

Region V for Kids: Great Lakes Pediatric Consortium
for Disaster Response

Refining Pediatric Telehealth Capability: A Demonstration to Leverage the Use of Technology During Disaster Response



After-Action Report/Improvement Plan
30 August 2022

The After-Action Report (AAR) aligns exercise objectives with preparedness doctrine. Analysis of Core Capabilities, Analysis of Exercise Generated Data, and Evaluation of Exercise Effectiveness are included.

This publication was made possible by Award Number [U3REP190615-01-00] from the Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of ASPR or the Department of Health and Human Services.



EIIC Emergency Medical Services for Children
Innovation and Improvement Center

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EXECUTIVE SUMMARY

The Region V for Kids Pediatric Center of Excellence hosted the *Refining Capability* telehealth Demonstration on 14 July 2022 to evaluate the suitability of telehealth technology as a tool for pediatric disaster response. The exercise featured five pre-recorded videos that demonstrated the use of telehealth in various disaster related activities. The Demonstration tested three basic goals:

- Integrate telehealth into disaster response activities
- Refine current telehealth activity
- Advance telehealth through use of new technology

Refining Capability was conducted in a video-conferencing platform over the course of two and a half hours. 81 participants from 19 states, representing 67 organizations, took part in the demonstration. Relevant data was collected from participants through multiple polls and debriefings. Full results are presented below. Listed below are five key lessons from the demonstration:

1. 94% of participants report that **telehealth is an effective tool** supporting successful pediatric disaster response in many different scenarios.
2. Telehealth is an underutilized tool for providing advanced behavioral health services to pediatric patients in an emergency department setting.
3. The ability to mass migrate clinical visits to telehealth care during a disaster is key to sustaining routine care operations.
4. As demonstrated, telehealth supports a multi-state, regional response to a pediatric disaster. Recommend prioritizing investments to shape the legislative and policy environments to support cross-border telehealth.
5. With its ability to facilitate remote examination and care, telehealth can be used to enforce isolation of transmissible pathogens.

Refining Capability has demonstrated that telehealth is a viable, useful tool for pediatric disaster response. From real-time trauma care to post event behavioral health follow up, telehealth connects experts directly to a point of need. To expand and refine telehealth capabilities for pediatric disaster and surge response, additional investment and research is needed to realize telehealth's full potential.

DEMONSTRATION OVERVIEW

Demonstration Name	Refining Pediatric Telehealth Capability: A Demonstration to Leverage the Use of Technology During Disaster Response
Demonstration Date	14 July 2022
Scope	This exercise is a demonstration with pre-recorded telehealth tasks, planned for four [4] hours to be conducted virtually. The demonstration is open to Region V for Kids members, state and local health departments, community hospitals, and EMS organizations within Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.
Mission Area(s)	Response and Recovery
Core Capabilities	Critical Transportation Environmental Response/Health and Safety Healthcare and Emergency Medical Services Health and Social Services Operational Communications
Objectives	<ol style="list-style-type: none"> 1. Integrate telehealth into disaster response activities: <ul style="list-style-type: none"> - Incorporate Children and Youth with Special Healthcare Needs (CYSHN) into a demonstration activity - Include basic medical functions (i.e. triage) in telehealth operations - Provide pediatric trauma consultation to a rural, community hospital - Transition 85% of scheduled, clinical appointments to telehealth to sustain routine care during a weather emergency - Conduct psychological first aid for providers during recovery phase 2. Refine current telehealth activity: <ul style="list-style-type: none"> - Demonstrate multi-state coordinated care for a pediatric CBRNE patient - Perform a toxicology consultation while engaging the Poison Control - Combine IT technology with telehealth to limit exposure to pathogens 3. Advance telehealth through use of new technology: <ul style="list-style-type: none"> - Sustain a strong signal and telehealth connection with medical crew in a fast-moving rotary aircraft - Integrate augmented reality into a remote telehealth consultation 4. Assess the value of telehealth: <ul style="list-style-type: none"> - Children’s hospitals present a series of 15-minute pre-recorded videos - 75% of demonstration participants complete pre, post, and live polling - Grant investigators analyze poll results to identify knowledge gaps, reporting results in an After Action Review (AAR) by 31 August 2022

Threat or Hazard	Pediatric Surge
Scenario	The exercise features a series of pre-recorded, telehealth activities that support disaster and surge response.
Sponsor	Region V for Kids Great Lakes Pediatric Consortium for Disaster Response conducts the demonstration in support of an Assistant Secretary for Preparedness Response (ASPR) Pediatric Disaster Care Centers of Excellence grant.
Participating Organizations	Exercise participants will include the ten Children's and partner hospitals in Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, state and local health departments and EMS organizations.
Point of Contact	Marie M. Lozon, MD Professor of Emergency Medicine and Pediatrics, Michigan Medicine Chief of Staff, Office of Clinical Affairs mlozon@umich.edu

ANALYSIS OF CORE CAPABILITIES

Aligning demonstration objectives and core capabilities provides a consistent format for evaluation across multiple demonstrations to support analysis and reporting of disaster preparedness and capabilities. The following demonstration goals in Table 1 describe the expected outcomes for the demonstration. The goals describe the expected outcomes for the demonstration. The goals are linked to core capabilities and missions of FEMA's National Preparedness Goals (2nd Edition). The objectives and aligned core capabilities are guided by Region V for Kids Telehealth workgroup members and selected from [*FEMA's National Preparedness Goals \(2nd Edition\)*](#).

Please note the temporary nature and research focus of the Region V for Kids Pediatric Center of Excellence runs counter to [Homeland Security Exercise and Evaluation Program \(HSEEP\)](#) doctrine. Unlike traditional HSEEP programs which use demonstrations as a component of an ongoing cycle of organizational evaluation and improvement, the *Refining Capabilities* demonstration is a one and done event for Region V for Kids. Rather than evaluation and improvement, *Refining Capabilities* was primarily a demonstration exercise. In that regard, each objective is not measured against levels of performance. Each objective was measured against a met/not met criteria.

