Michigan Department of Health and Human Services, Division of Emergency Preparedness and Response

BP1-17 MISNS
SharePoint Request Site Drill
March 21, 2018

After-Action Report
June 13, 2018

BETP
Bureau of EMS, Trauma & Preparedness

This After-Action Report/Improvement Plan (AAR/IP) provides an analytical review of the process and system for local health department and treatment center (hospital) partners to request emergency medical materiel utilizing the Michigan Strategic National Stockpile (MISNS) Request SharePoint Site. This AAR/IP aligns the performed objectives and activities with U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and Assistant Secretary for Preparedness and Response (ASPR) guidance.

Handling Instructions

1. The title of this document is the *BP1-17 MISNS SharePoint Request Site Drill, After-Action Report.*

2. Information gathered in this AAR is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Michigan Department of Health and Human Services (MDHHS), Division of Emergency Preparedness and Response (DEPR) is prohibited.

3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. This publication (journal article, etc.) was supported by the Cooperative Agreement Number 6 NU90TP921906-01 from the CDC and ASPR.

    For more information on the AAR please contact:

    Larry Zimmerman
    Exercise Coordinator
    Michigan Department of Health and Human Services
    Division of Emergency Preparedness and Response
    ZimmermanL1@michigan.gov

For Official Use Only – Please Do Not Distribute

This document includes information considered exempt from the Michigan Freedom of Information Act MCL 15.243(a). Unauthorized possession of this information could constitute a violation of the Michigan Anti-Terrorism Act MCL 750.543a. The information contained in this document is intended For Official Use Only.

i

Table of Contents

For Official Use Only – Please Do Not Distribute

This document includes information considered exempt from the Michigan Freedom of Information Act MCL 15.243(a). Unauthorized possession of this information could constitute a violation of the Michigan Anti-Terrorism Act MCL 750.543a. The information contained in this document is intended For Official Use Only.

ii

Exercise Summary

Exercise Overview

Exercise Name

BP1-17 MISNS Request SharePoint Site Drill

Exercise Date

March 21, 2018

Threat or Hazard

Bacillus anthracis

Scenario

Anthrax Release

Scope

MDHHS, DEPR, 45 Local Health Departments (LHDs), 8 Regional Healthcare Coalitions (HCCs), Medical Coordination Centers (MCCs), and 141 participating hospitals.

Mission Areas

Response

Sponsor

MDHHS, DEPR

Capabilities

The following Healthcare System Preparedness Capabilities and Public Health Preparedness Capabilities were demonstrated during the exercise:

- Emergency Operations Coordination
- Healthcare and Medical Response Coordination
- Information Sharing
- Medical Surge
- Medical Materiel Management and Distribution

Exercise Summary

The MISNS Request SharePoint site has been designated as the primary mechanism for the ongoing request of medical countermeasures (MCM) in Michigan. The advantages include near instantaneous communication of incoming requests and approval status through system generated email notifications, creating a timely and efficient mechanism for sharing information.

The exercise tested the capacity of the MISNS Request SharePoint Site to request SNS resources, providing LHDs and hospitals with the opportunity to demonstrate proficiency in the system. Local emergency management, Michigan State Police (MSP) – Emergency Management Homeland Security Division (EMHSD) District Coordinators, and the Community Health Emergency Coordination Center (CHECC) had the opportunity to log into the system and review MCM request information.

On March 21, 2018 starting at 8:45 AM, Michigan Health Alert Network (MIHAN) notifications were sent to LHDs and regional MCCs that indicated an initial request and release of emergency MCM to the State of Michigan had been approved by CDC. Players were instructed to begin requesting MCM through utilization of the MISNS Request SharePoint site (mirequest.org/sns). LHD requests were routed directly to the CHECC via the MISNS Request SharePoint site, whereas hospital requests were routed to their jurisdiction's regional MCC for review. MCCs routed hospital requests to the CHECC for processing if resources could not be filled at the regional level. CHECC MCM personnel processed LHD and hospital requests from 9:00 AM until conclusion of the exercise at 3:00 PM. All submitted requests were consistent with the State of Michigan's existing plans for MCM.

The drill validated the ability to process a surge of 179 LHD and hospital requests over a six-hour span utilizing the MISNS Request SharePoint Site, demonstrating capacity and user competency for both requesting and processing orders.

Primary Strength Observations

The strengths identified as a result of the exercise are as follows:

Emergency Operations Coordination
- Use of MIHAN templates and alerts to effectively direct partners to the MISNS Request SharePoint Site.

