

Mid-South Emergency Planning Coalition

Med-Surge Full Scale Exercise

After-Action Report/Improvement Plan

September 28, 2022

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Administration for Strategic Preparedness and Response's (ASPR) National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EVENT OVERVIEW

Event Name	Mid-South Emergency Planning Coalition Med-Surge Full Scale Exercise
Exercise Dates	September 28 th , 2022
Scope	This is an evaluation of the Full-Scale Exercise, planned for multiple locations within the jurisdiction of the Mid-South Emergency Planning Coalition (MSEPC) region.
Mission Area(s)	Response and Recovery
Core Capabilities, Objectives, and Activities	<p><u>Capability 1: Foundation for Health Care and Medical Readiness</u></p> <p>Objective 2: Identify Risk and Needs</p> <p><u>Activity 2:</u> Assess Regional Health Care Resources</p> <p><u>Activity 4:</u> Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs</p> <p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p> <p><u>Activity 1:</u> Promote Role-Appropriate National Incident Management System Implementation</p> <p><u>Activity 3:</u> Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations</p> <p><u>Activity 5:</u> Evaluate Exercises and Responses to Emergencies</p> <p><u>Capability 2: Health Care and Medical Coordination</u></p> <p>Objective 2: Utilize Information Sharing Platforms</p> <p><u>Activity 1:</u> Develop Information Sharing Procedures</p> <p><u>Activity 3:</u> Utilize Communications Systems and Platforms.</p>

Core
Capabilities,
Objectives, and
Activities

Objective 3: Coordinate Response Strategy, Resources, and Communications

Activity 1: Identify and Coordinate Resource Needs during an Emergency

Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Capability 3: Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Emergency

Activity 1: Assess Supply Chain Integrity

Objective 5: Protect Responders' Safety and Health

Activity 1: Distribute Resources Required to Protect the Health Care Workforce

Activity 2: Train and Exercise to Promote Responders' Safety and Health

Capability 4: Medical Surge

Objective 2: Respond to a Medical Surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care during a Medical Response

Activity 7: Provide Trauma Care during a Medical Surge Response

Activity 8: Respond to Behavioral Health needs during a Medical Surge Response

Activity 11: Manage Mass Fatalities

Healthcare Coalition (HCC) Objectives

1. Assess MSEPC's capacity to support a large-scale, community-wide medical surge incident.
2. Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and all other relevant plans.
3. Evaluate Coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident.

Facility Objectives**All Facilities**

1. Evaluate the Incident Command System (ICS) to effectively respond to an active assailant incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with the hospital ED's and/or first responder agencies.
2. Evaluate the appropriate management of the incident as it relates to facility operations during the event.
3. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing the Healthcare Resource Tracking System (HRTS), ReadyOp, internal communication tools, and two-way radios.
4. Demonstrate ability to develop public messaging and provide appropriate staff to activated Joint Information Center (JIC), if requested.

Emergency Medical Services

1. Evaluate the ability to appropriately triage patients, provide on-scene treatment, and successfully identify transport destination options.
2. Demonstrate the ability to manage a mass casualty event by appropriate utilization of patient tracking tools by providing on-scene entry to include triage status and destination location.
3. Demonstrate appropriate notification of additional personnel and appropriate equipment response.

Exercise
Objectives**Emergency Management**

1. Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.
2. Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.
3. Evaluate the ability to gather and share information as appropriate from public safety agencies and response partners.
4. Evaluate role in recovery and family reunification activities.

Public Health

1. Demonstrate internal and external incident management communication processes in accordance with existing plans and procedures
2. Evaluate process for staffing and activation of the Health Department Operations Center (HDOC), support as the EOC Emergency Support Function 8 (ESF-8), and JIC facilitation.

Scenario Specific Objectives**Facilities receiving injured patients**

1. Demonstrate the facility's ability to manage a mass casualty event by appropriate utilization of patient tracking tools from the time the patient presents until final disposition.
2. Demonstrate the ability to effectively manage patient surge during the event to include communicating with the medical surge management team and Incident Command with status updates and supply needs.
3. Demonstrate the ability to provide appropriate treatment through triage priority status.

Facilities receiving decompressed patients from hospital

1. Properly evaluate the acuity level of incoming patients and staff and supplies required to provide adequate care.
2. Assess available transportation options outside of ambulance services.
3. Demonstrate ability to work with healthcare facilities to ensure all paperwork is received in a timely manner prior to patient arrival.
4. Evaluate need for and process of requesting temporary waiver to increase bed size to accommodate incoming patients.

Exercise
Objectives**Facilities simulating active assailant inside facility**

1. Evaluate the ability to effectively secure the building and complete proper lockdown procedures.
2. Demonstrate the ability to notify facility of appropriate code and releasing code when cleared.
3. Demonstrate ability to successfully triage any injured parties.
4. Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.

Facilities simulating active assailant outside facility

1. Evaluate the ability to effectively secure the building and complete proper lockdown procedures.
2. Demonstrate ability to provide proper notification of external partners, current clients/patients, partner agencies, and vendors.
3. Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.

Threat or Hazard

Active assailant incidents at various locations throughout the region.

Scenario

Facilities could choose a scenario to best meet their own exercise requirements. Facility types and respective exercise choices are listed below.

Acute Care Hospitals, EMS, EM, and Public Health – Active assailant in public venue with both firearms and explosive devices. Injuries from firearms, explosions, and evacuation resulting. Large number of injuries and deaths. Injured patients triaged on scene and provided transport to local hospital facilities. Hospital facilities accept patients and coordinate inpatient surge. EM and Public Health respond to event according to processes and plans.

Psychiatric Facilities – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.

Rehabilitation Hospitals – Actively receiving patients immediately transferred from emergency departments (ED) of acute facilities impacted by the surge of patients arriving from active assailant scene.

Long Term Care Facilities – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.

Scenario	<p><i>OR</i> Actively receiving transfers from acute facilities to help with facility decompression. Interaction with hospital facilities and internal actions by facility will be full scale response. Arrival of decompressed patients will be simulated.</p> <p><i>OR</i> Complete lockdown procedures due to a simulated active assailant event near the facility.</p> <p>Ambulatory Surgery Centers – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p><i>OR</i> actively receive low acuity patients from scene via personal vehicles. Arriving patients will be simulated. Internal facility actions will be full scale.</p> <p>Hospice and Home Health Agencies – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p><i>OR</i> Complete lockdown procedures due to a simulated active assailant event near the facility.</p> <p>Dialysis Centers – Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.</p> <p><i>OR</i> Complete lockdown procedures due to a simulated active assailant event near the facility.</p>
Sponsor	Mid-South Emergency Planning Coalition
Participating Organizations	Participating organizations include MSEPC member facilities, local emergency management officials, first responder agencies, and public health. A complete list of participating agencies who also submitted responses for this document is included in Appendix B.
Points of Contact	<p>Heather Burton Fortner, Executive Director Mid-South Emergency Planning Coalition hfortner@midsouthepec.org</p> <p>Regan Wills, Vulnerable Populations Coordinator Mid-South Emergency Planning Coalition rwills@midsouthepec.org</p>

GENERAL INFORMATION

This exercise was conducted in response to the need for evaluating current plans and procedures that govern the way that the MSEPC and its member organizations manage resources and information during an active assailant event resulting in a high number of casualties.

In late 2021, ASPR introduced the Medical Response and Surge Exercise (MRSE) annual requirement for all healthcare coalitions. The MRSE is intended to be a functional exercise, at a minimum, or to be incorporated into a full-scale exercise, as MSEPC has done. The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge and, more specifically, how coalitions help patients receive the care they need at the right place, at the right time, and with the right resources during medical surge; decrease deaths, injuries, and illnesses resulting from medical surge; and promote healthcare delivery system resilience in the aftermath of medical surge.¹

Accomplishing this task requires considerable coordination with public and private entities, including local law enforcement, Emergency Medical Services, fire departments, hospitals, communications centers, emergency management, health departments, and other facilities. The MSEPC has worked collaboratively to define and explore this process, and this exercise represents a continuation of these efforts.

As for the exercise itself, 62 MSEPC member organizations participated in the process.

Surge Calculation

To truly test surge response capabilities, and to meet MRSE requirements, MSEPC identified a surge volume equal to 20% of the region's total staffed bed capacities among several different bed types. Only acute care hospitals were asked to provide their staffed bed information, and the 20% surge calculation result was used as the total of patients at play within the exercise.

For this exercise scenario, MSEPC identified the staffed bed numbers for the following bed types:

- Emergency department beds
- General medical unit beds
- ICU beds (SICU, MICU, CCU)
- Post critical care (monitored/stepdown) beds
- Surgical unit beds (pre-op, post-op, and procedural)
- General pediatric unit beds
- Pediatric and neonatal ICU beds

Each facility received specialty patients, including elderly, pediatrics, non-English speaking, deaf and hard of hearing, blind and visually impaired, and fatalities. Although few specialty beds exist in the region, burn patients and serious trauma were not excluded.

¹ Office of the Assistant Secretary for Preparedness and Response. Medical Response & Surge Exercise (MRSE) Situation Manual. <https://www.phe.gov/Preparedness/planning/hpp/Documents/mrse-situational-manual-508.pdf>. Accessed September 2022

The following table illustrates the numbers of patients assigned to each facility or scenario, where appropriate, to ensure utilization of the 20% calculation total.