Demonstration Objective	Core Capability	Met (M)	Not Met (N/M)
Integrate telehealth into disaster response activities: - Incorporate CYSHCN into demonstration activity - Include basic medical functions (i.e. triage) in telehealth operations - Provide pediatric trauma consultation to a rural, community hospital - Transition 85% of clinical appointments to telehealth to sustain routine care during a weather emergency - Conduct psychological first aid for providers during recovery phase	- Healthcare and Emergency Medical Services - Health and Social Services	M	
Refine current telehealth activity: - Demonstrate multi-state coordinated care for a pediatric CBRNE patient - Perform a toxicology consultation while engaging the Poison Control - Combine IT technology with telehealth to limit exposure to pathogens	- Environmental Response/Health and Safety - Healthcare and Emergency Medical Services - Health and Social Services - Operational Communications	M	

Demonstration Objective	Core Capability	Met (M)	Not Met (N/M)
<p>Advance telehealth through use of new technology:</p> <ul style="list-style-type: none"> - Sustain a strong signal and telehealth connection with medical crew in a fast-moving rotary aircraft - Integrate augmented reality into a remote telehealth consultation 	<ul style="list-style-type: none"> - Critical Transportation - Healthcare and Emergency Medical Services - Operational Communications 	M	
<p>Assess the value of telehealth:</p> <ul style="list-style-type: none"> - Children’s hospitals present a series of 15-minute pre-recorded videos - 75% of demonstration participants complete pre, post, and live polling - Grant investigators analyze poll results to identify knowledge gaps, reporting results in an After Action Review (AAR) by 31 August 2022 	<ul style="list-style-type: none"> - Healthcare and Emergency Medical Services 	M	

Table 1. Summary of Core Capability Performance

Performance Overview

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

Note: the reference for all core capabilities and objectives is the [FEMA National Preparedness Goals \(2nd Edition\)](#).

Objective #1 - Integrate telehealth into disaster response activities:

- Incorporate CYSHCN into demonstration activity
- Include basic medical functions (i.e. triage) in telehealth operations
- Provide pediatric trauma consultation to a rural, community hospital
- Transition 85% of clinical appointments to telehealth to sustain routine care during a weather emergency
- Conduct psychological first aid for providers during recovery phase

Core Competencies - Healthcare and Emergency Medical Services and Health and Social Services

Analysis 1: Sixty minutes of demonstration scenarios incorporated CYSHCN patients and treatment.

Analysis 2: 54% of respondents report their facilities do not have telehealth programs specifically for children with complex care needs.

Analysis 3: 68% of respondents report their facilities do not have additional behavioral health services available beyond initial behavioral control for pediatric emergency department patients.

Analysis 4: Eighty minutes of demonstration scenarios included pediatric physicians remotely assisting with triage of pediatric patients.

Analysis 5: Twenty minutes of demonstration presentations included consultation from a pediatric trauma surgeon to a rural, community hospital.

Analysis 6: A ten-minute segment, incorporated into a larger presentation, featured an interview of hospital and telehealth leadership on a rapid, mass conversion of clinical visits to telehealth care during a weather emergency.

Analysis 7: Both patient and provider psychological first aid were incorporated into a 40-minute video demonstration.

Analysis 8: Throughout two hours of videos, telehealth was integrated into pediatric disaster response, demonstrating the versatility and value of telehealth as a disaster response tool.

Area for Improvement: Demonstration evaluators criticized the slate of questions presented for audience response after video presentations. Evaluators noted that one standard slate of questions didn't fully address the components of all videos.

Reference: Securing Resources Exercise Plan (ExPlan 195001) and evaluator commentary

Objective #2 – Refine current telehealth activity:

- Demonstrate multi-state coordinated care for a pediatric CBRNE patient
- Perform a toxicology consultation while engaging the Poison Control
- Combine IT technology with telehealth to limit exposure to pathogens

Core Competencies - Environmental Response/Health and Safety, Operational Communications, Healthcare and Emergency Medical Services, and Health and Social Services

Analysis 1: For forty minutes, three Children’s hospitals from Illinois and Ohio collaborated to provide multi-state pediatric care for a mass chemical exposure (CBRNE) scenario.

Analysis 2: A toxicology consultation between Poison Control representatives and treating emergency room pediatrician was conducted as part of the response to a mass chemical exposure incident.

Analysis 3: An augmented reality device was by a sole provider used during triage and treatment of a suspected infected patient in order to limit exposure of staff to a potential viral pathogen. The device supported audio and visual communication between the in-room provider and remote pediatric expert, negating the need for multiple examinations of the patient.

Analysis 4: The integration and use of telehealth for multi-state coordination, Poison Control consultation and pathogen isolation are three activities not traditionally conducted using telehealth technology. Expansion into the three areas of activity reflect a refinement of current telehealth capabilities.

Analysis 5: Although not planned or rated objective for the demonstration, one evaluator noted that no shelter-in-place operations were incorporated into the exercise. Evaluator recommended adding shelter-in-place to future demonstrations.

Reference: Securing Resources Exercise Plan (ExPlan 195001) and evaluator commentary.

Objective #3 – Advance telehealth through use of new technology:

- Sustain a strong signal and telehealth connection with medical crew in a fast-moving rotary aircraft
- Integrate augmented reality into a remote telehealth consultation

Core Competencies - Critical Transportation, Operational Communications, and Healthcare and Emergency Medical Services

Analysis 1: During a twenty-minute demonstration, participants were able to achieve and sustain strong audio communication using standard aviation channels and equipment between a base station pediatrician and aircraft medical crew. Audio and video communication on cellular networks was established, but not sustained strong enough for continued communication.

Analysis 2: 79% of respondent reported their organization does not have visual or video capabilities integrated into EMS medical directions communication systems.

Analysis 3: An augmented reality headset was used to support audio, video, and data communication between a rural provider and pediatric physician. The device supported live, interactive visual notation and examination on x-ray imagery.

Analysis 4: 89% of participants reported having zero experience using mixed or augmented reality to deliver care.

Analysis 5: The integration and use of telehealth for in-flight and augmented reality pediatric consultations represent an advanced use of new telehealth technology.

Area for Improvement: Submitted via email, one participant observed that none of the presenters provided technical specifications of hardware, software, network or systems used in the demonstration.

Reference: Securing Resources Exercise Plan (ExPlan 195001) and Mentimeter surveys.

Objective #4 – Assess the value of telehealth:

- Children’s hospitals present a series of 15-minute pre-recorded videos
- 75% of demonstration participants complete pre, post, and live polling
- Grant investigators analyze poll results to identify knowledge gaps, reporting results in an After Action Review (AAR) by 31 August 2022

Core Competencies - Healthcare and Emergency Medical Services

Analysis 1: 94% of respondents reported satisfaction with telehealth consultation as a model for providing care.

Analysis 2: Eight Children’s hospitals presented six pre-recorded, demonstration videos varying in length between 20 to 40 minutes. In total, two-hours of demonstrations were provided to participants.

Analysis 3: 100% of participants who attended the full duration of the demonstration completed pre, post and/or live polling. In total, 1540 individual data points were collected from 51 individual respondents.

Analysis 4: Grant investigators conducted a 60-minute debriefing and group interview within 24 hours of the demonstration. Commentary and critique from grant investigators are included in the After-Action Review in Appendix D.

Reference: Securing Resources Exercise Plan (ExPlan 195001).

