# Northwest Healthcare Response Network (NWHRN)
# 2025 Medical Response & Surge Exercise (MRSE)

## After-Action Report

## May, 2025

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included.

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## EXERCISE OVERVIEW

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| Exercise Name | 2025 Medical Response & Surge Exercise (MRSE) |
| Exercise Dates | May, 2025 |
| Scope | This After Action Report is inclusive of a three (3) virtual Tabletop exercise (TTX) series conducted for the Western, Central, and Eastern regions of NWHRN. The data has been compiled from the evaluations of all three exercises.<br>The tabletop exercise included a relevant emergency escalating scenario. The escalating scenario was presented, and the participants were tasked with applying their emergency response plans and procedures to address the issues and challenges presented during the exercise and its scenario. |
| Focus Area(s) | Response & Surge |
| Objectives | Objective 1: Engage NWHRN health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.<br><br>Objective 2: Effectively notify NWHRN health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.<br><br>Objective 3: Demonstrate the ability of NWHRN members to assess and meet critical resource needs (personnel, supplies, equipment, EMS capacity, etc.) to manage patient surge during a community-wide emergency or disaster.<br><br>Objective 4: NWHRN members and partners will demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources.<br><br>Objective 5: Assess EMS capacity and capabilities to manage patient transport during a surge, including the ability to move patients to and from hospitals and whether they have the necessary resources, such as ambulances and coordination tools. |
| Capabilities | Capability 1: Foundation for Health Care and Medical Readiness<br>Capability 2: Health Care and Medical Response Coordination<br>Capability 3: Emergency Operations Coordination<br>Capability 4: Medical Surge<br>Capability 10: Medical Surge |
| Threat or Hazard | Mass Casualty Incident |
| Scenario | During the FIFA World Cup soccer match / watch party at Lumen / Yakima / Spokane stadium, a catastrophic structural failure occurs. A section of the roof collapses onto the stands and part of the field, causing mass casualties, structural instability, and widespread panic. |

| | |
|---|---|
| Sponsor | Northwest Healthcare Response Network |
| Participating Organizations | See Appendix B |
| Points of Contact | Kelly Hill - NWHRN<br>Deputy Director Preparedness and Response<br>Kelly.Hill@nwhrn.org<br><br>Bobby Baker – Jensen Hughes<br>Exercise Facilitator<br>Bobby.Baker@jensenhughes.com |

## EXECUTIVE SUMMARY

The Northwest Healthcare Response Network (NWHRN) conducted this series of tabletop exercises to assess its ability and that of its stakeholders to perform key functions of response and surge during a mass casualty incident (MCI) response. The Administration for Strategic Preparedness and Response's five MRSE-mandated objectives and other related objectives drove the exercises.

The exercise(s) consisted of three regionally focused, virtually facilitated tabletop exercises using similar foundational scenarios to create a significant mass casualty event within each region (Western, Central, and Eastern Washington), allowing players to navigate the catastrophic incident and its consequences. Participants representing hospitals, EMS agencies, Local Health Jurisdictions, county emergency management departments, and multiple state partners engaged in facilitator-guided discussions, real-time polling, and decision-making to address the exercise scenario and associated objectives. The exercises concluded with regionally focused After-Action Surveys, allowing participants the opportunity to capture and identify successes, challenges, and lessons learned from the exercise(s).

Key strengths identified throughout included:

- Participants and observers across the exercises represented a wide variety of stakeholders and organizations
- Ongoing proactive education and communication continue to enhance relationships between partners and increase community awareness, leading to strong information sharing
- Large volume and specialty patient placement may require enhanced coordination and considerations of plans and resources within and outside of Washington, including the use of Alternate Care Site Identification and Alternative treatment options

Some key areas of opportunity include:

- The rapid discharge of existing patients to accommodate a surge (only 35 % of hospitals possess a finalized protocol)
- Potential limited ground transport capacity to address simultaneous response and rapid discharges and transfers within most regions.

## ACRONYMS / DEFINITIONS

| Acronym | Definition |
|---|---|
| ASPR | Administration for Strategic Preparedness and Response |
| HPP | Hospital Preparedness Program |
| PHEP | Public Health Emergency Preparedness |
| SitMan | Situation Manual |
| TTX | Tabletop Exercise |
| ICS | Incident Command System |
| EOC | Emergency Operations Center |
| EOP | Emergency Operations Plan |
| SMART objectives | Specific, Measurable, Attainable, Relevant, Time-Bound Objectives |
| AAR / IP | After Action Report & Improvement Plan |
| DOH | Washington Department of Health |
| CMS | Centers for Medicare and Medicaid Services |

## EXERCISE METHODOLOGY

- The exercise(s) design followed HSEEP doctrine with integrated planning, MSEL development, conduct, evaluation, and improvement phases.
- The exercise(s) included a relevant escalating scenario and modular design to allow for a better understanding of how different organizations and agencies interact and coordinate during an emergency, leading to improved communication and collaboration. The escalating scenario was presented, and the participants were tasked with applying their emergency response plans and procedures to address the issues and challenges presented during the exercise and its scenario
- Participants were challenged with and provided SMART performance targets and objectives (e.g., “≥90 % of hospitals acknowledge alerts in ≤15 min”).
- Facilitators captured qualitative data from evaluators using EEG templates; quantitative data from players captured via PollEverywhere, and Microsoft Forms After Action Surveys to allow players and participants to provide additional feedback, input, and data during and after the exercise.

## ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises, supporting preparedness reporting and trend analysis. Below outlines the exercise objectives and aligned capabilities that were evaluated/observed during the exercise as determined by the evaluation team.

**Administration for Strategic Preparedness and Response (ASPR) Objectives**

- **Objective 1**: Engage NWHRN health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.

- **Objective 2**: Effectively notify NWHRN health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.

- **Objective 3**: Demonstrate the ability of NWHRN members to assess and meet critical resource needs (personnel, supplies, equipment, EMS capacity, etc.) to manage patient surge during a community-wide emergency or disaster.

