



Region V For Kids

Large Scale Power Outage: A FEMA Virtual Tabletop Exercise



After Action Review 6 February 2024

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.

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EXECUTIVE SUMMARY

A cohort of Region V for Kids representatives participated in a FEMA Virtual Tabletop Exercise (VTTX) on 25 January 2024. The exercise featured a large-scale power outage scenario with three injects. For the exercise, Region V for Kids had one overarching goal:

Brainstorming and scoping a collective response to regional disaster scenarios as a single, unified pediatric care coordination organization.

The FEMA VTTX was conducted as a virtual exercise over the course of four hours. 23 Region V for Kids representatives from 5 states, representing 8 children's hospitals, took part in the exercise. Relevant data was collected from participants and observers through a short post-exercise survey, discussion recording, and interviews. Listed here are four key lessons from the exercise:

1. Among the cohort of Region V for Kid's exercise participants, **there was strong consensus and enthusiasm for advancing the concept** of a coordinated, regional pediatric response.
2. Although not defined, exercise participants easily envisioned several organizational models for pediatric regional response.
3. The exercise team identified that ASPR would like Region V for Kids to explore response capabilities.
4. The concept of a coordinated, regional pediatric response can potentially fulfill the ASPR expectation.

Region V for Kid's participation in the FEMA VTTX has revealed a real potential for coordinating a regional pediatric disaster response for the center's membership of children's hospitals. There were no definitive conclusions or next step recommendations identified. The concept requires additional attention, effort, and resources. To define and test a regional response capability, additional investment planning, and exercises are needed.

EXERCISE PLANNER'S EDITORIAL

This editorial to Region V for Kids leadership presents observations, criticisms, and recommended solutions from the Region V for Kids exercise planning team. It is offered to honestly call out multiple issues that negatively impacted the exercise and hindered achievement of the exercise goal. As a next step and based upon observations and corrective actions presented below and throughout the AAR, **exercise planners recommend rerunning the exercise** in order to achieve the goal of brainstorming and scoping a collective response to regional disaster scenarios as a single, unified pediatric care coordination organization.

As planned and implemented, Region V for Kids attempted to achieve several strategic goals during the FEMA VTTX: 1) participate in a FEMA exercise and 2) scope a regional pediatric disaster response. Unfortunately, those two goals proved to be incompatible, resulting in the exercise deficiencies listed below.

- 1) **Improper Forum:** The exercise scenario and injects were not useful and distracted participants from the Region V for Kids goal of regional response. Additionally, a lot of exercise time was dedicated to healthcare coalitions debriefs which were not pertinent to the Region V for Kids goal.
- 2) **Ill Prepared Participants:** Despite repetitive pre-exercise efforts to present the Region V for Kids goals and to set narrow parameters of discussion, participants arrived unaware and responded to exercise scenarios from the perspective of home-station plans.
- 3) **Facilitation:** Significant break-out discussion time was consumed on topics and explanations not relevant to the Region V for Kids exercise goal of a coordinated response.

These exercise deficiencies and corrective actions are explained in detail in the AAR Improvement Plan (Appendix A).

Exercise planners acknowledge the Region V for Kids exercise goal for the FEMA Virtual Tabletop Exercise was not achieved. Recognizing the critical value of developing a regional pediatric response capability, exercise planners recommend 1) leveraging lessons learned, 2) implementing the Improvement Plan corrective actions, and 3) rerunning a developmental exercise of brainstorming of a coordinated regional response. These initial steps would be in service to a capstone goal of a future, functional exercise that tests the regional response of Region V for Kids partners.

EXERCISE OVERVIEW

Exercise Name	Virtual Tabletop Exercise (VTTX) – Large Scale Power Outage
Exercise Dates	January 25, 2024
Scope	This exercise is a virtual tabletop exercise (VTTX) with a planned duration of four hours. Focus on the role of your organization(s) in response to potential consequences of a large-scale power outage in your area, as well as the interdisciplinary and interagency coordination at the Federal, Native American, regional, State, and local levels.
Mission Area(s)	Mitigation, Response, and Recovery
Core Capabilities	Planning, Operational Coordination, Public Information and Warning, Intelligence and Information Sharing, and Operational Communications
Objectives	<ol style="list-style-type: none"> 1. Test participants’ knowledge, skills, and abilities to effectively conduct all-hazards emergency response and recovery. 2. Enable participants to better coordinate response operations with counterparts from Federal agencies, state governments, local governments, private sector organizations, and nongovernmental agencies. 3. Allow participating locations to share real-time information preparation, response and recovery solutions with all participants. <p><u>Additional Region V for Kids Objectives</u></p> <ol style="list-style-type: none"> 1) Form a team of 8 to 12 members, 2) Collectively participate in a FEMA Virtual Tabletop exercise 3) Respond as a unified pediatric care coordination organization.
Threat	Power Outage from Storm
Scenario	The exercise features three scenario modules focusing on large scale power outage during the aftermath of a strong storm in your community.
Sponsor	FEMA – Emergency Management Institute (EMI)
Participating Organizations	Federal, state, tribal or local levels of government agencies while utilizing the whole community approach of including applicable representative organizations within each jurisdiction.
Point of Contact	Reginald Godfrey at reginald.godfrey@fema.dhs.gov or 202-880-0544 Region V for Kids contact: Dr. Ron Ruffing at ronruffing@gmail.com

ANALYSIS OF CORE CAPABILITIES

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

Please note the capabilities reflect the National Preparedness Goal's 32 core as directed by the Federal Emergency Management Agency (FEMA). See Appendix F for additional details.

Also note, the exercise did not evaluate Region V for Kids MCI plans. Rather, it served as a venue to brainstorm new plans, policies, procedures, and agreements for a collective response to regional disaster scenarios as a single, unified pediatric care coordination organization. In that regard, each objective here is not measured against levels of performance. Each objective is measured against a met/not met criteria.

Tabletop Objective	Core Capability	Met (M)	Not Met (NM)
Test participants' knowledge, skills, and abilities to effectively conduct all-hazards emergency response and recovery.	Planning Operational Coordination Mass Care Services Situational Assessment	M	
Enable participants to better coordinate response operations with counterparts from Federal agencies, state governments, local governments, private sector organizations, and nongovernmental agencies.	Planning Operational Coordination Situational Assessment	M	
Allow participating locations to share real-time information preparation, response and recovery solutions with all participants.	Operational Coordination Situational Assessment	M	
Form a team of 8 to 12 members	Operational Coordination	M	
Collectively participate in a FEMA Virtual Tabletop exercise	Planning Operational Coordination	M	
Respond as a unified pediatric care coordination organization	Operational Coordination Mass Care Services Public Health, Healthcare and Emergency Management Services Situational Assessment	M	

Table 1. Summary of Core Capability Performance

Performance Overview

The following sections provide an overview of the performance related to each exercise objective and associated capabilities, highlighting strengths and areas for improvement. Input for performance overview was collected from exercise and conference participants from six sources: breakout room notes, breakout room chat, post exercise survey, observers report out, observers interview, and PI & planning team interview.

Objective #1 - Test participants' knowledge, skills, and abilities to effectively conduct all-hazards emergency response and recovery.

Core Capabilities –

- 1) Planning
- 2) Operational Coordination
- 3) Mass Care Services
- 4) Situational Assessment

Strengths

Strength #1: Region V for Kids participants brainstormed and developed provisional plans for all-hazards response.

Strength #2: Region V for Kids participants quickly transitioned into identifying and coordinating operational response options.

Strength #3: Region V for Kids is currently developing a multi-state, situational awareness for the availability of pediatric bed space.

Area for Improvement

Analysis: The Region V for Kids team of participants from multiple institutions lacked consensus on a clear goal and mission of cooperative response.

Objective #2 - Enable participants to better coordinate response operations with counterparts from Federal agencies, state governments, local governments, private sector organizations, and nongovernmental agencies.

Core Capabilities –

- 1) Planning
- 2) Operational Coordination
- 3) Situational Assessment

Strengths

Strength #1: The Region V for Kids team recognized the opportunity to respond to pediatric needs independently and without coordination with federal, state and local response agencies to achieve impactful direct support to affected pediatric facilities.

