Mid-South Emergency Planning Coalition Crisis Standards of Care Plan Workshop

After-Action Report/Improvement Plan

June 7, 2024

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.

EXERCISE OVERVIEW

Event Name	Mid-South Emergency Planning Coalition Crisis Standards of Care Plan Workshop
Exercise Dates	June 7, 2024
Scope	The workshop is a discussion-based exercise conducted by the Mid-South Emergency Planning Coalition engaging participants from the Coalition to discuss and review the Tennessee Department of Health's 2016 Guidance for the Ethical Allocation of Scarce Resources – Updated 2020.
Mission Area(s)	Response and Recovery
Core Capabilities, Objectives, and Activities	**Capability 1: Foundation and Operationalize a Healthcare Coalition** ***Objective 2:*** Identify Risks and Needs **Capability 2: Healthcare and Medical Response Coordination** ***Objective 1:*** Develop and Coordinate Healthcare Organization and Healthcare Coalition Response Plans ***Objective 3:*** Coordinate Response Strategy, Resources, and Communications **Capability 3: Continuity of Healthcare Service Delivery** ***Objective 2:*** Plan for Continuity of Operations ***Objective 3:*** Maintain Access to Non-Personnel Resources during an Emergency **Capability 4: Medical Surge** ***Objective 1:*** Plan for a Medical Surge ***Objective 2:*** Respond to a Medical Surge
Exercise Objectives	1. Review current state of healthcare systems as it relates to ability to manage surge responses. 2. Identify resources with highest potential of becoming scarce (space, staff, supplies, and other resources) 3. Review current resource request and procurement processes. 4. Identify gaps that may occur during resource request and procurement processes.

	5. Establish agency and facility roles during an active response as it relates to resource management and procurement. 6. Identify changes that need to be made to the Tennessee Department of Health's 2016 Guidance for the Ethical Allocation of Scarce Resources – Updated 2020 based on the roles and capabilities of the involved partners, including additional plans that may be created.
Threat or Hazard	Medical surge resulting in scarcity of essential resources.
Scenario	Participants will discuss day-to-day capabilities and how it impacts resource availability, procurement, and allocation.
Sponsor	Mid-South Emergency Planning Coalition
Participating Organizations	Emergency Medical Services, public health, acute care hospitals, emergency management, and other healthcare organizations. Participating organizations are included in Appendix B.
Points of Contact	Heather Burton Fortner, Executive Director Mid-South Emergency Planning Coalition hfortner@midsouthepc.org Sandiyan AL Hayali, Vulnerable Populations Coordinator Mid-South Emergency Planning Coalition salhayli@midsouthepc.org

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.

Objective	HPP Capability and Objective	Performance Rating
Review current state of healthcare systems as it relates to ability to manage surge responses.	Capability 1, Objective 2 Capability 2, Objective 3 Capability 4, Objective 1 Capability 4, Objective 2	P – participants were open and honest about state of healthcare in region
Identify resources with highest potential of becoming scarce (space, staff, supplies, and other resources)	Capability 1, Objective 2 Capability 2, Objective 3 Capability 3, Objective 3	P – participants quickly identified resources common to most that are scarce on a regular basis
Review current resource request and procurement processes.	Capability 2, Objective 1 Capability 2, Objective 3 Capability 3, Objective 2 Capability 3, Objective 3	S – several participants are still unsure of when and from whom they should make requests
Identify gaps that may occur during resource request and procurement processes.	Capability 2, Objective 1 Capability 2, Objective 3 Capability 3, Objective 2 Capability 3, Objective 3	P – improvements to process were shared
Establish agency and facility roles during an active response as it relates to resource management and procurement.	Capability 2, Objective 1 Capability 2, Objective 3 Capability 3, Objective 2	M – not all players were at exercise to fully establish roles. Will need substantial follow up
Identify changes that need to be made to the Tennessee Department of Health's 2016 Guidance for the Ethical Allocation of Scarce Resources – Updated 2020 based on the roles and capabilities of the involved partners, including additional plans that may be created.	Capability 2, Objective 1 Capability 2, Objective 3	M – will take follow up and effort to provide more details changes to be suggested.

