Region 4AB MRPC Mutual Aid Coordinating Entity (MACE) Plan Regional TTX

After-Action Report/Improvement Plan

June 10, 2024

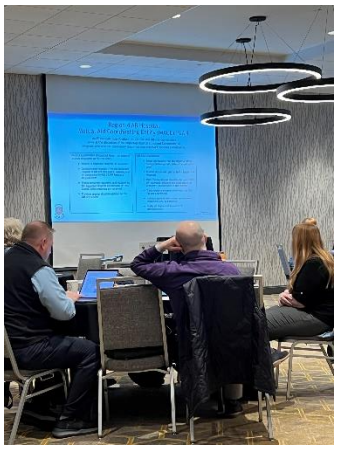
Prepared by:

Crawford & Associates, LLC

EXECUTIVE SUMMARY

The Region 4AB Metro Regional Preparedness Coalition (MRPC) contracted with Crawford & Associates, LLC to design and conduct a tabletop exercise (TTX) to evaluate the regional Mutual Aid Coordinating Entity (MACE) Plan among acute care hospitals and associated Memorandum of Understanding (MOU). The purpose of the TTX was to establish an understanding of the MACE Plan's feasibility and operationality within a real-world scenario and identify ways to improve mutual aid capabilities between hospitals and other community partners.

On May 2, 2024, the TTX was conducted for the region and included representatives from the Region 4AB MRPC, regional hospitals, the Massachusetts Department of Public Health/Office of Preparedness and Emergency Management (MDPH/OPEM) and the Massachusetts Emergency Management Agency (MEMA).



This exercise was the first time the MACE Plan and regional MOU were being tested, both of which are known to the MRPC and regional hospital emergency managers, but not the staff within the facilities and other agencies. Therefore, the exercise began with an overview of the MOU and the MACE Plan to familiarize participants with the key elements of each. Following the overview, the exercise scenario was presented in three modules, which were based on a small fire occurring in one of the region's hospitals which resulted in the hospital's need for resources, staff, and equipment to maintain operations. During the second module, the hospital was asked to prioritize the simulated resources that were provided to them and to coordinate with the MRPC to request the resources needed. The MRPC then worked with the remaining hospitals in the region and MDPH/OPEM to locate the equipment, staff, pharmaceuticals, and other supplies requested.

During the exercise, it was clear that the hospitals in Region 4AB have a very solid working relationship and they know how to reach out to the MRPC when additional resources are needed. The group was very engaged during the discussions and were realistic in what resources they could deploy to help support the Impacted Hospital.

The results of the evaluation of the TTX are presented in this report and will be used to continue to build the capabilities within the Region 4AB MRPC.

Major Strengths

Throughout the exercise there were multiple examples of how well the hospitals in the Region work together, which is due in large part to the collaborative environment fostered by the MRPC. Through the MRPC, the Region has built strong capabilities that are able to be utilized in response to various incident types.

Following the exercise, a few notable strengths were consistently identified by the participants:

- Coordination between the MRPC and the hospitals

- The number of redundant communication systems available in the Region
- The ability and willingness of the hospitals to provide the requested resources

Primary Areas for Improvement

The exercise also uncovered several areas for improvement, with the most notable being:

- Concerns related to the sharing of staff, both union and non-union
- The potential constraints of the MOU to allow system hospitals to share resources from outside of the region
- Use of an internal staff person as the On-Site Coordinator, rather than requesting an emergency manager from another hospital in the Region.