Surge Numbers

Mid-South Emergency Planning Coalition Full Scale Exercise Surge Numbers	
Facility	Surge Numbers
Baptist Memorial Hospital - Collierville	30
Baptist Memorial Hospital – Crittenden	4
Baptist Memorial Hospital – DeSoto	53
Baptist Memorial Hospital-Memphis	147
Baptist Memorial Hospital-Tipton	45
Baptist Memorial Hospital for Women and Children	19
Lauderdale Community Hospital	8
Le Bonheur Children’s Hospital	95
Methodist Germantown Hospital	59
Methodist Hospital North	44
Methodist Olive Branch Hospital	16
Methodist South Hospital	31
Methodist University Hospital	81
Regional One Health	63
Saint Francis Hospital-Bartlett	32
Saint Francis Hospital-Memphis	45
VA Medical Center-Memphis	27
Various non-acute care facilities	45
Patients simulated for decompression	30
Total	874

ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness capabilities allows for a more consistent approach to exercise evaluation to support preparedness reporting and trend analysis. The table below includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team. The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective	HPP Capability, Objective, and Activity	Performance Rating
Health Care Coalition		
Assess MSEPC's capacity to support a large-scale, community-wide medical surge incident.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 4, Objective 2, Activity 1	S – Still some challenges with bandwidth staff response abilities and resource support on hand.
Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and all other relevant plans.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 3, Objective 5, Activity 2 Capability 4, Objective 2, Activity 1	S – should include transfer agreement details in plans; increase participation with other states' HCCs
Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 11	M – exercise did not allow for enough time and/or injects to effectively test this objective
All Facilities		
Evaluate the ICS to effectively respond to an active assailant incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with the hospital ED's and/or first responder agencies.	Capability 1, Objective 4, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 2, Activity 1	P – facilities activated ICS and responded to alerts appropriately.

Objective	HPP Capability, Objective, and Activity	Performance Rating
Evaluate the appropriate management of the incident as it relates to facility operations during the event.	Capability 1, Objective 4, Activity 5 Capability 2, Objective 3, Activity 1 Capability 2, Objective 3, Activity 3 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11	P – plans were activated and worked through appropriately.
Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing HRTS, ReadyOp, internal communication tools, and two-way radios.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3	S – communication systems were utilized as needed. New patient tracking system was used.
Demonstrate ability to develop public messaging and provide appropriate staff to activate JIC, if requested.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3	U – although planned, JIC operations were not utilized.
Emergency Medical Services		
Evaluate the ability to appropriately triage patients, provide on-scene treatment, and successfully identify transport destination options.	Capability 1, Objective 2, Activity 2 Capability 1, Objective 2, Activity 4 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11	P – EMS personnel appropriately triaged victims according to their injuries.
Demonstrate the ability to manage a mass casualty event by appropriate utilization of patient tracking tools by providing on-scene entry to include triage status and destination location.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 4, Objective 2, Activity 1	P – EMS successfully entered patients into new patient tracking system and assigned destination facility.
Demonstrate appropriate notification of additional personnel and appropriate equipment response.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 4, Objective 2, Activity 1	S – Exercise did not provide enough victims to fully test the need for additional personnel and/or equipment.

Objective	HPP Capability, Objective, and Activity	Performance Rating
Facilities Receiving Injured Patients		
Demonstrate the facility's ability to manage a mass casualty event by appropriate utilization of patient tracking tools from the time the patient presents until final disposition.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 4, Objective 2, Activity 1	S – new patient tracking tool used and created issue for some facilities. Overall was successful.
Demonstrate the ability to effectively manage patient surge during the event to include communicating with the medical surge management team and Incident Command with status updates and supply needs.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 1	P – plans were activated and appropriate actions taken.
Demonstrate the ability to provide appropriate treatment through triage priority status.	Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8 Capability 4, Objective 2, Activity 11	S – use of paper patients only hindered full treatment experience.
Facilities Receiving Decompressed Patients from Hospital		
Properly evaluate the acuity level of incoming patients and staff and supplies required to provide adequate care.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 3, Objective 5, Activity 1 Capability 3, Objective 5, Activity 2	S – scenario allowed for limited participation but overall processes worked well
Assess available transportation options outside of ambulance services.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 2, Activity 3	U – progress of exercise did not allow for this objective
Evaluate need for and process of requesting temporary waiver to increase bed size to accommodate incoming patients.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 1 Capability 4, Objective 2, Activity 11	S – not all participating facilities were able to address this objective
Emergency Management		
Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.	Capability 1, Objective 2, Activity 2 Capability 2, Objective 3, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3	P – notifications properly made
Demonstrate the successful activation of the EOC with appropriate notifications and staffing.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3	P – timely and effective notifications completed

Objective	HPP Capability, Objective, and Activity	Performance Rating
Evaluate the ability to gather and share information as appropriate from public safety agencies and response partners.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3	S – information from the field was slow
Evaluate role in recovery and family reunification activities.	Capability 1, Objective 4, Activity 1 Capability 2, Objective 2, Activity 1 Capability 2, Objective 3, Activity 3	U – exercise scenario did not advance far enough to allow for this objective
Public Health		
Demonstrate internal and external incident management communication processes in accordance with existing plans and procedures	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5	P – timely and effective notifications completed
Evaluate process for staffing and activation of HDOC, support as the EOC ESF 8, and JIC facilitation.	Capability 2, Objective 2, Activity 1 Capability 2, Objective 2, Activity 3 Capability 1, Objective 4, Activity 3 Capability 1, Objective 4, Activity 5	S – staffing sufficient but information flowing from EOC was lacking
Facilities Simulating Active Assailant Inside Facility		
Evaluate the ability to effectively secure the building and complete proper lockdown procedures.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	P – procedures were executed and staff remained calm
Demonstrate the ability to notify facility of appropriate code and releasing code when cleared.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	S – Improve communication systems to keep staff/partners informed
Demonstrate ability to successfully triage any injured parties.	Capability 4, Objective 2, Activity 1 Capability 4, Objective 2, Activity 4 Capability 4, Objective 2, Activity 7 Capability 4, Objective 2, Activity 8	M – facilities either did not address or noted needs for improvement
Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	P – all procedures were executed
Facilities Simulating Active Assailant Outside Facility		
Evaluate the ability to effectively secure the building and complete proper lockdown procedures.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	P – procedures were executed and staff remained calm

Objective	HPP Capability, Objective, and Activity	Performance Rating
Demonstrate ability to provide proper notification of external partners, current clients/patients, partner agencies, and vendors.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	S – information out was good, information in was lacking
Evaluate ability to properly account for all staff, residents, visitors, and other persons on campus.	Capability 2, Objective 2, Activity 3 Capability 2, Objective 3, Activity 3 Capability 2, Objective 5, Activity 2	P – all procedures were executed
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness 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 healthcare preparedness capability were not performed in a manner that achieved the objective(s). 		

Exercise Findings

Each participating facility was provided a list of suggested questions to assist in the development of facility specific evaluation tools. These questions addressed the specific exercise objectives and included prompts for evaluators to guide their observations.

This report documents overall findings and observations from each facility and other participating organizations individually. Specific strengths and areas of improvement were provided by facility and organizational representatives and were compiled by reviewing information from all sources, including EEGs, participant evaluations, hotwash notes, and summaries compiled by evaluators in narrative form.

All findings have been divided into sections coinciding with the scenarios used by each facility. In many cases, the findings at certain facilities may have no bearing on activities at other facilities, and would be properly addressed in Improvement Plans that the reporting facility should develop for internal use.

A summary of trends and common issues has been developed for consideration by the HCC in determining what corrective actions might have broad implications for all its members. Such common issues might be of importance as the HCC engages in strategic planning and purchasing decisions. That summary is included within this report.

Findings are recorded and compiled as submitted, with only minor editing for clarity. The content or validity of each observation has been left to evaluator discretion. Irregularities or inaccuracies should be addressed at the facility level during the internal improvement planning process.

Any direct improvements or repeated weaknesses observed by the author when compared to previous exercise documents have been added where necessary.

SCENARIO:

Active assailant in public venue with both firearms and explosive devices. Injuries from firearms, explosions, and evacuation resulting. Large number of injuries and deaths. Injured patients triaged on scene and provided transport to local hospital facilities. Hospital facilities and select ambulatory surgery centers accept patients and coordinate inpatient surge. Emergency Management and Public Health respond to event according to processes and plans.

HOSPITALS

Baptist Memorial - Corporate

Strengths

1. Ability to stand up system command center remote from our physical command center. Leveraged HICS structure and key command positions--> IC, Ops Chief, PIO, etc.
2. We leveraged our mass notification system and pre-built notification groups to provide communications (2 way) throughout the event response.
3. Ability to maintain operational communications and request assistance through proper chain of communications--> hospitals, corporate command center, ESF-8, RHC

Areas of Improvement

1. Baptist's internal 800mHz radios pre-programmed to a common city-wide channel couldn't get out. Could only hear and speak through channel if outside the building.
2. Updates to Command Center phone #s at each entity.
3. Continued layering of mass notification system groups to enhance communications. Development of personal panic buttons through mass notification system and screen takeovers for PCs

Baptist Memorial - Collierville

Strengths

1. Ready Op APP: This app, being new to me, was easy to use after familiarizing myself with how to navigate it. During the exercise drill, ReadyOp allowed the command center staff to go directly into tracking patients as they entered the hospital, creating a quick profile of the patient, triage location status and more. The app was downloadable to your mobile device which will not keep you confined to a desktop during a live / real disaster.
2. Call Tree is very important in establishing coverage and allowing command staff to know who's available and their time of arrival. This will allow us to utilize all hands-on deck until contacts from call tree arrives. Security will allow only the employees from call tree to enter building.
3. Team participation was very vital to the overall success of the drill. Our campus was "ALL IN" mode in their roles and participated until the clear signal was given. I was very pleased because if we can get everyone on board during a drill, I'm very confident that in a live situation we will have total staff support.

Areas of Improvement

1. Citywide Channel A1 could not communicate with other metro hospitals, including 2-way radio. In a live situation, given the circumstances, not being able to reach certain locations would be a disaster if trying to transfer patients. For example, one individual was found hiding in a restroom and ended up with the injured victims. Individual could have been one of the shooters. We would have been able to possibly gather info regarding the individual if we could not communicate
2. If phones are not operable and single line power fails, how do we communicate? Does campuses have satellite phones to communicate in a major catastrophe such as an earthquake, major tornado, etc. These would be areas in which to consider looking into. I

would recommend looking into satellite phones. training to operate them and testing quarterly to make sure they are operable and readily available.

3. Though we were successful in the drill and staff fully participated, have exercises/ drills at night and or on weekends is very important due to being at low staff. Knowing how to respond while we`re waiting on assistance is key to the early stages of success and it gives the evening / weekend staff a level of confidence when they have been trained and tested. All disasters don`t just happen in the daytime.

Baptist Memorial - Crittenden

Strengths

1. Leadership response across the hospital was strong.
2. All departments turned their handheld radios to the correct channel to be able to communicate effectively.
3. Lockdown procedure due to the active shooter situation was drilled well.

