

Mid-South Emergency Planning Coalition

2023 MRSE Full Scale Exercise

November 8, 2023

After-Action Report/Improvement Plan

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.

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Homeland Security Exercise and Evaluation Program (HSEEP)

EXERCISE OVERVIEW

Exercise Name	Mid-South Emergency Planning Coalition Community Wide Surge Exercise
Exercise Dates	November 8, 2023
Scope	The functional exercise is conducted by the Mid-South Emergency Planning Coalition engaging participants from the Coalition. All regional acute care hospitals, EMS, EM, and public health agencies are expected to participate.
Mission Area(s)	Response and Recovery

Core Capabilities,
Objectives, and
Activities

Hospital Preparedness Program (HPP)

Capability 1: Foundation for Health Care and Medical Readiness

Objective 2: Identify Risk and Needs

Activity 2: Assess Regional Health Care Resources

Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

Objective 4: Train and Prepare the Health Care and Medical Workforce

Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Activity 5: Evaluate Exercises and Responses to Emergencies

Capability 2: Health Care and Medical Coordination

Objective 2: Utilize Information Sharing Platforms

Activity 1: Develop Information Sharing Procedures

Activity 3: Utilize Communications Systems and Platforms.

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

**Exercise
Objectives**

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.

Healthcare Coalition Member Facility Objectives

Healthcare 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 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 ability to appropriately triage patients and successfully identify transport destination options.
2. Demonstrate the ability of personnel 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 ability of personnel to make appropriate notification of additional personnel and appropriate equipment response.

	<p><u>Emergency Management</u></p> <ol style="list-style-type: none">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. <p><u>Public Health</u></p> <ol style="list-style-type: none">1. Demonstrate internal and external incident management communication processes in accordance with existing plans and procedures.2. Evaluate process for responding to notifications of infectious disease patients and potential outbreak identification.
Threat or Hazard	Abnormal influx of patients during daily operations, in addition to surge of patients from building collapse.
Scenario	<p>Play simulates a typical day in the Mid-South with previously recorded days of increased hospital utilization. Hospitals and EMS services are still experiencing staffing shortages because of the COVID global pandemic. The threat of highly infectious disease have been reported due to increased exposures from aboard.</p> <p>A building collapse is reported, and all agencies begin responding. Hospitals and EMS services are stressed as they work to treat injured patients while also accepting and treating the increased patient volume experienced recently.</p>
Sponsor	Mid-South Emergency Planning Coalition
Participating Organizations	Participating organizations include acute care hospitals, EMS providers, public health, emergency management, and other non-hospital facilities. A complete list of participating agencies is included in Appendix B.

Point of Contact

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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
Assess MSEPC’s capacity to support a large-scale, community-wide medical surge incident.	Capabilities 1, 2, 3, and 4	S – capabilities can be limited due to staff support.
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.	Capabilities 1, 2, 3, and 4	S – transfer agreements are not included or referenced directly in plans.
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.	Capabilities 1, 2, and 4	S – need to expand on trainings and educational materials to ensure accurate information included in platforms
Healthcare Facilities		
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.	Capabilities 1 and 2	P – facilities activated ICS and responded to alerts appropriately.

Evaluate the appropriate management of the incident as it relates to facility operations during the event.	Capabilities 1, 2, and 4	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	P – although not all facilities responded to alerts as requested, it was not an issue of receipt of alert.
Demonstrate ability to develop public messaging and provide appropriate staff to activate Joint Information Center (JIC), if requested.	Capability 2	U – JIC was not activated, information was not requested.
Emergency Medical Services		
Evaluate the ability to appropriately triage patients, provide on-scene treatment, and successfully identify transport destination options.	Capabilities 1, 2, and 4	P – paper patients were used by participating agencies.
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.	Capabilities 2 and 4	P – patient tracking system worked well. All simulated patients were tracked.
Demonstrate appropriate notification of additional personnel and appropriate equipment response.	Capabilities 2 and 4	U – scenario did not warrant any additional notifications to be made.
Emergency Management		
Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.	Capabilities 1 and 2	S – exercise details were not robust enough to full exercise this objective

Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.	Capabilities 2	P – limited activation was simulated as appropriate
Evaluate the ability to gather and share information as appropriate from public safety agencies and response partners.	Capability 2	S – facilities submitted resource requests but not all could be addressed
Evaluate role in recovery and family reunification activities.	Capabilities 1 and 2	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.	Capabilities 1 and 2	U – agency did not activate internal responses.
Evaluate process for responding to notifications of infectious disease patients and potential outbreak identification.	Capabilities 1, 2, and 4	U – participants did not respond properly to exercise this objective.
<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). 		

