

Partners in Pandemic Preparedness



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Florida Hospital Association & American Red Cross Influenza Pandemic Tabletop Exercise

After Action Report

Contents of the Report

The details of the exercise are found in the following sections of this report:

Executive Summary	Page 2
Section 1: Exercise Overview	Page 5
Section 2: Exercise Design Summary	Page 7
Section 3: Exercise Events Synopsis	Page 10
Section 4: Analysis of Mission Outcomes	Page 14
Section 5: Analysis of Task Performance	Page 15
Section 6: Conclusion	Page 26

After Action Report

Executive Summary

The Florida Hospital Association and American Red Cross Pandemic Influenza Tabletop Exercise was designed to bring local and regional hospital stakeholders together to discuss ways in which they will react to an Influenza Pandemic Public Health Crisis. The intent of this exercise was to create an environment where participants would work together, as a team, in a cohesive manner to tackle critical issues as they arise during the course of this “crisis.”

This report has been developed to assist local and regional stakeholders in their planning efforts to improve response, recovery and overall preparedness for an influenza pandemic by analyzing exercise results, identifying strengths upon which to build and identifying areas for improvement. It follows the guidelines set forth by the U.S. Department of Homeland Security’s (DHS) Exercise Evaluation Program (HSEEP).

The recommendations in this report are the results of participant discussion and analysis during the influenza pandemic tabletop exercise. Participants were assembled from local and regional Florida hospitals, Florida Health Department, American Red Cross, Orange County Emergency Operations Center and the private sector, and were charged with exploring key concepts and major planning needs of Florida’s healthcare delivery system as it responds to a simulated influenza pandemic.

The following objectives were developed for the Pandemic Influenza Tabletop Exercise:

- Establish a consistent pandemic threat assessment and response baseline for the Florida healthcare delivery system.
- Clarify the role of state and local government with respect to healthcare delivery support before, during and after an influenza pandemic.

- Facilitate specific functional dialogues among the various healthcare stakeholders.
- Capture pandemic planning best practices across the specific functional areas.
- Create models to advance regional coordination and preparedness.

The scenario for this exercise involved a severe outbreak of respiratory illness identified in a small village in Sri Lanka. With increased surveillance, new cases were documented in surrounding areas. Laboratory analysis of viral isolates concluded that the illness was caused by the Influenza A H5N1 virus. Over the course of several months, the virus was tracked from Sri Lanka to various other parts of Southeast Asia, New Zealand and Japan. It then quickly spread around the globe to become a true pandemic.

Though there were reported cases in all age groups, young adults were most severely impacted, as the case-fatality rate neared 24%. There were limited government stockpiles of antiviral drugs which led to great public outrage. Widespread disruption in society led to a variety of problems and issues that participants were challenged to address.

Summary of Observations and Findings

Participants were involved in discussion and response coordination through three modules:

- Peri-Pandemic
- Pre-Pandemic
- Post-Pandemic/Recovery Planning

The following were the major findings and recommendations generated by this discussion:

1. Stockpile adequate supplies of antivirals, vaccines, personal protective equipment and other infection control materials in anticipation of disaster situations (Pre-Pandemic).
2. To relieve staffing shortages, cross-train staff to take on additional roles during an emergency (Pre-Pandemic).
3. Designate certain hospital operations to off-site locations or give these staff the option of working from home (Peri-Pandemic).
4. Scale back hospital operations, providing only the most essential services in order to maximize effective utilization of limited resources (Peri-Pandemic).
5. Negotiate and institute emergency documentation standards for billing and claims to expedite payment and sustain hospital revenue during a disaster (Peri-Pandemic).
6. Tap into local resource pools (e.g., students, former employees of smaller practices) to replenish hospital staff (Post-Pandemic/Recovery Planning and Peri-Pandemic).
7. Utilize alternate sites (e.g., hotels, schools, tented outdoor areas) for triage and care of patients not ill with influenza to minimize risk of exposure (Peri-Pandemic).