Ratings Definitions:

- 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

Questions utilized during the exercise are included below along with an abbreviated list of comments made during the discussion held as part of the exercise. A more complete evaluation specific to our participating organizations is included in the Strengths and Areas of Improvement section.

Module 1: Pre-Event Operations and Planning Discussion Questions

Response Partners:

1. How would you describe the "current state" of healthcare in your jurisdiction?

   EM: Not good. Challenging. Facilities make it work

   MSEPC: facilities are full – short on beds and short on staffing.

2. What role do you play in preparedness planning for healthcare organization?

   Public health: Monitoring everything while using HRTS, as facilities share information such as facility status and if resources are needed.

   OEM: Always keep the line of communication open with everyone, especially MSEPC.

   SCHS-EM: always available to meet with anyone who wants to meet and include in their preparedness plan.

   MSEPC: Offer ER/EMS Alerts to help with situational awareness. As well as offer exercises, quarterly meetings to help with building a network between facilities, and offer hotwashes after each event.

Healthcare:

1. How would you describe the "current state" of healthcare in our region?
   - Everything is "taxed"
   - Community only education does not help.
   - Still recovering from struggles of COVID response

2. What are the most common challenges facing resource allocation in daily operations?
   - Transportation options – ambulances in and post-acute care transfers.
   - Economy.
   - Limitation with anesthesia care and surgeons.
   - Case managements have a tough time finding placements for patients.
   - Aging population has a lot of healthcare needs – hospital, outpatient, and post-acute care

3. What resources do you see as most at risk for scarcity during daily operations?
    - Beds
    - Staffing
    - Blood Products.

4. On average, what is your daily capacity to respond to a surge event?
   Extremely limited. Most facilities are what should be considered "critical" every day. Surge procedures are used frequently to expand capacities due to daily demand. Those same processes would be followed if a surge occurred, and facilities are committing to doing everything possible, but it is hard to identify a specific surge capacity.

5. Are you actively engaged in community-wide preparedness planning?
   Healthcare: Yes. All facilities are actively participating in meetings and planning/exercise activities with the community.

   MSEPC: hospitals contribute individually and corporately to exercises and plan development

6. Are you actively engaged in facility/service-specific preparedness planning?
   Most facilities have an active Preparedness Committee to discuss internal priorities, processes, and procedures.

Module 2: Resource Request and Procurement Process Discussion Questions

Healthcare:

1. How does your organization monitor resource levels?
   All the hospitals hold some form of daily safety brief in the morning or afternoon going over and monitoring resources.

2. What triggers and notifications are in place to alert appropriate parties of limited resources?
   - Most facilities share appropriate notifications regarding limited resources during their daily safety calls. Several facilities have dashboards on their internal systems that actively monitor the statuses of products (beds, blood, PPE, etc)
   - If necessary, facilities will activate their incident command to handle an unexpected strain on resources within the facility – this has been done for widespread events such as weather-related emergencies, or for daily capacity issues.

3. Describe a recent event where you identified a need, or potential need, directly related to maintaining patient care.
   Recent ice storm – January 2024
   - Staffing
   - Patient placement and transportation (from and to the hospital)
   - Trash pickup
   - Low Portal O2 tanks
   - Porta potty vendors
   - Linen Issues

4. How would your organization make an external resource request? Who makes the request? Who do they contact?
   - Healthcare facilities would contact the MSEPC to begin the resource request process.
     - Facilities should be expected to show that they have exhausted all other options, including sharing among sister facilities and contact vendors.
   - The facility requester may differ from event and facility. MSEPC works to confirm the request, regardless of who requested it, by contacting MSEPC contacts to ensure they are aware of request

5. What has been your experience with making external requests? Are the requested filled? What types of requests are typically more difficult to fill?
   The Coalition is always there to help the hospitals with resource requests.