Surge Numbers

Mid-South Emergency Planning Coalition Full Scale Exercise Surge Numbers	
Facility	Surge Numbers
Baptist Memorial Hospital - Collierville	22
Baptist Memorial Hospital – Crittenden	8
Baptist Memorial Hospital - Memphis	105
Baptist Memorial Hospital - Tipton	16
Baptist Memorial Hospital for Women and Children	40
Encompass Central	10
Lauderdale Community Hospital	8
Le Bonheur Children’s Hospital	77
Methodist Hospital - Germantown	74
Methodist Hospital - North	50
Methodist Hospital - South	32
Methodist Hospital - University	88
Regional One Health	81
Saint Francis Hospital-Bartlett	31
Saint Francis Hospital-Memphis	66
UroCenter	5
Patients processed by EMS only	100
Total	813

FINDINGS FOR POTENTIAL ACTION BY THE HEALTHCARE COALITION

Throughout the following evaluations, we found several issues common to most of the participating facilities. Since these items represent trends across the entire region, MSEPC considers addressing the issues in a more strategic approach to improving capabilities for all member healthcare organizations.

Overall Strengths and Improvement Opportunities

The 2023 MRSE Full-Scale Exercise showcased notable strengths, including adequate on-site resources and effective incident command system activations. Internal communication methods, such as overhead paging and mass communication tools, efficiently disseminated information. Leadership support and collaboration with external partners were robust, ensuring a well-coordinated response effort. Clinical support was strong, with facilities maintaining adequate staffing and resources, and security teams efficiently fulfilling their roles. The readiness in managing supplies, with some facilities having up to 96 hours' worth available, and the successful use of ReadyOp for patient tracking and communication highlighted effective integration of technology in emergency management.

However, the exercise also identified several areas for improvement. Updating HRTS alert contacts and enhancing two-way or radio communication with corporate incident command centers are necessary to address communication gaps. Enhanced HICS education is needed, particularly regarding incident command roles, responsibilities, and documentation. Better education on morgue capacity and assistance, along with refined internal patient tracking methods, are also necessary. Additionally, clarifying the credentialing processes for labor pool and volunteer staff would enhance efficiency during surge incidents.

More specific findings are continued below.

Incident Command

The activation of incident command systems across all facilities was a significant strength. Each facility successfully activated their emergency plans, filling all necessary roles within the incident command structure, including Operations, Planning, Logistics, and Finance. Information dissemination within organizations was effective, using verbal announcements, overhead pages, and mass communication tools. The clear establishment of leadership roles and responsibilities ensured a structured response to the simulated emergency.

The exercise also highlighted areas for improvement within incident command. There is a need for better education on incident command job roles and responsibilities, as well as required documentation. Facilities indicated a need to improve internal communication methods, such as determining the appropriate timing for overhead pages and improving verbal communication strategies. Incorporating other types of communication tools like two-way radios could enhance coordination between incident command centers and corporate leadership.

Resources

The exercise showcased the adequate availability of resources across facilities, with many having sufficient supplies to sustain operations for extended periods, some reporting up to 96 hours' worth of supplies on hand. Clinical staffing and resource management were well-handled, ensuring continuous patient care during the exercise. The availability of security personnel and equipment further bolstered the response capabilities of the facilities.

However, access to resources posed some challenges. Some facilities struggled with identifying resource sources and determining who to request from. The exercise revealed gaps in the efficiency of completing requested Essential Elements of Information (EEIs), with issues arising from confusingly worded requests and difficulties in data collection. Additionally, the need for more scanners for patient tracking and better communication tools like ReadyOp on various devices was highlighted as a critical area for improvement.

