HASC • HPP Hospitals • Los Angeles County Office of Emergency Management • American Red Cross (Observer)
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10430 Slusher Drive Santa Fe Springs, CA 90670

STATISTICS

Exercise statistics provide a snapshot of metrics to support preparedness reporting and trend analysis. The following tables were developed from data provided by exercise participants through after-action reports and surveys. The data includes regional participation levels and facility support data.

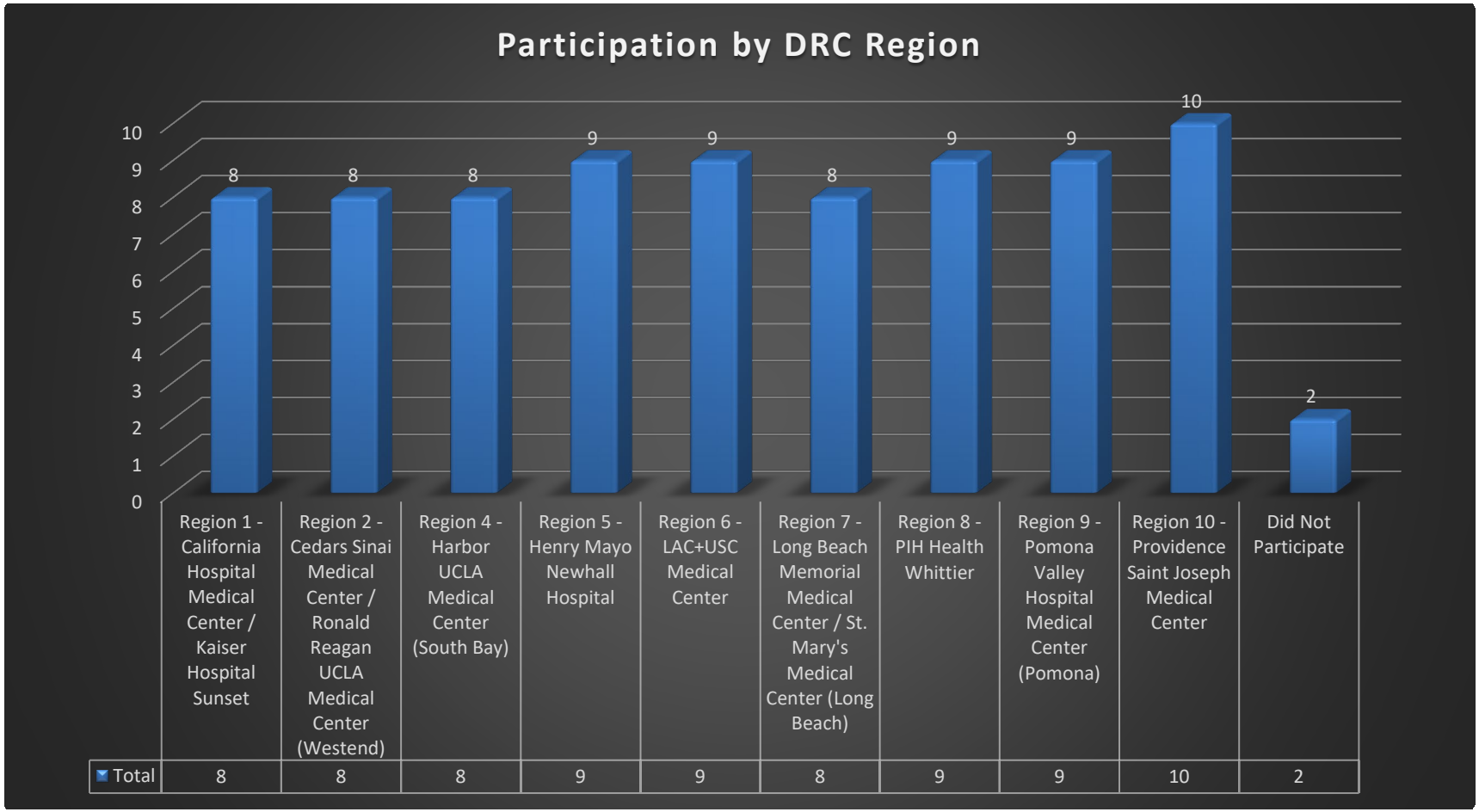


Table 1. Hospital Participation by DRC Region (78 out of 80 Hospitals)