Area for Improvement

Analysis: The exercise exposed a perennial lack of clear, concise guidance from ASPR grant managers resulting in uncertainty and hesitance from Region V for Kids leadership and partners.

Objective #3 - Allow participating locations to share real-time preparation, response and recovery solutions with all participants.

Core Capabilities – 1) Situational Assessment

Strengths

Strength #1: The Region V for Kids team eagerly participated in response debriefings with the full cohort of exercise participants.

Strength #2: Region V for Kids participants advocated for other participating organizations to consider and incorporate the pediatric population in planning and response.

Area for Improvement

Analysis: The interest of the Region V for Kids team was out of synch with the exercise goals of other participating organizations.

Objective #4 - Form a team of 8 to 12 members.

Core Capability – Operational Coordination

Strengths

Strength #1: Region V for Kids doubled the planned number of team members with 23 active participants.

Strength #2: The exercise hosted a broad audience of multi-state Region V for Kids Emergency Medicine Pediatricians and Emergency Management experts: see image 1 for details.

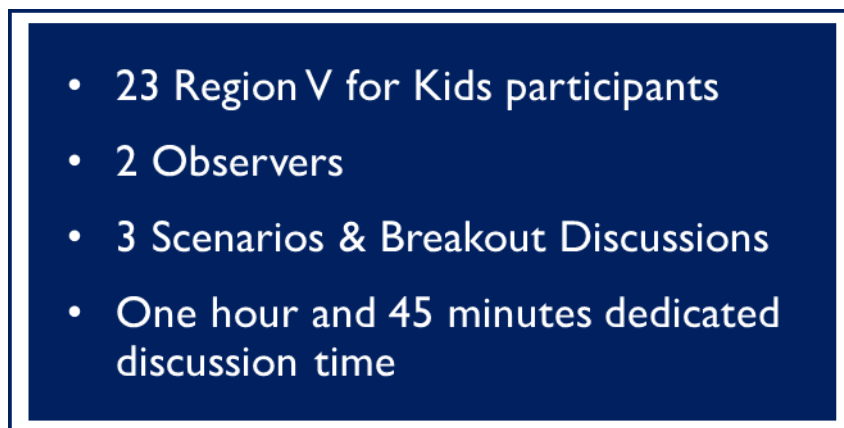


Image 1: Exercise and Conference Attendees

Strength #3: As reflected in the roster of participating hospitals (image 2), there was very strong interest and participation from Region V for Kids partners.



Image 2: Participating Hospitals

Objective #5 - Collectively participate in a FEMA Virtual Tabletop exercise.

**Core Capabilities – 1) Planning
2) Operational Coordination**

Strengths

Strength #1: Of the 23 virtual participants, 100% of participants attended for the full duration of the exercise.

Strength #2: Eight of nine Region V for Kids partner hospitals had representatives participate in the TTX: see image #2.

Area for Improvement

Analysis: A perpetual practice of some participants to conceive and view disaster response solely through the lens of their own institution hindered a coordinated regional response.

Objective #6 - Respond as a unified pediatric care coordination organization.

Core Capabilities –

- 1) Operational Coordination
- 2) Mass Care Services
- 3) Public Health, Healthcare and Emergency Management Services
- 4) Situational Assessment

Strengths

Strength #1: At several points of group discussion, participants expressed an understanding and interest in fostering a coordinated Region V for Kids regional response to pediatric disaster.

Strength #2: At the end of exercise, the group expressed strong consensus support in the concept of a coordinated Region V for Kids regional response. The consensus included a call for additional work developing and testing the concept.

Area for Improvement

Analysis: A perpetual practice of some participants to conceive and view disaster response solely through the lens of their own institution hindered a coordinated regional response.

Analysis: Pre-exercise attempts to identify a clear Region V for Kids exercise goal, set parameters, and focus the discussion failed to produce unity of action and thought process.

Additional Observations

- A FEMA VTTX is not a proper venue to accomplish the task of brainstorming a regional coordinated response.
- The scenarios presented by the VTTX managers distracted Region V for Kids participants from the task of coordinating a regional response.
- A free-form flow of group discussions often resulted in off-topic conversation that went down rabbit holes not pertinent to regional coordinated response.

Appendix A: Improvement Plan

This Improvement Plan (IP) has been developed specifically for the Region V for Kids as a result of the *FEMA Large Scale Power Outage Virtual Tabletop Exercise (VTTX)* conducted on 25 January 2024. Given the temporary nature of the Region V for Kids organization and the fact that the exercise is a one-off event for the organizations, the improvement plan is not presented as a series of corrective actions to organizational response plans. Rather, the IP identifies exercise management tasks for improvement.

Objective	Issue/Area for Improvement	Corrective Action	Capability Elements [1]	Primary Responsible Organization
Respond as a unified pediatric care coordination organization.	The FEMA VTTX was an inappropriate venue for conceiving a coordinated regional response.	Plan and conduct single-topic, discussion-based exercises.	Health Care and Medical Response Coordination	Exercise Planners
	Region V for Kids participants were ill prepared to brainstorm a coordinated regional response.	Dedicate the first portion of an event or exercise to setting clear expectations.		
	Throughout the exercise, there was a lack of discussion discipline and focus on the topic at hand.	Adopt a more structured discussion outline and utilize a more forceful facilitator		
	A practice of looking to model a coordinated response based upon existing bureaucratic structures.	Employ a facilitator to question and challenge the participants to think outside the box.		
	Multiple Region V for Kids participants approached the exercise from the narrow perspective of their hospital's disaster plans.	Dedicate the first portion of an event or exercise to describe and setting clear expectations for development of a regional approach.		
	Participants limited their thought processes by a reflexive return to common, ordinary response practices	Employ a facilitator to question and challenge the participants to think outside the box.		

[1] Capability Elements are from FEMA’s Five Mission Areas and Core Capabilities: [Link](#).

Appendix B: Exercise Participants

Participating Organizations

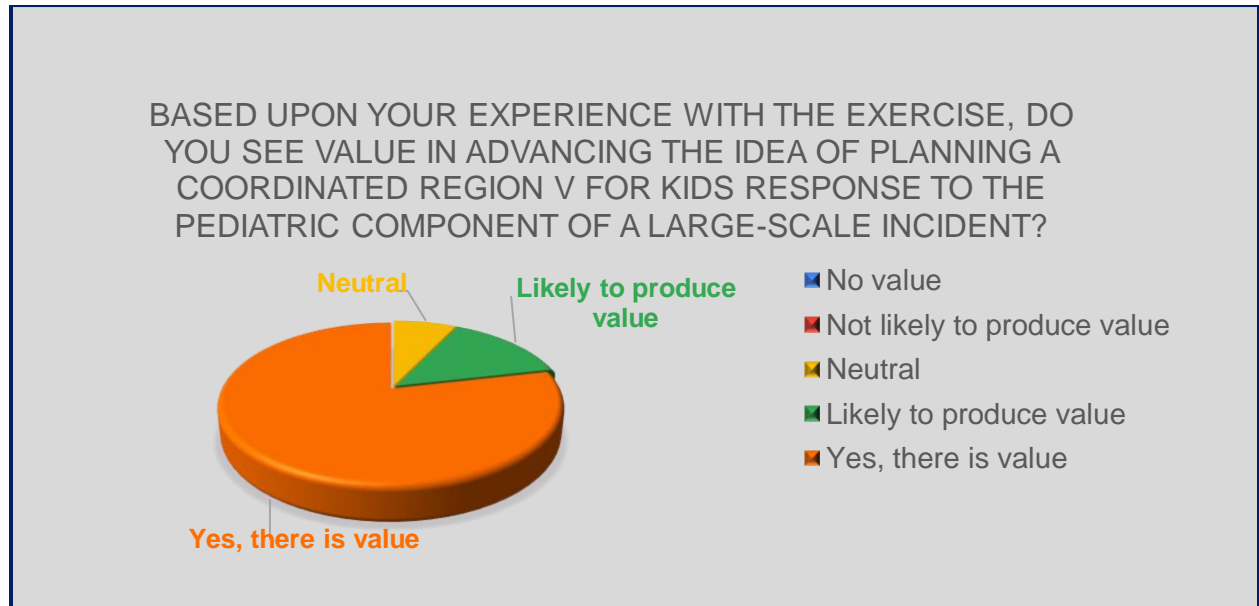
1. Ann & Robert H. Lurie Children's Hospital of Chicago
2. Children's Minnesota
3. Cincinnati Children's Hospital Medical Center
4. C.S. Mott Children's Hospital
5. Helen DeVos Children's Hospital
6. Nationwide Children's Hospital
7. Riley Hospital for Children
8. University Hospital Rainbow Babies and Children