- **Objective 4**: NWHRN members and partners will demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources.

- **Objective 5**: Assess EMS capacity and capabilities to manage patient transport during a surge, including the ability to move patients to and from hospitals and whether they have the necessary resources, such as ambulances and coordination tools.

**Additional Exercise Objectives**

| Core Capability | Associated Exercise Objectives |
|---|---|
| **HPP Core Capability 1: Foundation for Health Care and Medical Readiness** | • AlertMedia Notifications - Cell, email, app – did you get the notification? Confirm receipt, please, via resend<br>• Discuss coordination for a region-wide response, including communications and coordinating with Fire and EMS, Healthcare Coalition, regional EMS resources, and local/state health to support a surge.<br>• Assessment of reported information. |
| **HPP Core Capability 2: Health Care and Medical Response Coordination** | • Was the bed count updated on WaTrac within 15 minutes of the AlertMedia Communication?<br>• 100% of participating hospitals reported bed availability.<br>• Were there any communication breakdowns or challenges during the incident?<br>• How timely and accurate was the information shared through the selected platforms?<br>• How effectively were health care resource needs (e.g., personnel, equipment, medications) identified during the emergency?<br>• Coordination and communication between hospitals occurred to ensure the placement of surge patients.<br>• All stakeholders utilize a common operating platform to communicate and share resources during incidents. |
| **PHEP Core Capability 3: Emergency Operations Coordination** | • Participants were able to identify the roles and responsibilities of the participating organizations in response to a traumatic surge incident.<br>• Stakeholders identified resources and/or resource vendors to help the healthcare sector manage the incident. |

| Core Capability | Associated Exercise Objectives |
|---|---|
| | • Local EMS was able to provide prehospital triage, care, and patient transport.<br>• Local EMS allocated units for the rapid discharge of patients to clear surge space for hospitals.<br>• Local EMS allocated units for the rapid transfer of trauma patients to other treatment centers. |
| **HPP Core Capability 4: Medical Surge** | • How effectively did Emergency Departments activate surge protocols during the exercise?<br>• Were additional staffing plans implemented, and were they sufficient to meet patient needs?<br>• How were pediatric patients identified, triaged, and managed separately from adult patients during the surge?<br>• Were pediatric-specific surge protocols or care pathways activated successfully?<br>• Were trauma teams and specialized resources activated and coordinated appropriately?<br>• What strategies were used to prioritize critical care needs across ED, inpatient, pediatric, and trauma patients? |
| **PHEP Core Capability 10: Medical Surge** | • Participants were able to quickly expand hospital capacity to handle the influx of the injured by identifying and using alternate care facilities, deploying additional medical personnel, and ensuring adequate supplies and equipment were available. |

Exercise evaluation guides (EEG) and their associated ratings were used to systematically document and assess the performance of participants during an exercise, providing a structured framework for evaluating capabilities and identifying areas for improvement. By using a standardized rating system, the EEGs helped ensure that evaluations were objective and consistent, allowing for a more accurate understanding of strengths and weaknesses.

**Exercise Evaluation Guide Rating Description**

| | |
|---|---|
| **Performed without Challenges (P)** | The targets and critical tasks associated with the core 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 core 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 core 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). |

## SPECIFIC STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

The following section provides an overview of the performance related to the exercise and offers highlights of identified strengths and opportunities for improvement. The comments came from the individual exercises and the associated documentation of the events. They serve as a representation of the overall comments and information captured during the After-Action Review process.

## Objective 1:

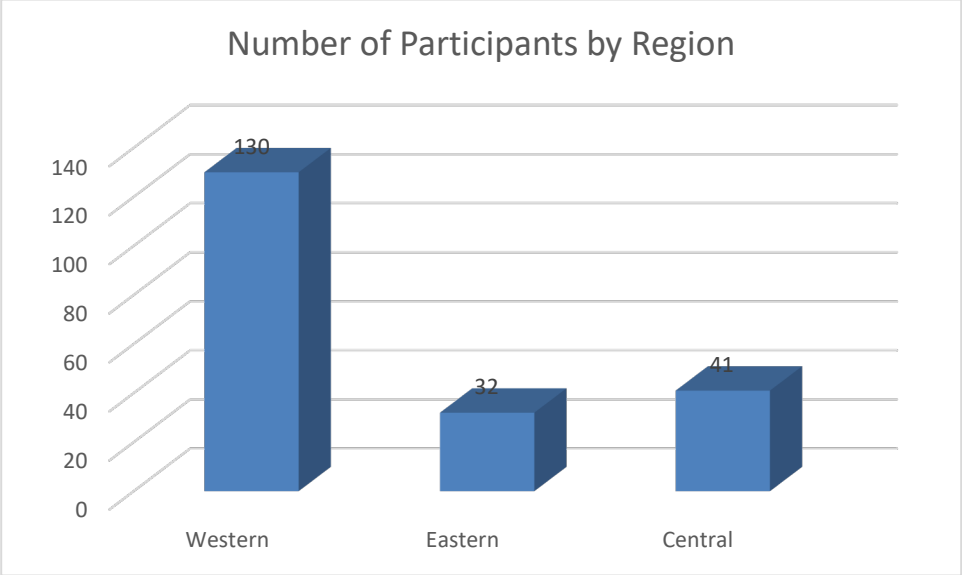
**Engage NWHRN health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.**