This exercise achieved its primary goal – to facilitate the assembly of and communication among working groups of local and regional stakeholders related to pandemic influenza preparedness. The participants gathered during this exercise represented a variety of professional expertise and perspective. Their collaborative efforts to share challenges and response plans across various functional areas within the Florida healthcare delivery system are exemplary.

We would also like to acknowledge and thank Roche Laboratories Inc. for both financial and logistical support in organizing the workshop.

Section 1: Exercise Overview

Exercise Name: Influenza Pandemic Tabletop Exercise

Duration: One day

Exercise Date: June 28, 2007

Sponsor: Florida Hospital Association and American Red Cross

Type of Exercise: Tabletop exercise

Funding Source: Exercise was underwritten by funding from Roche Laboratories Inc.

Facilitator: Exercise facilitated by MedPrep Consulting Group, LLC
Stuart B. Weiss, MD, Partner

Program: n/a

Focus

- Response
- Recovery
- Prevention
- Other

Classification

- Unclassified (U)
- For Official Use Only (FOUO)
- By Invitation Only (IO)

Scenario

- Chemical release or threat (C)
- Biological release or threat (B)
- Radiological release or threat (R)
- Nuclear detonation or threat (N)
- Explosive detonation or threat (E)
- Cyber (Y)
- Other/Specify (O)

Location: Orange County Emergency Operations Center, Orlando, FL

Participating Organizations

- Florida Hospital Association
- Florida Health Department
- Florida Hospitals
- American Red Cross
- University of Florida, College of Public Health & Health Professions
- Invited Observers
- Orange County, Florida - Office of Emergency Management

Section 2: Exercise Design Summary

Exercise Summary

The Influenza Pandemic Tabletop Exercise was designed to assess the preparedness and response capabilities of local and regional hospital stakeholders in the event of an Influenza Pandemic. The exercise, conducted on June 28, 2007, in Orlando, Florida, was structured to explore challenging concepts, test solutions, provoke thinking and integrate responses in order to improve the ability of the healthcare system to mitigate, prepare for, respond to and recover from a major public health crisis.

The exercise was developed to address the following:

1. Explore how hospitals will identify and possibly share resources (e.g., staff, supplies, equipment) as needed during an influenza pandemic through their affiliated networks or geographical relationships.
2. Determine how decisions will be made to distribute limited clinical care assets as the pandemic reaches its peak (e.g., ventilators, isolation beds, other critical hospital supplies) and which patients or facilities will have access to these resources.
3. Explore how hospitals will augment surge capacity within their facilities to handle patient influx during an influenza pandemic.
4. Examine how government resources (city, state and Federal) can support the hospital community during an influenza pandemic.
5. Examine the local interface among city, county, state and Federal agencies (e.g., information sharing, dissemination to media resources) in the conduct of response activities during a public health crisis.
6. Examine local, state and Federal interactions with the private and public sector during an influenza pandemic.

7. Explore how the recommendations for use of antiviral agents and various infection control issues (e.g., isolation; Personal Protective Equipment (PPE); availability of PPE supplies for healthcare workers, hospital staff, and EMS staff) will impact clinical care surge capacity.
8. Explore how hospitals and EMS services will coordinate with each other during an influenza pandemic.

Participants were advised that the exercise was designed as a “facilitated discussion,” and they were encouraged to interact with other participants to address questions or to ensure coordinated and integrated responses to the issues. Exercise Facilitators and Scribes were active in collecting information and making observations during each module of the exercise.

Exercise Evaluation

The exercise was designed to assess the current capacity of the Florida healthcare delivery system in responding to an influenza pandemic. Through discussion and evaluation of response capabilities, participants were able to identify key strengths and major areas for improvement and provide recommendations for future preparedness efforts.