EXERCISE OVERVIEW

Exercise Name	Region 4AB MRPC Mutual Aid Coordinating Entity (MACE) Plan TTX
Exercise Dates	May 2, 2024
Scope	This exercise is a Tabletop Exercise (TTX) planned for 4 hours at the Holiday Inn – Dedham, 55 Ariadne Road, Dedham, MA
Focus Area(s)	Response
Capabilities	Health Care and Medical Response Coordination and Continuity of Health Care Service Delivery
Objectives	• Discuss the process to activate the MACE Plan and to designate MACE Incident Coordinators. • Assess the ability of the MACE Coordinators to coordinate communication and resource needs and complete required documentation following activation of the MACE Plan. • Discuss the process for securing transportation to transport resources from the Non-Impact Hospital to the Impacted Hospital. • Discuss the demobilization process following activation of the MACE Plan. • Assess the ability of the Impacted Hospital to work with the MACE On-site Coordinator to obtain needed resources from Non-Impact Hospitals in the region, the Health and Medical Coordinating Coalition (HMCC) or the State. • Assess the ability of the Non-Impact Hospitals to provide requested staff, pharmaceuticals, supplies, or equipment to the Impacted Hospital.
Threat or Hazard	Fire in one of the region's hospitals
Scenario	A small fire broke out in the area of the Emergency Department, causing moderate damage to the surrounding area and leading to the evacuation of 24 patients. The smoke and water damage to several areas of the facility results in the need for resources, staff, and equipment to maintain operations.
Sponsor	Region 4AB Metro Regional Preparedness Coalition (MRPC)
Participating Jurisdictions/ Organizations	Representatives from the MRPC, HMCC Executive Committee, HMCC Stakeholders, MDPH OPEM, MEMA, local public safety personnel and the 13 hospitals in the region
Point of Contact	Teri Clover Planning and Operations Coordinator Region 4AB HMCC 978-382-3347 tclover@challiance.org

ANALYSIS OF CAPABILITIES

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

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Discuss the process to activate the MACE Plan and to designate MACE Incident Coordinators.	Health Care and Medical Response Coordination		S		
Assess the ability of the MACE Coordinators to coordinate communication and resource needs and complete required documentation following activation of the MACE Plan.			S		
Discuss the process for securing transportation to transport resources from the Non-Impact Hospital to the Impacted Hospital.			S		
Discuss the demobilization process following activation of the MACE Plan.			S		
Assess the ability of the Impacted Hospital to work with the MACE On-site Coordinator to obtain needed resources from Non-Impact Hospitals in the region, the HMCC or the State.	Continuity of Health Care Service Delivery		S		
Assess the ability of the Non-Impact Hospitals to provide requested staff, pharmaceuticals, supplies, or equipment to the Impacted Hospital.			S		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

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

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

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

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

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

Objective 1: Discuss the process to activate the MACE Plan and to designate MACE Incident Coordinators.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Health Care and Medical Response Coordination

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Participants were able to talk through the activation process and were familiar with notifying the MRPC Duty Officer when incidents occur, so they were comfortable with that process.

Strength 2: The MRPC spoke to the communication mechanisms they would use (Send Word Now, the HHAN and/or WhatsApp) to notify the region's hospitals as part of the MACE Plan activation and to initiate a conference call between the Impacted Hospital and the Non-Impact Hospitals.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Use of WhatsApp for notifications after normal business hours

Reference: MACE Plan

Analysis: Participants voiced concern about using WhatsApp to make notification after normal business hours. They were concerned they would not hear the notification alert, which is similar to a text message sound.

Area for Improvement 2: Participants/structure of the initial conference call

Reference: MACE Plan

Analysis: During discussion about the initial conference call with all hospital coordinators, once a facility has reached out to the MRPC Duty Officer for potential MACE Plan activation, there was concern about the Impacted Hospital being on the call to brief on their current situation. It was felt that the hospital should be able to provide all necessary information to the MRPC Duty Officer when they make their initial notification to them, and the MRPC Duty Officer could then provide a briefing to the other facilities on the conference call and continue to keep them updated as the event unfolds. Participants felt the Impacted Hospital would have too much going on to take the time to be on a call to provide the same information that was already provided to the MRPC Duty Officer.