Appendix C: Survey Results

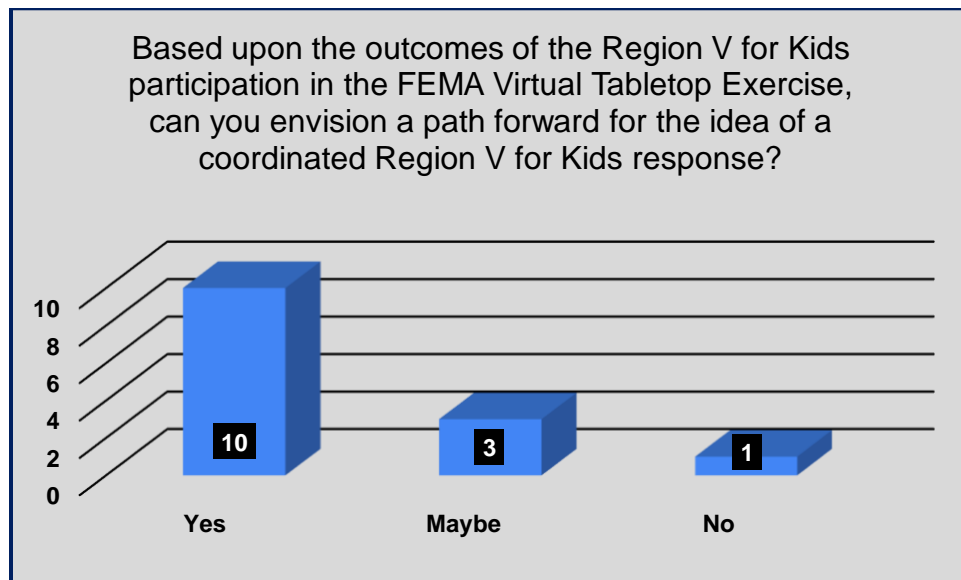
Post Exercise Survey

Eleven experience and opinion questions were asked as part of a post-exercise survey. The survey questions and results are as follow:

Question #1



Question #2



Question #3

If you can see logical next steps for the concept of a coordinated Region V for Kids response, please briefly describe a next step.

Hospital has a centralized Admission and Transfer Center to coordinate transfers and direct admits. Potential for coordination between Admission and Transfer Centers among the children's hospitals during disaster response.

Updated contact information, determining capacity, and resources available

Figuring out an EOC and communications from our Region

Further development of the PMOCC

Formalized communication within Region V for Kids

Identify trigger for response

Identify resources

A Pediatric SME consulting agency in times of need during response

Consider difficulties of response during the initial phase of a disaster

A communication network and plan.

Step 1: Discuss and formalize a shared concept

Step 2: Share with ASPR

Step 3: Share with hospital leadership at our sites

Step 4: Share with key stakeholders

Develop a technical specialist group to support a response

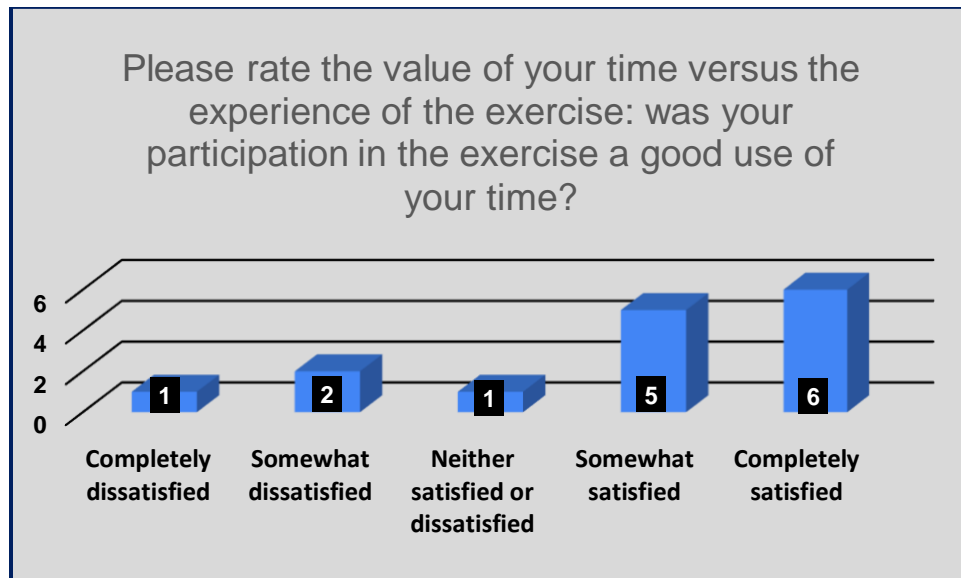
Dialog with other PDCOE's

Develop a notification plan including SMEs for each hospital and a list of positions

1) Develop consensus on the who, how, what and when of the effort and how it fits into ICS operations at the state, regional and federal level.

2) ASPR funded the group to create the capability but it is up to partners to decide what that looks like.

Question #4



Question #5



Question #6

Open commentary to contribute to the exercise discussion.

Determine Region V for Kids capacity and communication.

Realizing the artificialities of an exercise, this power outage scenario brings home the need for plans at every level and we are realizing how local and regional plans are going to have to be truly solid.

Region V for Kids needs to know what our role will be as it will be difficult to be a full response agency.

Group response from stakeholders attending this meeting: For follow up exercises it would be important to have a list of suggested participants from each hospital. Initial communication made it seem like the response would be hospital-specific, rather than a coordinated region V effort and therefore many people invited did not have roles as anticipated. It was very interesting as a thought exercise as how to leverage the group expertise as a response organization which has previously not been discussed.

I think it was great to meet with non-hospital partners and listen to their perspectives and for them to hear our preparedness efforts.

TTX got a bit tiresome hearing from those other groups

Region V VTTX have more value and are better organized than FEMA

Thank you for coordinating this exercise for Region V for Kids!

Valuable discussion on where Region V for Kids fits into the current response structure. Whether it is part of healthcare coalition operations supporting the med/health branch (Health department) or is more aligned with RDMHS program who would be involved in a much larger incident or more free-standing entity. Clarifications from ASPR may be needed.

Determine SME to rapidly respond

I am still noting variable engagement with the regional healthcare coalitions with their local children's hospitals or pediatric experts. Those blessed with large children's hospitals really need to contribute to that regional preparedness.

Open commentary to contribute to the exercise discussion.

We need to think about involving the other children's hospitals not currently in this Region V for Kids discussion

Asking for each organization's response to questions before topic switching would be very helpful!

This was the wrong venue (VTTX) for our objective

With the Juvare dashboard partners are beginning to see the value of a reliable communication platform to manage both day to day and scaled operations. Efforts to sustain and expand that capability are needed as well as to create redundancy. Recommendation to create a duty officer point of contact at each facility and for Region V for Kids would be a good start to help provide ongoing intelligence and situation awareness.

We need a scalable model that is in place with roles that will be filled with guidelines developed for said roles

Consider high quality exercise with children's hospital association

Evacuation of the hospital and the gap of medical transportation is the greatest hurdle and fear. Recommend future exercises begin to address these issues.

We need to have strong relations with our partnering agencies to have at the table for discussions on how best Region V for Kids can contribute to response.