The exercise was conducted in a three-module format, with each module commencing following a briefing by an exercise facilitator. The modules, characterized by three unique phases of influenza pandemic – pre-pandemic, peri-pandemic, and post-pandemic – were each preceded by multi-media depictions of simulated relevant conditions in society. After the briefing, participants were led in a discussion to explore ways to resolve problems posed in each module scenario.

The structure of this tabletop exercise was unusual in that the modules were not presented chronologically, but instead the participants began the exercise in the midst of a full-scale crisis (peri-pandemic) and subsequently moved to the pre-pandemic and then the post-pandemic/recovery phases.

Participants were organized into the following five groups based on their professional affiliation or area of expertise:

- Logistics, Supply Chain, Support
- Human Resources, Psychosocial, Communications
- Financial, Ethical, Legal
- Clinical Care and Employee Health
- Operations and Leadership

Exercise facilitators provided participants with a provocative series of questions specific to each area to stimulate discussion within the working groups. The information in this report incorporates highlights and themes from these discussions, as well as overall observations by exercise facilitators and scribes.

Section 3: Exercise Event Synopsis

Scenario of Module One (Peri-Pandemic – “In the thick of things”):

June 2008

It is Day 31 of the first pandemic influenza wave. Florida is overwhelmed by the number of influenza cases. An estimated 17% of the population is ill with influenza and although Florida received doses of vaccine in April, the stockpile is nearly depleted and largely ineffective. The Florida Department of Health is making plans on how to best utilize the remaining supply of vaccine until more arrives. Hospitals are overwhelmed with both outpatients and inpatients, and facilities are short-staffed.

Hospitals have been operating at capacity for weeks as supplies, particularly those related to infection control and PPE, continue to run low. Thirty to 40% of healthcare workers are absent due to personal illness, caring for ill loved ones or simply out of fear for their safety. There is a shortage of mechanical ventilators for treatment of patients with severe respiratory syndromes or postoperative needs.

The large number of deaths has led to overcrowding of hospital morgues and local mortuaries. The high death rate nationally has severely strained the casket supply as well as local funeral homes and response agencies (law enforcement, coroners, etc.).

Food supply is limited, as deliveries to grocery stores have been delayed due to illness in truck drivers. Stock exchanges have shifted to electronic trading after an influenza outbreak occurred among traders on the floor of the New York Stock Exchange and investor confidence remains low. Intermittent Internet outages, prolonged school closings, and a series of delays or interruptions in the routine availability of goods and services continues to worsen as this pandemic wave progresses.

Nationwide, fourteen states (including Florida) have confirmed cases of H5N1 and a total of approximately 75,000 deaths. Furthermore, nine additional states have reported suspicious cases of Influenza-Like Illness (ILI) believed to be H5N1. States are considering or have already begun implementation of quarantine and isolation measures.

Module One Group Discussion:

Groups were asked to analyze and discuss problems or issues that had arisen during the pandemic wave. They were to focus on processes and procedures that were not functioning or were broken.

Module One – Report Out

At the conclusion of the facilitated discussion, participants exercised crisis communication skills by preparing three key messages to give to the public, their employees and the federal government. These key messages, along with a brief summary of what each group experienced, were presented during a simulated influenza press conference.

Each working group selected a participant to serve as its representative, or “briefer,” for this report out.

Scenario of Module Two (Pre-Pandemic – “Turning back the clock to today”):

June 2007

There have been sporadic cases of infection with a novel influenza A H5N1 virus with rare instances of spread to close contacts. The largest person-to-person spread to date has been in Indonesia in 2005.

An influenza pandemic is looming on the horizon, but most are consumed with thoughts of other things – the summer, their personal lives, the war in Iraq, etc.

Module Two Group Discussion:

Groups were asked to review the processes or procedures that had not worked during the pandemic wave and develop ideas on what changes could be made in the present to prevent those failures (to do a modified failure mode analysis).