### 1.1. NWHRN health care partners and executives actively participate in the exercise and After-Action Review

#### Strengths

- **Strength 1:**

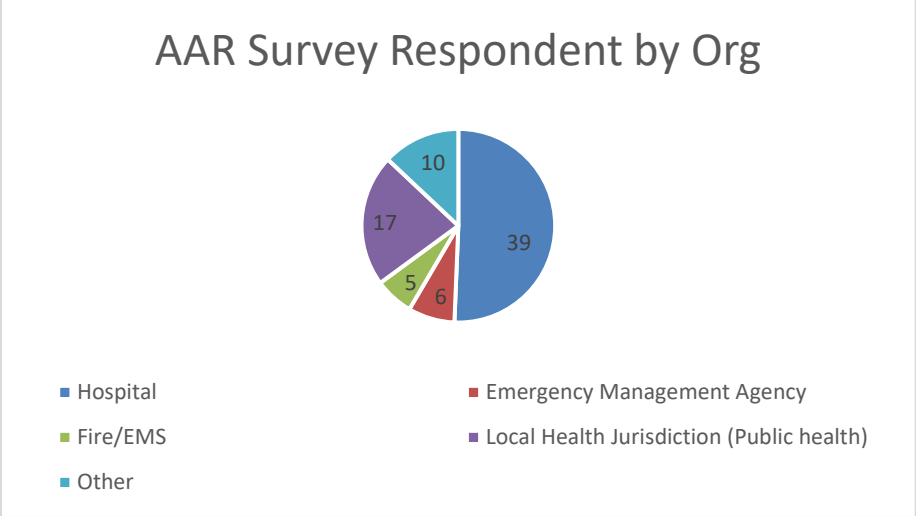
  Participants and observers across the exercises represented a wide variety of stakeholders and organizations including: acute-care critical-access, pediatric hospitals; ambulatory surgery centers, Long-term-care/SNF facilities, Fire/EMS agencies, Transport contractors and private EMS organizations, Aeromedical programs, Local Health Jurisdictions (LHJs), County Emergency Management officials, the Washington State Patrol, and the Department of Transportation.




- **Strength 2:**

  After action surveys were completed by participants from the regional exercises, representing a variety of stakeholders and participants as outlined in Strength 1.

  - Western region – 46 responses
  - Central Region - 23 responses
  - Eastern region - 9 responses




### Opportunity for Improvement

- **Opportunity for Improvement 1:** Not all stakeholder organizations reported that their executive leaders participated in the exercise or the After-Action survey.

- **Reference:** ASPR Objective 1; 2017-2022 Health Care Preparedness and Response Capabilities (Capability 1, Objective 5, Activity 2- Engage Healthcare Executives), AAR survey comments and data

- **Analysis:** A significant majority of partner organizations were represented by non-executive staff. This may reflect challenges in engaging senior leadership or competing priorities within organizations. Executive leader participation is crucial for aligning organizational strategies, securing resources, and ensuring commitment to preparedness initiatives. The low engagement rate suggests a potential missed opportunity to solidify high-level buy-in for NWHRN activities.

## Objective 2:

**Effectively notify NWHRN health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.**

### 2.1 Initial incident notification to NWHRN health care partners within 15 minutes of activation or incident recognition.

#### Strengths

- **Strength 1:**

  Notifications were acknowledged by stakeholders within 15 minutes

| Western | Central | Eastern |
|---|---|---|
| 94 % | 72 % | 81 % |

- **Strength 2:**

  Bed status was updated and posted by hospitals

| Western | Central | Eastern |
|---|---|---|
| 96 % | 55 % | 65 % |

#### Opportunity for Improvement

- **Area for Improvement 1:** Not all participants in the exercises reported receiving the AlertMedia notifications from NWHRN.

- **Reference:** ASPR Objective 2; 2017-2022 Health Care Preparedness and Response Capabilities (Capability 2, Objective 2, Activity 3 - Utilize Communications Systems and Platforms), EEGs, AAR survey comments

- **Analysis:** Multiple participants reported that the data in the system was outdated, identified the wrong point of contact, or was missing altogether. These issues created a gap in the notification and ongoing information sharing from NWHRN with key stakeholders.

### 2.2 Maintain consistent, accurate information sharing updates to all NWHRN partners throughout the duration of the emergency.

#### Strengths

- **Strength 1:** Effective Pre-Incident Communication, Collaboration, and Education

Quick and accurate communication between response partners and with the affected community during a large-scale surge incident is critical for improving outcomes. Proactive education and communication efforts during the preparedness phase enhance relationships between partners, increase community awareness of personal preparedness, and help identify vulnerable populations most likely to be affected by disasters. During the exercise, participants emphasized the importance of pre-incident communication.

### Opportunity for Improvement

- **Opportunity for Improvement 1:** Leveraging the Use of Various Information Sources and Systems

- **Reference:** EEGs, AAR survey comments, 2017-2022 Health Care Preparedness and Response Capabilities (Capability 3, Objective 2: Utilize Information Sharing Procedures and Platforms)

- **Analysis:** Participants identified a variety of information-sharing sources and systems originating from different organizations and regions. While the availability of these and other tools provides opportunities for robust data exchange, inconsistencies in their use and the lack of a standardized approach present significant challenges. Uncoordinated information-sharing practices risk creating gaps or redundancies in critical data, which could delay response times, exacerbate vulnerabilities in impacted populations, and strain inter-agency collaboration during high-pressure incidents.

