

Mid-South Emergency Planning Coalition 2024 Full Scale Exercise

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.

EVENT OVERVIEW

Event Name	2024 Full Scale Exercise
Exercise Dates	November 14, 2024
Scope	The full-scale exercise is conducted by the Mid-South Emergency Planning Coalition engaging participants from the Coalition. All regional acute care hospitals, local EMS, and various non-hospital partners are expected to participate.
Mission Area(s)	Response and Recovery
Core Capabilities, Objectives, and Activities	<p>Hospital Preparedness Program (HPP) <i>Capability 1: Foundation for Health Care and Medical Readiness</i> Objective 2: Identify Risk and Needs <u>Activity 2:</u> Assess Regional Health Care Resources <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 Objective 4: Train and Prepare the Health Care and Medical Workforce <u>Activity 1:</u> Promote Role-Appropriate National Incident Management System Implementation <u>Activity 3:</u> Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations <u>Activity 5:</u> Evaluate Exercises and Responses to Emergencies</p> <p><i>Capability 2: Health Care and Medical Coordination</i> Objective 2: Utilize Information Sharing Platforms <u>Activity 1:</u> Develop Information Sharing Procedures <u>Activity 3:</u> Utilize Communications Systems and Platforms. Objective 3: Coordinate Response Strategy, Resources, and Communications <u>Activity 1:</u> Identify and Coordinate Resource Needs during an Emergency <u>Activity 3:</u> Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency</p> <p><i>Capability 3: Continuity of Health Care Service Delivery</i> Objective 3: Maintain Access to Non-Personnel Resources during an Emergency <u>Activity 1:</u> Assess Supply Chain Integrity Objective 5: Protect Responders' Safety and Health <u>Activity 1:</u> Distribute Resources Required to Protect the Health Care Workforce <u>Activity 2:</u> Train and Exercise to Promote Responders' Safety and Health</p>

	<p>Capability 4: Medical Surge Objective 2: Respond to a Medical Surge <u>Activity 1:</u> Implement Emergency Department and Inpatient Medical Surge Response <u>Activity 4:</u> Provide Pediatric Care during a Medical Response <u>Activity 7:</u> Provide Trauma Care during a Medical Surge Response <u>Activity 8:</u> Respond to Behavioral Health needs during a Medical Surge Response <u>Activity 11:</u> Manage Mass Fatalities</p>
Exercise Objectives	<p>Healthcare Coalition (HCC) Objectives</p> <ol style="list-style-type: none">1. Assess MSEPC’s capacity to support a large-scale, community-wide medical surge incident.2. 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. <p>Healthcare Coalition Member Facility Objectives</p> <p><u>Healthcare Facilities</u></p> <ol style="list-style-type: none">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. Demonstrate facility ability to manage a large event by timely and appropriate response to all requested essential elements of information.3. Evaluate the appropriate management of the incident as it relates to facility operations during the event, including evacuation and admission procedures.4. Evaluate the ability to establish and maintain patient tracking processes for all evacuated and received patients. <p><u>Emergency Medical Services</u></p> <ol style="list-style-type: none">1. Evaluate ability to appropriately triage patients and successfully identify transport destination options for evacuating patients.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.
Threat or Hazard	<p>Various weather events affecting structural integrity of buildings resulting in significant service disruptions and several evacuations.</p>
Scenario	<p>On Thursday, November 14 significant weather conditions are present in the Mid-South. High winds and excessive rain result in loss of utilities and structural damage to several buildings. Evacuations are needed at long-term care facilities. Dialysis patients need to be relocated to other clinics and hospitals to receive treatment. Multiple weather-related injuries are reported resulting in additional surges to local hospitals</p>

Sponsor

Mid-South Emergency Planning Coalition

Participating
Organizations

Participating organizations include acute care hospitals, EMS providers, and other non-hospital facilities. A complete list of participating agencies is included in Appendix B.