Module Two – Report Out

Participants were asked to present their findings and ideas as a set of prioritized recommendations that would be given to the Board of Directors of their healthcare facility. These recommendations addressed gaps in pandemic planning that were identified during this module.

Scenario of Module Three (Post-Pandemic Planning/Recovery – “It’s over, now let’s get ready for the next wave”):

September 2008

The most severe part of the pandemic wave has passed, but there are still a few sporadic new cases of H5N1 virus and ILI. Approximately 30% of hospital staff has been lost due to death, change in career, exhaustion, etc. The supply chain is beginning to recover and major suppliers have begun to take orders for replenishment of supplies. Importation of materials produced overseas is slow, and the high demand for items like gloves and masks has led to supplies being backordered for a considerable amount of time. The facility has incurred huge cash flow difficulties due to prolonged cancellation of profitable clinical lines and delayed reimbursement.

The CDC is reporting an uptick in routine seasonal influenza cases caused by H3N1 and the supply of seasonal vaccine is low due to diversion of all manufacturing plants to make H5N1 vaccine.

There is a tremendous backlog of elective surgical cases and routine screening examinations that had been postponed during the pandemic wave. There is also an increase in care sought by patients with chronic illness such as diabetes, hypertension, etc., who were poorly cared for during the pandemic wave.

There is still a shortage of caskets and a backlog at the medical examiner’s office in issuing death certificates. Food supplies are recovering, but complete recovery will still take several months.

Module Three Group Discussion:

Participants were asked to discuss how they would recover themselves, help their communities recover and prepare for the next pandemic wave.

Module Three – Report Out

Participants highlighted key points from their group discussion on ways in which their facility could recover from this first wave while preparing for the next wave of pandemic influenza.

Section 4: Analysis of Exercise Outcome

This section of the report analyzes to what extent the goals of this tabletop exercise were achieved. The overall mission of this exercise was to explore key concepts and major planning needs as they relate to planning, organizing, directing, executing, controlling, coordinating, leading and evaluating Florida's healthcare delivery system as it responds to a simulated influenza pandemic. The outlined goals, which reflect this mission, are identified as follows:

- To assemble a working group of regional hospital stakeholders, public health officials and government leaders to share challenges and response plans related to pandemic influenza preparedness in their institution and community.
- To contribute to the formation of sustainable working groups that address functional area planning challenges across multiple regions and healthcare institutions.

Overall, the mission of this exercise was realized, as key stakeholders effectively interfaced to share ideas, recommendations, challenges, etc., related to pandemic influenza preparedness. However, the sustainability of these working groups could not be assessed at this point in time and will depend on local stakeholders to continue the pandemic influenza planning efforts.

Although there was wide variety in discussion and recommendations across functional areas, there were several major themes common among participants. These major themes are discussed below.

Section 5: Analysis of Task Performance

This section of the report analyzes the performance of the participants within their functional working groups in each module during the tabletop exercise. The issues and recommendations in this report are grouped according to each module of the exercise, and issues generated by the various groups were consolidated to avoid redundancy.

Following review and validation of the findings in this report, key stakeholders should take the necessary actions to appropriately incorporate the recommendations into their preparedness planning efforts.

Module One: Peri-Pandemic

Issue 1: Hospitals must maintain staffing levels during the course of the influenza pandemic, despite the present strain on the system, to ensure continued access to much needed health care services.

Discussion:

- Both physical and mental support systems are necessary to ensure sustained effective staffing. Utilization of support systems already in place (peer support, faith-based organizations, etc.) was stressed as very important during this time of crisis.
- Limiting work hours can help sustain a functional staff by reducing the risk of burnout and exhaustion of well employees.
- Human Resource Department needs ways to encourage staff members – who are not under binding contracts – to come to work, or develop ways to fill their positions with staff from other departments.
- Employees can be allowed to stay at the hospital instead of going home.
- Staff can be required to work longer shifts (16+) to compensate for the shortage.