Areas of Improvement

1. We identified needing a point person to have access to our Everbridge mass notification system so that we can inform staff at the hospital and those coming in what is going on.
2. We identified a need for a couple of departments to have a handheld radio for communication.
3. There was a lack of familiarity by some ED staff of where our disaster supplies are. This is due to turnover and a need for education.

Baptist Memorial - Memphis

Strengths

1. Good overall plan to process patient surge.
2. New patient tracking system was user friendly.
3. Communication with community partners checked ok.

Areas of Improvement

1. Baptist citywide channel 1A was not operational. Service request submitted to vendor.
 2. Communication between BMH-Memphis and transfer facilities should have been worked through patient placement.
 3. Several new administrators aren't familiar with the response plan and many department leaders failed to report to the command center. Tabletop training needed.
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Baptist Memorial - Tipton

Strengths

1. Improved communication between IC and ED as well as triage department and hospital departments
2. Easier and Improved Patient Tracking. Able to see influx of patients in Triage area/ED Depts/Corporate/ other facilities.
3. Increased ability with computers to see current census in house, ED, and influx of patients.
4. Update the Command Center. Utilize Job Action Sheets with prompt cards/Responsibilities
5. Radios brought to the IC. Dispense the Radios early to designated depts
6. Signage was posted early than previous drills
7. Better Staff engagement (Dept Staff & MDs)

Areas of Improvement

1. Develop cheat Sheets for Radio Channel Listing/Policy
2. Departmental responsibilities for Business Continuity
3. Better plan to treat, stabilize and transfer patients later

Baptist Memorial - Women's and Children's

Strengths

1. We received early notification of event through HRTS and were able to announce Disaster situation via overhead page and through our paging system for applicable staff.
2. The command center process is a solid foundation to our disaster response. Logistics of room are conducive to address needs with overhead projection. Architectural layout via dry erase boards assisted in documenting available space, room availability, and patient census. Oversized checklist for disaster response provided guidance in process.
3. Great communication with departments within our facility through handheld radios. Also had good experience with HRTS communication boards including requesting beds at the burn center.

Areas of Improvement

1. There were many novice staff who were not familiar with the disaster processes and/or forms. We had new members on the command center team who may have had disaster experience, but not in the command center role. Also, newer staff at point of entry did not understand how to communicate arrival of patients on campus. ED staff reported conflicting numbers with each transmission when updating command center of patients received.
 2. Scanners were not available for our admissions staff. The admissions team also did not have access to the TDH Ready Op site. Admissions director had to call Memphis campus to get log in information.
 3. Disaster carts had been re-allocated to isolation carts during COVID response. This caused us to have a limited number of supplies gathered in a central location for disaster response.
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Lauderdale Community Hospital

Strengths

1. Accountability - All responders reported to the appropriate areas immediately, after the disaster drill was announced. Each department called the command center to give staffing and inventory reports, in a timely manner. Outside support agencies (police, fire department, and EMS) all willingly participated in the drill too.
2. Command Staff - The Incident Command Center was well staffed and organized. Each person was assigned a role and applied name tags displaying their position. As information came in from each department, it was organized in a way that was easy to access. Proper documentation of the incident was maintained.
3. Planning - Emergency resources were accounted for and delivered to the appropriate areas. Signage was placed in the appropriate places to designate specific patient care areas for disasters. The facility was locked down and all entrances monitored by support staff. All requests by the ER for additional staff and supplies were met quickly.

Areas of Improvement

1. Communication - a second phone line will be added to the command center dedicated to ER use only. ER staff reported inability to get through to the command center, due to a busy line. The command center staff had technical issues and was not able to log into the HRTS system quickly. They were not able to monitor the online information adequately.
2. Appropriate job action sheets were not used. This is a new process for our facility. More education and training will be needed on using the new job action sheets. The current disaster policy and procedures were followed accurately. Changes to the current policy require medical staff review and approval.
3. Our facility does not have or participate in the ReadyOp system. We need more information on how to obtain and become part of this regional communication system.

Methodist Le Bonheur - Corporate

Strengths

1. Access to outside resources if needed was easily accessible if needed. There was good response and easy access to resources quickly with the MSEPC and the local EOC.
2. Activating Labor pool was successful at most of the facilities. There was a large response of associates willing to assist as needed and were awaiting the call. For example, Le Bonheur had over 300 associates waiting for the call to help.
3. ReadyOp was utilized successfully with a few interruptions. Overall, staff that utilized prefers this tracking system over HC Standard due to the success of entering patients in quickly during an event. The feedback was very good and think that if we tailor system to our needs, it would be an excellent, adequate tool.

Areas of Improvement

1. Leadership Knowledge of HICS, their job roles and the Job Action Sheets. There has been a large turnover of leadership roles since COVID began. There was a lack of ED participation at Methodist University due to leadership. Some of the other facilities reported having lack of participation from leadership and no help cleaning up IC when

exercise completed. Even though there was a lack of knowledge, there was a great response when activated by leadership.

2. Having adequate staffing. Every medical facility in the area is experiencing staffing issues in all departments. The influx of patients did put a strain on the staff working. A lot of staff working are agency/contract, so they do not know the Methodist system and the Emergency Preparedness plans. Nursing and Security staff are very short, so we would be asking for additional help. As far as nursing, we could utilize staff from other areas if needed, but security would be a concern. There would be calls for additional staff/labor pool involved to assist.
3. A few of the facilities recognized that they may need more trauma supplies and training caring for trauma patients. This was eye opening to realize that we would need to care for these trauma patients to our best ability due to Regional One being overloaded as well. There will be future talk of possible additional trauma training for associates.

Methodist Germantown

Strengths

1. Incident Command was quickly Identified, and Security Leader reported without being asked
2. Elective surgeries were quickly cancelled to free up OR space and staff was reassigned to ED for assistance with influx of patients
3. Labor pool was activated in timely manner
4. Patients with special needs were identified and cared for appropriately. Departments that were asked for inventory census responded with information quickly. Inputting patients into new patient tracking system was well liked by patient registration

Areas of Improvement

1. Morgue space overloaded. Request education on deployment of morgue cube if needed.
 2. Due to having new leadership, many did not understand their role or Job Action Sheets for the drill. Once drill ended, everyone left and did not assist with clean up and restocking of HICS packets. Did not get updates from assigned roles.
 3. Need to train more staff on location of disaster equipment/response tools and set-up, as well as evacuation training.
-

Methodist Le Bonheur Children's

Strengths

1. Strong response and presence by senior leadership, along with a variety of directors.
2. There was an excellent use of communication between departments with use of radios
3. Excellent deployment of labor pool with over 300 associates reporting for duty as needed
4. Good use of Microsoft Teams as MLH EM chat channel
5. There was adequate number of supplies and resources available to accommodate patient needs
6. There was an excellent response from the emergency department, ED registration and Central Supply
7. There was a good use of IRG, all technology and resources

Areas of Improvement

1. Awareness, training and expected responsibilities of the subordinate HICS division roles
2. Test of 900 MHz radio and satellite phones
3. Phone number for Family Reunification- need response plan and associated resources

Methodist North

Strengths

1. Incident Command set up promptly-section chiefs, security, operations, planning and communication liaison
2. Pulled staffing from other areas of the hospital before ED overwhelmed
3. Anticipated needs and discussed location of supplies in the hospital, timely request for outside resources
4. Lockdown with one point of entry and identified areas of concern on campus
5. Requested Well-being unit leaders for staff and family needs
6. Activated Code Able Stage 2 early in the event

Areas of Improvement

1. HICS books not located, IC not trained on ReadyOp
 2. Emergency backup communication not located in IC, no direct communication with Corporate Command
 3. Limited Staff availability, more training on trauma care for staff
-

Methodist Olive Branch

Strengths

1. PIO got statement to media and contact numbers for victim's hotline in timely manner, EAP on site
2. Security moved quickly, updating HICS every 30 minutes and controlled access lockdown was completed quickly
3. Labor Pool stood up quickly and was utilized for whole event
4. Morgue Services stood up quickly and utilized for whole event
5. HICS stood down quickly and normal operations continued quickly
6. Microsoft Teams worked well to communicate with Corporate Command
7. Utilization of SAP for inventory updates was useful for this type of event

Areas of Improvement

1. All HICS positions were not filled due to lack of participation
2. Disaster cell phones and radios not charged
3. HR could have been utilized more efficiently

Methodist South

Strengths

1. Incident Command set up via Zoom call with regular reports/updates. This was a success for this event
2. Send Word Now was effective and worked well for communication with staff
3. ReadyOp was efficient and easier to input patients than HC Standard

Areas of Improvement

1. Send Word Now groups and information need to be updated
2. Exercises need to be done on nights and weekends when staff is limited to discover true weaknesses
3. Hard to really test security measures with paper patients

Methodist University

Strengths

1. Adequate Updating of information into HRTS regarding bed status at the facility
2. There was discussion of calling in on-call surgeons, moving/discharging patients to make room for influx and where triage would be set up to handle number of incoming patients
3. ReadyOp was easily utilized by trained patient registration. Patients were all inputted appropriately and quickly

Areas of Improvement

1. Lack of ED participation during exercise
 2. Slow response of Incident Command team
 3. Lack of knowledge of HICS due to leadership staff changes
-

Regional One Health

Strengths

1. Surge procedures were activated in a timely manner which led to fast set up for triage. All areas seemed to work well together.
2. Each patient unit in the facility has been provided with Mass Surge notebooks. Those notebooks contain unit specific information as to what actions individuals and the unit should take when the mass surge alert goes out. Nurses are reassigned and have a "Nurse Card" printed on blue card stock inside those notebooks that make it easy for even the newest of employee to know where to go and what to do.
3. The newly acquired ReadyOp system for patient tracking worked very well on the front end and made scanning/patient information input easy.

Areas of Improvement

1. While Ready Op was listed as a strength, the strength was only on the front end. There were issues with finding the patient data to aid in reunification once it was input. We did anticipate these types of issues with such a new program.
2. Incident Command did not seem to have a clear understanding of what was happening in real time. The initial communication from the units for census was great, but later information sharing slowed down which led to some gaps in information flow to Incident Command.
3. The Labor Pool process needs to be improved. The set up for administrative purposes works well with the staff, badge makers, etc. The issue comes with people reporting to the Labor Pool area for assignment.