Points of
Contact

Heather Burton Fortner, Executive Director
Mid-South Emergency Planning Coalition
hfortner@midsouthepc.org

Sandiyah AL Hayali, Coordinator
Mid-South Emergency Planning Coalition
salhayali@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. 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	Healthcare Preparedness Capability	Rating
Assess MSEPC’s capacity to support a large-scale, community-wide medical surge incident.	1, 2, 3, and 4	S – support for medical facilities is present and capable, however, full community-wide capabilities are difficult to test without consistent exercise and plan development involvement from public health and county EMA.
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.	1, 2, 3, and 4	S - Overall requests were fulfilled in a timely manner, however there is still work that can be done to address more EEI’s during exercises.
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.	1 and 2	P – facilities activated ICS and responded to alerts appropriately.
Demonstrate facility ability to manage a large event by timely and appropriate response to all requested essential elements of information.	2	M – typical EEIs (response to alerts) went well while full and accurate completion of patient tracking was very lacking.
Evaluate the appropriate management of the incident as it relates to facility operations during the event, including evacuation and admission procedures. Evaluate the ability to establish and maintain patient tracking processes for all evacuated and received patients.	1, 2, and 4	S – typical challenges identified as expected with evacuation procedures M – patient tracking issues highlighted need for more training and oversight for patient entry
Emergency Medical Services		
Evaluate ability to appropriately triage patients and successfully identify transport destination options for evacuating patients.	1, 2, and 4	P – EMS interaction with evacuating facilities was smooth.
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.	2 and 4	P – EMS usage of patient tracking was timely and sufficient

Objective	Healthcare Preparedness Capability	Rating
<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). 		

Table 1. Analysis of Healthcare Preparedness Capability Performance

Hospital Surge Numbers

Facility	Surge Numbers
Baptist Memorial Hospital - Collierville	10
Baptist Memorial Hospital – DeSoto	47
Baptist Memorial Hospital - Memphis	64
Baptist Memorial Hospital - Tipton	6
Baptist Memorial Hospital for Women and Children	17
Lauderdale Community Hospital	4
Le Bonheur Children’s Hospital	31
Methodist Hospital - Germantown	33
Methodist Hospital - North	21
Methodist Hospital - South	13
Methodist Hospital - University	42
Regional One Health	29
Saint Francis Hospital-Bartlett	15
Saint Francis Hospital-Memphis	34
Campbell Clinic – Germantown	8
Campbell Clinic – Midtown	5
Total	379

Long Term Care Evacuating Facility Patient Numbers

Facility	Evacuating Numbers
Allen Morgan (SNF)	48
The Kings' Daughters and Sons (SNF)	70
Trezevant (ALF)	54
The Village of Germantown (ALF and SNF)	43
Total	215

Long Term Care Receiving Facility Patient Numbers

Facility	Surge Numbers
AHC Applingwood	8
Allenbrooke	12
Ave Maria	12
Baptist Rehab	5
Baptist Reynolds Hospice House	2
DeSoto Healthcare	22
Kirby Pines – Manor	32
Kirby Pines – Villa	2
Majestic Gardens	32
Memphis Jewish Home	23
Millington Healthcare	12
NHC Somerville	4
Parkway	5
Regional One Subacute	7
Signature of Memphis	17
Additional Hospital patients	20
Total	215

FINDINGS FOR POTENTIAL ACTION BY THE HEALTHCARE COALITION

The following evaluations will highlight key strengths and opportunities for improvement across the Mid-South Emergency Planning Coalition (MSEPC) member facilities. Including the full feedback from each facility allows for increased accountability, transparency, and information sharing among all members. Submitted evaluations provide examples of strong emergency preparedness and coordination, commitment to sustaining incident command activities and resource management, and continued external partnerships.

Note: Any response marked as “N/A” has been excluded from the facility feedback.

Overall Strengths and Improvement Opportunities

Facilities continue to demonstrate the ability to activate incident command effectively, establishing structured leadership and efficient resource management. Communication was a significant strength; facilities utilized text alerts, walkie-talkies, and emergency paging systems to ensure rapid information dissemination. Many facilities utilized exercise scenarios to reach out to vendors and other partners, confirming access to necessities like medical supplies and fuel.

However, several critical areas require improvement. Certain facilities experienced delays in activating emergency response teams, leading to coordination issues. And as identified in nearly every exercise prior, facilities continue to find opportunities for increased training around incident command. Minor technical difficulties with patient tracking systems initially slowed response efforts, while restricted engagement from local emergency agencies created uncertainty surrounding available resources and protocols.

Incident Command

MSEPC continues to offer trainings upon request and consistently shares available trainings to all MSEPC member facilities. While the understanding and application of ICS principles continues to increase among facility users, frequent turnover still causes limitations to activation and thorough usage. To enhance efficiency, it is crucial to expand ICS training for all staff and conduct regular scenario-based drills, eliminating any hesitation in response.