External Partners

The relationship with external partners was a clear strength, with facilities reporting strong support from organizations like MSEPC, local Emergency Management, Fire/EMS, and public health entities. These partnerships were characterized by effective communication, logistical support, and a shared commitment to preparedness, ensuring that facilities felt supported and confident in receiving necessary resources during an incident.

Although partnerships are strong within the region, some areas for improvement were identified. Facilities noted the potential for delays in receiving resources due to the size and complexity of incidents. There was a call for more active involvement from public health partners to enhance regional preparedness efforts, including establishing a county-wide standard for family reunification. Suggested reviews of the ReadyOp facility dashboard and the need for more consistent and timely updates from external partners was emphasized to ensure seamless coordination during emergencies.

Facility Feedback

To capture individual participant feedback, the MSEPC developed a series of questions from three basic categories: Incident Command, Resources, and Partners. Facilities were also asked to summarize their overall strengths and areas of improvement. There were 14 participating entities. The individual responses to these questions are listed in this document and should provide insight into the triumphs and struggles of each participating facility.

As part of the exercise, each participating facility was expected to complete four (4) different requests for information:

- Exercise Kickoff – confirmed exercise participation and established contact information
- Census Report – provide information regarding current census of admitted patients
- Essential Elements of Information Report – capture data related to triaged patients, admitted patients, discharged patients, available transportation, and available resources.
- Resource Request – identified at least one resource that would be needed to support facility based on simulated impacts of scenario.

All facility submissions received have been included. However, not all participating facilities successfully completed the four (4) requests for information. A note has been added to each facility's responses indicating their success, or lack thereof, of completing these required requests.

Participating Facilities

Baptist Memorial Hospital - Collierville

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?
staffing pools in ER

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Overhead announcements as needed; walkie talkie communication.**

RESOURCES

What was the most significant issue you identified regarding access to resources? **Not Applicable**

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? **Facility did not complete EEIs**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?
Open communication between departments and with sister facilities can make a huge difference.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Very supported**

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Not Applicable**

OVERALL EXERCISE STRENGTHS

- **Quick reaction time**
- **Clear organizational tree**
- **Teamwork**

OVERALL EXERCISE AREAS OF IMPROVEMENT

- **Long in access to HRTS**
- **Interdepartmental communication**
- **More staff involved**

This facility only submitted the Exercise Kickoff, Census Report, and EEI Report.

Baptist Memorial Hospital - Tipton

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?

[Incident Command Center](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Overhead Page, Two Way Radios, Landline Telephones, Cellular devices,](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [None noted or requested](#)

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? [Facility did not complete EEIs](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?

- 1) [HRTS Externally](#)
- 2) [ReadyOps Externally](#)
- 3) [Use of two-way radios internally](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Frequently of Updates of current conditions. EMS input of patient allowed tracking, so you are aware of influx of pts for local facilities for transfers or acceptance](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [None at this time noted](#)

OVERALL EXERCISE STRENGTHS

- [Quick initiation of Command Center-Supplies, personnel, quick start guides](#)
- [ReadyOps system \(on Desk Top computers and Cell phone for scanning](#)
- [Support of internal Staff and Operations](#)
- [Ease of ReadyOps usage- \(own password\), Computer boards in Command Center](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- ReadyOps on ED staff Wows & Tablets & Cell Devices for Admissions
- Include the new business Occupancy offices to Call Tree/Disaster Planning
- Adding System Command Center to Quick Call List
- Internal Everbridge Drill for Mass Notification to all Staff

This facility only submitted the Exercise Kickoff, Census Report, and EEI Report.

Baptist Women' and Children's Hospital

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?
[Incident Commander, Logistic Section Chief, Medical Staff Officer and Command Center Recorder](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [The information was disseminated through the Command Center with the assistance of HICS job description sheets which provided information for staff to assist patients.](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [Needed additional scanners for staff to track patients.](#)

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? [Facility did not complete EEIs](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?
[Our organization participate in monthly and quarterly meetings with MRSE to conduct drills and different scenario's on how to provide appropriate response and equipment.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Our organization has partnership with different external partners to receive resources to assist in maintaining the hospital operation during the time of a disaster.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [None, they are always ready to assist during our time of need.](#)

OVERALL EXERCISE STRENGTHS

- [The Command Center was activated with the incident Commander, Logistic Section Chief, Medical Staff Officer and Command Center Recorder.](#)
- [The ReadyOPTS System was activated for patient tracking.](#)
- [The Command Center HICS job description sheets were distributed.](#)
- [The Disaster radios were readily available on 6E for staff.](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Better communication of staff availability from the labor pool.
- Command Center need additional phones.
- Staff need more education on the difference between Code D and Code D standby.
- Review all Surge Plans.