Area for Improvement 3: Designation of On-site Coordinator

Reference: MACE Plan

Analysis: During the exercise, the Impacted Hospital (South Shore) elected to assign their Emergency Preparedness Manager as the On-site Coordinator to help request the needed resources with the Off-site Coordinator. Although the On-Site Coordinator did a phenomenal job of working with her colleagues to prioritize and request the needed resources through the Off-Site Coordinator, she acknowledged at the conclusion of the exercise that it would be difficult to take on the role had it been a real emergency, while also trying to fulfil her duties as Emergency Preparedness Manager. Therefore, she recommended that Impacted Hospitals ask for the support from another facility to serve as the On-site Coordinator. Other participants also agreed with her and noted that as an emergency manager in their facility, they would be consumed with their normal duties and would not have the ability to also serve as the On-site Coordinator.

Area for Improvement 4: Designation of Off-site Coordinator

Reference: MACE Plan

Analysis: As part of the exercise design process, the MRPC spoke to their role during COVID to help support the region with their resource needs and explained that they were essentially acting in the role of the Off-site Coordinator for the region. It was also noted that the stakeholders in the region are used to reaching out to the MRPC Duty Officer when they need assistance. Therefore, the determination was made to have the MRPC serve as the Off-site Coordinator during the exercise and to update the MACE Plan to make this the permanent role of the MRPC during a MACE Plan activation. The MRPC also felt comfortable with this change following the exercise, since it aligned well with their typical role and duties within the region.

Objective 2: Assess the ability of the MACE Coordinators to coordinate communication and resource needs and complete required documentation following activation of the MACE Plan.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Health Care and Medical Response Coordination

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Given this was the first time the MACE Plan was tested, the coordinators did an excellent job of communicating resource needs and working through any questions they had. They both appeared to be comfortable in their roles as time went on and worked well together.

Strength 2: Both Coordinators used modified forms of documentation, due to the artificiality of the exercise, but were keeping logs of resources requested and filled to ensure tracking occurred in accordance with the Plan.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Ensuring requests include all pertinent information

Reference: MACE Plan

Analysis: As the resource requests were being presented to Non-Impact Hospitals, there were a number of facilities that asked additional questions or required additional details about the resource, which the Off-site Coordinator could not answer. Therefore, there was a lot of time spent going back and forth between the two Coordinators to clarify what was needed. This could have been due to the artificiality of the exercise, but is worth noting to ensure as much information, including pertinent information such as, manufacturer, temperature requirements, whether the item is a controlled substance with special transport instructions, etc. are identified during the initial request. This will also aid in fulfilling the request quicker.

Objective 3: Discuss the process for securing transportation to transport resources from the Non-Impact Hospital to the Impacted Hospital.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Health Care and Medical Response Coordination

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Although transportation was not fully explored for all requests, both the Impacted Hospital and Non-Impact Hospitals showed willingness to provide transportation for the resources being provided or requested.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Specialized transport of resources

Reference: MACE Plan

Analysis: Some resources, such as pharmaceuticals will require specialized transportation, such as controlled substances. Other larger pieces of medical equipment may also need specialized transportation. It will be important to identify this need early in the request process to ensure transportation is available when needed.

Objective 4: Discuss the demobilization process following activation of the MACE Plan.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Health Care and Medical Response Coordination

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Through the exercise, participants acknowledged an improved understanding of the Impacted Hospital primarily being responsible for the return and replacement of equipment and/or supplies that were sent to them.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Return of staff to their original hospital

Reference: MACE Plan

Analysis: Although the return and replacement of equipment seemed to be clear to participants, there was some uncertainty about how shared staff are tracked, what criteria/thresholds exist for returning staff to their original hospital and if there would be any differences regarding this between unionized vs. non-unionized staff.

Objective 5: Assess the ability of the Impacted Hospital to work with the MACE On-site Coordinator to obtain needed resources from Non-Impact Hospitals in the region, the HMCC or the State.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Continuity of Health Care Service Delivery

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: The Impacted Hospital worked well together to prioritize the resources that were needed and then make the request to the Off-site Coordinator.

Strength 2: The On-Site Coordinator was able to work with the Command team to determine which resources may need to go directly through local emergency management and up to the Massachusetts Emergency Management Agency (MEMA) to be filled. They also talked about resources that most likely could not be filled at the regional level and would need to go to the Massachusetts Department of Public Health for Statewide requests, which helped with their prioritization.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Designation of the On-Site Coordinator

Reference: MACE Plan

Analysis: Similar to an area for improvement that was identified under a previous objective above, although the On-Site Coordinator performed their duties very well during the exercise, there was agreement among participants that an external partner would be better suited to fill the On-site Coordinator role and serve as a liaison to the MRPC/Off-site Coordinator.