- Identify which hospital services can be maintained by staff while working from home. Services not requiring human contact (e.g., financial, purchasing, materials, distribution, legal) could be completed off-site.
- Identify which hospital services could be shut down. This could potentially free up these individuals to allocate their time to basic medical services (e.g., taking vitals in triage situations).

Recommendations:

- Provide social services to staff who are working – mental health services, post-traumatic counseling, pastoral care via a phone network/hotline, etc.
- Tap into other resources of healthcare workers (Medical Reserve Corps, DMAT teams, etc.), or recruit medical, nursing and other students (e.g., CNAs).
- Reassign staff roles and train staff to take on additional roles temporarily. For example, administrative secretaries could be trained to be unit clerks, nurses could be trained to handle basic respiratory therapy functions, nursing aides could be trained to perform more nursing duties, etc.
- Provide space for workers to stay at the hospital to avoid long travel time in order to maximize sleep time.
- Recruit volunteers, both clinical and non-clinical from the community. One participant noted, *“People don’t get into health care for money. They are there because they want to be and because they care. We should see communities come together and should see volunteers come out to help.”*
- Designate certain hospital operations to off-site locations or give these staff the option and means of working from home.

Issue 2: Hospital resources and supplies will run low during a pandemic. How can the high demand be managed under such conditions?

Discussion:

- There will be a shortage of ventilators, PPE and other infection control equipment. Additionally, there is the possibility that no other shipments will be delivered during the pandemic. Ethical issues surrounding distribution and resource allocation will arise.
- Collaboration and cooperation with other hospitals to share resources is essential in this pandemic situation.
- Competition for supplies from multiple hospitals is a factor in securing needed resources.
- Encourage clinical staff to reduce unnecessary/precautionary testing to preserve those resources.

Recommendations:

- Establish a prioritization strategy for patients requiring ventilator support. Look for ways to increase availability of ventilators by purchasing inexpensive disposable ventilators or designing a way to bring older machines safely back into service.
- Conserve limited supplies of PPE with additional employee training that emphasizes proper use of PPE among hospital employees to conserve limited resources.
- Scale back hospital operations to only include the most necessary and essential services in order to maximize effective utilization of resources (e.g., payroll savings for non-essential operations/services). This could also help reduce hospital expenditures and conserve cash reserves.
- Establish triage guidelines that require certain conditions to be met prior to performance of certain procedures. Develop a list of services

(precautionary testing, elective surgeries, etc.) that would not be provided during a pandemic wave and develop communication vehicles to let the community know.

Issue 3: Sustaining hospital revenue during pandemic

Discussion:

- The billing and claims processing might be interrupted due to chaos nationwide. A streamlined documentation process could be developed to expedite claims production and processing. This would have to be agreed to by the insurance companies. The insurance companies themselves may also prefer a scaled-down process due to their own staffing shortages and the high volumes of claims.
- Finance department could work off-site to continue processing bills and claims. There may be difficulty settling patient accounts in light of the pandemic.

Recommendations:

- Institute real-time claims negotiation with insurance companies.
- Encourage modified documentation standards with third-party payers to expedite payment.
- Negotiate partial payments and emergency contracts with vendors.

Issue 4: Vaccine and antiviral allotment

Discussion:

- How can the hospital ethically ration limited supplies of antivirals and vaccines?
- Staff could be assigned to different priority levels based on risk, with those in direct contact with patients receiving available pharmaceutical resources first.
- Protecting hospital employees is critical. Without a healthy staff available to treat ill patients, the healthcare system will falter.

Recommendations:

- Prioritize staff according to likelihood of exposure and distribute available vaccine accordingly.
- If antiviral medications are limited, administer antiviral medications only to those who are symptomatic (for treatment only, not for prophylaxis). Plan in advance on how antiviral medications will be utilized and if they will be purchased in advance.
- Utilize vaccine/antiviral supply to incentivize employees to come to work.