Medical Material Management and Distribution
- CHECC and MCC ability to process a surge of 179 total incoming requests for MCM with minimal delay.
- Ability of CHECC and MCC staff to efficiently review and process requests through the MISNS Request SharePoint site.

Information Sharing

- Successful communications through use of back-up systems.

Primary Recommendations for Improvement

Recommendations have been identified to improve the MISNS Request SharePoint Site workflow procedures. Corrective actions and mitigation strategies will aim to strengthen the capacity of both state and local partners to facilitate requests for MCM.

Medical Material Management and Distribution

- Ensure participation from all MCCs for the acknowledgement of receiving MCM requests from hospital partners.
- Implement process for the maintenance of individual user accounts for local emergency management.
- Review request justification form to evaluate applicability for individual hospitals.
- Transition to and maintenance of accounts to reflect a single user login for local health departments and hospitals.

Capability Trend Analysis

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

Ratings Definitions

Performed without Challenges (P):
The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S):
The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M):
The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U):
The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

Capability Trend Analysis

Table 1: Summary of Capability Performance

HPP/PHEP Capability	Agencies	Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
HPP: **Health Care and Medical Response Coordination** **PHP:** **Emergency Operations Coordination** ORR (C3F2)	LHDs MCCs CHECC	**Objective 1:** The CHECC will send a MIHAN notification to all LHDs and MCCs.	P			
HPP: **Medical Surge** **PHP:** **Medical Material Management** ORR (C9F2)	CHECC MCCs	**Objective 2:** Test electronic submission and processing of SNS requests via the MISNS Request SharePoint Site.	P			
		Objective 3: MCCs route requests to the CHECC.	P			
		Objective 4: Test MISNS SharePoint system and CHECC ability to receive and coordinate simultaneous SNS requests generated statewide.	P			
HPP: **Health Care and Medical Response Coordination** **PHP:** **Information Sharing** ORR (C6F3)		**Objective 5:** Test the ability of the MISNS SharePoint system to send automatic notification of SNS request information to partners.		S		
		Objective 6: Test redundant communications methods (phone, fax, radio, etc.), if needed.	P			

Analysis of Capabilities

This section of the report reviews the performance of response capabilities. In this section, observations are organized by capability, objective, and associated tasks. Each set of tasks is followed by related analysis and recommendations.

Emergency Operations Coordination

Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards. Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations.

Linked Response Capabilities

Health Care and Medical Response Coordination
Information Sharing
Medical Materiel Management and Distribution

References
CHECC Operations Manual
Michigan Strategic National Stockpile Plan:
Annex 3 Requesting the SNS

Function Summary		
Emergency Operations Coordination	Strength	Area for Improvement
HPP O1A2: Alert and notify according to HCC response plan	✔	
ORR C3F2: Activate public health emergency operations	✔	

Objective 1: The CHECC will send a Michigan Health Alert Network (MIHAN) notification to all LHDs and Medical Coordination Centers (MCCs).	
Task 1.1	Notify partners that an initial SNS request has been received.
Task 1.2	If applicable, notify partners of technical issues preventing critical use of system.
Analysis	The CHECC sent MIHAN alerts starting at 8:45 AM to inform LHD Emergency Preparedness Coordinators, Health Officers and HCC Coordinators that an initial request for MCM from the SNS had been received by the state. LHDs and MCCs were asked to submit all ongoing MCM requests directly to the CHECC via the MISNS Request SharePoint Site. The alert results demonstrate a high response rate.

While recipients of MIHAN alerts were clearly defined, several LHDs indicated a need to expand the MIHAN recipient list to include assistant or backup personnel. MCC notification methods to hospitals may vary by region.

Table 1: StartEx Regional Coordinators MIHAN Alert Statics

Delivery Status	Recipient Count	Percent
Time: 8:50 AM, MCCs		
Responded	7	88
Contacted: No Response	1	12
Delivery Failed	0	0
Not Contacted	0	0

Table 2: StartEx EPC/Health Officer MIHAN Alert Statics

Delivery Status	Recipient Count	Percent
Time: 8:45 AM, EPC/HO		
Responded	86	98
Contacted: No Response	2	2
Delivery Failed	0	0
Not Contacted	0	0

The CHECC utilized scripted MIHAN messages that contained instructions for participants to start the exercise. An additional MIHAN message was sent at 3:01 PM to notify participants of exercise conclusion.