This facility only submitted the Exercise Kickoff, Census Report, and EEI Report.

East Memphis Surgery Center

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?
[leadership and organizational chart](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [leadership and organizational chart](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [No access to tracking board due to facility type](#)

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? [Facility did not complete EEIs](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? [EMSC worked closely with UroCenter to aid in pediatric cases and additional testing.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Aware that the resource was available if needed. Several required stabilization and then transfer to higher level of care.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [Difficult to access tools offered by MSEPC due to facility type being non-critical and outpatient.](#)

OVERALL EXERCISE STRENGTHS

- [Access to pediatric specialists and ORs available](#)
- [Connection to UroCenter for additional shared resources](#)
- [communication between leadership and staff](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- [Improve knowledge of resources offered by MSEPC and other departments](#)
- [Review all resources available within surgery center](#)
- [Enhance communication between centers](#)

This facility only submitted the Exercise Kickoff, Census Report, and EEI Report.

Lauderdale Community Hospital

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?

[Administration, safety officer, all department directors](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Via telephone and in person](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [No resource issues were encountered.](#)

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? [No](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?

[Assist with patient transfer out of our hospital.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)?

[Providing communication tools.](#)

[Assisting with locating additional supplies if needed.](#)

[Creating networks among the different hospital's staff.](#)

[Providing drills and exercises to evaluate disaster preparedness.](#)

[Provide training.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [No support deficiencies have been identified.](#)

OVERALL EXERCISE STRENGTHS

- [Problem Solving](#)
- [Communication](#)
- [Proper sense of urgency](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- [Assign roles to more people for back ups.](#)
- [Adapting disaster plans to new building layout.](#)

- Need another communication system in case phones do not work.

***This facility successfully completed all the requested forms during the exercise*.**

Le Bonheur Children's Hospital

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)? [All major HICS Division Chiefs, Service Branch Director, Medical Tech Specialists, Family Support](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Email, overhead pages, mass-communication tool Send Word Now](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [Clinical staffing, morge space, Security staffing, family reunification resources](#)

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? [Yes](#)

If you experienced issues with the forms, please explain. [Some of the EEI requests were worded in a confusing way. Difficult to determine correct data being queried. Difficult to collect data in busy, chaotic IC environment. Otherwise pretty effective and useful.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?

[The ReadyOp form request utilized in the exercise is great. Look for anyway to simplify that form and make it easily assessable. Need to test 900Mhz radio and sat phones during exercises as additional means of communication and resource requests.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Confident in the relationship. MSEPC serves a hub for next level access to a vast array of critical services and resources. Serves as an accountability partner to promote a preparedness mindset in an organization that has a deplorable preparedness culture.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [We REALLY need to dial in a county-wide standard for family reunification. With ReadyOp implementation we should have a standard procedure in place \(just like patient tracking\) that is activated at all facilities in an incident. This is going to hurt us badly if we continue to ignore and delay addressing this significant vulnerability. Put together a task force, seek a best practice already in use and deploy here.](#)

Please keep pressure on ReadyOp to refine the facility dashboard. Pull an IC user group together to make suggestions on what we really need to see during an incident. I didn't see any changes or improvements from the previous exercise. We can get the feeling of being unsupported by unaddressed requests and issues.

OVERALL EXERCISE STRENGTHS

- Strong Incident Command and leadership support
- Good internal two-way communications once established
- Good clinical collaboration and response
- ReadyOp patient tracking function. Great function and use of virtual Labor Pool

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Method of internal patient tracking via ReadyOp modification or other option. Very difficult to assess status and bottlenecks.
- Updated MCI plan including more detailed OR plans.
- Family Reunification plan. We have written a first draft, but it needs refinement/simplification. COUNTYWIDE STANDARD!
- Update aging radio communication infrastructure. Did I say Family Reunification plan? Did I say Dashboard refinement?