Saint Francis Bartlett

Strengths

1. Internal Communication was a key strength of SFB. Departments and leaders know how to use various avenues and means of communication in order to continue moving patients through the exercise
2. Experience was our second strength. Leaders had been through various exercises and events AND knew the expectations of their role thanks to drills and follow-up with the various event and incident leaders
3. Our third strength was readiness. We were ready from a history, experience, and leadership standpoint. Also, the facility has been doing clean up and streamlining of processes and areas and this led to our regulatory and response readiness house wide.

Areas of Improvement

1. Communication with other facilities is an area to improve upon not just here but citywide.
 2. We need to expand our leaders who can run incident command as a second area of improvement.
 3. Familiarity with emergency systems and technology available is our final area of improvement.
-

Saint Francis Memphis

Strengths

1. Incident Command - Planning and Execution. Prior to the drill we looked at the HICS "Incident Response Guide: Mass Casualty Incident" for staffing positions for Incident Command. We designated Incident Commander and the three positions of that level and all the Section Chiefs with eight other positions under their sections. We named 2-3 deep for most positions. Folders for these positions and others that would possibly be needed were stocked with new copies of Job Action Sheets and any forms deemed necessary for these positions. Upon activation of the drill assignments were made and the Incident Commander gave a briefing on the situation. As the event unfolded priorities were identified by need, Fast Track Discharges were identified from our morning huddle so potential discharges were listed. Incoming patients were identified by acuity and triage color coding. Communications used were HRTS Alerts and Tracking Board, ReadyOp Patient Tracking System, radios, phones, email, and texts. Incident Command and engagement of the other positions was excellent as evident from the strengths below.
 2. Triage was set up inside the ED at the Ambulance Entrance and Nursing Station. There were 53 patients triaged and entered in ReadyOp patient tracking system, 28 of those patients were treated in the ED and discharged home. There were 9 patients treated in the ED and admitted to the hospital and assigned patient rooms. There were 4 patients treated in the ED and sent to the OR for surgeries. Patient rooms were assigned for all four patients to be admitted to the hospital after surgery. There were 6 patients identified after initial treatment that would need to be transferred to other facilities for a different level of care. Of these, 4 were to be transferred to Region One Medical Center for trauma related injuries, 1 was to be sent to the Region One Burn Center (these transfers were to be contingent upon Region One having the capacity to accept these patients). There was 1 pediatric patient to be transferred to Le Bonheur Children's Hospital's Hospital again under the premise that there was capacity for the transfer. There were 7 deceased patients which prompted the need for morgue space. Other needs identified in the ED and Incident Command Center were additional stretchers and transporters, more oxygen hookups, bandages, saline, and Quick Clot, blood products and as mentioned before morgue space. Other issues discussed were translator phones, iPads for sign Language, Chaplin services, sitters for the elderly patients, accommodations for incoming News personnel, and accommodations for family members and pets of the disaster patients.
 3. Evaluating Existing Conditions of Hospital Patient Census and Resources- The hospital performs a daily morning huddle identifying issues that have occurred overnight concerning patient care and potential issues preventing discharge of patients. This puts us in a better position to evaluate patient capacity for a surge of patients in a more expedient manner. As the Incident Command started preparing for the surge of patients these were the existing conditions of the hospital in regard to census of patients in the hospital at the time of the Disaster Alert. The current census was 145 med/surge patients, 18 ICU patients, 10 NICU patients, 25 L&D patients, surgical unit beds available were 28. Staffing levels of patient floors were 39 RNs, ED and other patient care departments had approximately 20 more RNs. Number of staffed empty rooms was 24. Identified 12 existing patient that could be immediately discharge and listed another 30 possible discharges if needed. We felt we had ample rooms and staff to handle the surge of patients coming in.
-

Areas of Improvement

1. Ability to Use ReadyOp Patient Tracking System to our Full Advantage- When the patient triage first started our registration staff had problems entering the patients. After a few tries they were able to enter them and had no further problems entering the remaining patients. However, monitoring the patients ReadyOp System in the Command Center was problematic. We entered 52 patients and when the display board online showed 29 of our patients no other ones ever showed up on the display. When we tried to update patient dispositions as changes occurred, they were unable to change them in the system. We were under the impression that we would be able to show on the online display where the patient was in our hospital not just that they were admitted to Saint Francis Hospital. We also would like to be able to interface ReadyOp with our hospital admission system.
 2. Better Tracking of the Patients in Our In-house Systems- At the time of entering the disaster patient information into the ReadyOp System we should also enter or admit the patient into our system so that we can fully see and know the disposition of the now in-house patients. Because we thought this could be done in ReadyOp that did not happen. In a real disaster this is a step we would be performing so we should be testing it also. We can make up a series of patient Medical Record Numbers to be used for disaster drills.
 3. Taking the Drill to the Next Level- We are currently planning a second in-house drill where we will be doing every phase of an actual disaster in real time, physically taking the patients to locations of dispositions, and manning all stations of treatment including Triage, ED, Immediate Treatment, Delayed Treatment, and transporting patients to Surgery, Patient Floors, Morgue, etc. This would also cause activation of more of the Incident Command Center for testing that component.
-

AMBULATORY SURGERY CENTERS

Campbell Clinic Surgery Center Midtown (ACS)

Strengths

1. Plenty of room to accept and treat patients
2. Excellent communication between triage, preop bays and PACU bays
3. Teamwork made the process smooth and proficient

Areas of Improvement

1. More clarity in specific roles of those involved
2. Find a more proficient way of contacting patient family members...cell phones may not be available
3. Communication between business office admissions and triage could be improved.

Campbell Clinic Wolf River

Strengths

1. Very efficient triage and flow of patients. Patients were triaged in a timely manner as they were received. We had a nurse that quickly triaged the patient and then directed them to the next level of care. We also had empty patient bays with nursing staff available to provide care. Anesthesia staff and surgeons on site as well to assess patients and determine the level of care needed.
2. Ability to quickly clear treatment space and assess availability of operating rooms. When we received the alert, we immediately did an internal check with our coordinators to see how many beds we had available, as well as how many O.R. rooms were immediately available, as well as how many would come available during the next 1-3 hours.
3. Availability of staff, nurses, and physicians to care for patients sent to our facility as well as patients that might have come to the center for care on their own. We had sufficient staff to care for the patients that were sent to us.

Areas of Improvement

1. Need a center specific code designation to call for a mass causality event that we will be receiving patients from. We realized that we needed a quick way to notify staff of the alert over our paging system. We will be working with our management staff soon to get this done. As it was, we had someone go to each area and let them know that there had been an alert, and that we would be receiving patients
 2. Better understanding and more hands-on training for the Ready Op system. We liked the ease of entering patients, but we were unable to track them on the dashboard. We feel like this system will work well for us.
 3. Make sure that everyone in the center knows what their individual roles are when an event occurs.
-

Memphis Surgery Center

Strengths

1. We have created emergency binders with emergency numbers, an active employee list with phone numbers our vendors and doctors' information. I feel that we are organized in that respect for an emergency. We also have walkie talkies in the facility to assist with communication.
2. We were resourceful in setting up a triage area and caring for our patients during the exercise.
3. We have well rounded staff with a lot of experience, and they are willing to help during the exercise and during a real emergency.

Areas of Improvement

1. Communication is key, I feel we can always improve communication between departments and units and with the coalition.
2. Having a better plan to deal with media and extra people that would enter the facility as guest.
3. We found a short coming with not having s radiologist during exercise. Not sure what we could do to resolve that issue since we do not always have one here.

Saint Francis Surgery Center

Strengths

1. Communication- Upon drill activation @ 11:39 September 28 drill assignments were made and Incident Commander briefed staff on details of drill, stressing that real firearms were not being used and real firearms are not allowed in facility. Drill Status Announced facility wide.
2. Prioritization POA: Safety of patients and staff, assessing capacity to accept patients (supplies, monitors, stretchers, staff), mobilizing medical staff currently at facility (Anesthesia, Urology, Podiatry to total 7)
3. Doors secured with lookout- people moved away from windows in lobby, cases in progress continued but no other procedures started until treat contained, and complete list of people in building and location

Areas of Improvement

1. Communication- Didn't realize we were supposed to do low acuity simulation of our own. Thought we would be getting simulated patient overflow from hospital.
 2. Disposition of simulated patients- Our system doesn't allow for "admission". Unsure how we would "officially" patients.
 3. Follow up- Should have had more communication with Saint Francis Hospital
-

EMERGENCY MEDICAL SERVICES

Memphis Fire Department EMS

Strengths

1. Adaptability on scene of personnel.
2. Utilization of the new patient tracking system, after minimal training.
3. Triage process itself - mass casualty is a low occurrence, high acuity type situation.

Areas of Improvement

1. Active assailant policy guidelines should be reviewed more frequently.
 2. Some personnel need additional triage training.
 3. Skills review of equipment specific to the active shooter bag.
-

EMERGENCY MANAGEMENT

Memphis Office of Emergency Management

Strengths

1. Recognition of event that could tax resources and activation of EOC
2. Anticipation of needs by other divisions and preparations to assist and mitigate the situation
3. Contacting partner agencies for situational awareness and response planning.

Areas of Improvement

1. Communication from the field
 2. Recognition of potential need for additional OEM controlled resources by field personnel.
 3. Additional training by Ops personnel for EOC video wall is warranted.
-

PUBLIC HEALTH

Shelby County Health Department- PHEPP

Strengths

1. Staff participation and eagerness to problem solve.
2. Communication in HDOC was good.
3. Teamwork demonstrated was good.

Areas of Improvement

1. Situational awareness was lacking. There needed to be more information flowing from the activated EOC. More ESF's should have been in play.
 2. Technology JITT needed. Training on WebEOC and ReadyOp should have taken place prior to HDOC activation.
 3. Complete exercise information was not distributed to all players and participants
-

SCENARIO:

Actively receiving patients immediately transferred from ED's of acute facilities impacted by the surge of patients arriving from active assailant scene.