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan (IP) has been developed specifically for Assistant Secretary for Preparedness and Response (ASPR) and the Region V for Kids Pediatric Center of Excellence as a result of the *Refining Pediatric Telehealth Capability: A Demonstration to Leverage the Use of Technology During Disaster Response* exercise conducted on 14 July 2022. Given the temporary nature of the Region V for Kids and the fact that the demonstration is a one-off event for the organization, the improvement plan is not presented as a series of corrective actions. The plan identifies demonstration areas for improvement and policy recommendations.

Objective	Issue / Area for Improvement	Corrective Action	Capability Elements [1]	Primary Responsible Organization
Objective #1 - Integrate telehealth into disaster response activities.	A standard slate of questions didn't fully address the components of all videos.	Conduct a brainstorming session dedicated to development of questions for review each video. During exercise planning, add in an additional round of question review. Recruit dis-interested personnel to view videos and review questions then comment on appropriateness of questions.	Healthcare and Emergency Medical Services	Region V for Kids – Telehealth Work Group
Objective #3 – Advance telehealth through use of new technology.	Technical specifications of hardware, software, network, or systems were not identified.	As allowed by their organizational policies, require demonstrating hospitals to provide technical specifications of equipment, software, networks, and systems demonstrated.	Operational Communications	Region V for Kids – Telehealth Work Group

[1] Capability Elements are: Environmental Response/Health and Safety, Healthcare and Emergency Medical Services, Health and Social Services, Operational Communications, and Critical Transportation..

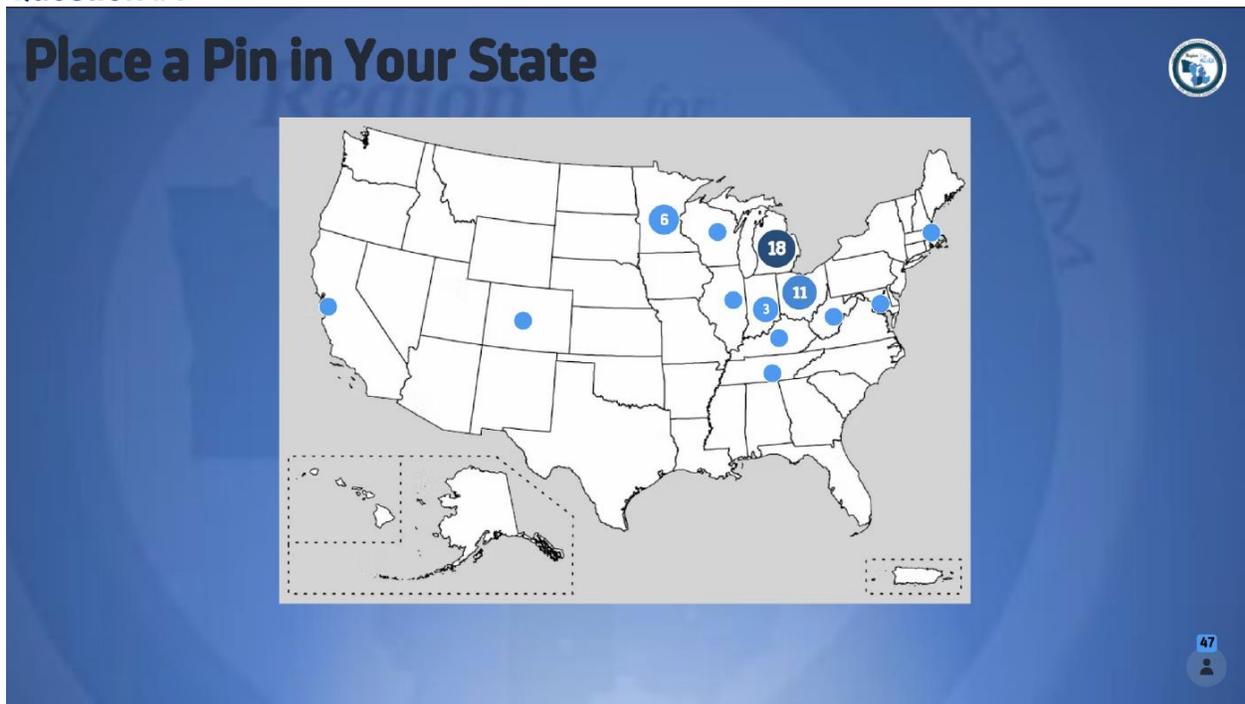
Appendix B: Survey Results

Mentimeter Polls

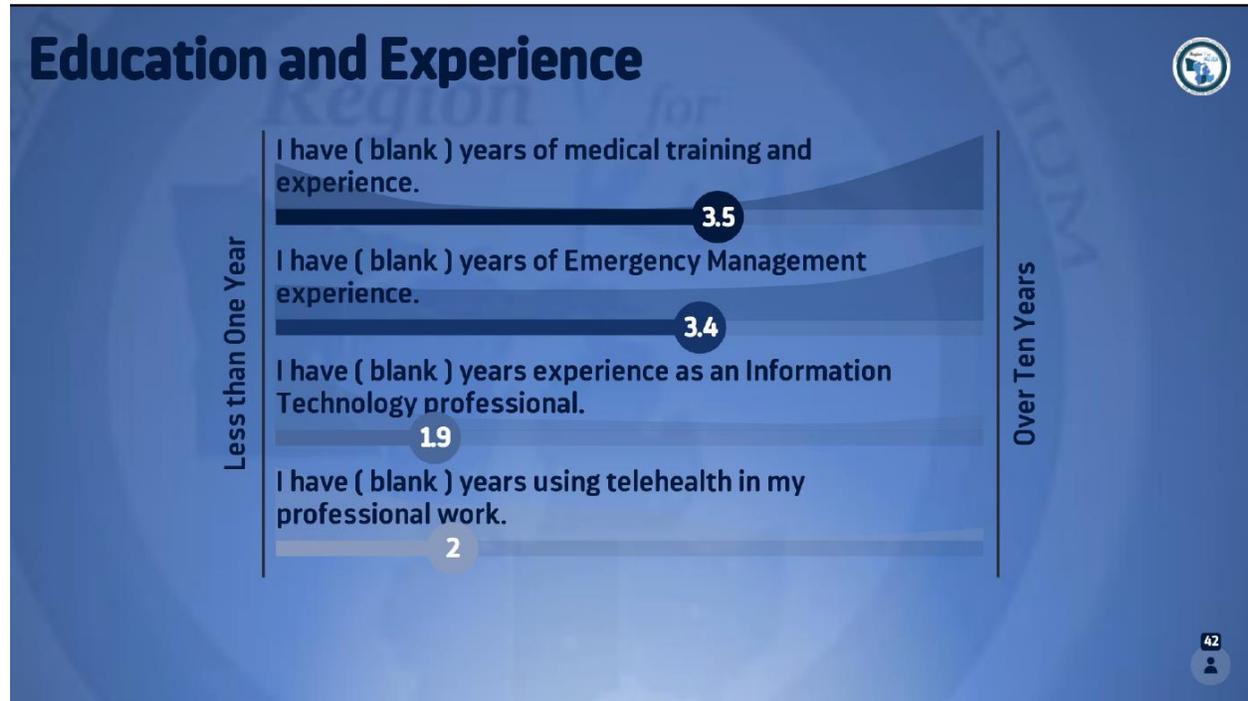
All Demonstration polls were conducted on the Mentimeter platform. Mentimeter supports live audience polling with immediate feedback to questions. Pre demonstration and post demonstration polls were integrated at the start and end of the demonstration. The poll questions and results are as follow:

Pre-Demonstration Poll Results

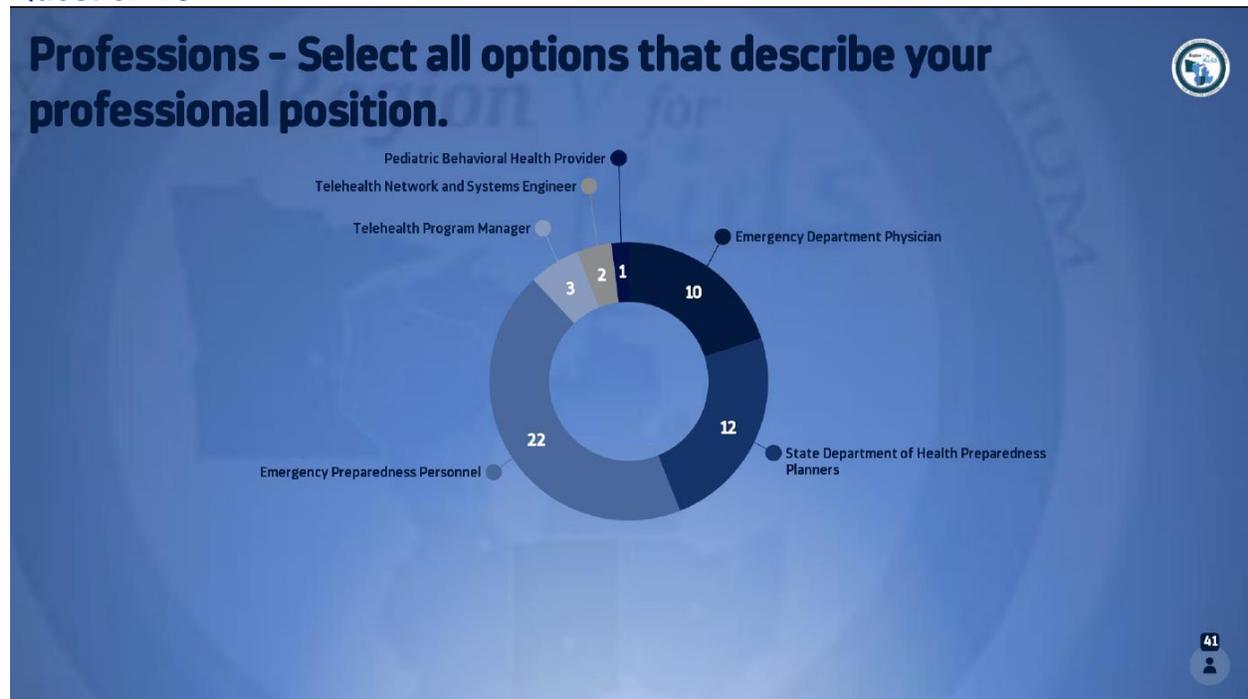
Question #1



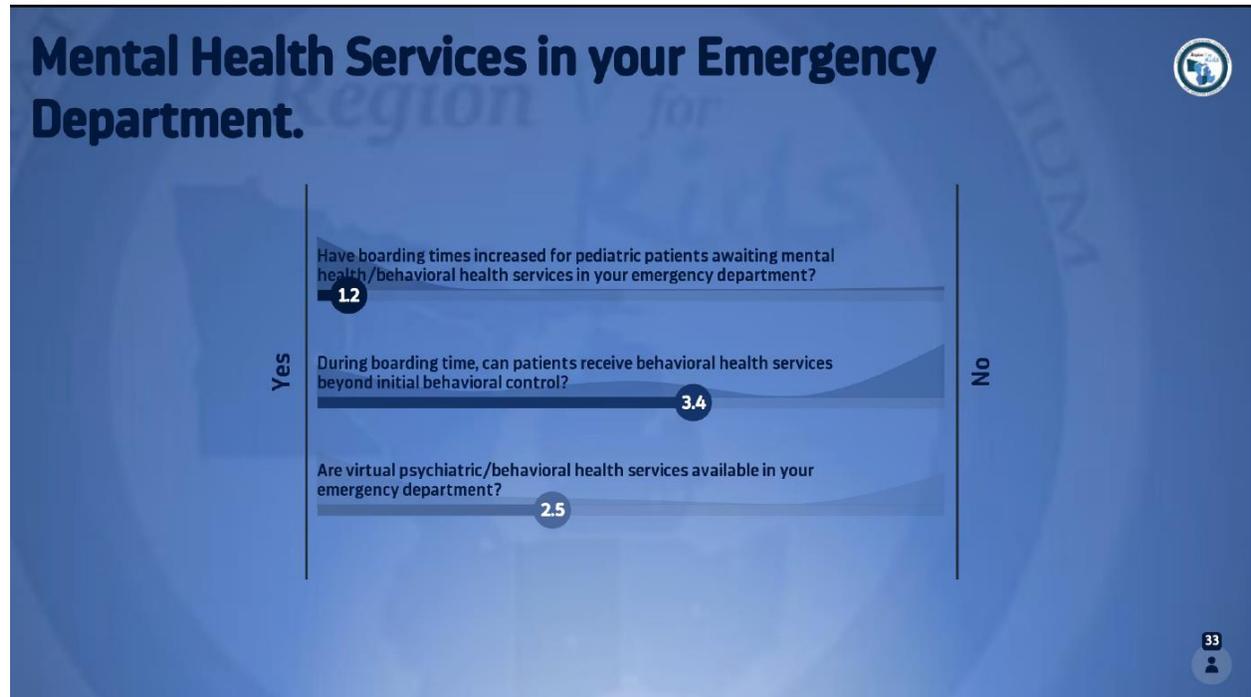
Question #2



Question #3

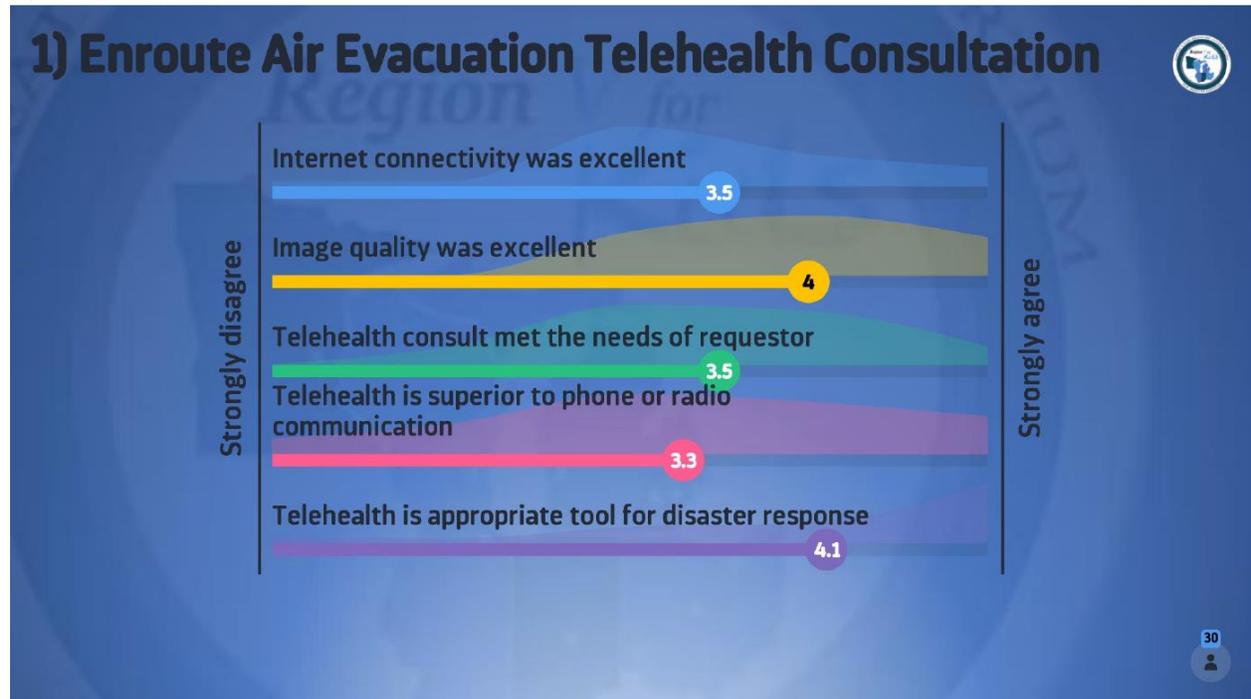


Question #4



Video Presentation Poll Results

Question #1



Question #2

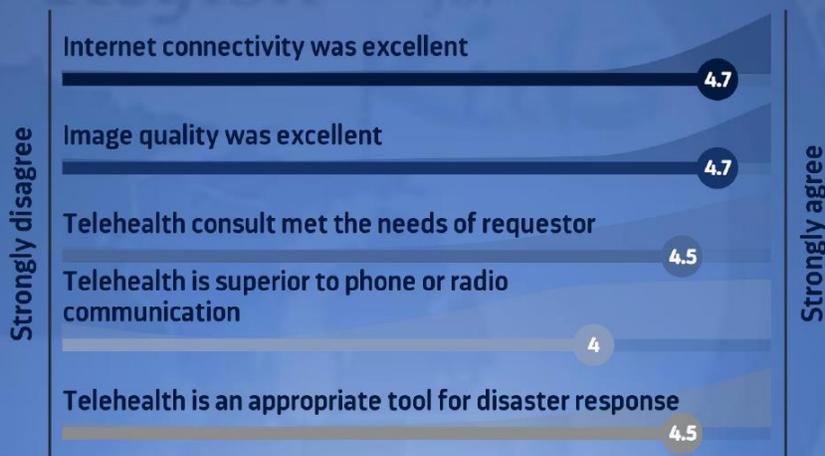
2) Do your medical transportation agencies use any visual