Unclear how many participants are familiar with ICS structure and EOC operations

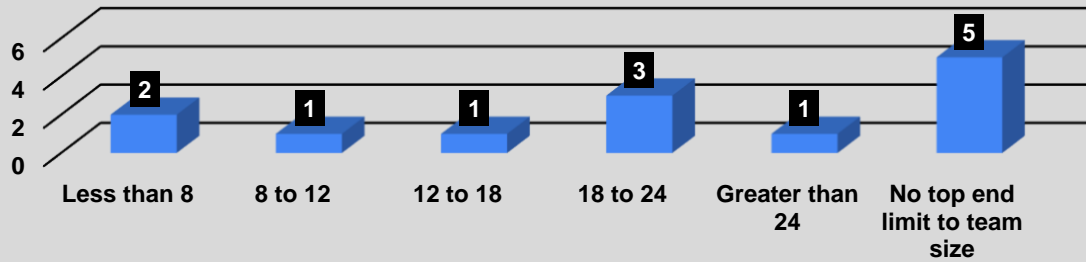
Discussion during exercise identified reluctance and variability to stand up HICs an issue. Recommend Region V work with hub hospitals to establish consensus on activation levels and triggers to improve coordination and collaboration across the facilities. This would improve situation awareness across Region V for kids.

Physician team preferred to operate in the weeds

Texas SETRAC and Florida Pediatric ESF 8 demonstrates a pathway to coordination of medical transportation assets as part of a statewide FEMA coordinated response. Recommend Region V workgroups explore and learn more from these groups who have a legacy of experience (both good and bad) to learn from.

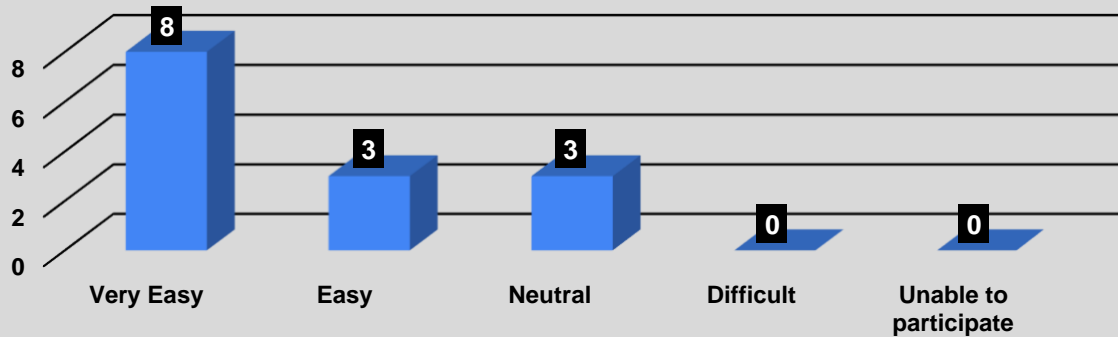
Question #7

The Region V for Kids team was originally planned as 8 to 12 members. Due to very strong interest, the team greatly exceeded 12. For the exercise, what is the correct size of the team?

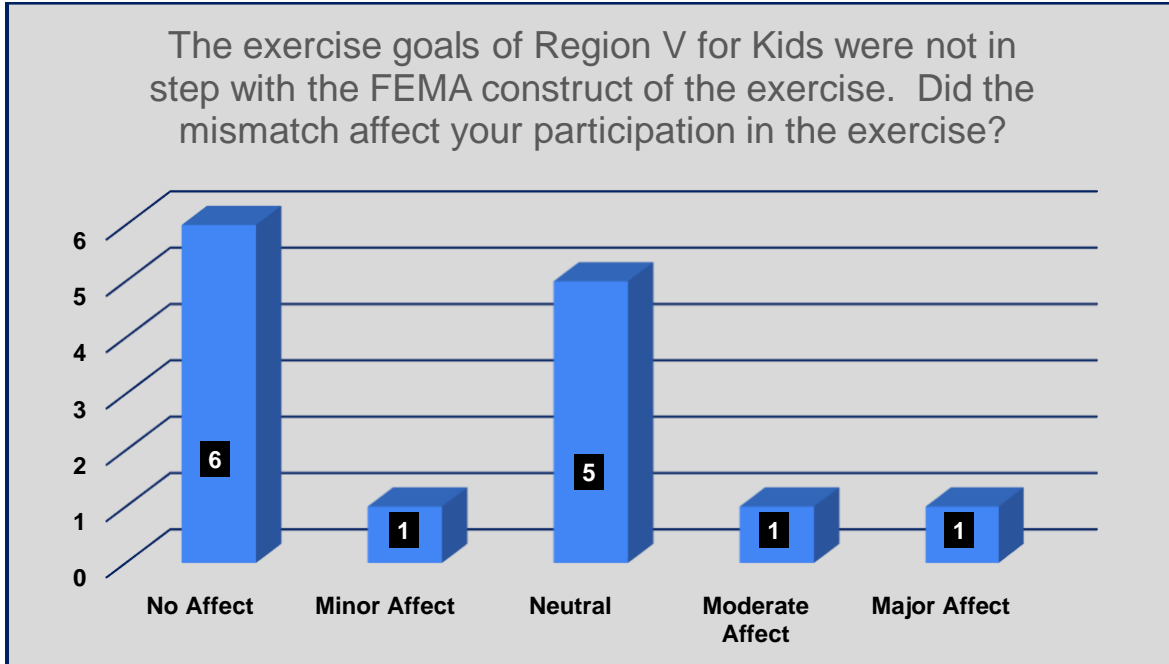


Question #8

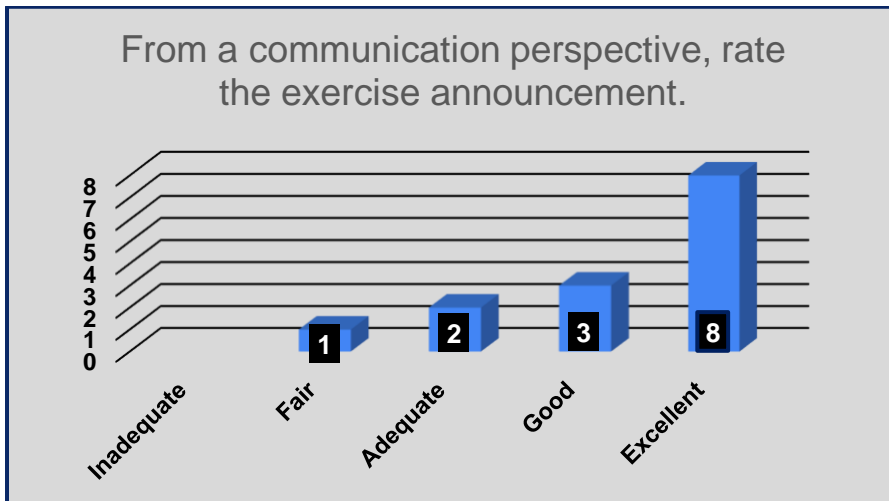
The Region V for Kids planners attempted to create a no-fault, inviting forum for open discussion. How difficult was your participation in the discussion?




Question #9




Question #10





Region V For Kids



**Large Scale Power Outage:
A FEMA Virtual Tabletop
Exercise**
25 January 2024 from 11:00am to 4:30pm EST

Recruiting Region V for Kids stakeholders to:

- 1) Form a team of 8 to 12 members,
- 2) Collectively participate in a FEMA Virtual Tabletop exercise, and
- 3) Respond as a unified pediatric care coordination organization.

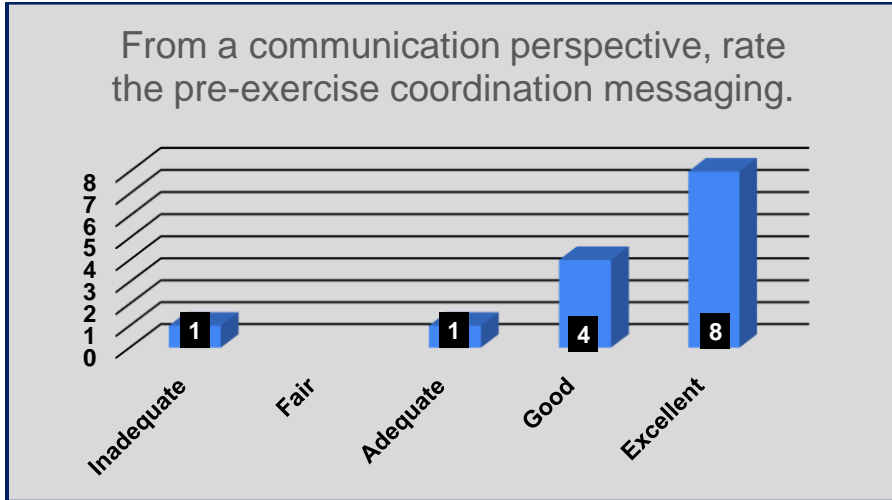
Purpose:
Convene Region V for Kids pediatric experts to conceive, discuss, and develop coordinated, regional response options of Children's Hospitals for a large-scale incident.