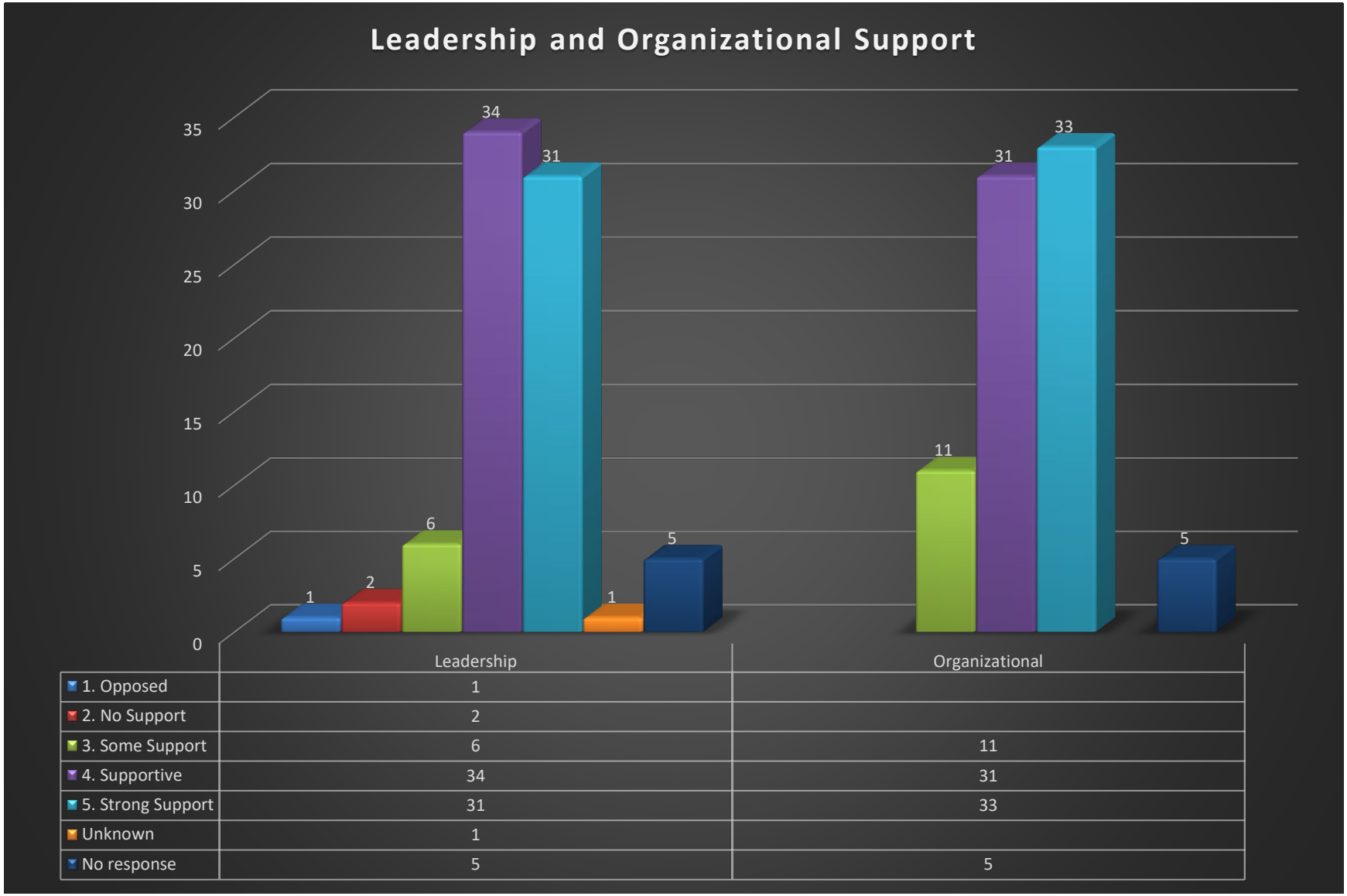


Table 2. Leadership and Organizational Support (75 out of 80 Hospitals)

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 3 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by data from exercise evaluators through after-action reports and surveys.

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.