Recommendations (Planning, Training, or Equipment Element)
1. None

Analysis of Capabilities

Medical Material Management and Distribution

Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Linked Response Capabilities
Emergency Operations Coordination
Medical Surge

References
Michigan Strategic National Stockpile Plan:
Annex 3 Requesting the SNS

Function Summary		
Medical Material Management and Distribution	Strength	Area for Improvement
HPP O2A1: Implement Emergency Department and inpatient medical surge response	✔	
Function 2: Acquire medical material	✔	

Objective 2: Test electronic submission and processing of SNS requests via the MISNS Request SharePoint Site.	
Task 2.1	LHDs and hospitals log into the state MISNS SharePoint Site.
Task 2.2	LHDs and hospitals complete and submit the Justification Form, Item Request Form, Acknowledgement and Comments Section.
Analysis	Positive feedback included pre-exercise training that resulted in a more successful login rate, navigation and use of forms on the site. Changing to generic login accounts for hospital users improved previous login issues from past exercises. Hospitals noted that it is important that more than one person at the organization level within their facility have account information to ensure access to the MISNS SharePoint Request Site. A smaller number of hospitals and LHDs experienced login/technical issues with the site. This may be due to internal facility IT security or web browser compatibility. Participants suggested holding more than one annual SharePoint drill to keep site users in practice, though the system can be accessed and exercised by organizations at any time during the year.

For Official Use Only – Please Do Not Distribute

This document includes information considered exempt from the Michigan Freedom of Information Act MCL 15.243(a). Unauthorized possession of this information could constitute a violation of the Michigan Anti-Terrorism Act MCL 750.543a. The information contained in this document is intended For Official Use Only.

8

The request process via the MISNS Request SharePoint site is a two-part process requiring users to provide a justification prior to requesting medical countermeasures. The current justification forms are largely focused on a large-scale incident that would impact a whole community or region. Several hospital partners have noted complications with tailoring this justification form to meet the needs of their facility or health system.

State participants recommended site capability to configure the site dashboard to show the order in which requests are received as well as inclusion of IMATS in the drill. LHD participants have expressed the need to view quantities ordered by hospitals to improve efficiency in ordering for their jurisdictions. Future exercise design can incorporate functional elements that encourage communication and coordination with the MCC to best determine quantities needed for jurisdictions.

A few LHDs reported success in determining formulary calculating by involving the Medical Director in activities. The post-exercise survey identified numerous site and request form improvements which requires review by Michigan MCM personnel, MISNS Request SharePoint Site developer and PHEP/HPP Section Managers.

Recommendations (Planning, Training, or Equipment Element)
1. **Equipment:** Review quality improvement items from exercise participant feedback to improve processes and system functionality where possible.
2. **Planning:** Transition to single user generic login for LHDs and continue to maintain single login for hospitals.
3. **Planning:** Review request justification form to evaluate applicability for individual hospitals.

Objective 3: MCCs route requests to the CHECC.

Task 3.1	MCCs validate resource requests and route SNS requests to the CHECC.

Analysis	MCCs provide a link between hospitals and the state for requesting medical countermeasures when resources become depleted. Hospital requests for MCM made through the MISNS Request SharePoint site are reviewed by each MCC to ensure resources are depleting throughout the region prior to routing the request to the CHECC for processing. During the exercise timeframe, 136 out of 156 hospitals submitted a request. Five additional hospitals submitted requests after 3 pm, bringing the total participation rate to 141 (90%). Table 3 provides the number of hospitals by region that submitted a request.

Analysis of Capabilities

Table 3: Hospital Request Statics

Region	# of Hospitals Submitting Request	# of Hospitals Registered on System
Region 1	12	12
Region 2N	22	25
Region 2S	28	31
Region 3	22	22
Region 5	19	19
Region 6	11	20
Region 7	11	11
Region 8	16	16
Total	141	156

Of the 141 hospital requests, 123 were routed to the CHECC by the MCCs. The MCCs completed two requests, while two were left in "modified by the MCC" status. Fourteen hospital requests were left in a "new" status due to no acknowledgement modification by the MCC. Eleven of Region 6 hospital requests were inadvertently held in new status by the MCC since no action (approved for CHECC, request additional information, etc.) on the acknowledgement tab was selected prior to request submission. No system challenges were reported by participants with acknowledging and modifying request status on the site.

Recommendations (Planning, Training, or Equipment Element)
1. Follow up with Region 6 HCC to ensure acknowledgement tab actions are functioning.

Objective 4: Test MISNS SharePoint system and CHECC ability to receive and coordinate simultaneous SNS requests generated statewide.

Task 4.1 Process simultaneous SNS requests.

Analysis The surge of SNS requests were handled efficiently by CHECC personnel utilizing the MISNS Request SharePoint site. The total number of hospital and LHD requests fielded by the CHECC during the exercise timeframe was 179. All 45 LHDs submitted a request within the exercise window (Grand Traverse, Benzie-Leelanau, and Northwest health departments submitted as a Northwest PHEP collaborative).