Innovation:
The exercise would be a first attempt of Region V for Kids Hospitals to work through all the operational aspects of direct, collective disaster response.

Stakeholders:
All Primary Investigators, Subject Matter Experts, Project Managers, and Consultants funded by Region V for Kids.

This will be a virtual event with participants attending from home station.
For general event information, see the [FEMA Emergency Management Institute Flyer # 1817](#).
Register by sending an email to [Damien Swilk at damien.swilk@umich.edu](mailto:damien.swilk@umich.edu)
Deadline to register is 13 January 2024.

Question #11



FEMA Virtual TTX
Large Scale Power Outage
on 25 January 2024

Region V For Kids

Region V for Kids Breakout Room Notes

Key Points from the Breakout Room Discussion

1. Extensive conversation about the purpose of Region V for Kids with a strong **consensus** that, although unstated, there is an ASPR expectation for disaster response from Region V for Kids.
2. Significant, but workable barriers exist to a Region V for Kids coordinated regional pediatric response.
3. A preference between an informal or formal organization is undetermined, needing further discussion.
4. The degree of Region V for Kids independent action versus governmental coordination is undetermined.

Breakout Room Discussion Notes

Original Scenario

Opening Remarks – Purpose is to brainstorm regional response missions.

Call for update to facility's bed capacity in order to identify available bed space.

Discussion on hospital electricity reserve and generation capacity.

Concerns raised about technology (i.e. electricity) dependent children and discussion of pre-planning, tracking, and providing support.

Call to initiate coordination with state EOCs.

Discussion on emergency credentialing processes and easing restrictions.

Question: Does Region V for Kids respond or is Region V for Kids simply a collection of Pediatric SMEs?

Proposal to consider the use of Telehealth.

Observation that the current, real-world status of several children's hospitals is at or near peak capacity.

Call to elevate discussion and get out of the weeds along with a question of a potential Region V for Kids response structure?

Counter question of what is the difference between Region V for Kids versus 10 Children's Hospitals?

A Region V for Kids approach isn't codified and may not get local institutional buy-in.

Reminder to consider transportation.

Hospitals would need to understand external supply chains before giving up supplies to disaster.

Proposal for Region V for Kids to assume a role of Duty Officer.

Proposal to Region V for Kids to stand up an EOC type committee.

Concerns of communications to families and how to support patients sheltering in a home.

Question: is setting up an EOC a good idea or bad idea? Consider simply passing information to participating hospitals.

What are other options to setting up an EOC?

Question about managing information, requests, and response.

Support offered to the idea of a coordinated regional response.

Proposal and tendency of participants to create and employ bureaucratic structures.

Advocacy on behalf of using EMResource as a response coordination tool.

Proposal for Region V for Kids to act through state agencies, not as an independent agency.

Call to tap into HVA experts – discuss impacts of weather upon missions.

Comment that Region V for Kids PIs are educators and conveners.

Although Region V for Kids may be in business of response, there is no operating authority, no power at institutions.

Scenario Inject #2

Question: How to mobilize and activate a Region V for Kids coordinated regional response?

Proposal to convene an informal Zoom of SMEs.

Call for Urgent Communication Channel.

Question: What is the best way or platform to facilitate communications?

If Region V for Kids is informal, how does it operate without stepping on hospital incident command?

How to bridge the difference between an informal response and structured hospital operations?

Recommendation to adopt/integrate with Emergency Management through Healthcare Coalitions with HCC assuming function comms.

Change of discussion topic with the question: Could Region V for Kids ever really get a call to respond?

PI can easily envision ASPR calling for action during an event/incident.

Observation that a coordinated regional pediatric response is not within the band width or scope of work for Children’s Hospital Associations – therefore can also clearly see a role for Region V for Kids. **Quote of the Day:** “How to pull it all together?”

Question: What assets does Region V for Kids collectively have?

Response: Region V for Kids: Can assist with coordination
 Provide unique solutions for Special Needs children
 Develop regional situational awareness
 Pediatric Bed Board

Scenario Inject #2

Return to calls for telehealth and emergency provider credentialing.

Question: How would Region V for Kids respond?

Proposal to establish a Regional Pediatric Medical Operations Coordination Cell.

Stated desire for perfect situational awareness before initiating action.

Comment that a disaster declaration resolved credentialing issues.

Observation of healthcare system call centers are like coordination cells.

Observation that the conversation is struggling with the question: is Region V for Kids a response or consultation entity?

Final Scenario Inject

Concerns about jurisdictional boundaries.

Proposes Region V for Kids is not a response organization.

Concerned about Region V for Kids injecting itself where it doesn’t belong.

Counter argument the ASPR seeks operational response.

Strong suggestion to think about our collective ability.

Region V for Kids provides and sustains a network of trusted, known partners.

Consensus that ASPR wants a coordinated, regional pediatric response.

Proposed path forward of SWOT analysis to assess benefits and risks:

- 1 – Ask ASPR then
- 2 – Ask Hospitals
- 3 – Identify institutional leader to identify common areas of participation

Concerns about displaced demands for care.

Long description about Incident Management Assistance Teams (IMAT).

NOTE: Post exercise research discounted IMAT as a template for Region V for Kids structure.

Discussion about Healthcare Coalition and Children Hospital Association response and frustration by state response and lack of state declaration of pediatric disaster after CHA lobbying.

Discussion about prior failure of Federal Declaration.

Advocacy to seek ASPR guidance, partner with PPN DNC, and a thousand other useless entities.

Counter recommendation to Go Now, Don't Wait. Region V for Kids is in the best position to address this concept. Don't wait for ASPR.

Region V for Kids Breakout Room Chat

Key Points from the Chat

1. What is the geographic and jurisdictional scope for a Region V for Kids coordinated regional response?
2. Ongoing situational awareness of resources is an essential information requirement.
3. Ongoing patient tracking is an essential information requirement.

Raw Text of the Chat

Timm - In Ohio, update NDMS beds in EM Resource - that would be a request from state/federal NDMS folks through our emergency management channels - NDMS does not make this request, we could do this in

Dahl Grove - Would there be a chance for hospitals to open their credentialing to accept other healthcare providers.

How about first responders being aware, staged to assist families with special needs kids with potential power?

Staging of transport

Lozon - Steve is absolutely right about emergency power....it keeps the lights on and the ventilators and captured equipment going (equipment connected to monitors, smart pumps, etc.) but some of these may fail.

IT could be impacted and not fully functional EMR.

Emergency credentialing is so much easier in a declared emergency....

EMS has compacts cross border but the RNs and providers struggle.

MRC is already federalized and should be at least thought about.

One of the key relationships we have established in this whole grant project is STATE PARTNERSHIPS.... We would hopefully all be working within our institutions and with those partners at the state level to make sure our hospitals.

Kowalczyk - Our communications group could post relevant information to our social media platforms and possible news outlets - how to prepare/respond to this type of disaster info for parents and share the already created infographics.

Jeong - Maybe Region V helping is similar to a duty officer.

With a group of SMEs can we help

1. A tiered response for transfers of complex care kids.

2. How do we help families stay at home - providing telemedicine.
3. If it was during the day and kids are in school how can we provide resources for safe reunification/ housing kids and issues surrounding that.

Also, how could we use almost like a telephone tree to PCP's in each of these areas to help get information dissemination, check in etc.