LONG TERM CARE FACILITIES

Regional One Subacute Care

Strengths

1. Being a part of a hospital system allows for more accessibility to needed resources; Staff appropriately identified patient for admission when notified by Incident Command Center
2. Sense of urgency/quick actions to incident – following provided updates
3. Strong group participation

Areas of Improvement

1. Will need to actively admit patients during drill to strengthen process instead of doing the simulation staff understanding but the articulation of the process was not solid.
 2. Determined the need to actively admit patients during drill to ensure process is solid.
 3. Procedure checklist to be revised
-

REHABILITATION HOSPITALS

Baptist Memorial Rehabilitation Hospital

Strengths

1. Communication with Baptist Memphis for patient transfer
2. Admin working as a team to discharge pts to accept additional pts throughout the hospital. Coming up with quick discharge plans and adding staff and pts to different parts of the hospital.
3. Staff monitoring the entrances and exits to the building during lockdown and ensuring pt safety.

Areas of Improvement

1. Working on a full lockdown of the building. Staff was still able to use their badge to get in and out of the building.
 2. Getting additional staff on the fly in case of emergency.
 3. Working on a universal system lockdown through the access control.
-

PSYCHIATRIC FACILITIES

Delta Specialty

Strengths

1. Being a behavioral Hospital, we provided mental health care to individuals affected by the event in a timely manner.
2. Effective counselors were present to help the individuals affected by the event in a timely manner.
3. Doctors from the adjacent Delta Medical Building were able to assist immediately.

Areas of Improvement

1. Would like to improve our first aid area to accommodate more patients.
 2. Have a Triage set up more efficiently.
 3. Better communication between the departments.
-

SCENARIO:

Active assailant within the facility. Injuries reported from inside the facility. Play with first responder agencies will be simulated. Internal actions by facility will be full scale response.

AMBULATORY SURGERY CENTERS

East Memphis Urology Center

Strengths

1. Communication
2. Quick to respond
3. Everyone knew their roles

Areas of Improvement

1. Knowing where to take patients
2. Knowing where the doorstops are
3. Knowing what to do with the visitors in the waiting room

Gastro One Wolf Park

Strengths

1. Communication between staff, patients, and visitors.
2. Teamwork to move and protect patient who could not be moved
3. Basic knowledge of what to do if the event was to occur

Areas of Improvement

1. Mass Notification System to quickly alert on and off campus staff
2. Creation of Action Plans for each area
3. Revision of Current Active Shooter Policy

OrthoSouth Surgery Center Germantown LLC

Strengths

1. Staff knowledgeable of Run, Hide, Fight actions needed in the event of an active shooter. You can run away from the shooter, seek a secure place where you can hide and/or deny the shooter access, or incapacitate the shooter to survive and protect others from harm
2. Upon recognizing the danger, as soon as it is safe to do so, staff or others must alert responders- Staff able to identify resources such as panic button(s) and dialing 911
3. Staff aware of surroundings and exits. Staff very knowledgeable of multiple portals of exit to evacuate self and others in the event of an Active shooter.

Areas of Improvement

1. Education on notification of other building occupants that inhabit the leased building. Educated staff on which contact numbers to call once in a safe place to do so.
 2. Education regarding how to cooperate and not to interfere with first responders/ law enforcement
 - staff must display empty hands with open palms
 - no sudden movements, do not yell at law enforcement
 - calmly explain situation and exit through the way that officers entered building (this is a secured exit)
-

3. Every reasonable attempt to continue caring for patients must be made, but in the event this becomes impossible, without putting others at risk for loss of life, certain decisions must be made.
 - Prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can.
 - Continued education on hard decision to protect self in the event you cannot protect others so that once the situation is resolved, you can be an available resource for the injured.

Ridge Lake Ambulatory Surgery Center

Strengths

1. Engaged employees
2. Leadership Support
3. We played an educational YouTube video called "Run, Hide, Fight Active Shooter Training Video for the Healthcare Environment" before we started the exercise and that proved helpful in getting the employees the information they needed, and it put them in the right frame of mind for this exercise drill.

Areas of Improvement

1. Since this was a community drill it would have been helpful to be provided with the exercise overview and forms rather than us making up our own.
 2. During the drill it was noted that our waiting room is kind of a "dead end." The area where most of the patients sit to wait is in an enclosed end of a room and anyone in this area would have a hard time running from an active shooter.
 3. Our phone paging system wasn't very loud and staff in the area can't necessarily hear when an announcement is made using the system.
-

DIALYSIS CENTERS

Fresenius Kidney Care Ridgeway #7553

Strengths

1. Quickly identifying the situation occurring. Acted quickly to inform staff and patients of danger and need to emergently disconnect from machine and get to safety.
2. Building has 3 separate exits from treatment area to escape from. Staff and patients able to quickly identify where to go. Staff and patients were successful at demonstrating the procedure for emergent disconnection. Identified patients that would not be able to do so.
3. Police Camera is in parking lot, cameras for outside and lobby area that can be monitored from tx area. Able to see where shooter was while trying to enter building. Parking lot security patrolling parking lot always during the day.

Areas of Improvement

1. The clinic outside door can be locked and unlocked from a switch in the secretary office, however, if the door is not fully closed it cannot. The second entry way door can be bolt locked but is glass and easily shot through. The secretary door locks from the secretary side so it cannot be used as a barrier. The main door from the lobby has an access code door but the shooter could easily come through the secretary office window. If the shooter came from the hall side, we have no peep hole to know who is on the other side. Is someone knocks on the door we just open it, not knowing who we are opening to. (This frequently happens due to delivery drivers not knowing we have an outside entrance.
2. Inability to move patients quickly that cannot do for themselves to get them to safety and will have to be left if in imminent danger. Some patients had difficulty twisting the lines to disconnect.
3. No panic button for police. Most of the time poor cellular reception in our building, depending on the cellular company and where in the building you are. Did not know how to alert the security driving around the parking lot.

Fresenius Medical Care Millington

Strengths

1. Communication inside the clinic was strong
2. Patients knew where to go and what to do
3. All staff and patients were able to get to safety

Areas of Improvement

1. Staff was unsure how to handle outside calls coming into the clinic
 2. We were unable to communicate with patients outside the building not knowing what they were walking in to
 3. The shooter was able to easily access the treatment floor through the front office window.
-

HOSPICE AND HOME HEALTH AGENCIES

Crossroads Hospice

Strengths

1. Crossroads Hospice employees responded quickly as if it were a real situation.
2. Employees stayed behind closed and locked doors until the drill was complete.
3. Employees who were not in the office acted appropriately and did not come to the office until the drill was cleared.

Areas of Improvement

1. Create a plan for offices that have glass doors. A shooter could shoot out the glass despite if the door is locked.
 2. Get locks for all office doors. There are some internal offices that do not have locks.
 3. The speaker system for "all page" cannot be heard in the bathrooms.
-

LONG TERM CARE FACILITIES

Graceland Rehab and Nursing

Strengths

1. Locked facility down in one minute
2. Accounted for all residents within one minute
3. Remained calm and aware of surroundings

Areas of Improvement

1. Communication
 2. Organization
 3. Prioritization
-

PSYCHIATRIC FACILITIES

Lakeside Behavioral Health System

Strengths

1. Facility was locked down appropriately.
2. Staff responded appropriately.
3. Incident command structure was successfully utilized

Areas of Improvement

1. One staff member responded incorrectly. The staff member was trained on the proper procedures regarding an active shooter incident.
-

SCENARIO:

Complete lockdown procedures due to a simulated active assailant event near the facility.

AMBULATORY SURGERY CENTERS

East Memphis Surgery Center

Strengths

1. Front desk did a good job in locking the front door and moving all the people in the waiting room out and away from the windows. They also knew to call the patients who had not arrived and tell them to stay where they are until the situation is controlled.
2. OR staff, pre-op staff, and PACU staff all knew to lower all window blinds and pull the curtains around patient beds
3. Front desk, pro-op & PACU all had copies of the schedule, so all patients were easily identified as to where they were in the facility. PACU was using the schedule to notify the patients drivers as to the situation.

Areas of Improvement

1. We found that there were sales reps and residents in the facility that did not check in properly, so we had no way to know they were here. We will put a sign at the electronic door telling them for security purposes they must check in at the front desk.
2. There were several doors that could not be secured. This will be a work in progress, we will order door wedges, electronic keypads to help facilitate the securing of these doors.
3. Panic buttons we only have 2 so additional panic buttons will be ordered. Also, the two-way radio in the administrator's office was discussed most employees did not know it was there. There was not a good source of communication with the building management nor was there any way to "lock down" the building. there will be a meeting with building management to discuss options.

Eye Care Surgery Center of Southaven

Strengths

1. Engaged Staff
2. Realistic Exercise Scenario
3. Dedicated time to complete exercise and to discuss as well as engaged senior staff leading the exercise.

Areas of Improvement

1. Some staff left before the exercise commenced. The emergency drills will be made mandatory in the future so that we get all staff participating.
 2. Since this drill was only done with staff, it was not helpful in providing experience of what we'd do if patients were present. It was noted that in future drills we might have some staff acting as patients.
 3. The ASC Administrator and Facilities Director were running this exercise and in real life it would be unlikely that they would be present during this type of emergency. Perhaps at future drills leadership will not participate.
-

Gastro One DeSoto

Strengths

1. Front desk staff responded quickly. They immediately locked front door, called 911, pressed panic alarm button, announced overhead "Dr. Away". This ensures outside help would respond immediately and staff would beware of incident to act.
2. ASC staff responded quickly. Side ASC discharged door was locked. Procedure room staff/MD were alerted. Moved patient/family to safety areas (offices, closets, bathrooms) behind locked doors. Patients that couldn't be moved curtains were closed and lights turned off. Doors that couldn't lock door stoppers were placed. When doors were pushed staff pushed back to hold shut.
3. Patients/Family in waiting room were quickly moved to back of building away from initial point of assailant in parking lot. Blinds were closed. Secretary had the day's list of staff and patients.