or video technology while obtaining medical direction?



24

Question #3

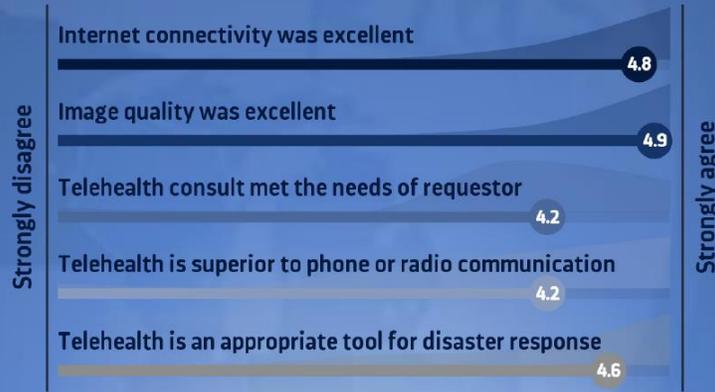
Mass Chlorine Exposure



30

Question #4

1) Mentor Parents of Technology Dependent Child



26

Question #5

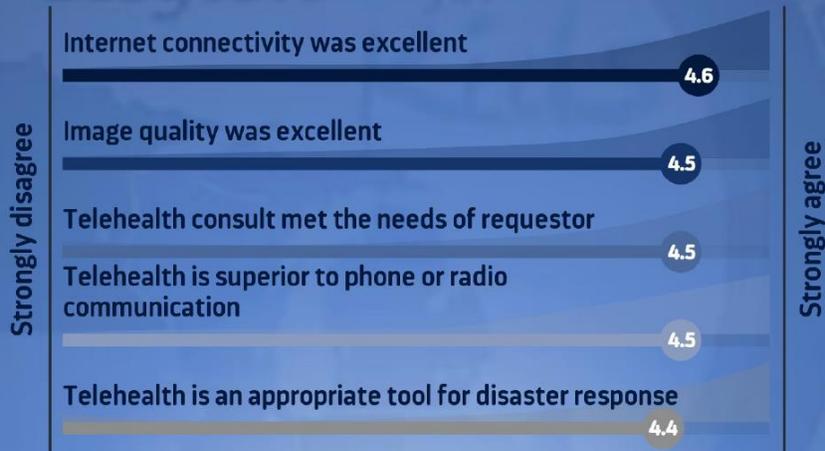
2) Does your organization offer telehealth programs specifically for children with complex care needs?