Lozon - Work stoppage was a big threat for my organization a few years ago and we stood up HIC and really worked a slow roll evacuation strategy....

I suppose every state is different, but each one of the states has the children's hospitals (and those non children's who have some peds capacity) have a rapid reaction communication group that could be stood up. In Michigan, we have this group (PICU, ED, Chief Clinical officer equivalents) which I would call a sort of proto-PMOCC to create capacity and other resource offerings. This group overlaps a great deal with that group for the bigger children's hospitals in our state.

Dahl Grove - This would be important to map based on anticipated geographic area to be impacted.

Lozon - I continue to worry that the PCPS may be impacted by power...and the schools and daycares....and I worry that if a PCP is not part of a large system which has good emergency power plans, they might simply close down and send everyone home.

Jeong - or do we have a response that is scalable depending on the extent of the event.

Lozon - Hazel and Deanna bring up good points around scope and geospatial reality.

The regional HCCs do communicate with Lozon about risks all the time using the Health Alert Network

Jeong - Keeping our tech dependent children safe and keeping our babies not hypothermic.

Lozon - As a team, we would likely think of all the things.... but how do we INFLUENCE those WITH authority? It would all be informal (or formal if we had a position of authority in our institution).

There are many projects in our grant to ensure pre-registration in EMS....we have colleagues working on this throughout our network.

Dahl Grove - Thanks for the comments - Special Needs Kids and their families have many challenges day to day and helping them in disaster planning is so important with any tools and strategies we can use.

Caudill - Our hospital also receives and uses EmPOWER data, connected or known children with complex care needs are required to have a safety plan to include power outages. Hospitals are required to have a plan to shelter these kids, or other unaffiliated kids, in the event their personal safety plans fail. Our regional healthcare coalition fills the role of ESF-8 rep at the County EOC if activated as our connector to response partners. Thanks!

Lozon - There are likely so many ways to skin this cat....fan out strategies...tiered....

Jeong - I think for Region V for kids: would we activate when we hear about this from Deanna.

Who would it consist of?

How would we be able to collect these resources?

Would we use our tool from our surge group to know which hospitals in our agency would be best equipped to help with this?

Would we be able to help as a SME for deployable teams?

Just a few thoughts

Yes, the dashboard! that's what I was going with.

Bulson - I agree Deanna! ALMOST finalized :)

Jeong - I would advocate for a discussion for tier transport system.

What kids would need to shelter in place?

Is the next nearest NICU really the best option or not, as this power outage, would it spread further?

Would the risk of transport outweigh the benefits?

Having a centralized team within Region V would be helpful in deciding these things to help facilitate.

Lozon - The west side of the state is much more invested and facile with EM Resource and Juvare, they prepopulate the track board.

I dream of this level of prehospital integration.

Kowalczyk - That sounds like a dream.

Snow - Julie – is EMTrack a "pre-hospital" management?

Jeong - In Indiana they have MESH coalition who does that so working with those partners will definitely help, our team can help give input for this for sure.

Timm - The discussion around EM track is relevant as it relates to reunification particularly if these 20 kids are going to multiple different hospitals and who tracks where they are going and how easily that would be done in some kind of centralized reporting system and if that centralized system even exists.

Lozon - but it's good to hear what people who do other roles have to think about

Frost - Lets you know where you fit in the jurisdictional food chain.

Krug - Maybe hundreds, not thousands????

Lozon - That is good to know what ASPR thinks....but what is POSSIBLE and feasible?

Krug - Agree this is VERY timely. We need to develop a concept or shared vision that we might then run by ASPR and then our hospital leadership. Yes, ASPR wants this.

Lozon - We tried that during tripledemic....we have a document outlining the commitment to a peds critical care safety net in a pandemic....the bones are there...but the hospitals would NOT go

the final distance and commit to an MOU but it scared them into increasing PICU space at most....not perfect but baby steps

Jeong - I think if we can come up with our response for our region that may end up being scalable to adjacent regions the following further if that's a possibility.

Snow - Could we do a Region V for Kids TTX and test out possible communication/leadership/decision making structure ideas?

Jeong - I love that idea Megan.

Frost - I am supposed to be observing so not supposed to share....but FYI on the local and state level the participatory authority rests with the health care coalitions. On the regional based the participatory authority rests with the RDMHS. So the cooperative relationships are established there regardless if Region V is funded or not. Region V could basically act as a public private partner with public health or a VOAD via Childrens Hospital AAP.

Lozon - The HCCs and this group are organized so differently!! This kind of transformation would be very challenging, but we must discuss it.

Cross sites again!!!

Frost - HCC are the public/private operational arm of the Public Health Emergency Preparedness Program through the Health Departments who sit at the table on the local and state level staffing the Med/Health branch at EOC's.

Covington - If not a whole team, accessible/requestable Pediatric Technical Specialists

Lozon - Children's hospitals at LEAST have to do their due diligence with an EOP....and their local EM professionals may have different levels of engagement from folks like us....sadly often the emergency management folks do the check boxes for what CMS and TJC require but they are not striving for BEST PRACTICE without US prodding....

Jeong - that's a great suggestion Matt and seems more feasible as well for sure.

Krug - One thing I forgot to mention, we each need to deliberately work on continuity (aka succession) plans whereby we work to identify, develop and support next generation leaders.

The DNC may prove to be a mechanism by which we get many more CHs involved and further strengthen Region V.

Lozon - The DNC is not just ASPR grantees but lots of folks....don't want to waste that contact list.

Timm - Do we have a list of other children's hospital in these 6 states that are not part of our team in region V for kids?

Covington - Huge difference between:

Response - Command & Control

Response - Support & Coordination

Siwik - Please complete this short, 11 question survey after the exercise to collect your feedback and exercise experience. I sent an email with this link:

https://docs.google.com/forms/d/e/1FAIpQLSdDbcLij/viewform?usp=sf_link

Observer Notes

Key Points from Observer

1. Very optimistic about the concept of a regional children's hospital coordinated response and supportive of additional development.
2. Concerns about Emergency Management and interagency coordination.
3. Need to define a clear mission.

Raw Text of Observer Notes

Biggest feedback: From a planning perspective I think the exercise was used very effectively to get Region V to explore their intended role, considerations around that, and required preparedness actions to be ready to conduct it. It raised awareness around the issues and the need to sort these things out – I think that is a solid outcome for an exercise given where the level of operationalization of these things are for the PDCOE's.

Lots of ideas on potential missions based on their capability:

- Good thoughts and realistic considerations were suggested, BUT – the key missing part up front was agency role (facility) vs Region V role (you all noted this at end of first conversation). Many folks started to list suggestions that the BROAD response (all agencies involved) would need to consider- and all were solid thoughts – but the clarity of Region V role wasn't there at the start.
- Appropriately defined, operationalized, and communicated role(s) in each part of the emergency management cycle, across functions (ESFs), within context of support/coordination role is key here to advance this (from my perspective)
 - Coordination and support roles are abundant here – just need to define and operationalize.

But didn't really answer these key questions and I'm not sure folks have this on their radar:

- Out of proposed actions: Is this really within your mission space as Region V for kids? Is it shared and socialized with partners?
 - EG: Protective action recommendations for providers ahead of outage, pinging healthcare partners for bed updates, cross-state mutual aid, prestaging resources, interstate transport/load leveling – these are all things that are either handled at an institutional, healthcare coalition, or state level. Region V doing any of these – especially not coordinated – would be a big response/partnership misstep.

- Broadly, I didn't hear anything about coordination among participating partners in terms of emergency management roles and interagency coordination. Many of the proposed actions or roles have multiple agencies/interagency groups working on these pieces at local and state levels. (*THIS CHANGED LATER ON – some comments about this came later – questions came up during last breakout*)
 - Acting on any of these, without a defined role and interagency coordination pieces, would be another big misstep.
 - Lots of discussion and lack of clarity around operational roles (both coordination AND command) at local, state, and regional levels – I didn't get the impression understanding of these pieces is present across all participants

Question: “What about incident command and roles? How do we provide SME without crossing wires?”