Areas of Improvement

1. Door stoppers didn't work. We were able to push doors open. This is good to know during a drill. Now we are ordering appropriate door stoppers that lock into the floor to properly secure doors.
2. Intercom system didn't work in all areas of building. This was good to know, and staff improvised and alerted staff in procedure areas. We had one staff member in restroom, and she didn't hear overhead announcement. Good information to know during drill. We are currently in process to improve intercom system to hear over entire building.
3. No security cameras outside building. This prevented us from knowing exact location of the shooter or if they were trying to enter a side door. All doors were locked. However, we do have a lot of glass doors and if we were sure of assailant's location, we would be better informed in case we need to exit building. We are currently looking to place security cameras outside building.

Gastro One Wolf River

Strengths

1. Communication - The staff is aware that there are no overhead speakers in the procedure rooms or the scope processing room. As soon as the overhead page of an active assailant was announced, someone immediately announced it over the radios to notify them.
2. The service elevator was summoned immediately upon overhead announcement and a chair was placed in the elevator door so the elevator could not be used.
3. The teamwork was fantastic! The staff that were not taking care of a patient at the time of the announcement helped move patients to safety.

Areas of Improvement

1. Additional security is needed such as camera outside the locked ASC door to see who is attempting to enter, better ways to block procedure room doors, and a panic button.
 2. Look into adding speakers in the procedure and scope rooms so overhead announcements can be heard.
 3. Improve communication to send employees push notifications.
-

Radio Surgical Center of Memphis

Strengths

1. Communication within our department.
2. Overall pre plan of emergencies.
3. Having a secure shelter in place area to keep safe.

Areas of Improvement

1. Better communication between our facility and our hospital.
 2. Communication while in our vault to outside agencies.
 3. Ability to gather all needed communication equipment in a timely manner.
-

DIALYSIS CENTERS

DaVita Galleria Home Training #04308

Strengths

1. Everyone knew their roles and roles were posted in the office as a reminder
2. Everyone remained calm
3. Everyone safely evacuated and remained quiet

Areas of Improvement

1. We need to ensure that all phones in the clinic are charged, and everyone knows where to locate them
2. Front door should be locked if we are not expecting a patient
3. We need a big, bright sign on the front desk where the silent 911 alarm is

DaVita-Renal Care Midtown Memphis

Strengths

1. Patients & teammates were calm and willing to help each other.
2. Teammates understood their role and were knowledgeable as to which pts to assist and which pts were able to disconnect themselves from dialysis machines. Pts verbally told staff which "Shelter in Place" location they had been instructed to relocate to. (from previous exercises)
3. Office personnel was on site to help assist with pt care. All emergency carts were fully stocked with needed supplies.

Areas of Improvement

1. Lobby patients were educated on the importance of not opening the door without staff's consent.
2. Patients were encouraged not to ask family members to come to clinic before 911 authorities were on site.

DaVita Ripley #02446

Strengths

1. Facility patients and teammates took the seriousness of the simulated drill as though it were a real live event.
2. Patients were able to verbalize the measures that they would need to take required for Emergency Take-Off Procedure. Patients simulated by hand motions the actions required for Emergency Take-Off Procedure.
3. Patients were able to verbalize where the Shelter in Place – safe meeting place would be in the facility in the event of a real scenario.

Areas of Improvement

1. Facility has newly admitted patients that were not able to fully verbalize the Emergency Take-Off Procedure and/or demonstrate the motions with their hands. Patients had to be talked through the scenario by TM guidance for full understanding.
-

2. Facility has newly hired TMs that were not able to fully verbalize their assigned tasks during the simulated drill event and had to be re-directed to the clipboard where the Daily Evacuation Worksheet is kept coached that the TMs can refer to this clipboard on their daily work shift.
3. Front desk reception area glass sliding window does not have a lock on the glass to prevent this from being open in the event of facility intruder entering the building. Administrative Assistant completed a work order request to Service Insights to request that a lock be installed on the glass window to ensure facility safety in the front reception area.

DaVita Stateline

Strengths

1. DaVita's Facility Action Plan
2. Lockdown Procedure
3. Termination of dialysis procedure to ensure the safety of the patients

Areas of Improvement

1. Always being aware of surroundings
2. Learning that situations can be unpredictable and can evolve very quickly
3. Staff being calm as to not upset patients

Fresenius Bartlett #6198

Strengths

1. The team was able to come together and quickly work together to lock down the facility. There were only about 10 patients left in the building, so they were able to quickly simulate emergency take off procedures with those patients.
2. The team was able to quickly identify a safe place to hide, which was in the water room.
3. The social worker was able to quickly contact the transportation companies to notify them that the facility was on lock down because she had the information in a binder.

Areas of Improvement

1. The facility has a lot of glass windows and the front door, and the side door leading to the treatment floor are all completely made of glass. This makes the facility vulnerable for active shooters to gain access to the facility.
 2. It will be difficult to move non-ambulatory patients from the treatment floor to the water room. There is not a lot of room for non-ambulatory patients in the water room.
 3. The facility has no security guard and the two front doors, and the receptionist window are all made of glass which makes the facility vulnerable for active shooters to easily gain access to the facility and the treatment floor where the patients are located.
-

Fresenius Central Memphis #8699

Strengths

1. Facility staff worked together to get dialysis patients off machine. Techs and nurses began rinsing patient's blood back. No needles were pulled at this time due to the urgency of getting patient to a safe place within the clinic during lockdown. Nurses began rinsing back catheter patients first.
2. CM and secretary very promptly locked front doors and placed lobby chairs in front of inside door for extra protection. CM began to help staff on the floor moving patients to the back of warehouse area. Secretary notified DO of lockdown while ensuring all blinds covering windows were closed. Staff's prompt response and excellent teamwork was the best strength of the exercise.
3. Ambulatory patients offered to help pull dialysis chairs with non-ambulatory patients to the back. Patients and staff remained calm and listened to direction from the CM.

Areas of Improvement

1. Make a permanent plan to assign tasks like gathering oxygen cylinders and extra supplies. Have extra phone chargers in case of an extended lockdown.
2. Make sure dialysis chairs are moved to the back safe area so that everyone has a place to sit in case of an extended lockdown.
3. Have CM be the only person relaying information. Information must come from a reliable source, such as Memphis Police social media or a local news source. Have AMA form available for any patient that refuses to stay at clinic.

Fresenius East Memphis Home Therapies

Strengths

1. All staff was interested and wanted to be involved with this training. The unit is on the second floor. Not as easily accessible. We have two doors into clinic, and both are always locked. There is an intercom system to ask who is at the door before opening. The secretary at clinic on first floor is always helpful in letting us know if anything is going on downstairs and that 911 had been called.
2. We had several patients in training rooms at the back of the clinic connected to machines. All patients were disconnected from their treatments and escorted into the back hallway and out the back door. The staff and patients in the back of clinic were able to escape down the stairs to safety.
3. Locks are on all restrooms, supply room, medical records room, and janitorial closet. Also, going into the nurse area from the clinic, there is a keypad code that has to be entered.

Areas of Improvement

1. Being on second floor, going downstairs are challenge for patients and staff to navigate, treatment room doors do not have locks on them. Staff had to close blinds and doors without being in sight of the windows. Keypad doors going into office area could freeze if code entered incorrectly.

2. There is only one security guard for 4 clinics. No one had the security guard's telephone number. It was only in the Rolodex at the front desk. The front door is locked and there is intercom but no camera to see who is at the door. The receptionist and the social worker are at the front of clinic without immediate cover.
3. No camera to see who is at the door, all patients are not known by some of the staff. When staff was going underneath desks and hiding in the offices, cell phones were not silenced and were ringing during the drill.

Fresenius Germantown #4771

Strengths

1. Identified new areas for patient's and employee's safety: Medical Directors upstairs office which has 2 attics, lockable exam rooms. Nurse and tech take ambulatory patients upstairs where elevator can be locked off. This is a good option that we had not considered. Permission from Medical Director obtained.
2. Reviewed how to calmly alert patients about outside situation and lockdown. Staff aware of severity of outside active shooter and need to stay calm themselves.
3. Reviewed where stretcher patients would go; in stock room that has doors with no windows and metal doors. Nurse downstairs and nurse upstairs to communicate via cell phones.

Areas of Improvement

1. Identified which supplies the Medical Director's office has and what else may be needed. Medical Directors office does not have O2 and nasal cannulas so we may need to bring. Other additional supplies on hand upstairs.
2. Not all staff aware that there was a side stairwell door to lock. Reviewed all entrances. Not all staff aware of elevator key location; reviewed.
3. Identified need to know patients' mode of transportation for when lockdown is lifted. Card index available with information of patients' transportation updated.

Fresenius East Memphis #1775

Strengths

1. Staff came together to give patients precise instructions on what they needed to do for safety.
2. Staff has been consistent in teaching patients how to disconnect themselves from treatment in the event of emergencies
3. Staff knew which patients would need assistance in disconnecting

Areas of Improvement

1. There was an area of the clinic that had a patient that staff did not go to check and give instructions.
 2. New staff needs education/in-service during orientation on emergency evacuation procedures,
-

3. Reception area needs better safety to minimize entrance into facility; front window needs locks in place to slow down any entrance and panic button needed.

Fresenius Kidney Care North Memphis #4002

Strengths

1. The main door is always locked
2. All staff including the guard were educated prior to the scene. The simulator bang at the glass window at the weighing scale with the sounds of bang! bang! bang! 2 PCTs who were rinsing back a patient clamp the lines then run towards the back door near their locations. 1 nurse who was charting at the nurses' desk hid under the desk, the secretary was already on the floor crawling towards the back door, the guard was behind the wall ready to draw his gun when the shooter gets in, the other nurse at the medication area preparing medications for the patient dunk behind the nurses' desk # 2, 3 patients already stood up from their chair with 1 step to run following the 2 staff who were running towards the back door and the simulator called off the exercise.
3. All staff verbally stated what to do in case of active shooter. Its either Run, Hide or Fight. Staff remained quiet; secretary was stating can someone call 911 in a soft voice. Several patients got interested and there were discussions between patients to patients, patients to staff on what to do and so emergency take off were insinuated that they took seriously when the preceptor was educating them on what to do on emergency and that is one of them. Identified patients let the staff check on them if they are doing right on which were to clamp

Areas of Improvement

1. Identified staff ignored the exercise and keep doing what they are doing, they were re-educated and injected the sense of what if it was real, they are dead and that is how the discussion went serious that patients got themselves involved.
2. Needs more practice to gain confidence of staff as well as the patients.
3. Needed a louder prop and do the exercise in a bigger attendance. MWL only have 16 patients and 6 staff while on TTHS there are 24 patient and 9 DPC staff and 3 non DPC staff.