Response Partners:

1. Describe how your agency supports healthcare during an event.
   MSEPC: we try to have the correct contact, so we make sure that the resource request is not duplicated and get the correct information.

   TDH: National response does not differentiate between profit or non-profit. We consider the needs of the community. The only difference between profit and non-profit is the reimbursement process.

OEM: Work closely with MSEPC and other partners to ensure the proper respond. However, communication was a problem in the beginning, but it has been improved.

2. How would your agency process healthcare related resource requests? Describe that process.
   SCHS-EM: We accept requests from the MSPEC and other entities. Agencies need to show that they tried to get the request locally before elevating it to the state. If the ESF8 is activated, the municipality will help to make the decisions.

   MSEPC: we accept the rquest from any healthcare facility, regardless of membership status. We work to fulfill the request through our own assets, partner HCC assets, or work with the immediate municipality. We make sure the municipality knows about the request in case it has also been made to them, and we often work with the municipality to fulfill the request. If MSEPC, partners, or the municipality can fulfill the request we submit the request to SCHS-EM for fulfillment at the county level or for it to be elevated to the state.
3. How are healthcare related requests prioritized by your agency?
   SCHS-EM: First come first serve. Try to handle it as it is coming in.

   MSEPC: Requests are typically handled as they are submitted. However, once one request gets started, we are often working on another one while we wait to hear back regarding the first. If we receive competing requests (which thankfully has not happened in recent memory) we would work to identify how the most good would be accomplished. We will involve our Board in deciding how the resource is allocated if we anticipate that one facility could be negatively impacted by the decision.

All:

1. What are the strengths of our local response management and resource request process?
   The Coalition is a strong asset to healthcare locally.

   MSEPC: committed contacts allow us to remain in constant contact with healthcare facilities during events to ensure we are offering effective support and not duplicating requests or effort.

2. What are the main areas of opportunity in our local response management and resource request process?
   - Although the HRTS dashboard is an effective tool to share facility status, many facilities feel that their “critical” status is overlooked because they remain on it daily due to the reality of the situation. As a result, many facilities refrain from placing themselves on “critical” until it is necessary to ensure they receive the intended response from the facility status change.
   - A system to track and manage resources is needed during emergencies. An ideal system would have an updated dashboard accessible to hospitals and other organizations to see the status of resources in our community.

Module 3: Crisis Standards of Care Discussion Questions
Healthcare:

1. What steps would be taken to enact your organization's Crisis Standards of Care Plan?
   - Set up Incident Command.
   - Document everything.
   - Consideration should be given to the anticipated length of time of the response. If it is believed that the event will last for days, weeks, or months, the response to tirage and treatment may be different than if we know there is a finite number of patients impacted from a specific event.

2. What, if any, steps should be taken by local or state government before an organization can proceed with altered standards of care?
   Prior to implementing crisis standards of care, it is crucial to have a clear declaration of emergency at the state level.

3. How can the MSEPC best support the Mid-South healthcare community?
   We can form sub-committees to help with resources and organizing to eventually have a better understanding and response during emergencies and crisis standards of care.

4. How can local government (city and county mayors, city EMAs, SCEM-HS, SCHD) best support the Mid-South healthcare community?
   Develop a better understanding of what is needed by the healthcare community both in the planning processes and during response. Participate in exercises when appropriate to test response capabilities and processes.

5. How can state government (Governor's office, TEMA, TDH) best support the Mid-South healthcare community?
   Develop a better understanding of what is needed by the healthcare community both in the planning processes and during response. Pay attention to the needs of the Mid-South and how they may be different from other areas of the state. Consider regional response support and expectations rather than looking at the state as a whole.
   .

STRENGTHS AND AREAS OF IMPROVEMENT

Several issues common to most or all the participating facilities were reported either as part of the exercise discussion or from facility evaluations submitted after the exercise concluded. Since these items represent trends across the entire region, the HCC may wish to consider addressing these in a more strategic approach to improving capabilities for all member healthcare organizations.