Resources

Facilities reviewed their medical and emergency supply needs and most found they have sufficient stockpiles of critical items, such as IV fluids and essential medications. Several hospitals adeptly reallocated internal resources, including staffing and patient bed availability, to meet heightened demand. Facilities with strong vendor relationships swiftly secured necessary supplies, minimizing disruptions to patient care.

However, some supply chain challenges still exist, as delayed vendor responses impacted the availability of critical resources. Several facilities lacked on-site fuel reserves for emergency transportation and adequate backup generators, posing risks to sustained operations. Additionally, gaps in staff knowledge regarding resource request procedures hindered efficiency in procurement efforts.

MSEPC continues to work with facilities and vendors to build and maintain a directory of new and existing vendors to support pre-event planning and response operations. An interactive web-based directory is planned for MSEPC's website to increase facility access to resource opportunities.

Patient Tracking

Facilities accessed the patient tracking system, ReadyOp, effectively, without issue. Staff adeptly navigated technical challenges and utilized manual data collection when necessary. Non-clinical staff contributed significantly to tracking efforts, bolstering overall coordination. Facilities with prior training found ReadyOp intuitive, and collaboration with EMS and healthcare coalition members improved communication and data sharing.

Although not widespread, technical issues remain a concern at a couple of facilities. The most significant issue was inaccurate and missing data entries. Increased education, training, and frequent exercising will hopefully remedy this issue. Unfamiliarity with the system and how the information is shared and utilized across the region often leads to sub-par data entry.

More generally, the current ReadyOp dashboard has not been updated by the Tennessee Department of Health, its owner, in more than two years and none of the previous suggestions for improvement have been incorporated. The inability to make timely changes at the HCC level leads to issues with maintaining utilization region-wide as facilities continue to experience frustrations with the system view provided through dashboards.

External Partners

Facilities with established relationships with external agencies, such as MSEPC and Fire/EMS, achieved superior coordination and resource sharing during the exercise. Real-time updates via communication platforms like ReadyOp enhanced collaboration among healthcare and emergency response organizations. Some facilities effectively leveraged partnerships for patient transfers and the sharing of critical supplies.

However, a lack of engagement from some external partners, including local EMA and public health, generated uncertainty around their roles. The typical resource request process is difficult to exercise when agencies ultimately responsible for ESF-8, at both the local and state levels, are not present in exercise planning and execution. MSEPC continues to extend invitations to these groups with each exercise.

To ensure future responses are efficient, it is imperative to strengthen partnerships, maintain an updated contact directory, and enhance transport coordination.

PARTICIPATING FACILITIES

Acute Care Hospitals

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)?

The following components were activated in the incident as follows: Incident Commander, Public Information Officer, Liaison Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Sect.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Information was disseminated via hand-held radio, telecommunications, Texting System Everbridge, and Telephone service.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

All departments including non-clinical participated in the exercise. Throughout the exercise, several opportunities for improvement in the hospital's ability to respond to a mass casualty/disaster event were identified including additional training in hospital alert notification and procedure, communication between other facilities on campus, providing scanners for patient Although there were technical difficulties with the ReadOp system, the incident command system was able to mitigate the issue with obtaining written data to submit once the ReadOp system was activated properly. tags, and policy and procedure revision for Emergency Management.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

MSEPC can conduct onsite training annually or provide a virtual tutorial which outlines the usage and procedure of how to use the system. The training design should include when to utilize the system, understanding data and available resources, and clarity on tagging patients.

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

The only issues regarding access to resource was the response from vendors and the hospital's staff understanding logistic when accessing resource access.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Encouraging a village type effort to have all resources available to have a successful exercise to bring on confidence in real time emergencies.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The organization feel supported by external partners due to having complete access to contacts and having the availability to share information and training opportunities. Also just knowing that we have their full support
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? This is not a question with Baptist Memorial Hospital Memphis. The entire external partners are definitely great and supportive.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The organization's response to the exercise and activation of the Incident Command was well organized.
- The Emergency Department organized and set goals for the exercise early into the event.
- All participants of the organization demonstrated excellent teamwork.
- Staff demonstrated cohesiveness during the "Hot Wash".