***This facility successfully completed all the requested forms during the exercise*.**

Methodist Hospital - Germantown

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **IC, Operations, Planning, Logistics, Finance, Medical Branch, Security Branch**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Overhead page, Radio Communication.**

RESOURCES

What was the most significant issue you identified regarding access to resources? **Unknown number of where to fax ESF-8 form, even though it was sent through ReadyOp (thought still needed to fax)**

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? **Yes**

If you experienced issues with the forms, please explain. **The only issue was not knowing did not need to fax ESF-8 form**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? **Methodist, overall, has strong relationships with our partners, so we do not anticipate issues, except a possible delay in receiving the resource. The size of our area could affect receiving the resources in the time frame we would expect. We, though, would manage with what we have on-site and utilize the DDC, if possible.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel very supported by external partners. We are very involved with MSEPC, which not only builds that relationship, but also expands our network with other external partners. We feel comfortable requesting resources and are confident that we can collaborate as a team for the best outcome.**

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We do not feel unsupported in any way with our external partners. With our system being so large, we do have a disaster warehouse that we can request from first, then rely on external partners.**

OVERALL EXERCISE STRENGTHS

- Great Group dynamic (work well together while working through some difficult decisions)
- Addressed all needs of special populations quickly
- Great communication and response from staff for availability (Leaders took on contacting extra help)
- OR and GI lab determined cases that could be cancelled or delayed accommodating traumas

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Increased education and training on HICS, job roles and responsibilities, required documentation
- Need to follow 3-Deep list and not have clinical directors on this list
- More security on staff and their participation in drills
- Education on what resources can be requested from DDC and MSEPC

***This facility successfully completed all the requested forms during the exercise*.**

Methodist Hospital - North

Commented [SH1]: there are two forms for North. I used the one Jennifer sent

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **IC, Planning, Logistics, Operations, Finance**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Overhead page, Radio Communication**

RESOURCES

What was the most significant issue you identified regarding access to resources? **Inconsistency in knowledge of what to directly request from our warehouse and what from MSEPC**

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? **Yes**

If you experienced issues with the forms, please explain. **No issues completing injects**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? **We would first evaluate the resources on-site and amount. Based on this event, we would anticipate the need for trauma supplies, trauma surgeons, OB physicians and the ability to discharge or transfer patients.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have a strong relationship with MSEPC, MFD, SCFD, some private services, surrounding hospitals and the public health department. We feel comfortable requesting resources through our chain of command, which would start at the facility level, then Corporate and so forth.**

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We feel very supported because we work as a team with our external partners. No suggestions at this time.**

OVERALL EXERCISE STRENGTHS

- Quick assessment of situation and additional resources possibly needed
- Just In Time training for Ready Op useful
- Great response from overhead page

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Need additional HICS training
- Need to update HRTS contacts so key players receive alerts
- Inability to save patient information in ReadyOp without assigning acuity level
- Radio communication training and more security staff

***This facility successfully completed all the requested forms during the exercise*.**

Methodist Hospital - South

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)? [IC, Operations, Planning, Logistics and Finance](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Overhead announcements, Verbal, cell phones and radios](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [Had to wait for ReadyOp emails to be sent from Jennifer Myers](#)

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? [Yes](#)

If you experienced issues with the forms, please explain. [Did not receive forms as they got sent out, had to receive from EM Coordinator](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? [Key players did not receive HRTS alerts and ReadyOp alerts/forms](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [We know that we are supported, just have to work through chain of command](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [We do not feel unsupported. We have a continuous working relationship with our external partners](#)

OVERALL EXERCISE STRENGTHS

- [Adequate resources and assets on-site](#)
- [Good clinical support](#)
- [Security responded appropriately and took on their role](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- HRTS alert contacts need to be updated
- Need 2-way or radio communication with Corporate Incident Command
- Improve/fix kinks with ReadyOp emails being sent