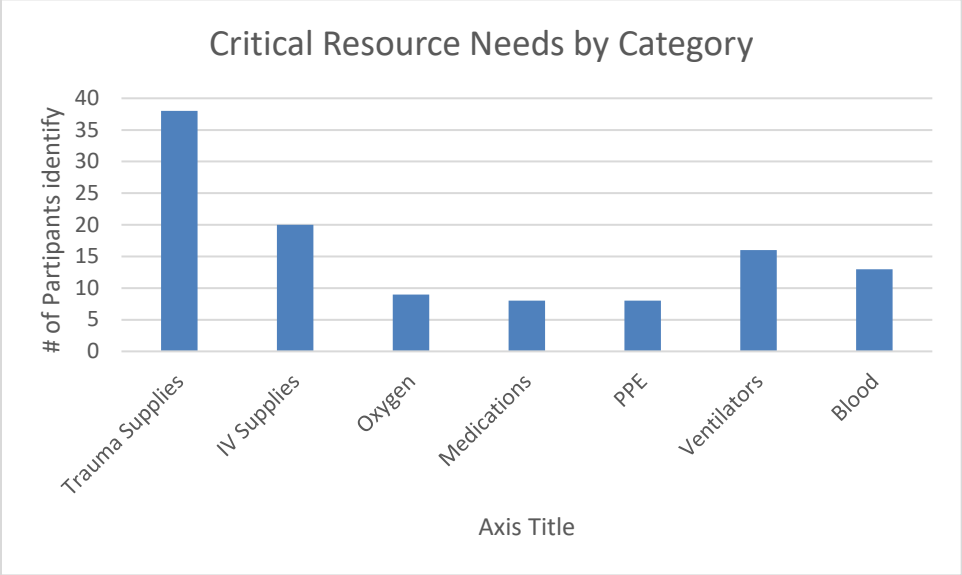
**Objective 3:**
**Demonstrate the ability of NWHRN members to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster.**

### 3.1 Conduct an initial assessment of critical resource needs (personnel, supplies, equipment) to manage patient surge during a community-wide emergency or disaster.

#### Strengths

- **Strength 1:**

  The regions were able to quickly assess the need for additional critical resources that would be required at above-normal levels for both healthcare and EMS organizations to manage the presented patient surge. This was reflected well via the Zoom polls deployed during the exercises, where broad categorization was obtained quickly.




- **Strength 2:**

### Opportunity for Improvement

- **Area for Improvement 1:** Resource Identification and Fulfillment of Gaps **-** Staffing

- **Reference:** 2017-2022 Health Care Preparedness and Response Capabilities (Capability 2, Objective 3, Activity 1 Identify and Coordinate Resource Needs during Emergencies)

- **Analysis:** During the exercise(s), participants successfully assessed and met a majority of the pre-identified critical resource needs required to manage patient surge during the simulated community-wide emergency. However, staffing and sharing of staff, as a critical resource, remained a significant challenge for most participants. This indicates a significant gap in the capacity to fully address patient surge demands. Staff management strategies were discussed, but the overall ability to surge responders and healthcare professionals was noted as a resource constraint for this type of incident. The shortfall in meeting staffing resources needs highlights potential weaknesses in resource identification, prioritization, and acquisition processes for NWHRN and its stakeholder organizations. These gaps could result in delayed or insufficient care during a real-world emergency, putting patient outcomes at risk.

- **Area for Improvement 2:** Resource Identification and Fulfillment of Gaps **-** Beds

- **Reference:** 2017-2022 Health Care Preparedness and Response Capabilities (Capability 2, Objective 3, Activity 1 Identify and Coordinate Resource Needs during Emergencies)

- **Analysis:** Hospital capacity did not meet the needed capacity to successfully absorb the total number of patients in the exercise(s). Resources in some of the regions are limited, and geographically alternate facilities are subject to weather and transportation challenges year-round.

  It seemed that the distribution and allocation of patients was more basic, based simply on R/Y/G rather than aligning patient needs with available resources. It wasn't obvious to the evaluators where the patients would be sent, or how, once the hospital reported availability was maxed out. In other words, where would those go once all of the available beds were used and there were still more patients? Would that change the allocation plan (e.g., if there are more R patients than available R beds, should R patients be sent to Y beds?).

  It seemed that surge plans were likely inadequate for the complexities and volume presented in this scenario, though the scenario was designed to be reasonably overwhelming. There are opportunities to explore Altered and Crisis Standards of Care, Alternate Care site identification and use of Tele-health partnering, and other techniques to help address patient surge in incidents similar to the exercise. Improving processes for immediate and long-term placement of patients is paramount for future success.

**Objective 4:**
NWHRN members and partners will demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources.

### 4.1 Ensure that high-acuity patients are prioritized for placement in appropriate higher-level care facilities

#### Strengths

- **Strength 1: Pediatric destination allocation**

  The DMCCs all agreed that they would try to direct pediatric patients to the local pediatric hospital(s) in a small event. However, they also recognized and agreed that in a large event such as presented in the exercise(s), the pediatric cases would likely need to be distributed across hospitals of all types, much like adult cases.

- **Strength 2: Out-of-State / Regional Resources**

  Hospitals and DMCCs discussed that if trauma teams and other needed specialized resources are not available within the region or state, then the opportunity to reach across regional and state borders does exist (e.g., Idaho and Oregon organizations).

#### Opportunity for Improvement

- **Area for Improvement 1:** Healthcare Coordination and Patient Distribution

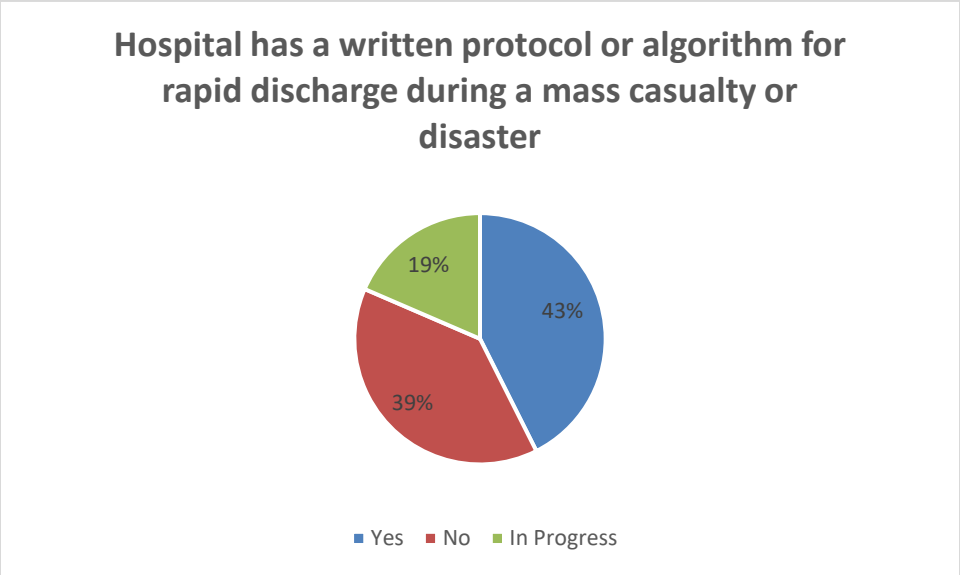
- **Reference:** 2017-2022 Health Care Preparedness and Response Capabilities (Capability 2, Objective 3, Activity 1 Identify and Coordinate Resource Needs During Emergencies)