Objective 6: Assess the ability of the Non-Impact Hospitals to provide requested staff, pharmaceuticals, supplies, or equipment to the Impacted Hospital.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

Capability: Continuity of Health Care Service Delivery

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Using the MRPC/HMCC as the Off-site Coordinator to work with Non-Impact Hospitals proved to be beneficial and was appreciated by hospitals since it is a process they are familiar with.

Strength 2: Hospitals in the region were very willing to provide support to the impacted facility by providing the equipment, staff and pharmaceuticals requested. They were also willing to reach out to other hospitals within their system to help provide the needed resources.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Ability to coordinate with Non-Impact Hospitals off hours, specifically overnight

Reference: MACE Plan

Analysis: Similar to the concern noted with initial activation of the MACE Plan, it was again noted that communication is being made to hospital personnel (namely emergency managers) that are not at the hospital in the off hours. Therefore, if personnel are asleep at home and do not hear their alert during an off shift, a hospital in the region may not be available to assist in the coordination process.

Area for Improvement 2: System(s) used for notification and situational awareness

Reference: MACE Plan

Analysis: During the exercise, there were several communication systems that were mentioned, such as WhatsApp, HHAN, and WebEOC. However, there was no clear designation regarding which system would be used and how. Therefore, uncertainty

remained around how Non-Impact Hospitals would receive notification of requests and what system would be used to continue to provide information on requests and situational awareness updates.

Area for Improvement 3: Challenge of providing staffing resources

Reference: N/A

Analysis: Some participants identified challenges with providing the requested staffing resources, such as union contracts, credentialling of external staff, use of different electronic medical record systems and facilities being short staffed. However, a few participants noted that using Travel Nurses (or agency staff) would be a way to easily supplement staff from within and from outside hospitals. It was thought that being affiliated with such an agency would make credentialing easier. However, some thought that the incoming staff would still need credentialing for the Impacted Hospital. One participant also mentioned that some system hospitals have a pool of staff that can be readily available to assist another facility.

Additional concerns regarding staffing were voiced, including what would the parameters of employment be and where should this information be outlined. The issue of liability was also discussed and appears to need clarification, as well as how staff would be utilized when not at their own facility, who do they report sickness or injury to and how is tracking of work performed.

Area for Improvement 4: Use of system hospitals outside of the Region to fill requests

Reference: Region 4AB MOU and MACE Plan

Analysis: When participants were asked if being part of a hospital/healthcare system hindered their ability to provide the requested resources, they noted that being part of a system helped them to be able to provide assistance. However, there were questions about the use of hospitals (including non-acute or out-patient facilities within a system) outside of the Region being able to provide assistance since they are not part of the Region 4AB MOU or MACE Plan. Would this create issues when it comes to reimbursement and other protections the MOU provides and should requests that need to go outside of the facilities physically part of Region 4AB need to be escalated to MDPH to be broadcast statewide? These questions resulted in discussion about extending the MOU beyond Region 4AB to allow facilities to look within their system, but outside of Region 4AB, to provide support.

Other general observations and feedback during the TTX

Great program that should be built upon and more education surrounding it would be great!

Participation is always a challenge but as hospital representatives we need to get more people to attend and provide more opportunities for participation.

With WebEOC being identified as a tool that could be used as part of the MACE Plan activation, several participants expressed a desire for training on how to use the system.

Participants were excited to learn about the Hospital Go-Kits and EVAC123 (planned hospital patient evacuation system). They appreciate knowing this resource exists within their Units. It was noted that it would be good to finish the video by demonstrating the remaining two sections (2 and 3) to complete the process and then conduct a tabletop exercise.

Many participants mentioned the need to consider a triage approach, as a neighboring hospital may be impacted with patient volume and would be unable to support the impacted facility (and may need support themselves).