24

Question #6

1) Mixed Reality Triage

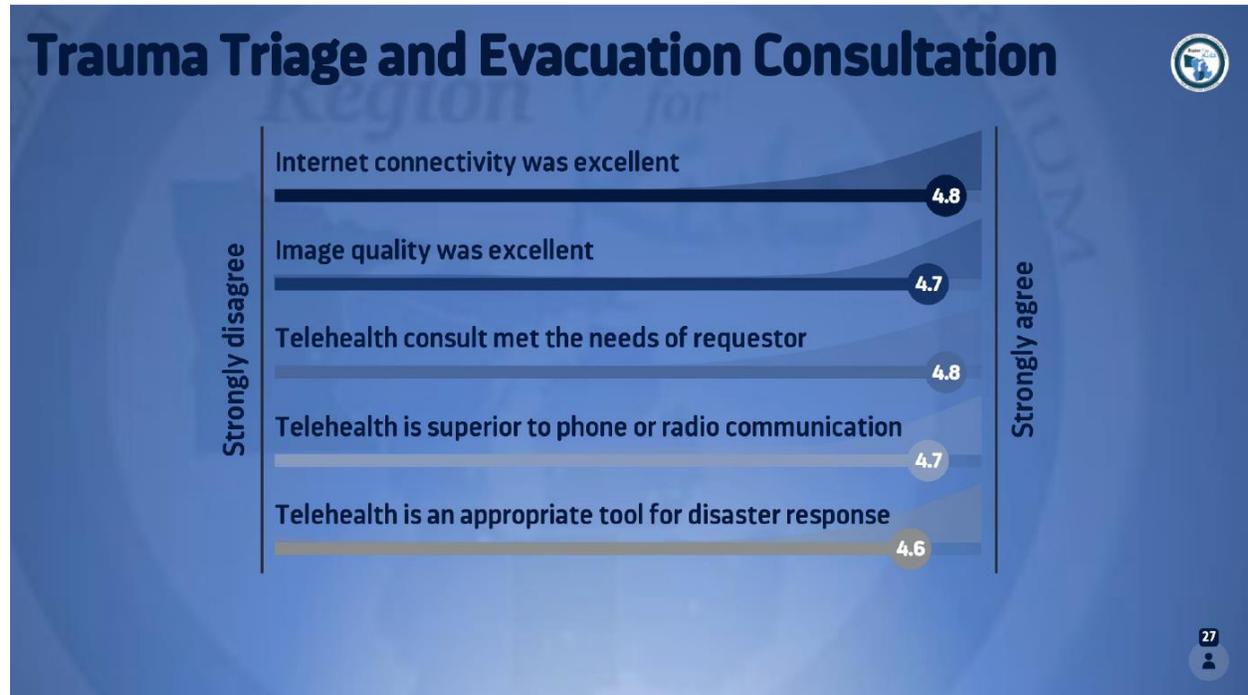


Question #7

2) Have you used an augmented or mixed reality device to provide care?