Overall areas of improvement:

- Recommend extensive feedback from Senior Leadership and Administrative Team.
- Efficiency improvements should be made to the implementing continuous training in Incident Command System, Emergency Preparedness, Mitigation, Recovery, and Response.
- PBX Operators will need additional training and understanding on Alert notification for visitors, patient, and staff. There were delays disseminating information via intercom during the event.

Baptist Memorial Hospital Desoto

INCIDENT COMMAND

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

Yes, the facility's Incident Command System (ICS) was activated upon receiving the HRTS alert through the Baptist Alert System (Everbridge).

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

The following positions were activated:

- Incident Commander
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance Section Chief
- Public Information Officer
- Safety Officer
- Medical Liaison Coordinator
- Multiple Unit Leaders, including Patient Tracking, Patient Registration, Emergency Department, Infrastructure, and Environmental Services, among others.

How was information disseminated throughout the organization to keep staff and patients informed of the situation?

- i. Everbridge notification system.
- ii. Handheld radios and separate telephone lines for key positions.
- iii. HICS 213 Incident Message Forms.
- iv. Public Information Officer (PIO) coordination with the Corporate Communications Team.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The patient tracking system was successfully accessed and used for patient entry. However, there were issues with handheld barcode scanners and the ReadyOp system, which presented opportunities for improvement.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

- MSEPC can offer additional training on the proper use of handheld barcode scanners.
- More detailed training materials can be developed to address common challenges faced during system usage.
- Live demonstrations and hands-on exercises would help staff become more comfortable with the platform.

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

No specific unavailable resources were noted during the exercise. However, there were noted opportunities for ensuring an adult could stay with pediatric patients without guardians.

PARTNERS

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

Partners such as local EMS, public health agencies, and emergency management offices would be leveraged for:

- Additional staffing or medical personnel if needed.
- Resource allocation, including medical supplies and transportation.
- Support for mental health services for patients, families, and staff.

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

Support from partners was evident in:

- Presence of Mississippi Department of Health personnel during the exercise.
- Coordination with Desoto County Emergency Management and local Fire/EMS departments.
- County Medical Examiner's preparedness to accept additional bodies beyond hospital morgue capacity.

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 major gaps in support were identified, but suggestions include:

1. Improved coordination with external agencies for patient tracking system training.
2. Enhanced pre-event planning for handling vulnerable populations, including unaccompanied minors.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Rapid notification and response to the incident.
- Effective incident command structure with clear role assignments.
- Successful activation of patient tracking and surge plans.
- Strong communication using Everbridge, handheld radios, and structured reporting methods.

Overall areas of improvement:

- Addressing issues with barcode scanners and ReadyOp functionality.
- Ensuring the availability of adults for pediatric patients without guardians.
- Enhancing staff training on resource tracking and situational awareness tools.
- Improving coordination with external partners for pre-event planning and response efficiency.

Baptist Memorial 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)?

The following components were activated in the incident as follows: Incident Commander, Public Information Officer, Liaison Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Sect.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Information was disseminated via hand-held radio, telecommunications, Texting System Everbridge, and Telephone service.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The participants of the organization demonstrated excellent teamwork and cooperative with partnership during the incident. Hospital staff successfully imitated to take on tasks outside of the scope of assigned duties including the notification of external resources, additional staff, and law enforcement partners.

Although there was technical difficulties with the ReadOp system, the incident command system was able to mitigate the issue with obtaining written data to submit once the ReadOp system was activated properly.

All departments including non-clinical participated in the exercise. Throughout the exercise, several opportunities for improvement in the hospital's ability to respond to a mass casualty/disaster event were identified including additional training in hospital alert notification and procedure, communication between other facilities on campus, providing scanners for patient tags, and policy and procedure revision for Emergency Management.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

MSEPC can conduct onsite training annually or provide a virtual tutorial which outlines the usage and procedure of how to use the system. The training design should include when to utilize the system, understanding data and available resources, and clarity on tagging patients.

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

The only issues regarding access to resource was the response from vendors and the hospital's staff understanding logistic when accessing resource access.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Support would be the transport of patients to other facilities, additional supplies, and general information to sustain operations within the hospital.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The organization feel supported by external partners due to having complete access to contacts and having the availability to share information and training opportunities.

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? This is not a question with Baptist Memorial Hospital Memphis. The entire external partners are definitely great and supportive.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The organization's response to the exercise and activation of the Incident Command was well organized.
- The Emergency Department organized and set goals for the exercise early into the event.
- All participants of the organization demonstrated excellent teamwork.
- The quality and scope of the event of the exercise provided the required exercise for the year, training for the staff, and set a standard of expectation moving forward in operating the Incident Command System.