Some participants suggested that Radio Frequency Identification (RFID) should be employed to keep track of equipment that was lent to a facility so it can be easily returned. It was also suggested that patient information on computerized equipment should be deleted from internal storage.

A neighboring hospital, closest to the Impacted Hospital, voiced concerns as the next closest facility. They felt the secondary impact to their facility could lead to a cascade of failure if the Impacted Hospital were to go on a code black. Therefore, they noted it would be in their self-interest to assist the Impacted Hospital any way they can to keep them open. Several hospital representatives expressed this viewpoint. Essentially, don't let the Impacted Hospital's emergency become your emergency.

Some participants asked what Regions 4C and 5 would be doing during this incident. They asked when the time would be to break down barriers for more expedited access to Boston's resources since in this case, some regional hospitals are much farther away creating an avoidable delay if a nearer hospital, outside of the region, could provide the same material or resource needs quicker.

Lastly, there was agreement among participants that reopening the MOU would be challenging and involve a lot of lawyers. Therefore, it is in the Region's best interest to find solutions to the challenges identified, that can be incorporated into an updated version of the MACE Plan.

Appendix A: Improvement Plan

This IP is developed specifically for the Region 4AB MRPC as a result of the Region 4AB MRPC MACE Plan TTX conducted on May 2, 2024.

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Health Care and Medical Response Coordination	Use of WhatsApp for notifications after normal business hours	Identify a notification platform that will be consistently used to alert/notify essential hospital representatives/ emergency managers during all hours, and which maintains a system of record to record who has received/acknowledge the alert, such as the HHAN. Incorporate the notification system into the MACE Plan as part of the activation procedure.	Planning, Equipment	Region 4AB MRPC		
	Participants/structure of the initial conference call	Identify the critical information the MRPC Duty Officer should obtain from the Impacted Hospital when the request is made to activate the MACE Plan. This information should then be shared with the regional hospitals on the initial conference call to discuss MACE activation, while the Impacted Hospital continues to respond to their emergency. Consider creating an intake form for this initial communication to ensure all necessary information is captured.	Planning	Region 4AB MRPC		

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
	Designation of On-site Coordinator	Update the MACE Plan to outline the process to be used to identify available external Emergency Managers who can serve as the On-Site Coordinator for the Impacted Hospital. The On-site Coordinator should also be identified as the liaison between the Impacted Hospital and the MRPC to provide situational awareness to the region.	Planning, Organization	Region 4AB MRPC		
	Designation of Off-site Coordinator	Update the MACE Plan to reflect the designation of the MRPC staff to serve as the Off-site Coordinator for all MACE activations. Ensure a job action sheet (JAS) is created to capture the roles and responsibilities for this individual.	Planning, Organization	Region 4AB MRPC		
	Ensuring requests include all pertinent information	Review, update, and test the current MACE Plan Resource Request Form (ICS 213RR Form) to ensure pertinent information, such as manufacturer, temperature requirements, required accessories, controlled substance or other special instructions can be noted as part of the initial request. Consideration should be given to utilize WebEOC for the resource request process, which will enhance the system of record for requests and allow for real time visibility of requests both within the region and externally when needed.	Planning, Equipment, Exercise	Region 4AB MRPC		

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
	Specialized transport of resources	Update the MACE Plan Resource Request Form (ICS 213RR Form) to include a space for any special transportation considerations, such as licensed personnel required to transport resources, refrigerated transport, or specialize vehicle needed for transport.	Planning	Region 4AB MRPC		
	Return of staff to their original hospital	Update the MACE Plan to further define the demobilization of staff. Include elements such as tracking of staff and criteria/thresholds for returning staff to their original hospitals.	Planning	Region 4AB MRPC		
Continuity of Health Care Service Delivery	Ability to coordinate with Non-Impact Hospitals off hours, specifically overnight	Identify an alternate contact/position within the regional hospitals that can be contacted directly in the event of a MACE activation when the hospital's emergency manager cannot be reached. The alternate contact identified should be a position that is staffed 24/7 in the hospital. Conduct a drill for the primary and alternate contacts outside of normal business hours to ensure accessibility.	Planning Exercise	Region 4AB MRPC		
	System(s) used for notification and situational awareness	Update the MACE Plan to clearly identify which communication platforms will be used and how/when they will be used. There are several communication systems identified in the plan, with additional ones identified as part of the exercise, but it	Planning	Region 4AB MRPC		