Issue 5: Utilizing alternate sites for healthcare delivery

Discussion:

- There is a lack of space within hospitals and healthcare facilities to treat a sustained large surge of patients.

Recommendations:

- Hotels could be used as alternate care sites as could cruise ships which could be brought in to serve as floating hospitals.

- Alternate care sites for triaging patients (open/tented areas, primary care facilities) could be used to treat patients who are not ill with influenza in order to minimize risk of exposure. Alternative care sites could be set up to specialize in pandemic related care to offload the acute care hospitals.

Module Two: Pre-Pandemic

Issue 1: Hospitals must ensure access to adequate resources and supplies in anticipation of disasters or public health emergencies.

Discussion:

- Stockpiling pharmaceuticals and PPE is expensive, takes up space and consumes financial resources. However, without these resources, hospital staff may be unwilling to work in the time of a disaster or public health crisis.
- Alternative supply chains are important. Hospitals should have agreements with multiple vendors in order to prevent overwhelming a single supplier.
- Potential litigation could arise among clinical workers who were not protected adequately from exposure to the virus while working.

Recommendations:

- Establish normal inventory levels and have a plan to trigger an increase in the case of an emergency. Rotation of inventory should also take place.
- Petition Board of Directors and Trustees to stockpile adequate supplies of antivirals and vaccines, in addition to PPE and other infection control materials.
- Communicate with vendors. Be aware of the facility's current agreements with vendors and if there are any provisions related to performance during a disaster or public health crisis.

- Have secondary vendor contracts in place in case the primary vendor cannot meet the needs during an emergency.
- Negotiate emergency clauses in vendor contracts to minimize clinical service interruption due to delayed or suspended delivery of supplies. This should be done prior to a crisis situation.

Issue 2: Communication with employees is essential in sustaining hospital operations.

Discussion:

- Monitor rumor control to dispel unnecessary fears and concerns among employees.
- Educate staff on facility's crisis procedures, business continuity plans and infection control methods.
- Institute simulation/practice exercises to ensure staff are adequately educated and trained in the area of crisis management.

Recommendations:

- Utilize education materials (video-clips, training modules, and simulation exercises) to adequately prepare staff.
- Rehearse hospital response plan.
- Conduct surveys, focus groups, forums, etc., to assess the needs and concerns of staff members in a hypothetical disaster situation.
- Establish multiple methods of communication with staff that can withstand breakdowns in infrastructure that may occur in a pandemic (e.g., telephone hotline, website, email, text messaging). Ensure that staff members are aware of and familiar with the use of these communication systems.

Issue 3: Hospital staffing shortages will exist during a pandemic.

Discussion:

- The issue of not having enough qualified staff to cover positions that are experiencing high absentee rates would be reduced if cross-training were implemented prior to a disaster situation.
- Employees may be unable to attend work due to caring for a child or an ill family member. This contributes to increased absenteeism.
- Staff may not be aware of mental and physical support resources available to them during this time of crisis. This could contribute to absenteeism, as staff may not be able to access needed resources.

Recommendations:

- Cross-train hospital staff and adjust job descriptions to include increased responsibilities in emergency situations.
- Provide psychological and social support services and educate staff about accessing these resources. Additionally, staff could be trained on providing bereavement and other counseling services to help families of ill/deceased patients.

Issue 4: Sustaining cash flow during pandemic may be problematic.

Discussion:

- The hospital needs to have mechanisms in place to ensure that revenue will continue during times of disaster.
- Finance department must explore additional avenues to increase cash reserves.

Recommendations:

- Understand the process to apply for federal grants, loans, disaster relief, etc., prior to disaster situations.
- Institute a payment mechanism with the third-party payers whereby payments are made based on previous history even if claims are not processed (this could be based on the monthly average for the past year).

Module 3: Post-Pandemic Planning/Recovery

Issue 1: How can staff levels be increased in anticipation of the next wave of influenza pandemic?