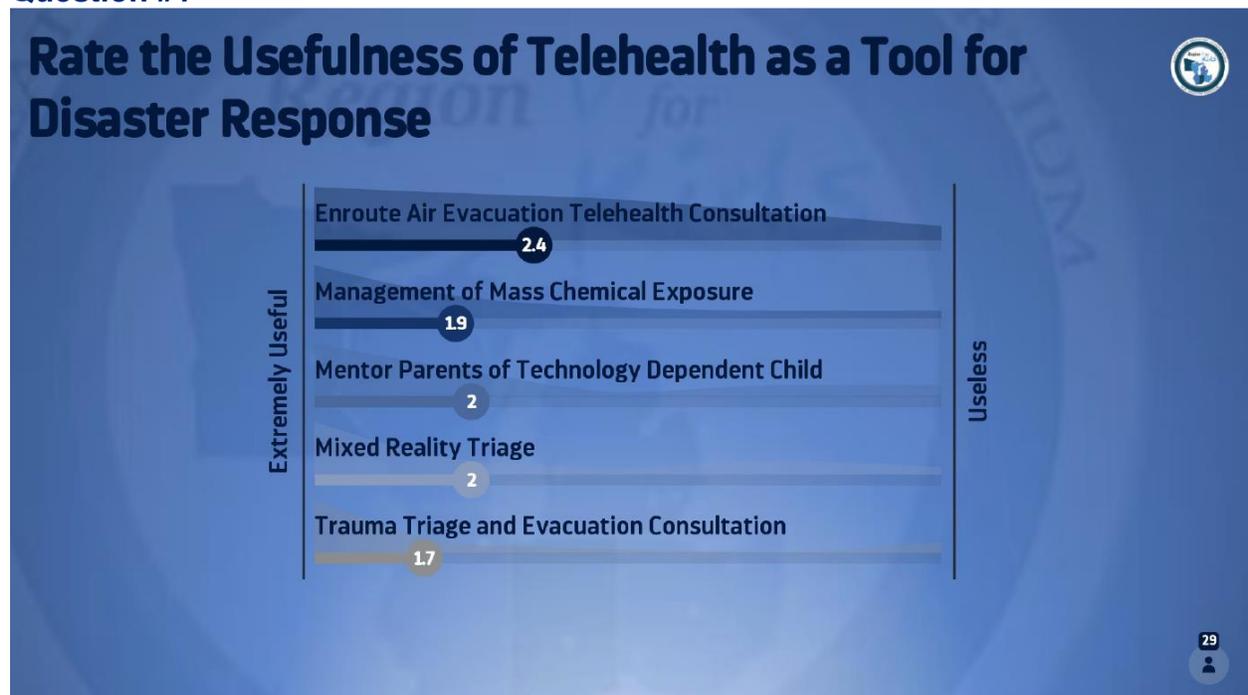


Question #8

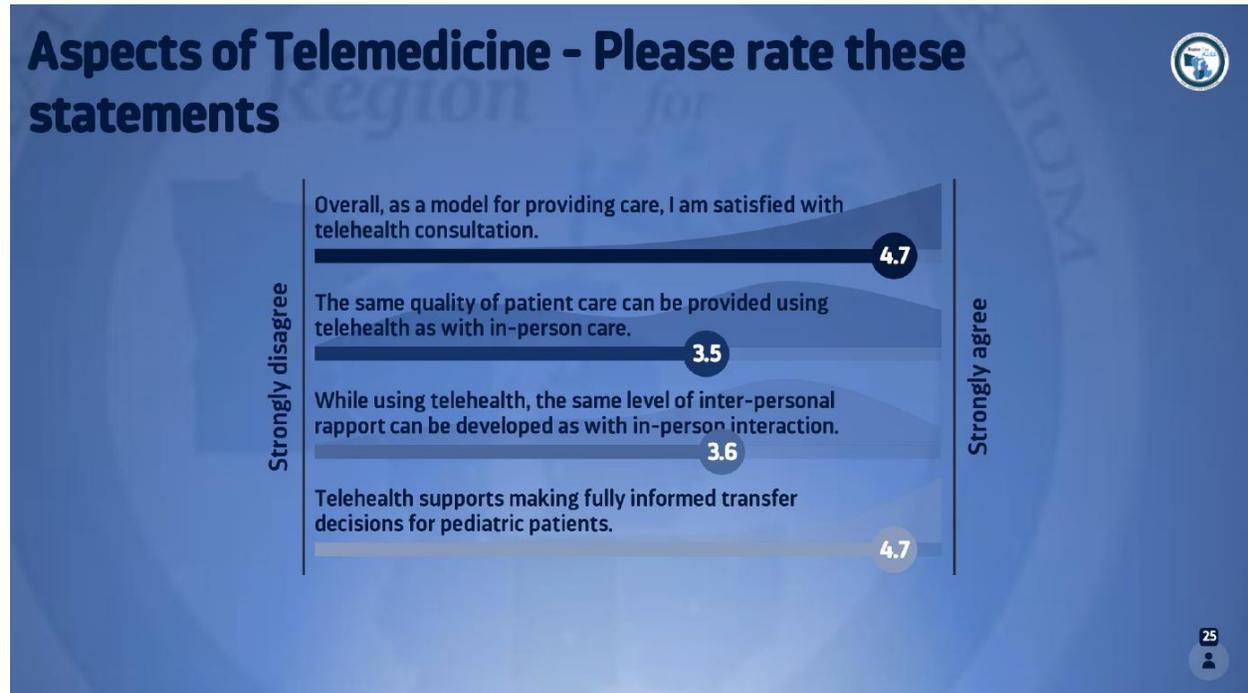


Post-Demonstration Poll Results

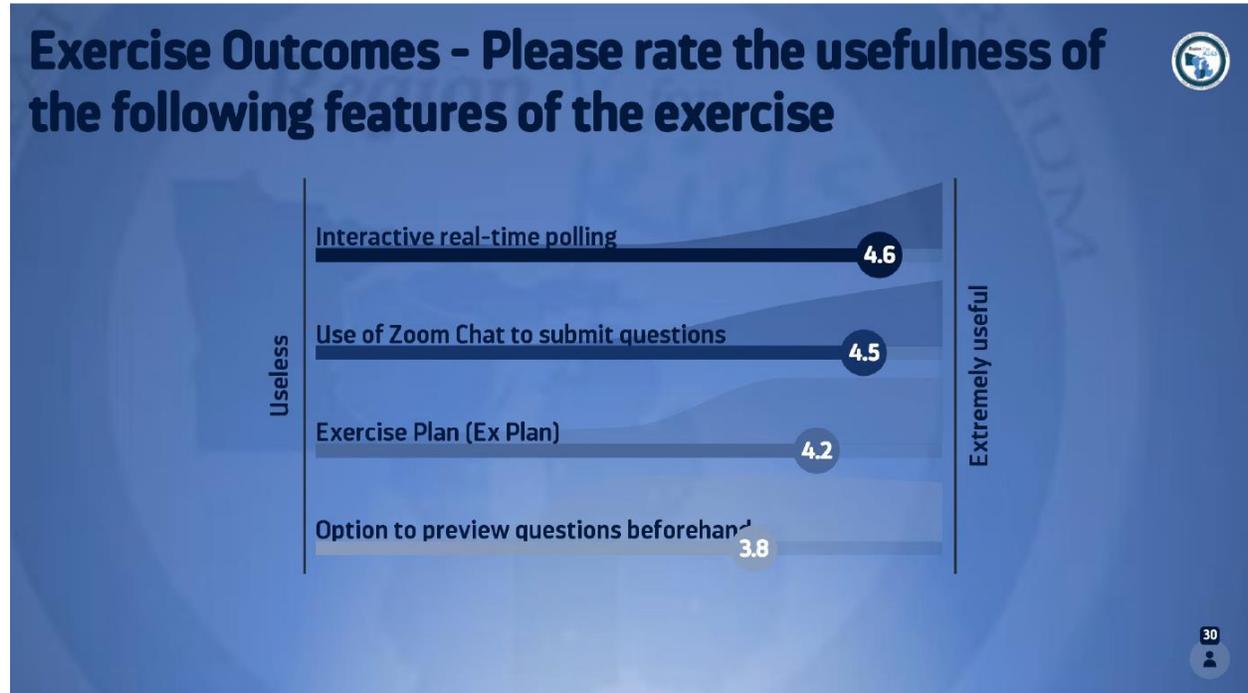
Question #1



Question #2



Question #3



Question #4

Please comment on the planning, communication, execution and areas for improvement of today's demonstration.

Great Exercise, Great Actors, Well put together! Thank you!

I liked the video demos, they were very helpful.

Grey bars from Zoom notifications annoying

Well done on planning and execution.

Would have liked some discussion about HIPAA and security.

This was very well done! Only suggestion would be to maybe send a meeting invite with link so that the event can easily be put on calendars.

Loved the last one regarding tornado. I work in critical access. Hospital. I didn't think telemedicine would be helpful with that chaos. Video proved it was helpful

Loved the child actors

A few issues to start, but there always are. You recovered quickly and provided an excellent presentation.

Very helpful demo. Technology can be a big sticking point in telehealth, particularly with background noise so would love to see some more simulations in chaotic ED environment.

Telehealth is valuable, but we should not be overly dependent upon them. In a disaster situation, the internet often fails or collapses.

this was great!

Great demonstration for telehealth opportunities will work best when incorporated into regular patients care

20

Please comment on the planning, communication, execution and areas for improvement of today's demonstration.

Improve realism of scenarios (ex. intubation of myocarditis patient most likely would lead to arrest).

Very well organized!

Telehealth will be critical in a crisis standards of care plan as the pediatric tertiary care centers are a valuable asset; however, they are also limited. We need to use them judiciously in a mass casualty event.

Great job, great flow and facilitators. Would like to know more regarding across state line consultation challenges and suggestions for gap closure

The demo was very illustrative about the breadth of options but the honesty about the limitations and barriers is so useful to do iterative research for how tele health can help us I. A disaster

Geared towards clinicians not all participants are active clinicians. Some demos didn't address the reality that staffs plays into disaster response. How feasible are some of these technologies if an ED is over run by patients?

This presentation demonstrates how telehealth can support areas which lack specialized resources and can improve patient care and survival rates. Now we just need to focus on the legal challenges. Thanks!

Important exercise. Demonstrations realistic. Seemed to assume ideal tech environments which is not current standards. CYSHCN inclusion a best practice.

Appreciated the materials being shared ahead of time. Liked the real life scenarios and presentations. Good to see the demos of this technology so providers will know what is available.