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
		was unclear which ones would be used and for what purpose.				
	Challenge of providing staffing resources	Explore the possibility of using Travel Nurses to augment nursing staff needs at Impacted Hospitals as it may be easier to supplement staff using that resource. Also look at the use of staffing from system hospitals who may have a pool of staff that could readily support another facility. Regardless of where staff come from, the plan should identify the parameters of employment, liability, staff utilization, report of illness or injury and tracking of work performed. If not specifically in the plan, it should be noted where shared staff can access this information.	Planning	Region 4AB MRPC		
	Use of system hospitals outside of the Region to fill requests	Explore the ability of hospitals that are part of a system, but outside of the Region, to provide resources to the Impacted Hospital. A determination needs to be made regarding if this would violate the terms of the MOU. If it is a violation, explore other options to allow systems to provide resources in time of emergency.	Planning	Region 4AB MRPC		

APPENDIX B: EXERCISE PARTICIPANTS

Hospital/Agency Affiliation	Name
MRPC Representative	Steven Mauzy
	Teri Clover
	Kerry Clark
	Eric Olsen
MDPH/OPEM Representative	Liz Foley
MEMA	Heather Smith
BID Milton Hospital	Mo Ortega
	Daniel Nadworny
BID Needham	Cristina Allen
Boston Children's Hospital	Asha Salah
	Erin Wheatley
	Patrick Raeke
	Ashley Miller
CHA: Cambridge Hospital	Christian Lanphere
	Janine Hogan
	Laurie Bausk
CHA: Everett Hospital	Kristin Aviles
Emerson Hospital	Michael Marino
Marlborough Hospital	Dena Briggs
	Michael Williams
	Annette Casco
	Michelle Payton
	Elbin Hernandez

Hospital/Agency Affiliation	Name
MetroWest Medical Center	Mike Hagopian
	Darrell Boling
Mount Auburn Hospital	Sage Weikel
Newton-Wellesley Hospital	Jane Keefe
	Sid Allmendinger
	Michael White
South Shore Hospital	Joan Cooper-Zack
	Michelle Hunt
	Jenifer Green
	Doug MacNeil
	Maureen Shorrock
	Art Mombourquette
	Glenn Sargent
	Katie Lombardo
	Ruth Kelly
Weymouth Fire	John Lombardo
Winchester Hospital	Leigh Waring-Sciarappa

APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

Following the exercise, participants were asked to complete an electronic Participant Feedback Form to document their observations and comments from the TTX. Participants were encouraged to provide an assessment of the exercise design and conduct, as well as any additional comments they wanted to provide.

A total of 19 responses were received from the Participant Feedback Form. Respondents' assessment of the exercise design and conduct are summarized in the table below, followed by a compilation of general comments received. In addition, a dashboard was created in Smartsheet ® to provide an overview of feedback received. The dashboard can be accessed by clicking on the link below:

TTX Overall Feedback: TTX Participant Feedback Dashboard

Assessment Table

Assessment Factor (Range from 1 = Strongly Disagree to 5 = Strongly Agree)	Average
The exercise was well structured and organized.	4.7
The exercise scenario was plausible and realistic to test the region's ability to share resources when needed.	4.6
The facilitators are knowledgeable about the MACE Plan and kept the exercise scenarios on target.	4.8
Participation in the exercise was appropriate for someone in my position for facility emergency preparedness and response.	4.7
The participants included the right people in terms of level and mix of disciplines.	4.4
The exercise allowed my hospital to practice and improve capabilities specific to the MACE Plan.	4.5
After this exercise, I believe my hospital is better prepared to deal successfully with the scenarios presented, if needed.	4.3