- **Analysis:** DMCC operations and use, as well as overall healthcare communication and coordination in some regions, are still in development, while others were seemingly well honed. There were noted differences in how each DMCC would address the needs of the incident beyond the initial request for bed updates, as these were specific to the Emergency Departments' availability to accept Red/Yellow/Green triaged patients. The DMCC model acts as a central hub for coordinating regional healthcare response efforts during a surge event, ensuring efficient communication, resource allocation, and overall system resilience. Further coordination and standardization of the DMCC roles, responsibilities, and resources should be explored to provide a common operational foundation for NWHRN and the state.

- **Area for Improvement 2:** Rapid Prioritizing of Patients for Discharge

- **Reference:** 2017-2022 Health Care Preparedness and Response Capabilities (Capability 4, Objective 2, Activity 1 Implement Emergency Department and Inpatient Medical Surge Response)

- **Analysis:** In all exercises, the DMCCs and hospitals readily recognized they did not have the needed capacity to successfully absorb the total number of patients presented in the exercise. As part of this recognition, there was robust discussion surrounding the rapid discharge of patients to make room for incoming patients. A key area identified that may have impact on the ability of some hospitals to accomplish this task was the lack of a formal protocol or algorithm to guide clinicians on this process(<50% of respondents).



### 4.2 Engage regional partners (e.g., EMS, long-term care facilities) in coordinated patient placement activities during the exercise.

**Strengths**

- **Strength 1:** Alternate Care Site Identification and Alternatives

  In two of the exercises, participants identified Alternate Care sites for the potential treatment of the incident victims. These included select ambulatory surgery centers and a primary care/outpatient care complex. Additionally, hospitals discussed using telemedicine to access pediatric trauma subject matter expertise during the incident.

- **Strength 2:** Altered and Crisis Standards of Care

  In all of the exercises, the topic of Altered and Crisis Standards of Care was broached and received significant discussion. Dr. Sakata, NWHRN's Medical Advisor, took time during each exercise to highlight opportunities and potential challenges surrounding this topic. She additionally pointed participants toward resources available on the NWHRN website that could be useful for the participants and organizations to further explore, discuss, and refine their plans and policies surrounding this topic.

**Opportunity for Improvement**

- **Area for Improvement 1:** Rapid Prioritizing of Patients for Discharge

- **Reference:** 2017-2022 Health Care Preparedness and Response Capabilities (Capability 4, Objective 2, Activity 1 Implement Emergency Department and Inpatient Medical Surge Response)

- **Analysis:** Other health care organization partners (e.g., home care, skilled nursing facilities, long-term care facilities, clinics, and community and tribal health centers) may be able to meet the needs of patients who are discharged early as part of the surge response. NWHRN and the regions should consider further engaging organizations like those outlined and similar, with the end goal of returning to normal operations as quickly as possible by either acquiring additional resources or sharing the patient load.

**Objective 5:**
Assess EMS capacity and capabilities to manage patient transport during a surge, including the ability to move patients to and from hospitals and whether they have the necessary resources, such as ambulances and coordination tools.

5.1 **Ensure EMS has sufficient ambulances and transport units available to meet projected patient transport needs during the surge.**

**Strengths**

- **Strength 1:**

  The fire, EMS, and hospitals within each region appeared to have a working knowledge of the disaster site(s) and the capabilities of the other organizations within each identified region

- **Strength 2:**

**Opportunity for Improvement**

- **Area for Improvement 1:** EMS Resource Availability and Scalability - Response

- **Reference:** PHEP (Public Health Emergency Preparedness) Core Capability 3, Emergency Operations Coordination, EEGs, AAR Survey data

- **Analysis:** While EMS demonstrated strong coordination and prioritization during the exercise, there were instances where resource limitations, such as ambulance availability and personnel shortages, affected the overall ability to manage patient transport during the surge. It was obvious that EMS, like hospitals, would be grossly overwhelmed in this scenario (e.g., limited ALS, limited units, need to support other community emergencies, long transport distances to other hospitals). Participants agreed that transportation would be a challenge to this type of incident, as well as resources available for transport on this scale (especially given weather conditions).

  It was noted that it may be necessary to address patient transport logistics and consider the location and capabilities of hospital destinations for selected patients (i.e., Pediatrics, specific trauma types) over historical transport decision models.

- **Area for Improvement 2:** EMS Resource Availability and Scalability - Discharges

- **Reference:** PHEP (Public Health Emergency Preparedness) Core Capability 3, Emergency Operations Coordination, EEGs, AAR Survey data

- **Analysis:** There was discussion surrounding the desire to rapidly discharge or transfer patients to make room within the hospitals for the incoming surge of patients. It was noted by EMS that this would not be their priority and that some local availability of EMS units would be prioritized to serve the existing community needs (i.e. 911 calls). Additionally, there is a concern for the extended travel time for ground ambulances to transport patients to other medical facilities due to, in some instances, the remote locations and geography.

  It was noted that the EMS support for rapid discharge of patients to create hospital space may require the use of ambulance strike teams. Their arrival can be delayed, but their dispatch should be made as soon as the MCI is recognized. Participants did consider out-of-state resources in Oregon and Idaho via EMAC agreements. These circumstances could potentially create a bottleneck within the hospitals, ultimately limiting their abilities to surge to accommodate incoming patients.