- (Clarity of role and SME isn't coordination, its expertise. Also, establish lines of coordination (for that purpose, see interagency coordination for response) and lines of communication (JIC/JIS, etc.). Support (resources + SME), Coordination, and Communication all seem like perfectly acceptable lanes with gaps to fill and partner on.)

“How do we insert ourselves helpfully and without a hindered?” Defined roles and capabilities, which are then trained and exercised – this is a question that emergency management answers.

Need to do going forward:

- Define clear missions in each phase of cycle, related to each level of organization (facility/interagency local/state/regional), and each piece of response (e.g.: ESF#8)
- Then, operationalize capability (emergency management cycle) and socialize with partners:
 - EG: Build Tech Spec capability, including awareness of ICS/HICS and emergency management structure – define and communicate role as a Pediatric SME support role.
 - Make capabilities of SMEs known, along with request process.
 - Support with related processes, resources, etc. - lots of pieces to build around this project.

Interview of Observers

Key Points from Observer Interview

1. Fully supports the proposal for a unified, coordinated regional pediatric response.
2. Observed differing levels of Emergency Management knowledge.
3. Repetitively highlighted the freedom for bureaucracy Region V for Kids enjoys.

Notes from Observer Interview

Observed a cohort of Region V for Kids personnel brainstorming the potential and forming initial options for a coordinated, regional disaster response.

Observed group consensus to develop a common operating picture in support of coordinated response.

Expressed an appreciation for the exercise and opportunity to observe.

Expressed an appreciation for the outsider point of view and evolution of discussion.

Observed project benefit from the exercise discussion.

Concern over a lack of a shared understanding of the response role of Region V for Kids.

Observed an assumption of easy coordination mechanisms.

Expressed agreement that there is a role for Region V for Kids in the response space.

Described different purposes of Command and Control versus Coordination.

Described technical expertise as Pediatric Knowledge plus Incident Management Team and Incident Command System.

Called for consensus as the operating justification until formal agreements enacted.

Expressed concerns of jurisdictional protectionism.

Called for identifying where hospitals fit within Region V for Kids food chain.

Observed Region V for Kids is NOT in anyone's command and control line of authority (i.e. Region V for Kids can act as a free agent)

Observed Region V for Kids not obligated to work through existing bureaucratic structures.

Described and promoted Voluntary Organizations Active in Disasters (VOAD).

Recognized the potential of unaffected external hospitals supporting local affected hospitals.

Observed that Region V for Kids can use exercises, tools, and resources to drive regional preparedness.

Observed a general lack of Emergency Management within the participating cohort.

Recommendation to set up and host Emergency Management courses (ICS 100 through 400).

Proposed next steps: socialize the concept, operationalize a response, set clear redlines, define the mission, and facilitate response and recovery.

Proposed next step: Scale down and rerun the exercise.

Observation that explicit definitions ease skeptic's concerns.

Recommendation to develop roles and responsibilities.

Leadership and Planning Team Interview

Key Points from Leadership Interview



1. Consensus the exercise was a positive experience.
2. Putting Region V for Kids in new, uncomfortable role was a good, collective learning experience.
3. Desire for a defined purpose / mission for the exercise.

Notes from Leadership Interview

Reviewed the FEMA VTTX and solicited after action input, received the following comments:

- Region V for Kids participation in FEMA VTTX was an interesting experience.
- VTTX raised questions about the Region V for Kids scope of authority.
- Lurie team surprised by the Region V for Kids purpose; having mobilized hospital leadership for a hospital-centric exercise response.
- Recommendation for greater clarity of Region V for Kids exercise purpose prior to the VTTX.
- Exercise placed Region V for Kids in a new, uncomfortable place.
- Region V for Kids had a hard time getting out of the usual head space.
- Listening to the healthcare coalitions response was enlightening.
- Agreement that the 3 Pediatric Disaster Centers of Excellence (PDCOE) response is limited to:
 - 1) education and subject matter expert (SME) expertise,
 - 2) telehealth, and
 - 3) reach-back teams.
- Recommend no planning for deployable teams.
- It is hard to put Region V for Kids into a response space.
- Participants fell back to a healthcare system leadership mindset.
- The FEMA VTTX format was not the correct forum for a Region V for Kids discussion.
- Recommendation to seek ASPR guidance.
- There were competing interests from ASPR, Region V for Kids, and each participating hospital.

Appendix D: FEMA Exercise Schedule

NATIONAL EMERGENCY TRAINING CENTER • EMMITSBURG, MD 21727

Virtual Tabletop Exercise Program Fiscal Year 2024

General:
EMI conducts a series of VTTX using a virtual platform to reach community-based training audiences around the country and provide a virtual forum for disaster training. The VTTX process involves key personnel from the emergency management Community of Practice reviewing a pre-packaged set of exercise materials and convening for a 4-hour tabletop exercise discussion of a simulated disaster scenario with a total of 10–15 other Community of Practice groups participating.

The event allows the connected sites to assess current plans, policies, and procedures while learning from the other connected sites, as they provide their perspective and practice while exercising a similar situation. An internet connection is required to take part and will be broadcasted using Zoom; there is no cost for this program.

Course Dates:
This training opportunity is covering the first half of the fiscal year; the second half will be covered in a training announcement later in the year.


Course Date	Scenario
Oct 10–12, 2023	Severe Weather (High Winds)
Oct 24–26, 2023	HazMat (Chlorine)
Nov 7–9, 2023	River Flooding
Nov 21–23, 2023	IPAWS (Bridge/Structure Collapse)
Dec 5–7, 2023	Cybersecurity
Jan 9–11, 2024	Family Reunification (Tornado)

Course Date	Scenario
Jan 23–25, 2024	Large-Scale Power Outage
Feb 6–8, 2024	Mass Gathering Incident
Feb 20–22, 2024	Flash Flooding
Mar 5–7, 2024	IPAWS (Wildfire)
Mar 19–21, 2024	Active Threat (Shooter – Mall)

Target Audience:
The VTTX program is designed for a "community-based" group (not individual participation) of at least five or more personnel from Federal, state, local, tribal, and territorial (FSLTT) emergency management organizations, private sector organizations, higher learning/education-based facilities, healthcare organizations, or Voluntary Organizations Active in Disaster (VOAD).

Exercise Design:
This VTTX is designed to engage the participants in a no-fault, hazard-specific exercise discussion. Facilitation of the exercise will occur via an online platform from EMI and will need to be complemented by a dedicated local agency facilitator at each participating site. The participating location must provide a person capable of facilitating the onsite portion of this discussion-based exercise.


The VTTX will be supported by an Exercise and Coordination Facilitation Guide, which will include all required logistical information (room layout, connection instructions, etc.), as well as facilitation and hot wash instructions.




TRAINING OPPORTUNITY

No. 1817 Page 1 Thursday, September 14, 2023

Appendix E: Recruitment Flyer



Region V For Kids



Large Scale Power Outage: A FEMA Virtual Tabletop Exercise

25 January 2024 from 11:00am to 4:30pm EST

Recruiting Region V for Kids stakeholders to:

- 1) Form a team of 8 to 12 members,
- 2) Collectively participate in a FEMA Virtual Tabletop exercise, and
- 3) Respond as a unified **pediatric** care coordination organization.

Purpose:

Convene Region V for Kids pediatric experts to conceive, discuss, and develop coordinated, regional response options of Children's Hospitals for a large-scale incident.

Innovation:

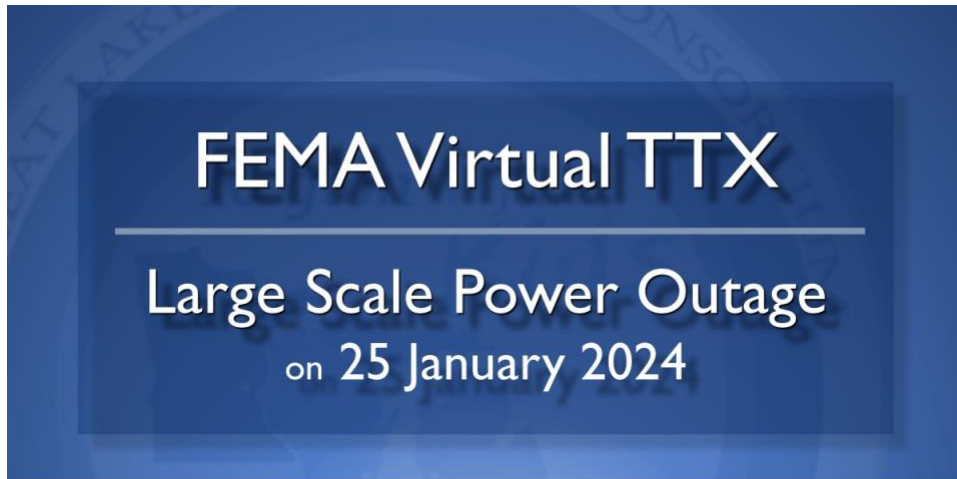
The exercise would be a first attempt of Region V for Kids Hospitals to work through all the operational aspects of direct, collective disaster response.