***This facility successfully completed all the requested forms during the exercise*.**

Methodist Hospital - University

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)? [IC, Operations, Planning, Logistics and Finance](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Verbal, need to work on when to send an Overhead page](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [University did not know what came from where and who to request from](#)

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? [Yes](#)

If you experienced issues with the forms, please explain. [Did not receive emails at first, then began receiving EEIs](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? [Due to our lack of knowledge, we would reach out to Corporate Command and ask for direction of how to request resources](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Methodist has a good, working relationship with our local partners, so we do not feel there would be any jeopardy in us receiving what we would need. The only thing would be a delay in receiving the resource due to the size and complexity of the incident.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [We know that we have great support from the local partners, but we also know that the response could be delayed. We also understand this could hinder operations, but also know that we would work with what we had until help arrives.](#)

OVERALL EXERCISE STRENGTHS

- [Equipment and staff availability was well thought out](#)
- [Had 96 hours' worth of supplies to maintain operations](#)
- [Good response from leadership team](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- HICS education: IC, job roles and responsibilities and required documentation
- Labor pool/volunteer staff and credentialing
- Need education about Morgue capacity and assistance

***This facility successfully completed all the requested forms during the exercise*.**

Regional One Medical Center

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?
[Incident Commander, Operations, Planning, Logistics, Liaison, Finance, Documentation, Public Information, Triage](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Email, Teams, Phone Calls](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [Staffing was the only issue we had.](#)

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? [No](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? [We did not have issues requiring partner support.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [We have support from MSEPC, Memphis OEM and Memphis Fire EMS. They have been active partners with our facility by providing information, communications, and logistics assistance. Public Health and has offered very little assistance.](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [Public Health needs to play a more active role in the MSEPC to provide assistance for all facilities in the region.](#)

OVERALL EXERCISE STRENGTHS

- [Consistent training and overview of response to a Mass Causality Event](#)
- [Standardized response protocols for all departments to get everyone in the correct position for a Mass Surge.](#)
- [Having an Incident Command Team that is knowledgeable in their duties and have a clear picture of the objectives they are trying to achieve.](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Internal Communications
- Department status reports
- Educations for new staff.

***This facility successfully completed all the requested forms during the exercise*.**

Saint Francis Hospital – Memphis

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?
[Operations, Resourcing, Supply Chain, Bed Management, etc.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Tenet Alert \(paged all employees\)](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [Tracking patients, outside of tele, due to them not being entered into the EMR. Census management](#)

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? [No](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources? [Leverage corporate partners to assist with resource management.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Able to review various facility statistics and census data from around Memphis](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [not applicable.](#)

OVERALL EXERCISE STRENGTHS

- [Activation, able to activate incident command quickly](#)
- [Pull and assign resources](#)
- [Team approach to managing the patient load](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- [Need full scale drill](#)
- [Tracking of census, outside of tele, to know when caps were hit](#)
- [Surgical communication, supplies](#)

This facility successfully completed all the requested forms during the exercise

Saint Francis Hospital - Bartlett

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?
administration, media, transport, safety/security

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **HRTS, Tenet Alerts, Everbridge**

RESOURCES

What was the most significant issue you identified regarding access to resources?
communication

Did your facility experience any issues with completing requested EEIs (information request s made to your facility by MSEPC as part of the exercise)? **No**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?
establish existing resource communication plans. Identify areas of opportunity and define contractual fast track.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **education and training.**

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **not applicable.**

OVERALL EXERCISE STRENGTHS

- **experience**
- **relationships**
- **resources**

OVERALL EXERCISE AREAS OF IMPROVEMENT

- **Repetition**
- **ongoing education**
- **Alternatives**

***This facility successfully completed all the requested forms during the exercise*.**

UroCenter

INCIDENT COMMAND

Did you successfully activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?
[Emergency plan, risk manager](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [risk manager](#)

RESOURCES

What was the most significant issue you identified regarding access to resources? [limited in number of patients we could safely manage and fear of not being able to get a patient with higher needs to a hospital](#)

Did your facility experience any issues with completing requested EEIs (information requests made to your facility by MSEPC as part of the exercise)? [Yes](#)

If you experienced issues with the forms, please explain. [I did not get any emails from ReadyOp; I believe the contact person needs to be updated](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing to obtain support and/or resources?
[Utilize East Memphis Surgery Center supplies and staff to help with any surgical issues outside of single specialty](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [as much as possible](#)

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [access to emergency tracking system which has improved since exercise](#)

OVERALL EXERCISE STRENGTHS

- [Personnel](#)
- [Supplies](#)
- [Monitoring systems](#)

OVERALL EXERCISE AREAS OF IMPROVEMENT

- Access to hospital resources
- execution of emergency system
- staff

This facility only submitted the Exercise Kickoff, Census Report, and EEI Report.

APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations
State
Tennessee Department of Health - Emergency Medical Services
Tennessee Emergency Management Agency
Memphis MedCom (Regional Medical Communications Center)
Local Government
Bartlett Fire Department Emergency Medical Services
Germantown Fire Department Emergency Medical Services
Memphis Fire Department Emergency Medical Services
Shelby County Health Department
Shelby County Government Emergency Management and Homeland Security Office
City of Memphis Office of Emergency Management
Acute, Rehab, and Psychiatric Hospitals
Baptist Memorial Hospital for Women and Children
Baptist Memorial Hospital - Crittenden
Baptist Memorial Hospital - Collierville
Baptist Memorial Hospital - Memphis
Baptist Memorial Hospital - Tipton
Encompass Rehabilitation Hospital - Memphis Central
Lauderdale Community Hospital
Le Bonheur Children's Hospital
Methodist Germantown Hospital
Methodist North Hospital
Methodist South Hospital
Methodist University Hospital
Regional One Health
Saint Francis Hospital - Bartlett
Saint Francis Hospital - Memphis
Non – Hospital Facilities and Other Healthcare Services
UroOne Surgery Center

APPENDIX B: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
C/E	Controller/Evaluator
CDC	Centers for Disease Control and Prevention
CEO	Chief Operating Officer
CMS	Centers for Medicare and Medicaid Service
DHS	U.S. Department of Homeland Security
DMAT	Disaster Medical Assistance Team
EEG	Exercise Evaluation Guide
EI	Essential Elements of Information
EMR	Electronic Medical Record
EMS-RC	Emergency Medical Services Regional Consultant (TDH)
ENDEX	End Exercise
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function (ESF-8 is Health and Medical)
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
HHS	Health and Human Services
HPP	Hospital Preparedness Program
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA/TA	Hazard/Vulnerability Analysis/Threat Assessment
ICS	Incident Command System
MOA	Memorandum of Understanding
PHEP	Public Health Emergency Preparedness Program
RHC	Regional Hospital Coordinator
RMCC	Regional Medical Communications Center
SCOP	Shelby County Office of Preparedness
SEOC	State Emergency Operations Center
SimCell	Simulation Cell (acts on behalf of non-participating agencies)
SME	Subject Matter Expert
START	Simple Triage and Rapid Treatment
STARTEX	Start Exercise
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically for the Mid-South Emergency Planning Coalition as part of the 2023 MRSE Full Scale Exercise conducted on November 8, 2023. Unless indicated to be another agency, 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 ¹	Start Date	Completion Date
Incident Command				
Increase awareness of ICS roles and responsibilities	Facilities will review internal processes and procedures related to ICS. Offer training as needed to ensure assigned staff are aware of roles and responsibilities.	Training	FY25	On-going. Offered as determined by facility.
Resources				
Lack of extensive vendor directories to support supply chain issues.	MSEPC to continue to work with vendors and other resource providers to establish a directory of potential vendors utilized by healthcare facilities.	Organization, Equipment	Ongoing from past AARs	On-going. Updated with new vendors as information received.
Lack of various local supplies limiting some patient care.	Facilities are encouraged to increase cache of supply.	Organization, Equipment	Ongoing process	On-going.
External Partners				
Facilities expressed interest and necessity in knowing more about fellow member facility contacts and services.	MSEPC to collect information and develop directory to include all member facility contacts and services provided. Interactive distribution list to be posted online.	Organization	Ongoing from past AARs	Interactive database by 12/31/2024. Updated with new facility information as it is received

¹Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.