In some hospital/LHD user cases, there were reports of system slowdown during surge. During the exercise, the state network was experiencing technical issues, which may have added to slow-down in site performance. There were a few organizations that reported being unexpectedly logged out of the system.

Recommendations (Planning, Training, or Equipment Element)
1. Test backup/alternate requesting processes during future drills.
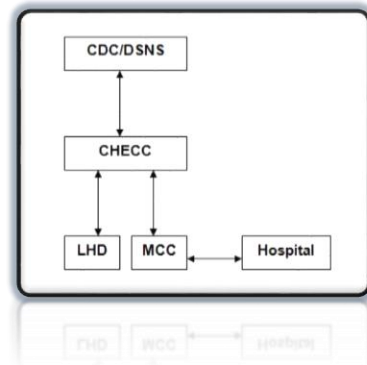
Information Sharing

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

Linked Response Capabilities
Emergency Operations Coordination
Health Care and Medical Response Coordination
Medical Material Management and Distribution

References
Michigan Strategic National Stockpile Plan:
Annex 3 Requesting the SNS

Function Summary		
Information Sharing	Strength	Area for Improvement
Function 3: Exchange information to determine a common operating picture.	✔	
HPP O2A3: The HCC should utilize existing primary and redundant communications systems and platforms—often provided by state government agencies—capable of sending Essential Elements of Information (EEI) to maintain situational awareness.	✔	

Objective 5: Test the ability of the MISNS SharePoint system to send automatic notification of SNS request information to partners.	
Task 5.1	MISNS SharePoint system sends request status information and ETAs to partners.
Analysis	System generated email notifications containing request status information and ETAs were unable to reach some Emergency Management and Homeland Security District Coordinators and state accounts due to ongoing system maintenance to email groups resulting in particular email groups not functioning during the drill. No other major issues were reported in receiving system generated communications.

Recommendations (Planning, Training, or Equipment Element)
   1.   None

Objective 6: Test redundant communications methods (phone, fax, radio, etc.), if needed.
Task 6.1   Use secondary communication system if primary fails.
Analysis   Back-up systems include email and fax, and in severe communication failures, utilization of phone or the 800 MHz radio system. Phone and email were utilized during the exercise to provide technical assistance to requesting organizations when a problem occurred in the request process. 800 MHz radio communications by MCCs and LHDs that utilized the radio to communicate with the CHECC were received with no technical issues identified, however, some LHDs experienced issues switching 800 MHz radios to the appropriate channel.
Recommendations (Planning, Training, or Equipment Element)   1. None

Improvement Plan

After-Action Report/Improvement Plan Matrix

This Improvement Plan has been developed specifically for the DEPR as a result of the BP1 SNS MISNS SharePoint Site Drill conducted on March 21, 2018.

Medical Material Management and Distribution				
Task	Recommendation / Corrective Action	Capability Element	Responsible POC	Completion Date
2.1 2.2	Review quality improvement items from exercise participant feedback to improve processes and system functionality where possible.	Equipment	DEPR, SNS Team	BP2S Q1
2.1	Transition to single user generic login for LHDs and continue to maintain single login for hospitals.	Planning	DEPR, SNS Team	BP2S Q2
2.2	Review request justification form to evaluate applicability for individual hospitals.	Planning	DEPR, SNS Team	BP2S Q2
3.1	Follow up with Region 6 HCC to ensure acknowledgement tab actions are functioning.	Training/Equipment	DEPR, SNS Team	BP2S Q1
4.1	Test backup/alternate requesting processes during future drills.	Planning	DEPR, Exercise Coordinator	BP2S Q3

Appendix A: Acronyms

Acronym	Meaning
AAR/IP	After-Action Report/Improvement Plan
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
CHECC	Community Health Emergency Coordination Center
DEPR	Division of Emergency Preparedness and Response
DHHS	Department of Health and Human Services
DSNS	Division of Strategic National Stockpile
EEI	Essential Elements of Information
EM	Emergency Management
ETA	Estimated Time of Arrival
HPP	Hospital Preparedness Program
LHD	Local Health Department
MCC	Medical Coordination Center
MCM	Medical Countermeasures
MDHHS	Michigan Department of Health and Human Services
MIHAN	Michigan Health Alert Network
MISNS	Michigan Strategic National Stockpile
PHEP	Public Health Emergency Preparedness
RSS	Receipt, Stage, and Store
SNS	Strategic National Stockpile