Fresenius Kidney Care Raleigh Bartlett

Strengths

1. The security guard was prepared to deal with the situation and was taking the appropriate steps to ensure the active assailant did not get inside the facility.
2. After being notified of the active assailant, staff successfully followed all safety procedures and helped patients hide from the assailant. Staff then called 911 and remained hiding in a safe location.

Areas of Improvement

1. The main door was not locked; The security guard educated to keep the sliding door always locked and remain in the security post where they can see if anyone is in danger.
 2. We need a receptionist to push the emergency button
-

3. Staff needs to be alert and act accordingly when unusual sounds occur in the building. Many staff members remained in the same place even after shots were fired; some did not know the appropriate steps even though they were educated beforehand.

Fresenius Summer Ave #6758

Strengths

1. Trained arm guard posted in lobby. The security officer has extensive knowledge of both security and law enforcement training and was able to aid in exercise. Security would be responsible for locking doors after lock down issued and helping pts out of lobby to back storage areas.
2. Ancillary staff - Social Worker, Dietician, Ward Clerk, and Unit Secretary - provided necessary phone calls, retrieved crash and evacuation carts and ushered people once removed from machines to safety of back stock room. This contribution allowed entire direct patient care staff with manager assistance to focus on patients in this clinic's care.
3. Building design - building has windows only along front of clinic, which allows the back stock room to be closed off by multiple doors with locks. Stock room has doors to outside, but those doors have electronic lock. Once patients were secured in spacious stock room, adequate protection would be able to be maintained until all clear given. Crash cart and Evacuation cart have battery powered radios.

Areas of Improvement

1. Patient evacuation to back stock room. As exercise began, CM realized that the staff immediately began working in their assigned section from the daily set up sheet, most staff should have been placed along the front of treatment floor, thus getting patients away from windows at the fastest rate possible.
2. Staff rinsed back completely, and then quizzed if they would pull needles. Multiple staff members said yes. This is an education breakdown by management and more time will be devoted to emergency evacuation procedures during any emergency.
3. Understanding what all clear means, how long it might take and who it would come from. During exercise emotions were quiet and controlled, but staff member posed the question in emergency, all clear may not be giving for several hours. So, we need to evaluate possible snacks and water.

Fresenius Kidney Care Whitehaven #4001

Strengths

1. Team was ready to assist patients and direct to safe area in the building, security guard blocked entrance door and did not allow any in or out of the facility.
2. Cellphones were immediately placed on silence
3. 2 areas to hide patients, either in the water room or in the basement for safety

Areas of Improvement

1. Front of the building is completely at a disadvantage with all the windows
 2. New telephone lines do not page loud enough overhead to be heard throughout the building, technician has been informed to come and evaluate for better solution
-

3. Being able to move stretcher bound and wheelchair bound patients quickly to a safe area without causing harm to staff and patient

Fresenius Wolf River Home Therapies #101224

Strengths

1. Staff was very interactive in drill. From experience in previous drills, staff voiced being afraid but comfortable knowing what to do including measures to ensure staff and patient safety. Two doors into clinic, back door always locked, chime alert on front/main entrance. Locked door to get into treatment area/clinic from waiting room. This would slow down person rushing in.
2. Being on first floor, easy to break windows for escape. Training patient in clinic was disconnected from treatment and ushered down hallway out back of building. There are trees at end of parking lot so several hiding places there and in between cars in parking lot.
3. Button under receptionist desk to push for 911. There is also a locked medical records room right by this desk. Ample space to for receptionist to go under desk if needed.

Areas of Improvement

1. First floor, first door inside main entrance to the building, first to meet intruder. Window at receptionist's desk not always locked and is large enough someone could crawl through opening. Internet is not reliable and poor reception for cell phone coverage in middle areas/hallways of clinic. Window at receptionist's desk was not locked and slightly open at time of drill.
 2. Treatment rooms do not lock. All treatment rooms are on outside wall of the building with all windows. No cover when trying to close blinds and doors. The only rooms that lock are the Clinic Manager office and the patient and staff restrooms. Between door openings and windows, there is no place to hide in the treatment rooms that would not be visible. When staff training patient with door closed, can't always hear chimes.
 3. Did not have phone numbers for other tenants in the building. Need for exchange of phone numbers for other companies in building to that we can make quick contact if needed with each other. Did not know the name of security company or the phone numbers. Before end of drill, one staff member was peering out windows to see what was happening in parking lot. We had not received ok from police that it was safe to move.
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HOSPICE AND HOME HEALTH AGENCIES

Baptist Reynold's Hospice House

Strengths

1. Communication to all staff was prompt that there was an active assailant outside the facility.
2. Staff immediately jumped into action; blinds were all closed, families notified, all doors secured including patient room patio doors, entry/exit doors manned with available staff members.
3. Incident command immediately set up with TV on, phone line transferred, all binders available, and blinds shut.

Areas of Improvement

1. Some new staff members not aware of location of panic buttons.
2. Not enough staff to man all entry/exit doors.
3. Handheld phones not reliable. When placed on vibrate, unable to transmit a "push to talk" message.

Baptist Trinity Hospice

Strengths

1. Call tree up to date and everyone knew next steps
2. Management staff knew procedure for lockdown
3. All staff took appropriate cover

Areas of Improvement

1. Property Management does not have a building lock down plan in case of emergency
2. Property Management does not have 24-hour security
3. We do not have any contracts with security escort companies to escort nurses that need to see high priority patients

Meritan, Inc.

Strengths

1. All staff were quick to react to the situation, taking cover and adhering to protocol.
2. Security of the building. There are locked gates to enter the parking lot of the facility. You need to have a key to gain entry, or you need to be buzzed into the parking lot. Likewise, the main door and interior doors are only accessible via electronic key or granted entry by staff. Cameras surround the facility as well. There is an emergency call button at the front desk that would have been tripped had this been an actual event.
3. Call tree system was engaged, and all staff were reached about the clearance of the event.

Areas of Improvement

1. All staff need to always wear their agency provided ID badges. Five staff persons were not wearing their badges, and in an actual event, these individuals would not be easily identified by law enforcement and/or emergency staff during and after the event.
-

2. Human Resources needs to communicate with front desk staff about terminations and unapproved visitors. An assailant could be a known person to the agency that was recently terminated, and they have become disgruntled. If the front desk worker does not know that the person had been terminated, they might be persuaded to grant facility access to the assailant.
3. The back door to the facility has a censor that allows for the door to unlock when a person inside the facility comes close to the door. The censor needs to be recalibrated and/or a clear marking of the span of the censor that will trigger the door unlocking. The door cannot be locked without the censor due to fire code and safety reasons. Communication about this door has occurred, but without the marking, staff might forget in the heat of the moment and accidentally grant access to an unwanted person.

Methodist Alliance Health Services, Inc.

Strengths

1. The incident command members assembled quickly, communicated well, and had a strong response overall. This involved being focused on facility lockdown procedures for the assailant outside the facility and our response steps in conjunction with the community drill, documenting the appropriate actions to take if this were a real circumstance, and by evaluating our ability to secure the premises.
2. The associates responded well to having a simulated assailant drill in the respective facilities. This included them remaining calm, acting promptly, and securing themselves appropriately throughout the facilities by having doors shut/locked, lights out, and sheltering in place.
3. The heightened awareness of the potential for an active shooter event and the need for additional training. As a result, many associates and leaders have registered for active shooter training to be better prepared.

Areas of Improvement

1. Door Access: The greatest area of vulnerability identified from the drill was the warehouse dock area. All facility doors have badge access, but since walk-through door must remain open for egress purposes and overhead dock doors must remain open for receiving trucks, this is a consideration. Additionally, routine door checks are needed at the Quince Hospice Residence to ensure they always remain locked; one unlocked door was identified during the drill. Also, a camera needs to be installed outside the door at the Mississippi office, to allow staff to identify visitors prior to their access, due to the frosted glass on the entrance/exit door.
 2. Communication: 1) Associates to update "Send Word Now" (Methodist emergency communication system) contact information for immediate notification and the ability to avoid the need for utilizing the call tree. 2) "Badge Buddies" (printed cards the size of ID badges to attach to them) containing security contact information were ordered and distributed to all personnel for overhead page/emergency reference.
 3. We determined that quick clot kits need to be ordered for both the corporate office facility and the hospice residence site.
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No Place Like Home

Strengths

1. Communication with patient families and field staff. We had 75% of direct calls to patients/staff answered. 50% of patient families and all nurses on staff were called to make aware of active assailant. 83% of text were responded to. Texts were sent to 50% of families and all nurses that were not on duty.
2. 99% of staff followed instructions as directed by incident commander. Just a couple of incidents where an employee did not follow instructions.
3. The call tree worked! Everyone completed their duties based on the call tree and contact was made with all employees/patients.

Areas of Improvement

1. Report issues: Found that we cannot pull a second report while the 1st report is still running. One report was hard to read due to no separation (gray/white lines). Calendar report that was pulled to contact staff on duty did not contain the nurse's phone #'s. Response was to use our cell phone app (contains contact info) to call.
 2. Phone app issues: Unable to pull up patient/staff info in Ring Central app due to app logging out of database. This has been corrected by downloading updated app. Some employees required additional training in how to text several at once without sending a group text - training has been completed.
 3. Incident command: Our plan was to make a certain zone the priority and IC failed to communicate that piece of information, so all patients/on duty nurses were called vs texted. All employees need to meet at a central location and wait for instructions. Need to know how to handle Spanish translation
-

LONG TERM CARE FACILITIES

Kirby Pines Manor and Fireside Villa

Strengths

1. Staff remained calm
2. Our protocol for communication was very effective during the exercise
3. Staff followed the written policies and procedures in place

Areas of Improvement

1. Educating family members more in case of an actual event
2. Identifying an alternate logic location if residents or staff are in danger
3. We need to purchase additional communication devices to cover the whole campus

Memphis Jewish Home & Rehab

Strengths

1. Great communication ability to communicate with all team members.
2. Of the Team members that have been here several years, their knowledge of the ICS was a huge benefit. They all had in depth knowledge on their roles within the ICS and what the best action was in our emergency scenario
3. The quick response to action amongst the ICS team was great

Areas of Improvement

1. There were some new Team members that were new to their roles, so the need for additional training on the ICS was present. Because of the type of scenario, it really increased the awareness of active shooter amongst the staff.
 2. The need to revisit the emergency first responders kit was identified. The kit has been updated with missing and new information
 3. We exercised and had the scenario of a domestic violence and active shooter/assailant on the property. Several areas of entrance vulnerability into the facility were identified. Some other areas on the property were identified.
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FINDINGS FOR POTENTIAL ACTION BY THE HEALTHCARE COALITION

Several issues common to most or all the participating facilities were reported with facility evaluations. Since these items represent trends across the entire region, the HCC may wish to consider addressing these in a more strategic approach to improve capabilities for all member healthcare organizations.