## APPENDIX A: EXERCISE PARTICIPANTS

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Erika | Abdnor | MultiCare Deaconess Hospital | Director INW Hospital Operations |
| Robin | Albrandt | Spokane Regional Health District | Emergency Response Coordinator |
| Morgan | Anderson | The Aesthetic Surgery Centre | Compliance Officer |
| Nathan | Anderson | Kitsap Public Health District | PHEPR Planning Exercise |
| Kelly | Bacon | Kittitas County Public Health Department | Director of Pharmacy Services |
| Bobby | Baker | Jensen Hughes | Exercise Facilitator |
| Isaac | Ballou | Olympic Medical Center | Manager, Case Management |
| Jeff | Bambrick | Tacoma Fire Dept | Medical Services Officer |
| Nasser | Basmeh | Kittitas Valley Healthcare | Regional Emergency Response Coordinator |
| James | Baumann | VA Puget Sound | Emergency Manager |
| John | Becker | Island County DEM | Training and Exercise Coordinator |
| Tony | Bench | Benton County Emergency Management | Emergency Preparedness Committee Chair-person |
| Heidi | Berry | Ocean Beach Health | Disaster Preparedness Coord |
| Megan | Bielefeld | Bellingham Ambulatory Surgery Center (BASC) | Nurse Manager |
| Travis | Bilyeu | King County Emergency Management | Recovery Coordinator |
| Joy | Bjornberg | Klickitat Valley Health | Manager |
| James | Blackwell | MultiCare Health System | Nurse Manager |
| Carolyn | Blayney | Harborview | Program Manager Burns/Peds |
| EmmaLee | Bodnar | Providence - Colby campus | ED RN |
| Aaron | Bollar | Spokane County Fire District 3 | Deputy Chief |
| Phillip | Braem | Prosser Memorial Health | Chief Information Officer |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Kaila | Brownlee-Smith | Chelan-Douglas Health District | Local Emergency Response Coordinator |
| Joshua | Brownlowe | East Adams Rural Healthcare | |
| Justin | Brundage | Providence Swedish | Principal Safety Officer |
| Matt | Burrow | Bellevue Fire Department | EMS Battalion Chief |
| Chelsy | Byrne | Astria Health | Lead Disease Investigator |
| Angela | Cadwell | Walla Walla County Department of Community Health | Emergency Prep Coordinator |
| Amber | Cameron | TriState Health | Quality Data Analyst |
| Debbie | Cameron | Shriners Children's Spokane | Director of Patient Care Services Nurse Executive |
| Kristine | Camper | WA DOH | Director |
| Deb | Carpenter | TriState Health | CIO |
| Katelyn | Carter | Grant County Health District | Emergency Preparedness Coordinator |
| Robin | Casteel | Cascadia Surgical | Senior Director |
| Jeffery | Choke | Nisqually Tribe | Interim Director |
| Anna | Chorey | Proliance Eastside Surgery Center | Clinical Director |
| Hope | Clark | Thurston County Public Health and Social Services | Emergency Preparedness and Response Coordinator |
| Alice | Cloutier | Overlake | ED Manager |
| Matthew | Colpitts | UW Bothell | Observer |
| Elizabeth | Cox | Snohomish Health Department | Partnership & Evaluation Specialist |
| Jean-Michael | Dapena Torres | Confluence Health | Director of Plant Services - EP/EOC Chair |
| Annette | Davis | Garfield County Hospital District | Region 9 DMCC |
| Connie | Davis | Skagit Regional Health | CMO |
| Deanna | Davis | Benton County Emergency Management | Director |
| Matt | Davis | Samaritan Healthcare | Senior Director Emergency Preparedness |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Sean | Davis | Franklin County Emergency Management | Quality/Risk Supervisor & Emergency Preparedness Coordinator |
| Arlynn | Dela Cruz | Overlake hospital | Supervisor-Patient access services |
| Michael | Delzell | Providence Swedish – South Puget Sound Region | Principal Safety Officer |
| Leonard | Deonarine | Jensen Hughes | Senior Director |
| Bryan | Dirkes | Prosser Memorial Health | Chief Human Resources Officer |
| Jim | Dobbs | Overlake Medical Center & Clinics | Director Facilities & EM |
| Kurtis | Dominguez | American Medical Response | Chief EMS Officer |
| Rachel | Donahue | Puget Sound Surgery Center | ASC Director |
| Tyler | Donn | Coulee Medical Center | Patient Safety and Advocacy |
| Christi | Doornink-Osborn | Prosser Memorial Health | Emergency Department and EMS Director |
| Tiana | Dorsey | Proliance Eastside Surgery Center | ASC Director |
| Sandi | Duffey | Adams Co Emergency Management | Director of Emergency Management |
| Melissa | Dunlap | Coulee Medical Center | Traum Program Manager |
| Todd | Eaton | North Valley Hospital | |
| Suni | Elgar | Fred Hutch Cancer Center | ACNO |
| Marla | Ellingsen Totah | Swedish Medical Center- First Hill | safety officer |
| Troy | Ellis | Kaiser Permanente | Regional Manager - Emergency Management and Business Continuity |
| Jamie | Emert | Public Health - Seattle & King County | Emergency Preparedness Planning & Partnerships Manager |
| Brianna | Enriquez + TEAM | Seattle Children's | Medical Director Emergency Management |
| Kevin | Files | VMFH Rehabilitation Hospital | Materials Manager |
| Janna | Finley | Confluence Health | |
| Vickie | Fontaine | Everett Emergency Management | Planning and Operations Coordinator |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Daniel | Foresman | Tacoma-Pierce County Health Department | MCM Coordinator |
| Scott | Foster | Snoqualmie Valley Health | EOC Specialist |