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Appendix C: Demonstration Participants

Demonstrating Hospitals
Cincinnati Children's Hospital
C.S. Mott Children's Hospital
Helen DeVos Children's Hospital
Lurie Children's Hospital
Nationwide Children's Hospital
Riley Children's Hospital
University Hospitals Rainbow Babies and Children's Hospital

Registrations																								
109 – Total registrations as of 7/12/22																								
Registered Participants represented 19 States																								
<table border="0"> <tr> <td>12 – Illinois</td> <td>California</td> <td>Maryland</td> </tr> <tr> <td>3 – Indiana</td> <td>Colorado</td> <td>New Hampshire</td> </tr> <tr> <td>21 – Michigan</td> <td>Georgia</td> <td>Oregon</td> </tr> <tr> <td>15 – Minnesota</td> <td>Iowa</td> <td>Tennessee</td> </tr> <tr> <td>21 – Ohio</td> <td>Kentucky</td> <td>Utah</td> </tr> <tr> <td>1 – Wisconsin</td> <td>Louisiana</td> <td>Washington</td> </tr> <tr> <td>33 – All others</td> <td>Massachusetts</td> <td></td> </tr> <tr> <td>3 – ASPR reps</td> <td></td> <td></td> </tr> </table>	12 – Illinois	California	Maryland	3 – Indiana	Colorado	New Hampshire	21 – Michigan	Georgia	Oregon	15 – Minnesota	Iowa	Tennessee	21 – Ohio	Kentucky	Utah	1 – Wisconsin	Louisiana	Washington	33 – All others	Massachusetts		3 – ASPR reps		
12 – Illinois	California	Maryland																						
3 – Indiana	Colorado	New Hampshire																						
21 – Michigan	Georgia	Oregon																						
15 – Minnesota	Iowa	Tennessee																						
21 – Ohio	Kentucky	Utah																						
1 – Wisconsin	Louisiana	Washington																						
33 – All others	Massachusetts																							
3 – ASPR reps																								

81 High Point of Participants
42 Full Duration Participants

Appendix D: After Action Review

Refining Capabilities was the second telehealth demonstration conducted by the Region V for Kids. In addition to evaluating the demonstration against predetermined objectives and goals oriented to the subject matter, Region V for Kids has a vested interest in evaluating the actual conduct of the exercise: evaluating supporting functions such as facilities, video conferencing platform, scheduling, topic selection, participant satisfaction, etc. Appendix D represents a distillation and synthetization of comments and observation from multiple sources of input, to include:

Executive debriefings	Post demonstration surveys	Participation data
Hot wash	Observer commentary	Technical reports
Chat commentary		

Comments are rank ordered, with most often cited statements at the top of each section.

After Action Review of the Conduct of the Exercise		
	Comment	Corrective Action
Top Line Observations	Evaluators rated the exercise as achieving all objectives	Maintain Standard
	Mentimeter interactive presentation platform was popular with the participants	Maintain Standard
Planning	Due to the host, presenter, and audience profession, there is a tendency to favor medical aspects of demonstration over the telehealth aspects	Reinforce telehealth as the primary concern for the demonstrations in event documents, communications and host announcements
	Incorporating a dedicated chat and GroupMe instant messaging monitor facilitated good communication during the demonstration	Maintain Standard
	Every Region V for Kids hospital was not able to contribute a demonstration video	Provide earlier notification to every Region V for Kids hospital As needed, provide coaching and mentorship to new partners
	Some participants had issues finding the link to access the event	Send a day of event reminder email and include event links
	Participants were not able to register and access the event on the day of the demonstration	Maintain Standard Registration closed 48 hours prior to the event to facilitate planner management of the event
	Having a dedicated pollster facilitate polling and discussion	Maintain Standard

After Action Review of the Conduct of the Exercise		
	Comment	Corrective Action
Content	Managing presentations within a single interactive polling presentation negates the option for individual presenters to screen share	Collect presentations from all presenters and guest speakers, then incorporate into a master deck
	Not enough time dedicated to audience discussion	Insert additional discussion time on event agenda
	Every chat comment or question was not addressed	Train chat monitor to acknowledge every chat post and respond as needed
	Allowing Region V for Kids hospitals to collaborate produced good results	Maintain Standard
	Live actors in the role of patients increased the energy and quality of videos	Promote the use of live actors as patient role players in future video demonstrations
	Demonstrations lacked a perspective of remote, non-pediatric facilities	Recruit and incorporate rural, non-children's hospitals in future video demonstrations
Audio/Visual	Professional AV/IT review of Zoom meeting settings vital to providing a quality virtual event	Maintain Standard
	Use of wait rooms for entry to the Zoom meeting caused gray notification bars during the event	Eliminate the waiting room and use an access code to control admission to the event
	Email notifications on host computer were audible to Zoom participants	Turn off all notification on host computer for the duration of the event
	Face masks worn during videos and live discussions hindered clear and audible communication	Coordinate for presenters and video demonstrations to present content while not wearing masks
	Audio volume on a multi-hospital video varied widely between each hospital's video contributions	Consider editing audio volume after components are combined into one video

Appendix E: Demonstration Schedule

Agenda

Time	Who	Activity
8:45 am	All Demonstration Participants	Join videoconference - confirm a strong, quality connection
9:00 am	Dr. Marie Lozon	Welcome Remarks / Intro to the Demonstration
	All Demonstration Participants	Initial Mentimeter Polling
Telehealth Demonstrations		
9:05 am	Helen DeVos Children's Hospital	Enroute air evacuation telehealth consultation with onboard medical staff
9:25 am	Lurie Children's Hospital, Nationwide Children's Hospital, and University Hospitals Rainbow Babies and Children's Hospital	Collaboration of multi-state pediatric consultations to 1) consult toxicology for mass chlorine exposure, 2) manage autistic patient undergoing CBRNE decontamination and 3) provide provider psychological first aid during a recovery phase
10:05 am	Cincinnati Children's Hospital	Mentor parents of CYSHCN, technology dependent patient and interview telehealth leadership on mass conversion of clinical visits to telehealth care during weather emergency
10:25 am	All Demonstration Participants	10-minute Break
10:35 am	Children's Hospital of Michigan and C.S. Mott Children's Hospital	Triage assisted by augmented reality device during pediatric viral surge
10:55 am	Riley Children's Hospital	Trauma triage and evacuation consultation with rural community hospital
Demonstration Closeout		
11:15 am	All Demonstration Participants	Demonstration Hot Wash
11:25 am	All Demonstration Participants	Final Mentimeter Polling
11:30 am	All Demonstration Participants	End of Demonstration

Note: All times are Eastern Standard Time zone.

Appendix F: Acronyms

Acronym	Term
AAR	After Action Review
ASPR	Assistant Secretary for Preparedness and Response
CYSHN	Children and Youth with Special Healthcare Needs
ExPlan	Exercise Plan
HSEEP	Homeland Security Exercise and Evaluation Program