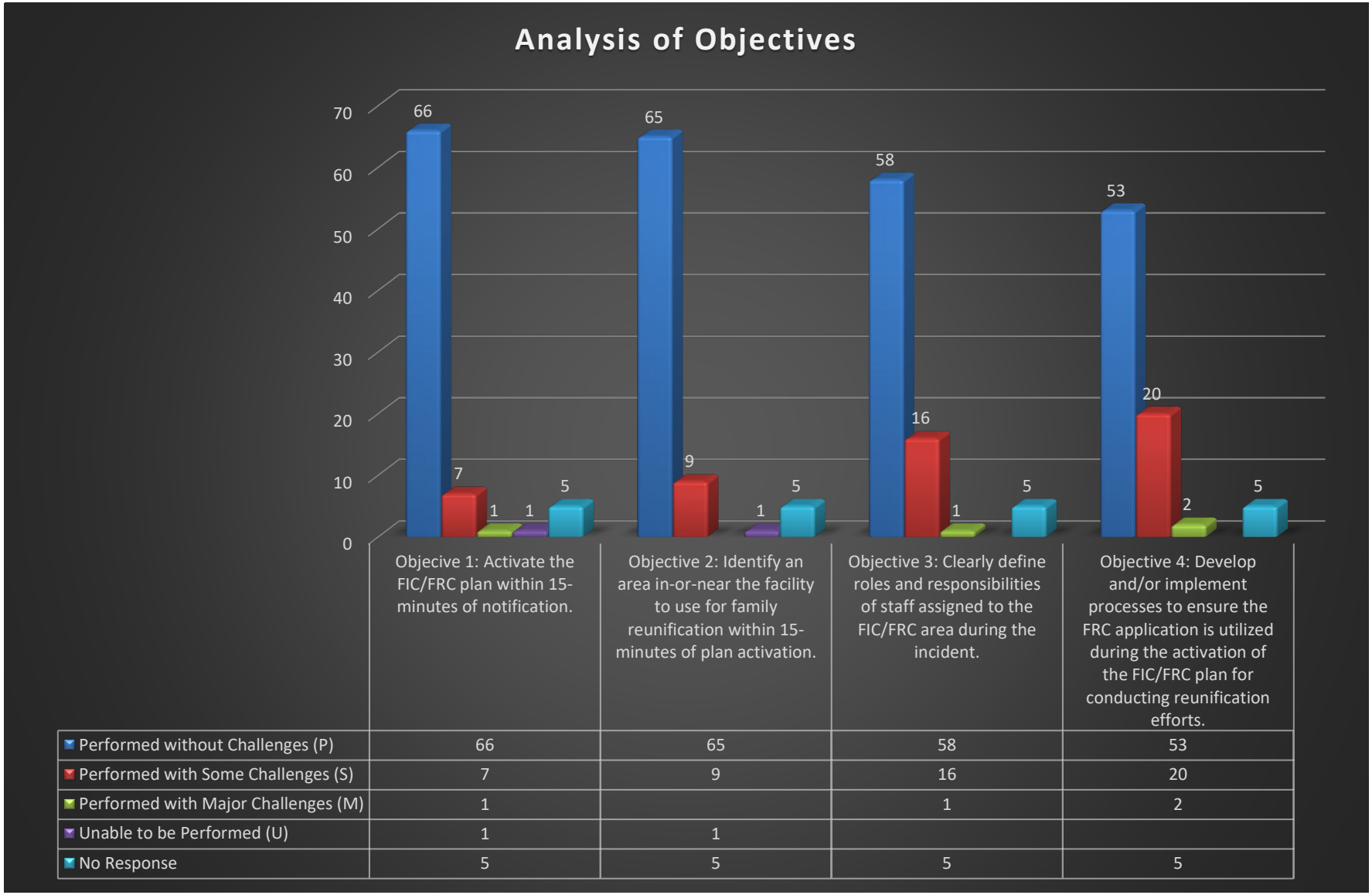
Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed 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).