| Merry | Fuller | Prosser Memorial Health | Chief CNO , Chief COO, Administration |
| Lara | Gaasland-Tatro | Jefferson County Public Health | MRC Co-coordinator, Environmental Health Specialist, Community Health Educator |
| Tyler | Gage | Port Angeles Fire Department | Division Chief of EMS |
| Tessie | Ganaban | Overlake Hospital (Bellevue) | Patient Access Coordinator |
| Matt | Gau | Tri-Med Ambulance | Managing Member |
| Cheryl | Gaze | NWHRN | HR Manager |
| Tim | Gerlitz | DSHS/Behavioral Health and Habilitation Administration/Lakeland RHC | EM Tng Mgr |
| Zane | Gibbons | Ferry County Hospital | Exercise Facilitator |
| Jim | Gillard | Poulsbo Fire Department | Fire Chief |
| Roger | Glick | JH | Market Director |
| Beth | Goetz | Coulee Medical Center | |
| Anita | Gould | Harborview Medical Center / UW Medicine | |
| Vanessa | Grimm | East Adams Rural Healthcare | EMS Manager/EM Coordinator |
| Vicki | Guse | Adams County Health Department | Director |
| Leigh-Ann | Gutmann | EHM | Admin Nursing Supervisor |
| Amanda | Hakin | NWHRN | District Coordinator |
| Josh | Hamllik | Klickitat Valley Health | Facilities |
| Beki | Hammons | Kadlec Regional Medical Center | Trauma and Emergency Preparedness Program Manager |
| Kris | Hansen | WA DOH | Healthcare Preparedness Administrator |
| Mohamad | Haque | Overlake | Acute Care Surgeon |
| Katie | Hartung | MultiCare Mary Bridge Children's Hospital | RN / PICU ANM |
| Jonathan | Hernandez | American Medical Response | Communications Supervisor |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Shannon | Hitchcock | Prosser Memorial Health | Chief Communications Officer, Community Relation, Chief Clinic Operation Officer |
| Kirstin | Hofmann | City of Puyallup | Emergency Manager |
| Chris | Hollenbeck | PeaceHealth Northwest Network | Safety and Emergency Management Manger |
| Amy | Jackson | Oly Ortho | |
| Katya | Jacobs | Proliance Puget Sound Orthopedics Surgery Center | executive director |
| Jasmine | Johnson | UW Medicine | Emergency Manager |
| Nicole | Johnson | KCOEM | Ops Senior Manager |
| Shannon | Johnson | Harbor Regional Health | CNO |
| Roger | Joice | Avamere Olympic Rehabilitation of Sequim | Administrator |
| Roger | Joice | Avamere Olympic Rehabilitation of Sequim | Administrator |
| Emmy | Kambai | Overlake Medical Center | Patient Access Manager |
| Bobby | Kelly | WA EMD | Superintendent/CEO |
| Kyle | Kelly | Garfield County Hospital District | Safety Officer |
| Scott | Kennedy | Olympic Medical Center | CMO |
| Rosalinda | Kibby | Columbia Basin Hospital | CEO |
| Edward | Koerner | Martha & Mary Health Services | Administrator |
| Jon | Kovarik | Summit Pacific Medical Center | Emergency Management Consultant |
| Tony | Kuzma | AMR | Director of Operations |
| Christopher | LaDue | Providence Swedish | Principal Emergency Management Officer |
| Tom | Lamanna | Good Sam DMCC | DMCC Lead |
| Meg | Lelonek | Whatcom Co Health | Health Officer |
| Molly | Lewis | Skagit Regional Health- SVH Campus | Clinical Manager, Emergency Department |
| Chad | Lisenby | Providence Regional Medical Center Everett | Manager Security & Emergency Preparedness |
| Sarah | Little | Surgery Center of Silverdale | PACU RN |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Rafael | Llamozas | Lakeland Village Residential Habilitation Center | Facilities Manager |
| SHARON | LUKAS | BELLINGHAM AMBULATORY SURGERY CENTER | ADMINISTRATOR |
| Dwayne | Lunde | Harbor Regional Health Community Hospital | Director Plant Services |
| Carli | Luppold | Benton County Emergency Management | Emergency Planner |
| Rebecca | MacMullan | Spokane Regional Health District | Public Health Emergency Preparedness and Response Specialist |
| Sharon | Mandarino | Eastern State Hospital | |
| Craig | Marks | Prosser Memorial Health | CEO |
| Andrew | Martin | Western State Hospital | Emergency Management Program Specialist 2 |
| ocean | mason | Jefferson County Public Health | Local Emergency Response Coordinator |
| Brendan | McCluskey | King County Emergency Management | Director |
| Meagan | McCoy | NWHRN | Coalition Workforce Readiness Coordinator |
| Jae | McGinley | Olympic Medical Center | Trauma Program Manager |
| Kristi | Mellema | Prosser Memorial Health | Chief Compliance and Quality Administration |
| Toni | Meyer | Mason Health | Program Manager |
| Susane | Miklas | Prosser Memorial Health | Laboratory Director |
| Tony | Miller | Yakima Valley Office of Emergency Management | Director |
| Steve | Mitchell | WA Medical Coordination Center | Medical Director |
| Connor | Montgomery | Pacific County Health & Human Services | Program Manager |
| Melia | Moore | Port Gamble S'Klallam Tribe | Continuous Improvement Specialist |
| Brook | Moser | Skagit Regional Health | Trauma Program Manager, regional |
| Catalina | Musso | Jefferson Healthcare- Port Townsend | Director- Nursing Support Services |
| Natasha | Nease | Swedish Cherry Hill | Safety Officer |
| Holly | Nelson | EvergreenHealth | Interim Executive Director of Emergency Services and Urgent Cares |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Stephanie | Neys | TriState Health | Emergency Preparedness Program Manager |
| Brian | Nielson | Kitsap County DEM | PT&E Officer |
| Corey | Nygaard | MultiCare | Director - Emergency Management |