Discussion:

- Salaries of those who are no longer employees can be used for recruitment measures.
- Tap into local resource pools (e.g., students) to strengthen staffing capabilities. Market to small businesses with staff of comparable skill/ability.
- Use non-financial means to incentivize people to return to work. For example, guaranteed access to antivirals and vaccines could be used to attract people to the industry. One participant noted, “We need to be creative about our solutions!”

Recommendations:

- Offer signing bonuses for new employees.
- Reward employees (retention pay, etc.) who worked through the first wave of pandemic to prevent them leaving due to burnout or low morale.
- Purchase enough antivirals and vaccines to ensure employee access to needed medication for the next wave of pandemic.

Issue 2: Replenishing inventory and resource supply

Discussion:

- A post-pandemic assessment of supply usage and the supply chain can help track supply trends and pitfalls to be avoided in the next wave.
- Evaluate and determine which operations can be consolidated and scaled down to preserve resources.
- Critical supplies (PPE, fuel, oxygen, etc.) should be stockpiled in anticipation of the second wave of the pandemic.

Recommendations:

- Create an off-site stockpile specifically for this second wave of pandemic. Large warehouses and other similar spaces could be used for storing stockpiles.
- Consider mutual aid agreements with other facilities.

Issue 3: Financial recovery and sustainability post-pandemic

Discussion:

- With elective procedures suspended to conserve resources, hospital revenue decreased substantially.
- Hospital may not have received payments yet for claims or invoices processed during the pandemic.

Recommendations:

- Utilize current cash reserves (liquidity) to sustain operations.
- Pre-plan how to quickly reinstate elective procedures to generate more revenue.

- Secure additional lines of credit.
- Re-negotiate contracts with payers and vendors.
- Offer settlement agreements on outstanding invoices.
- Give employees stock options (if applicable) and leave time to offset overtime compensation.

Issue 4: Communication

Discussion:

- Hospital must review the lessons learned during the first wave and include key leaders and staff in this discussion.
- A community forum could be conducted to answer questions, address community concerns, and discuss planning measures for the next wave of pandemic.

Recommendations:

- Use a hotline to communicate key messages to staff.
- Complete a post-pandemic survey to identify the most severe problems and concerns among employees, as well as include their suggestions for future planning measures.
- Hold a town hall meeting to gather community input.

Section 6: Conclusion

The overall mission of this exercise, to facilitate effective discourse between key stakeholders on issues relating to pandemic influenza preparedness, was accomplished. Participants were able to come together in working groups and openly communicate their ideas, difficulties and recommendations in a positive, collaborative atmosphere.

One of the major themes and recommendations from this exercise is the importance of having an adequate supply of essential resources in anticipation of a public health crisis. Participants consistently highlighted the significance of investing in antiviral medications and vaccines, personal protective equipment and other infection control materials, in addition to reinforcing overall hospital inventory for pandemic influenza preparedness. Additionally, strong emphasis was placed on the practice of cross-training hospital staff in order to address potential staffing shortages during a crisis. Both of these issues relate to pre-pandemic planning and point to the importance of hospitals working to develop an effective pandemic influenza preparedness plan.

There were several important lessons learned during the exercise. Principal among these is the need for collaboration and communication among local and regional stakeholders. Additionally, it was evident that although the stakeholders were experienced in emergency response planning, specifically for hurricanes, more emphasis is needed on preparedness planning among hospitals for pandemic influenza.

Local and regional stakeholders should use the findings generated by this exercise to refine preparedness plans and procedures. Furthermore, the resulting recommendations should guide stakeholders in educating and training hospital staff in their facility's pandemic influenza preparedness plan.

The primary goal of this exercise was to facilitate communication concerning pandemic influenza preparedness between groups of local and regional stakeholders. This goal was realized as participants of varying degrees of experience and functional expertise assembled together to share ideas and challenges related to preparedness planning. Their efforts and resulting recommendations are commendable.