This was the first full scale exercise since 2019 due to the COVID-19 pandemic response (2020) and a region wide weather event (2021) that were documented to meet exercise requirements. To accommodate all participating agencies, and contain the exercise into a single day, various scenarios were developed and execution was attempted to meet all objectives. With the addition of the MRSE requirements as well, it proved to be difficult to successfully address all exercise objectives.

Incident Command

Most facilities continue to show improvements recognizing the need for Incident Command activation and subsequently executing the activation, including proper use of forms and other documents. But, due to the extreme staffing crisis plaguing healthcare, turnover is high which often results in new staff being unaware of ICS processes, terms, or intentions.

Many facilities highlighted “teamwork” as a common strength. Therefore, although some facilities had staff unaware of exact ICS procedures, the willingness to work as a team allowed them to complete tasks in a timely and effective way.

The prevalence of events - a global pandemic, severe weather events, and daily operational struggles with limited staffing and supply chain issues – has created numerous opportunities for facilities to activate their internal incident command systems and refine their processes. But many facilities realize that even the most thorough processes are limited by staff experience and knowledge.

Willingness alone cannot successfully activate and manage incident command. Internal trainings should be offered by facilities regularly to ensure all new staff are adequately trained. And to further support MSEPC member facilities, routine trainings focusing on different aspects of the HICS response (use of Job Action Sheets and other forms, requesting and assigning resources, etc) sponsored by the HCC would benefit facilities and aid in strengthening their internal HICS response.

Incident Management

The timely scenario of active assailant was met with calm and appropriate staff responses reported by most facilities. Previous lockdown trainings and increases in building security measures proved helpful in staff response to both the situation and the processes.

The exercise did, however, highlight some gaps in current lockdown and security measures. Several facilities identified open entry points to be addressed, while others discovered that patients would need considerable assistance to move throughout the facility to seek shelter during any active assailant event.

Overall, the flexibility of staff was noted by most facilities as a strength in their ability to adapt to the changing nature of an active assailant event. But, once again, flexibility alone will not improve responses if the knowledge of the correct way to respond is not understood.

Routine training, hosted by facilities to address facility specific issues and the HCC to address general issues, should be scheduled. Training topics should include general response to active assailant situations, lockdown procedures, plan activation, and effective notification systems.

Information Sharing

Facilities continue to see successes with the use of call trees, accessing labor pools, and general information sharing between departments; but some shortcomings among the use of HICS forms, understanding of expectations, and accurately tracking information by inexperienced staff were noted. Appropriate information is available, in theory, but maintaining accurate distribution lists and information templates have proven difficult as many facilities struggle with high staff turnover rates.

External information sharing - from facilities to the MSEPC or emergency management, from facilities to patients' and their families, and emergency management or MSEPC back out to facilities – was an area of improvement for many organizations. Facilities should work to create more routine exercises of notification systems to ensure patients and their families are receiving the information they need in an effectively and timely way. MSEPC and emergency management should consider hosting meetings to further learn what information is helpful and needed during events and consistently incorporate communication methods and examples into exercises, regardless of size and scope.

Patient Tracking

In 2022, the Tennessee Department of Health decided to explore alternate patient tracking software options and MSEPC was asked to incorporate ReadyOp into their annual full-scale exercise as a demonstration region. Facilities were trained on the system two weeks prior to the exercise. EMS tested field entry and hospitals tested capabilities of retrieving patient information from field entry and also initial patient entry.

Most feedback from participating facilities compared ReadyOp to the patient tracking system we had previously used and found that ReadyOp was much easier to use and enjoyed accessing the system for patient entry without requiring a pre-registered account.

The system itself is intuitive enough for facilities to perform successfully with minimal training, but advanced training will be required to fully onboard organizations once the statewide rollout is complete. Training should include added details of how information will be shared among the region, how frequently the information should be updated once initially entered, and activation procedures.

APPENDIX A: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ACS	Ambulatory Surgery Center
ASPR	Administration for Strategic Preparedness and Response
CCU	Critical Care Unit
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ER	Emergency Room
ESF-8	Emergency Support Function 8
HCC	Health Care Coalition
HDOC	Health Department Operations Center
HICS	Hospital Incident Command System
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Command
ICS	Incident Command System
ICU	Intensive Care Unit
JIC	Joint Information Center
JITT	Just in Time Training
MICU	Medical Intensive Care Unit
MRSE	Medical Response & Surge Exercise
MSEPC	Mid-South Emergency Planning Coalition
OEM	Office of Emergency Management
OR	Operating Room
PIO	Public Information Officer
RHC	Regional Healthcare Coordinator
PACU	Post Anesthesia Care Unit
SCHD	Shelby County Health Department
SICU	Surgery Intensive Care Unit
TDH	Tennessee Department of Health
TM	Technical Manager

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Healthcare Coalitions
Mid-South Emergency Planning Coalition
WATCH
Public Health
Mississippi Department of Health
Tennessee Department of Health
Shelby County Health Department
Emergency Management
City of Memphis Office of Emergency Management
Emergency Medical Service (EMS)
Memphis Fire Department
Acute Care Hospitals
Baptist Memorial Healthcare – Corporate
Baptist Memorial Hospital Collierville
Baptist Memorial Hospital Crittenden
Baptist Memorial Hospital Memphis
Baptist Memorial Hospital Tipton
Baptist Memorial Hospital for Women and Children
Baptist Memorial Rehabilitation Hospital
Lauderdale Community Hospital
Le Bonheur Children’s Hospital
Methodist Le Bonheur Healthcare - Corporate
Methodist Germantown Hospital
Methodist North Hospital
Methodist Olive Branch Hospital
Methodist South Hospital
Methodist University Hospital
Regional One Health
Saint Francis Hospital Bartlett
Saint Francis Hospital Memphis
Ambulatory Surgery Centers
Campbell Clinic Midtown
Campbell Clinic Wolf River
East Memphis Surgery Center
East Memphis Urology
Eye Care Surgery Center of Southaven
Gastro One DeSoto

Gastro One Wolf Park
Gastro One Wolf River
Memphis Surgery Center
OrthoSouth Germantown
Radio Surgical Center of Memphis
Ridge Lake Ambulatory Surgery Center
Saint Francis Surgery Center
Dialysis Centers
Davita Galleria Home Training
Davita Midtown Memphis
Davita Ripley
Davita Stateline
Fresenius Medical Care Bartlett
Fresenius Medical Care Central Memphis
Fresenius Medical Care East Memphis
Fresenius Medical Care East Memphis Home Therapies
Fresenius Medical Care Germantown
Fresenius Medical Care Millington
Fresenius Medical Care North Memphis
Fresenius Medical Care Raleigh Bartlett
Fresenius Medical Care Ridgeway
Fresenius Medical Care Summer Avenue
Fresenius Medical Care Whitehaven
Fresenius Medical Care Wolf River Home Therapies
Hospice and Home Health Agencies
Baptist Reynolds Hospice House
Baptist Trinity Hospice
Crossroads Hospice
Meritan, Inc.
Methodist Alliance Health Services
No Place Like Home
Long Term Care Facilities
Graceland Rehab and Nursing
Kirby Pines Manor and Fireside Villa
Memphis Jewish Home and Rehab
Regional One Subacute Care
Psychiatric Facilities
Delta Specialty Behavioral Health Hospital
Lakeside Behavioral Health System

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically for the Mid-South Emergency Planning Coalition as result of the Full Scale Exercise conducted on September 28, 2022.

MSEPC accepts responsibility for assuring that the improvement plan issues identified will be integrated into an exercise in the next budget period.

Issue/Area for Improvement	Corrective Action	Capability Element ²	Start Date	Completion Date
Incident Command				
Lack of HICS awareness among new hospital staff.	Facility-level consideration should be given to making certain courses (100 and 700) a requirement for all new hires within 3 months of hire and more extensive course (200, 300, 400, 800) a requirement for all staff potentially filling HICS leadership roles. MSEPC will identify ICS and HICS trainings to be made available for HCC membership.	Training	Immediate at facility level MSEPC will identify trainings by 7/31/2023; offer courses beginning Fall 2023	Ongoing; MSEPC to offer at least two each year
Incident Management				
Address gaps in facility access and overall lockdown procedures.	Responses named issues specific to each facility. Further evaluations, planning for corrections, and implementations should be performed at the facility level.	Planning/Organization	Immediate	Ongoing

²Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Issue/Area for Improvement	Corrective Action	Capability Element	Start Date	Completion Date
Information Sharing				
Insufficient information pushed out from MSEPC and emergency management.	<p>Initiate and maintain routine communications with facilities during non-emergencies to better understand what information is needed and how it can be obtained.</p> <p>MSEPC will host meetings with specific facility types increase awareness.</p>	Planning/Organization	MSEPC will schedule meetings beginning Spring 2023	Ongoing; MSEPC will host at least 1 meeting with each facility type each year
ReadyOp Patient Tracking				
Advanced training to officially roll out ReadyOp and establish processes and expectations.	MSEPC will offer initial trainings to all applicable facilities (acute care hospitals, EMS, other participating facilities).	Training/Exercise	Awaiting full TDH approval; anticipated Spring 2023	6/30/2023