| EVA | OLEA | THREE RIVERS HOSPITAL | |
| Patrick | ONeil | Mason Health | Director Facilities Engineering |
| Jarod | Otto | UW Medicine | Director, informatics & strategic operations |
| Lindsay | Payton | Providence Eastern Washington Hospitals | Emergency Manager |
| Jamie | Peters | Whitman Co. Public Health | Local Emergency Response Coordinator |
| Myshelle | Petersen | Olympic Medical Center | Supervisor Support Services |
| Timothy | Pollock | DSHs/BHHA | Safety Officer/Emergency Management |
| Drew | Pratt | Spokane Regional Health District | Epidemiologist |
| Scott | Preston | MultiCare | Nurse Mgr, Trauma Nurse Coord. |
| Jessica | Price | Tacoma Pierce County Health Department | Health Promotion Coordinator I |
| Patrick | Purcell | Walla Walla County Emergency management | Walla Walla Emergency Management Coordinator |
| Eric | Quitslund | Suquamish Emergency Management | Operations Officer |
| Sahar | Rafiei | Evergreen Hospital | Nursing supervisor |
| Daniel | Ravenel | Quinault Indian Nation | Emergency Management Manager |
| Catherine | Rawsthorne | Whatcom County Health and Community Services | PHEPR Specialist |
| Linda | Reeves | Klickitat Valley Health | Facilities/Security Admin |
| Sara | Riley | Arbor Health | EOC Supervisor/ Emergency Management Coordinator |
| Brian | Ritter | Ocean Shores Fire | Chief |
| Jacob | Ritter | Mason County Public Health & Human Services | Epidemiologist / Local Emergency Response Coordinator |
| Joseph | Rodrigues | Olympic Ambulance, Advanced Life Systems, Medix Amb, Cascade Amb | Executive Director, WA Market Sponsor |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Jeremy | Rodriguez | Yakima DMCC/Yakima Dept of EMS | DMCC/ EMS Training and Ops Manager |
| Deb | Rossie | Overlake Medical Center | ED Nursing Nursing Supervisor |
| Vicki | Sakata | NWHRN | NWHRN |
| Luz | Salinas | MultiCare | Emergency Preparedness Program Manager |
| Elyse | Schmidt | Oly Ortho | ASC |
| Brian | Schuman | Skagit Regional Health | Regional Director, Security & Emergency Management |
| David | Shannon | DSHS | Healthcare Preparedness Administrator |
| Matt | Simons | DSHS | Public Health and Healthcare Readiness Coordinator |
| Chris | Skidmore | Whitman County Public Health | Public Health Director |
| Kirstyn | Sluyter | WSH | AA2 for Emergency Preparedness |
| Paul | Smith | Klickitat Valley Health | Manager |
| Jeffrey | Solvang | Providence-Swedish | Sr Manager of Safety |
| Katherine | Spiekermann | Washington Emergency Management Division | State All-Hazards Planner |
| Felicia | stark | Fred Hutch | EH&S Fire and life safety and emergency preparedness |
| Cody | Staub | Kittitas Valley Healthcare | Director of Emergency Services |
| Conner | Stewart | Avamere | Maintenance Director |
| Louis | Stout | Providence South Puget Sound | Director |
| Cheryl | Stromberg | Harborview Medical Center | |
| Rebecca | Suarez | Samaritan Healthcare | Director of Emergency Department |
| Cameron | Taylor | MultiCare Auburn, Covington and Navos hospitals | Emergency Preparedness Program Manager |
| Sasha | Thomasson | Prosser Memorial Health | RN/Care Transition Department Director |
| Kelly | Thompson | Forks Community Hospital | CNO |
| Rusty | Thurman | Fred Hutch Cancer Center | EH&S Manager \| Environment of Care \| RPP \| Emergency Preparedness |
| David | Timmermans | Astria Health | Safety Officer |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| David | Timmermans | Astria Toppenish Hospital | Safety Officer |
| John | Toler | PRMCE | Admin Supervisor |
| Chase | Tucker | YCDEMS | Program Representative County Supervisory for ems DMCC |
| Gary | Tucker Atherley | American Medical Response Tri-Cities | Operations Manager |
| Chris | Tumblin | WhidbeyHealth Medical Center | EMS Director |
| Evan | Van Otten | King County Medic One | Division Chief |
| Sanjay | Varma | King County / Dept of Exec Services | Emergency preparedness coordinator (Dept of Exec Services) |
| Loretta | Vasicek | Overlake Hospital Medical Center | Shift Administrator |
| Samantha | Wachowski | Avalon Care Center - Federal Way | Administrator |
| Timothy | Waldner | WhidbeyHealth | |
| Dan | Walsh | Jensen Hughes | Senior Director/Evaluator |
| Jet | Washington | Island Health | Emergency Preparedness Chair |
| Aurora | Weddle | Prosser Memorial Health | Director of Diagnostic Imaging |
| Kara | Welchel | NWHRN | WATrac Admin |
| Kara | Welchel | NWHRN | |
| Karrie | West | Klickitat Valley Health | Quality Risk |
| Del | Whitmore | Grandview City Fire Dept. | Deputy Chief. |
| Andy | Wilson | Yakima Health district | Local emergency Response coordinator |
| Ben | Wilson | Kaiser Permanente | Director, Organizational Resilience |
| Rusti | Wilson | Prosser Memorial Health | Director of Cardiopulmonary & Rehabilitation Services |
| Rusti | Wilson | Prosser Memorial Health | Cardiopulmonary Director |
| Megan | Wirsching | EvergreenHealth Monroe | Chief Nursing Officer |
| Erin | Wooley | Klickitat Valley Health | CCO |
| Michele | Wurl | Kittitas Valley Healthcare | Emergency Preparedness Coordinator |

| First Name | Last Name | Organization | Title / Role |
|---|---|---|---|
| Scott | Wygant | Kindred Hospital First Hill | Security Manager |
| Loren | Ziegler | Prosser Memorial Health | Director of Support Services |