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

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Activate the FIC/FRC Plan within 15-minutes of Notification	Capability 2	P			
Identify an area in-or-near their facility to use for family reunification within 15-minutes of plan activation.	Capability 2	P			
Clearly define roles and responsibilities of staff assigned to FIC/FRC area	Capability 2		S		
Develop and/or implement processes to ensure the FRC application is utilized during the activation for conducting reunification efforts	Capability 2		S		

Table 3. Performance Capability



	Objecive 1: Activate the FIC/FRC plan within 15-minutes of notification.	Objective 2: Identify an area in-or-near the facility to use for family reunification within 15-minutes of plan activation.	Objective 3: Clearly define roles and responsibilities of staff assigned to the FIC/FRC area during the incident.	Objective 4: Develop and/or implement processes to ensure the FRC application is utilized during the activation of the FIC/FRC plan for conducting reunification efforts.
Performed without Challenges (P)	66	65	58	53
Performed with Some Challenges (S)	7	9	16	20
Performed with Major Challenges (M)	1		1	2
Unable to be Performed (U)	1	1		
No Response	5	5	5	5

Table 4. Analysis of Objectives (75 out of 80 Hospitals)

The following sections provide an overview of the performance related to **ASPR Capability 2, Health Care and Medical Response Coordination**, highlighting strengths and areas for improvement.

Summary of Strengths:

- ***Internal Communication, Collaboration, and Engagement:*** Strong teamwork, effective communication among team members, and active engagement across departments contributed significantly to success.

  Strengths observed included:

  - *Team split into complementary roles toward the end of the exercise resulting in greater success matching Missing Persons and Seekers.*
  - *Strong interaction with Hospital Command Center*
  - *Strong communication between team members*
  - *Collaboration with all participating departments*
  - *Communication scripts and signage were clear and helpful*
  - *PBX communication with Hospital Command Center and reunification area*
  - *ED staff familiar with ReddiNet*
  - *Participants were enthusiastic and motivated*
  - *Member participation throughout exercise*

- ***Training, Preparedness, and Learning:*** Hands-on and pre-drill training, clear user guides, and opportunities for learning ensured staff were well-prepared and confident in their roles.

  Strengths observed included:

  - *Hands on training provided staff with insight.*
  - *Pre-planning and training of FRC team members was vital.*
  - *Just-in-time training was effective.*
  - *ReddiNet training and FRC refresher.*
  - *Previous employees with experience assisted new FRC members.*
  - *Preprinting user guides.*

- *Created binders for team members with log in instructions, trouble-shooting guide, etc.*

- ***Process, Organization, and Leadership:*** Well-structured planning, clear division of roles, organized drill execution, and supportive leadership enabled smooth operations.

  Strengths observed included:

  - *Well planned exercise.*
  - *Process flow and procedures.*
  - *Organization, hospital staff was well informed.*
  - *Set-up process*
  - *Inject cards improved flow of the scenario and helped with organization.*
  - *All information provided by the County was organized well and in detail.*
  - *Leadership involvement and support from multiple departments.*
  - *Coaching from controllers and observers.*

- ***Use of ReddiNet and FRC Application:*** Effective use of ReddiNet, FRC application, and other technological resources streamlined operations and facilitated quick responses.

  Strengths observed included:

  - *ReddiNet and FRC module were easy to use.*
  - *Easy to navigate the FAC module.*
  - *Staff logging into the FRC application and entering the seeker information.*
  - *ReddiNet Technical Support.*
  - *Social worker staff comfortable entering information and searching for victims.*
  - *Security successfully maintained access control to the reunification area.*
  - *Utilizing registration staff increased effectiveness in data entry.*

- ***Teamwork and Problem Solving:*** Teams demonstrated strong critical thinking, adaptability, and the ability to solve problems efficiently under pressure.

  Strengths observed included:

  - *FRC plan was activated and reunification location set up within 15 minutes of notification.*
  - *Hospital Command Center able to establish FRC timely*
  - *Team was able to work under pressure and work around obstacles while maintaining composure and efficiency*
  - *FRC end-users are familiar with FRC application and use it very well*
  - *Overall usage of ReddiNet by end user*

- ***Best Practices:***

  - *Assigning clear, complementary roles within teams.*
  - *Providing real-time mentoring and support to staff in new roles.*
  - *Maintaining frequent, open communication across all involved parties.*
  - *Delivering layered training: pre-event, hands-on, and just-in-time.*
  - *Ensuring staff are comfortable with technology before an incident enhanced operational efficiency.*

These strengths and best practices contributed significantly to the overall success and effectiveness of the exercise.

Summary of Areas for Improvement:

- ***Training & Competency:*** Many staff (including nursing supervisors, charge nurses, directors, clinics, social workers, and leadership) lack adequate training on ReddiNet and the FRC application.

  There is a need for ongoing, in-depth, and multi-shift (including night shift) training, and more opportunities for drills and exercises.