Stakeholders:

All Primary Investigators, Subject Matter Experts, Project Managers, and Consultants funded by Region V for Kids

This will be a virtual event with participants attending from home station.
For general event information, see the [FEMA Emergency Management Institute flyer # 1817](#).
Register by sending an email to Damien Siwik at dsiwik@med.umich.edu
Deadline to register is 11 January 2024.


Appendix F: Coordination Presentation




Region V For Kids



The Team



Region V For Kids



**Large Scale Power Outage:
A FEMA Virtual Tabletop
Exercise**
25 January 2024 from 11:00am to 4:30pm EST

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Convene Region V for Kids pediatric experts to conceive, discuss, and develop coordinated, regional response options of Children's Hospitals for a large-scale incident.

Innovations:
The exercise would be a first attempt of Region V for Kids Hospitals to work through all the operational aspects of direct, collective disaster response.


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All Primary Investigators, Subject Matter Experts, Project Managers, and Consultants funded by Region V for Kids.

This will be a virtual event with participants attending from home station.
For general event information, see the FEMA Emergency Management Institute [Event # 1817](#).
Register by sending an email to Damien Siwik at dsiwik@med.umich.edu
Deadline to register is 11 January 2024.

Dr. Dahl Grove	Dr. Dingeldein
Dr. Ruffing	Dr. Kowalczyk
Dr. Timm	Leslie Stewart
Dr. DePompolo	Megan Snow
Dr. Gupta	Julie Bulson
Dr. Yaskey	Bryan Pender
Dr. Luk	Liz Foster
Dr. Lozon	Damien Siwik
Dr. Jeong	Dr. Popovsky
Dr. Chahla	Melissa Braskie
Dr. Lefort	* Pat Frost (Obs)
* Trevor Covington (Obs)	

* = observers

The Team



**Large Scale Power Outage:
A FEMA Virtual Tabletop
Exercise**
25 January 2024 from 11:00am to 4:30pm EST

Recruiting Region V for Kids stakeholders to:

- 1) Form a team of 8 to 12 members.
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Purpose:
Convene Region V for Kids pediatric experts to conceive, discuss, and develop coordinated, regional response options of Children's Hospitals for a large scale incident.

Innovation:
The exercise would be a first attempt of Region V for Kids Hospitals to work through all the operational aspects of direct, collective disaster response.

Subjects:
All Primary Investigators, Subject Matter Experts, Project Managers, and Consultants funded by Region V for Kids

This will be a virtual event with participants attending from home station.
For general event information, see the [CEM&E Emergency Management Institute Flyer # 1817](#).
Register by sending an email to [Damian Swilk at damian.slwik@umich.edu](mailto:damian.slwik@umich.edu).
Deadline to register is 11 January 2024.

1. Ann & Robert H. Lurie Children's Hospital of Chicago
2. Children's Minnesota
3. Cincinnati Children's Hospital Medical Center
4. C.S. Mott Children's Hospital
5. Helen DeVos Children's Hospital
6. Nationwide Children's Hospital
7. Riley Hospital for Children
8. University Hospital Rainbow Babies and Children

Region V for Kids Exercise Goal

Brainstorming and **scoping** a collective response to regional disaster scenarios as a single, unified pediatric care coordination organization.

Group Consensus

Consensus from 16 November 2023 Planning Meeting

Collective recognition of value in exercising a region-wide pediatric disaster response

The exercise is an opportunity for the team to conceive and develop regional response mechanisms

Expectation that the exercise reveals a path for additional region-wide care coordination

Consensus to develop assumptions, artificialities, reporting and AAR in support of the exercise

Exercise Customization!

- There is a bit of a disconnect between the exercise construct and the Region V for Kids goal.
- The exercise is designed for individual organizations.
- Region V for Kids is a consortium of multiple organizations.
- Therefore, Region V for Kids planners have developed exercise management tools to customize the exercise to meet our goals.

The tools are in the following slides.

FEMA Exercise

Self-management Tools

- ① Assumptions and Artificialities
- ② Scenario Supplements
- ③ List of Prompt Questions
- ④ Observers
- ⑤ After Action Review / Reporting

Region V for Kids Exercise Assumptions

- Region V for Kids is providing a collective response
- Region V for Kids geographic area of operation and responsibility covers the six states of the grant
- Region V for Kids is providing external support – help to a distressed facility from unaffected hospitals
- Region V for Kids is responding to a “cold call” from government
- Rainbow Babies is the lead coordinating hospital and interface with federal government

Region V for Kids Exercise Artificialities

- You and/or your facility team speak on behalf of your hospital and have executive decision-making authority
- Unless otherwise directed, your hospital is at full operational capability with 5% of bed space, staff, and resources capacity available for disaster response
- A government declaration resolves all jurisdictional, regulatory, liability, and funding concerns
- The Region V for Kids response solely address medical surge (ESF-8) activities
- Region V for Kids is operating as an independent organization, but coordinates with state departments of health as necessary

Scenario Supplements

Recognizing a disconnect between the exercise construct and Region V for Kids goals, a Region V for Kids facilitator will supplement exercise scenarios with the following conditions:

- Geographic Impact – One full state will be affected
- Environmental – Weather and infrastructure conditions do **not** hinder transportation access or transit times
- Duration – Time periods will be extended to require a regional response
- Patient Load – A minimum of 200 pediatric inpatients will need assistance
- Intensity – Patient acuities will be increased to exceed local capabilities

Scenario Supplements

Scenario Supplements will be mid-game adjustment decisions in direct response to unknown FEMA injects.

Please remain flexible and accommodating to scenario supplements as they are provided.

Discussions

Planned Discussion Phases

- Brainstorming
- General response Theory
- Observations about regional collective response
- Theoretical obstacles to proposed response theory
- New, real-world obstacles to proposed response theory (i.e. we don't want to invest significant time lamenting existing, well-known obstacles)
- Devil's Advocacy

Prompt Questions

How would notification/activation of the nine Region V for Kids children's hospitals occur? Platform? Points of Contact?

If Rainbow Babies is the federal liaison to Region V for Kids interface, would Rainbow assume decision-making leadership? Or would a committee composed of the nine site leads exercise decision-making leadership?

What resources and activities can your hospital contribute to the current scenario injects?

Given the drive and flight time requirements of geographic area, is a fully involved regional response realistic? Or would a sub-set response of just neighboring states be appropriate?

Roles / Observers

Exercise Facilitator/moderator - Dr. Ron Ruffing

Region V for Kids response lead - Dr. Dahl Grove

Exercise observers - Pat Frost
Trevor Covington

Recorder / Writer - Damien Siwik

Exercise Link

As per FEMA practice, exercise planners will send videoconferencing links and access instructions a few days before the exercise.

Region V for Kids exercise planners will disseminate the FEMA information drop upon receipt.

Appendix G: Acronyms

Acronym	Term
AAR	After Action Review
ASPR	Assistant Secretary for Preparedness and Response
EOP	Emergency Operations Plan
ESF	Emergency Support Function
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
HCC	Healthcare Coalition
HSEEP	Homeland Security Exercise and Evaluation Program
IMT	Incident Management Team
PDCOE	Pediatric Disaster Center of Excellence
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
VOAD	Voluntary Organizations Active in Disasters
VTTX	Virtual Tabletop Exercise