Overall areas of improvement:

- Recommend extensive feedback from Senior Leadership and Administrative Team.
- Efficiency improvements should be made to the implementing continuous training in Incident Command System, Emergency Preparedness, Mitigation, Recovery, and Response.
- PBX Operators will need additional training and understanding on Alert notification for visitors, patient, and staff. There were delays disseminating information via intercom during the event.

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, Administration present and participating.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Command Center, 2-way radios, email, paging, landline telephones.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Were able to scan Patient tags without problems, some difficulty with being able to see pts right away. Used the phone app, one of the staff who had downloaded the app previously would only let her see long term facilities and not the acute care. She reloaded and it worked.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
Training materials or quick start, how can we practice with new staff or quarterly putting pts and we did with the old HRTS system might help with ease and familiarity.

What was the most significant issue you identified regarding access to resources?
I think not being able to see the views, so you couldn't see what was available , if you were going to transfer or seek that you could not see the number of pts in other facilities were receiving.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We did use EMS as part of our exercise but if they were scanned at the scene, we would know ahead of time they were coming. We did not transfer any so going forward if we are able to see bed availability especially with our sister hospitals would be great.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Ability to reach the support center to help with just in time need was very helpful with a solution when we could not see the patients were scanned.**

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? **I do not have any suggestions for improvement at the moment. Unless there was a way to triage out availability of burn beds, trauma beds, dialysis or peds beds etc. for later transfer.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Better Communication between IC and ED
- Areas Signage was posted early
- Better Communication between staff in hospital Depts/off site clinics and offices /Command Center
- Different Patient Tracking Resource: Easier to use able to see triage pts, Staff used the Interpreter. IPAP/Phone

Overall areas of improvement:

- Direct Phone Line for Incident Command Center need to update and established.
- Develop a Staffing Sheet Template
- Update and revise Departmental Process & responsibilities.
- Updated Morgue Processes 5. Weren't able to view the facility, corporate view so we could request bed status or transfer later when transfer could take place

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)?
The information was disseminated through the Command Center with the assistance of HICS job description sheets which provided information for staff to assist patients.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **The Job Action Sheets was utilized for communicating with staff, patients and departments to keep everyone informed in real time.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
The Ready Opt patient tracking system 'worked well for receiving and admitting patients into the facility. The Area of Improvement was identified when the patient tracking system keep re-using the same patient more than once which caused delays in admitting patients in a timely manner. There were no other issues that were identified with the patient tracking system.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
I would like to see more training with the Ready Op System and materials at least once or twice a month. This extra measure will help better prepare all users to be familiar with the system.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **There was never an issue with our partners obtaining any resources during our exercise play.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Our organization not only feels supported but appreciate (MSEPC) for providing our organization with the necessary tools and resources before, during and after an event.**

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? **There has not been a lack of support or communication on behalf of the (MSEPC).**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The ReadyOp 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.
- Better communication of staff availability from the labor pool.

Overall areas of improvement:

- The triage tag information should be designed for each hospital without recycling patients.
- The triage tag should come with a picture for more patient realization.
- The Ready Op Dashboard should update patient information in real time as they move throughout the tracking system.

Baptist Memorial 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)?

The following components were activated in the incident as follows: Incident Commander, Public Information Officer, Liaison Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Sect.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Information was disseminated via hand-held radio, telecommunications, Texting System Everbridge, and Telephone service.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The participants of the organization demonstrated excellent teamwork and cooperative with partnership during the incident. Hospital staff successfully imitated to take on tasks outside of the scope of assigned duties including the notification of external resources, additional staff, and law enforcement partners.

Although there was technical difficulties with the ReadOp system, the incident command system was able to mitigate the issue with obtaining written data to submit once the ReadOp system was activated properly.

All departments including non-clinical participated in the exercise. Throughout the exercise, several opportunities for improvement in the hospital's ability to respond to a mass casualty/disaster event were identified including additional training in hospital alert notification and procedure, communication between other facilities on campus, providing scanners for patient tags, and policy and procedure revision for Emergency Management.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

MSEPC can conduct onsite training annually or provide a virtual tutorial which outlines the usage and procedure of how to use the system. The training design should include when to utilize the system, understanding data and available resources, and clarity on tagging patients.