  Areas for Improvement discovered include:

  - *Train more staff on the FRC and FAC activation*
  - *Need to identify and train new FRC team members. With turnover, need agreement on who will be responsible to establish the FRC and work with the ED and Nursing supervisors*
  - *Night shift training for House Sup, ED, and Admissions*
  - *More multi-facility opportunities to drill. A system that is used once a year is hard to maintain competencies on.*

  This stands out because it highlights a fundamental gap in system competency across multiple critical roles. Without broad, consistent training on the FRC application for key staff, the entire response process is undermined—regardless of how well other systems, processes, or resources are improved. If the individuals responsible for coordination and communication don't know how to use the core tool, effective response isn't possible, and all other efforts are significantly less effective.

  Addressing this training gap should be the top priority, as it forms the foundation for all other improvements in communication, technology, process standardization, and resource access.

- ***External Communication & Contact Information:*** Many issues revolve around delayed, unclear, or missing contact information between teams, facilities, or command centers. Communication bottlenecks (such as not having direct telephone numbers, outdated contact lists, or unclear protocols) cause duplication of work, data entry errors, and delayed reunification.

  Areas for Improvement discovered include:

- *Contact numbers provided for FRC and FAC were generic hospital numbers—not direct lines to the reunification site.*
- *Difficult to identify who to contact at each facility.*
- *Multiple calls had to be made to reach correct person.*
- *Improve communication between ER, nursing supervisor and PBX. It seems there is always a disconnect and notifications are not handled according to policies and procedures.*
- *Hospitals were not providing direct phone numbers, but generic hospital numbers that connected to an operator who had no awareness of the exercise or who to contact.*
- *Unable to locate the telephone number in the FRC application. The reunification site telephone number was entered into the FAC activation field. However, could not figure out how people are supposed to see that number or how we would see their number in the FRC application. It was not helpful.*
- *Facilities not notifying their PBX office that a drill was taking place.*

- ***Access to Resources & Documentation:*** Staff struggled to quickly access FRC plans, user guides, checklists, and policies during the exercise. There's a need for simplified, up-to-date documentation and easy access to critical resources.

  Areas for Improvement discovered include:

  - *FRC plan was not easily accessible.*
  - *Policies and procedures were not up to date or easy to locate.*
  - *Checklist for FRC activation was outdated.*
  - *Would help to have a quick reference guide in the FRC.*

- ***System & Technology Issues:*** Technical problems included internal system errors, login issues, data delays, and difficulty using ReddiNet. More IT support, additional devices, reliable internet access, and clearer system instructions are necessary.

  Areas for Improvement discovered include:

  - *Difficulty with login credentials for FRC application.*
  - *Some devices could not access the FRC application.*

- *Needed more IT support during the drill.*
- *Internet access was unreliable.*
- *Confusion about which system (ReddiNet or FRC) to use for specific tasks.*

- ***Data Accuracy & Process Standardization:*** Incorrect data entry by participating hospitals led to confusion and inefficiency. Standardizing procedures for data input, notifications, and workflow mapping will improve response effectiveness.

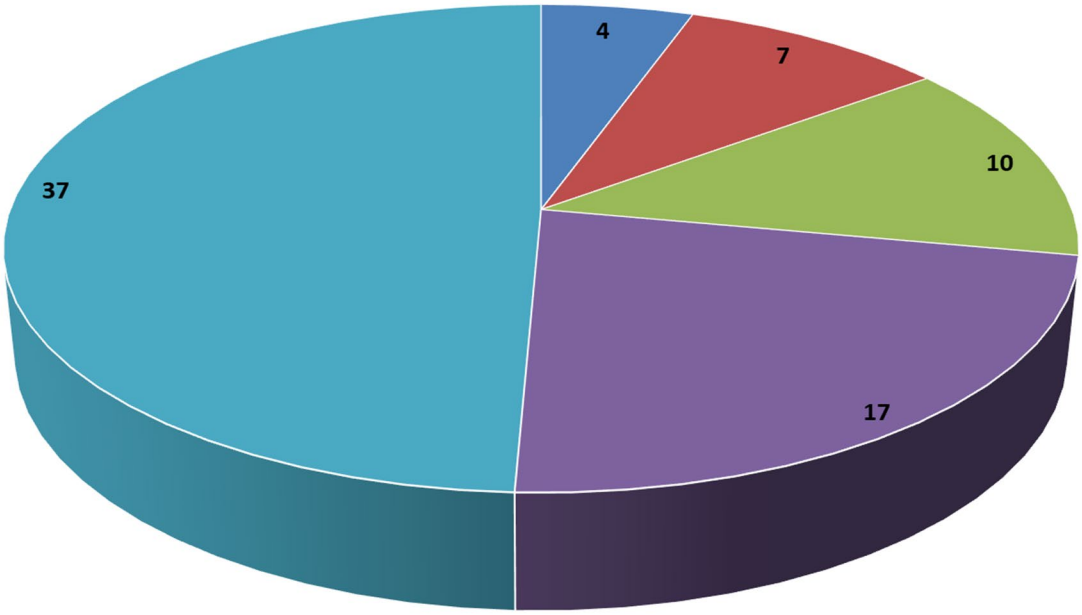
  Areas for Improvement discovered include:

  - *Information entered by some hospitals was incorrect.*
  - *Some data fields were missing or incorrect.*
  - *Notification procedures varied between facilities.*
  - *Workflow for FRC activation was unclear.*
  - *Staff unsure when and how to enter data into ReddiNet.*
  - *Need standardized checklists and processes for all facilities.*

Addressing these gaps will significantly improve response effectiveness and enhance the overall success of the exercise.

Reunification Efforts

This area analyzes the outcomes of reunification efforts, and the barriers encountered during the FRC exercise, where participating facilities attempted to reunite missing persons with their seekers using the FRC application and related processes. Barriers are noted by **Facility Performance** perspective and by **FRC Processes** perspective. Each perspective provides distinctive insight into barriers that hindered reunification efforts.



Graph of Successful Reunifications per Facility (75 out of 80 Hospitals):

- Four (**4**) facilities: 1 out of 5 reunifications completed
- Seven (**7**) facilities: 2 out of 5 reunifications completed
- Ten (**10**) facilities: 3 out of 5 reunifications completed
- Seventeen (**17**) facilities: 4 out of 5 reunifications completed
- Thirty-seven (**37**) facilities: 5 out of 5 reunifications completed
- Five (**5**) facilities: Did not report

Facility Performance

1. **Facilities Reuniting 1 out of 5 Missing Persons (4 Facilities):**
    - Only one match achieved per facility.
    - Barriers reported:
        - No record of individuals in the system.
        - FRC application rarely prompted possible matches.

2. **Facilities Reuniting 2 out of 5 Missing Persons (7 Facilities):**
    - Barriers reported:
        - Hospital staff unaware or confused about the process.
        - Missing or inaccurate facility phone numbers.
        - Errors in seeker data entry (e.g., incorrect information in ReddiNet).
        - Communication breakdowns (voicemail transfers, inability to confirm patient identity).
3. **Facilities Reuniting 3 out of 5 Missing Persons (10 Facilities):**
    - Barriers reported:
        - Hospitals uninformed about the drill or unable to direct calls appropriately.
        - Untimely or incomplete patient data entry.
        - Lack of contact information for key hospital personnel.
        - Need for increased user training identified.
        - Duplicate entries and confusion caused by multiple facilities listing the same patient.
4. **Facilities Reuniting 4 out of 5 Missing Persons (17 Facilities):**
    - Barriers reported:
        - Incomplete or incorrect patient information submitted.
        - Outdated or incorrect facility phone numbers.

- PBX (operator) staff unfamiliar with FRC protocols or the drill.
- Delays due to lack of awareness or misunderstanding of required steps (e.g., confirming matches by phone).
- Registration errors and late data entry leading to mismatches or missed reunifications.

5. **Facilities Reuniting 5 out of 5 Missing Persons (37 Facilities):**

- Achieved full reunification, but still faced process issues:
  - Occasional data entry errors (typos, misspelled names).
  - Incomplete patient information initially submitted.
  - Difficulty reaching other hospitals due to missing or indirect phone numbers.
  - The success often depended on individual staff's attention to detail and corrections made during the exercise.

FRC Processes

- **Data Entry and Application Barriers:**
  - Patient/seeker data not found in the FRC application due to untimely or incorrect data entry, including misspelled names, late registration, or incomplete details.
  - Duplicate or conflicting entries for the same individual by multiple facilities.
  - Some hospitals did not enter patient data into the FRC application at all.
  - Dependence on accurate and prompt entry led to frequent errors.
  - Need for more user training on FRC processes and clearer Family Information Center (FIC) procedures.
- **Inter-Dependency and System Barriers:**
  - Facilities that experienced challenges were unaware of the drill or their role, causing confusion and delays.
  - Facilities that experienced challenges did not provide or update contact telephone numbers in their ReddiNet profiles or FRC system.