STRENGTHS

Healthcare facilities and response partners show a high level of engagement in preparedness planning and community-wide exercises, ensuring consistent communication and collaboration. The Mid-South Emergency Planning Coalition (MSEPC) maintains dedicated contacts, allowing for effective and timely communication during events, reducing duplication of efforts. The Coalition is seen as a strong asset, facilitating resource requests and offering significant support during emergencies.

Most facilities have active Preparedness Committees, engage in regular meetings, and participate in quarterly exercises, which help build a robust network and preparedness culture. Facilities are prepared to activate their incident command systems quickly, which is critical for managing unexpected strains on resources.

Hospitals conduct daily safety briefs to monitor resource levels, ensuring timely identification and response to resource constraints. There is a clear process for making external resource requests, with MSEPC acting as a central coordinator to streamline and validate requests.

AREAS OF IMPROVEMENT

The HRTS dashboard, although useful, may not effectively capture the ongoing critical status of facilities due to daily high demands. This can lead to underreporting until an acute crisis arises, impacting response efficiency. There is a need for an improved system to track and manage resources during emergencies. A real-time, accessible dashboard for hospitals and other organizations could enhance situational awareness and resource allocation.

While steps for enacting Crisis Standards of Care are outlined, there could be a more detailed plan that includes specific roles, responsibilities, and communication protocols. Local and state governments need to have a deeper understanding of healthcare needs and participate more actively in planning and exercises to provide targeted support.

Limited transportation options, especially for ambulances and post-acute care transfers, along with staffing shortages, are significant challenges that need addressing. Commonly scarce resources such as beds, staffing, and blood products require proactive strategies to mitigate shortages and ensure better resource availability.

Facilities are expected to exhaust all local options before making external requests. Clear guidelines and support on how to efficiently do this could streamline the process. While the Coalition assists with requests, some types of requests are more difficult to fulfill. Identifying these and developing contingency plans could improve response times and resource availability.

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ASPR	Assistant Secretary of Preparedness and Response
EM	Emergency Management
EMS	Emergency Medical Services
HCC	Health Care Coalition
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
MSEPC	Mid-South Emergency Planning Coalition
OEM	Office of Emergency Management
PPE	Personal Protective Equipment
SCHD	Shelby County Healthcare Department
SCHS-EM	Shelby County Emergency Management Homeland Security Agency
START	Simple Triage and Rapid Treatment
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Healthcare Coalitions
Mid-South Emergency Planning Coalition
Public Health
Tennessee Department of Health
Emergency Management
City of Memphis Office of Emergency Management
Shelby County Emergency Management and Homeland Security Agency
Emergency Medical Service (EMS)
Memphis Fire Department
Acute Care Hospitals
Baptist Desoto Hospital
Baptist Memorial Hospital
Baptist Memorial Hospital - Corporate
Le Bonheur Children's Hospital
Methodist Le Bonheur Healthcare - Corporate
Methodist Germantown Hospital
Methodist North Hospital
Methodist Olive Branch Hospital
Saint Francis Hospital – Bartlett
Saint Francis Hospital – Memphis
Regional One Health

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically for the Mid-South Emergency Planning Coalition as result of the Crisis Standards of Care Plan Workshop conducted on June 7, 2024.

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
Continue to refine resource requesting process for facilities.	Provide clear, detailed guidelines for facilities on how to exhaust local options effectively before making external requests to ensure a more efficient resource request process.	Planning, Training, Exercise	Currenting in process.	On-going. Process reviewed and edited with each exercise and event.
Clearer language from recipient's plan to identify actions taken at state level to make formal declaration and other actions (executive orders, waivers, etc)	MSEPC suggests that TDH convene a working group including facility representation to gain a clearer understanding of altered and crisis standards of care implementation at the facility level.	Planning	FY25	Suggested June 30, 2025

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