- Incomplete or missing contact details made direct verification impossible at times.
- PBX operators and other staff were not briefed on the drill, resulting in calls being misdirected, put on hold, or disconnected.
- Calls often transferred multiple times or left unanswered.
- Some facilities seemingly did not participate or did not enter data in required systems, complicating verification.

- Verification Barriers:
  - Inability to reach correct contacts at other facilities due to missing, outdated, or wrong telephone numbers.
  - Operators unaware of the FRC drill, leading to delays or failed transfers.
  - Facilities unaware of their required role in verification, causing confusion when calls were received.
  - Multiple attempts often required to reach someone knowledgeable; sometimes no successful contact was made.
  - Patient information mismatches (e.g., same name/different birthday) could not be resolved without direct confirmation.
  - Some facilities did not answer calls or had phone lines that rang endlessly or were disconnected.
  - Delays in confirming matches due to lack of awareness or proper processes at the receiving facility.

Conclusion:

While a significant portion of facilities were able to achieve full reunification, persistent barriers in external communication, data accuracy, and staff awareness hindered overall performance. Success rates increased as process-related barriers were reduced — facilities with accurate data entry, up-to-date contact details, persistent efforts, and well-informed staff achieved higher reunification rates.

APPENDIX A: IMPROVEMENT PLAN

This improvement plan (IP) is developed specifically for the Los Angeles County Healthcare Coalition because of the **Family Reunification Center Exercise** conducted on **July 24, 2025.** *Not all participating hospitals experienced the same challenges. Hospitals should review the "Issue/Area for Improvement" below and address the relevant items with appropriate corrective actions.*

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Health Care and Medical Response Coordination (Capability 2)	Staff were unfamiliar with their role and concerned with maintaining competency on ReddiNet and the FRC application	Recommend ongoing training, role definition, and increased internal drill frequency	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026
Health Care and Medical Response Coordination (Capability 2)	Reliance on generic hospital numbers instead of direct lines to reunification locations created delays	Facilities to provide direct contact numbers to reunification location, rather than default generic hospital telephone number	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026
Health Care and Medical Response Coordination (Capability 2)	The absence of points of contact at each facility resulted in confusion, requiring multiple calls	Designate a clear point of contact at each facility for reunification efforts and communicate this information to ER, nursing supervisors, and PBX using	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	and additional effort to identify responsible parties for reunification	established notification policies and procedures				
Health Care and Medical Response Coordination (Capability 2)	Facilities failed to alert their PBX offices about the ongoing drill, leaving operators unprepared and uninformed about the exercise or who should be contacted	Instruct hospitals to notify their PBX office about drills and provide PBX with relevant contact details and procedures	Los Angeles County EMS Agency	HPP Hospitals Program Manager	November 3, 2025	July 23, 2026
Health Care and Medical Response Coordination (Capability 2)	Difficult to locate the relevant contact information within the FRC application further hindered efficient communication	Update the FRC application to clearly display the appropriate contact numbers in the correct fields	ReddiNet	ReddiNet Support	November 3, 2025	July 23, 2026
Health Care and Medical Response Coordination	FRC plan not accessible, which may	Add the plan to the EOP or place it with other accessible plans. Inform/train	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
(Capability 2)	hinder response	staff on how to access/retrieve the plan				
Health Care and Medical Response Coordination (Capability 2)	There is no existing quick reference guide, or the existing documentation is too cumbersome for immediate use	Recommend creating a quick reference guide to support plan activation	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026
Health Care and Medical Response Coordination (Capability 2)	Incorrect data entry by participating hospitals led to confusion and inefficiency	Recommend developing standardized procedures for data input, notifications, and workflow mapping	Hospitals	Hospital Emergency Management Officer	November 3, 2025	July 23, 2026

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
County
Los Angeles County Emergency Medical Services (EMS) Agency
Jurisdictions
Hospital Preparedness Program Participating Facilities
Hospital Association of Southern California / ReddiNet
Orange County EMS Agency
Ventura County Health Care Coalition