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

The only issues regarding access to resource was the response from vendors and the hospital's staff understanding logistic when accessing resource access.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Support would be the transport of patients to other facilities, additional supplies, and general information to sustain operations within the hospital.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The organization feel supported by external partners due to having complete access to contacts and having the availability to share information and training opportunities.

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? This is not a question with Baptist Memorial Hospital Memphis. The entire external partners are definitely great and supportive.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The organization's response to the exercise and activation of the Incident Command was well organized.
- The Emergency Department organized and set goals for the exercise early into the event.
- All participants of the organization demonstrated excellent teamwork.
- The quality and scope of the event of the exercise provided the required exercise for the year, training for the staff, and set a standard of expectation moving forward in operating the Incident Command System.

Overall areas of improvement:

- Recommend extensive feedback from Senior Leadership and Administrative Team.
- Efficiency improvements should be made to the implementing continuous training in Incident Command System, Emergency Preparedness, Mitigation, Recovery, and Response.
- PBX Operators will need additional training and understanding on Alert notification for visitors, patient, and staff. There were delays disseminating information via intercom during the event.

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)?
[Command center, all other staff were alerted a disaster drill in progress.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [overhead paging and departmental phones, login to ReadyOp dashboard.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

[Notice to begin the drill was only sent to one person \(Kim Young\). Additional people are being added to the ReadyOP notification roster. This was requested via email from Kim Young to MSEPC command center leaders.](#)

[Login to the dashboard was successful, for those in the command center.](#)

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
[Some participants did not receive alerts about the exercise. Please add more LCH staff to the ReadyOp notification roster.](#)

[There were issues with understanding the correct buttons to press and the system's functionality. Suggestions were made to investigate and possibly adjust the ReadyOp form settings. Some of the buttons could be brightly colored to make them more visible. Additional information on the initial destination button to clarify how to answer if the patients drove themselves.](#)

[Participants reported difficulties with uploading patient photos and accessing the ReadyUp system. Need to discuss HIPPA more, if staff is taking photos with personal phones. Ability to take screenshots may pose an issue.](#)

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

[Lack of people receiving the initial notification of the start of the disaster drill.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [Enter need/resource requests into the ReadyOp system.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC is extremely supportive and valued by our hospital. We greatly appreciate their efforts to provide training, support, resources, and especially inclusion in their community-wide disaster drill trainings. They provide us with scenarios that encourage us to proactively prepare for a variety of disasters. We are thankful for how accommodating they are by providing multiple training sessions across many days. They are always friendly and reassuring when discussing issues. They definitely model and promote meeting environments which promote teamwork.

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? Please add more LCH staff to the ReadyOp notification list.

We feel all of those services work well together and promote an inclusive team-based work environment.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Administration values disaster drill trainings and allots time for participation.
- Experienced leadership in command center.
- Well established communication lines with other area hospitals (BMH-Tipton).

Overall areas of improvement:

- Need additional staff added to ReadyOp notification roster.
- Extend ReadyOp app training to more staff.
- Discuss HIPPA more, if staff is taking photos with personal phones. Ability to take screenshots may pose an issue.

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 HICS Division Chiefs (w/ exception to Finance), PIO, Safety Officer, Liaison, Medical Care Branch Director, Patient Family Assistance Branch Director, Casualty Care Unit Leader, Triage Unit Leader, Labor Pool.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Phone, email, Two-way radios.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

1. Patients were triaged and processed effectively. ReadyOp intake was not entirely seamless to deploy and get started but eventually found its rhythm. ReadyOp is proving not to be as user friendly as initially thought and w/o consistent training and use, it will not be entirely accurate or useful for an actual event. It is my opinion that the product has potential, but the vendor could do much more work and review with end users particularly hospital receivers to improve and simplify the user interface. The Incident Command facing patient tracking dashboard was a complete and utter FAIL. See notes from facility AAR:

Areas for Improvement:

- ReadyOp Patient Tracking / Family Reunification suffered many issues.
- Log In requires Silo key every time.
- Easy for user to select the wrong Region 8 Coalition.
- Difficulty locating and taking patient picture.
- Ready Op Facility Dashboard was a complete failure.
- Destination filter process was difficult and clunky.
- Once filtered could not see entire list due to how the page is set up (too many logos, text blocks, useless fields / text).
- Once filtered, data was not accurate, pulling entries from other facilities.
- Dashboard did not refresh real-time. Had to manually refresh and go the entire filter process again.
- Once filtered acuity counts for facility inaccurate.
- Once filtered the order of the scanned patients kept changing.
- Could not filter by acuity.
- Could not search list for specific number or patient.
- Did not know where to go to view patient photos for family reunification.
- Biggest failure of the exercise. Losing faith in ReadyOp.
- However, at this point, what is it two-years since ReadyOp deployment? I do not expect any significant efforts to be made to address these issues so we will be forced to work w/

what we have and suffer the consequences of these unrealized improvement opportunities.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials? Hold the ReadyOp vendor accountable to improve the functionality of the patient tracing ecosystem. Employ hands on user group feedback, focus groups, create test application environments, test betas, and refine to meet the needs of the front-line user. Conduct patient tracking specific exercises w/ the vendor as a resource and observer and continue to implement any opportunities. Make this app ENTIRELY more 'Just-In-Time' training friendly from the patient intake to the IC dashboard. PLEASE! PLEASE! PLEASE!

What was the most significant issue you identified regarding access to resources?
Failure of the ReadyOp patient tracking IC dashboard.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? 1. All communication technology worked well. An opportunity discussed is leveraging additional Scribes or Labor Pool to help with monitoring and managing the multiple sources of communication and inquiry. It is difficult for the EM Coor. to monitor and provide timely response to the multiple lines of communication being utilized such as corporate chat, county forms and inquiries all while supporting effective facility IC operations.

We did not require soliciting partner support or resources for this exercise but are aware of the ReadyOp form submission process should that status change. If we had requested additional resources, I am unclear how that would be acknowledged and fulfilled.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Aside from not taking a strong lead to remedy the lingering ReadyOp issues, we are very confident in our county partners to help us (submitted through our corporate structure) in every way possible should we need it. Also to facilitate state and federal support as appropriate.

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? ReadyOp refinement and accountability. Family reunification plan, standard, instructions, rehearsals.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Facility leadership and staff support. Good preparation mindset
- ED team expertise and response
- Newly created internal analog patient tracking board (custom item developed as opportunity following last exercise, worked well in place of the ReadyOp dashboard)

- Very strong communication technology and resources. Recent upgrade to digital radio repeaters

Overall areas of improvement:

- Complete update of ReadyOp patient tracking IC dashboard. Front facing and backend. Currently completely untrustworthy and useless. Will not use again w/o improvement.
- Coordinate internal committee to begin refining facility specific family reunification plan.
- Schedule bi-annual facility ED specific MCI prep and response drills.

Methodist Germantown 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, Operations, Planning, Logistics.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **PBX operator, Leaders.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Using ReadyOp is much more user friendly than HC Standard. Our team did well with tracking minus a few mistakes. As we get more experience with the system, it will be like riding a bike. We had the registration team set up with their IPADS and phones and they scanned as the patient made it to the facility. Because we did not have real patients, we discussed the use of the camera and social media profile pictures.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
Our team likes the in-person trainings, but videos seem to be easier these days with the staffing issues we have been encountering.

What was the most significant issue you identified regarding access to resources?
Our facility did not have any issues with resources as we had adequate supply on hand.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Our anticipation on obtaining support or resources would be to go through our Corporate Incident Command Team and then if it was a resource they could not fill, they would contact the coalition or any of our other partners depending on the need.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **I feel that we have developed a great relationship with all of our external partners except the health department and Shelby County EMA. We have not had enough contact nor exercise play with those two partners.**

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 would just like to see the Health Department and EMA participate in our exercises. They would have a more hands on approach.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- IC was set up quickly and roles assigned in a timely manner
- Logistics had their inventories completed quickly so we knew our available resources if needed
- Our inpatient units identified potential discharges that could go to discharge lounge to free up beds
- Labor and Delivery was willing to take 2-3 non-OB patients to help with the surge

Overall areas of improvement:

- Staffing levels in clinical and security
- More education on the HICS system
- No fuel on-site for use by any of the transportation vehicles
- Not sufficient amount of non-potable water on-site

Methodist North 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)?
IC, PIO, Liaison, Safety officer, Operations Planning, and Logistics.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **overhead page, teams and cell phone.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Patient tracking went well. Easy to understand and follow. We had some confusion about the missing person portion. We were not sure if we were creating a missing person report or updating a chart for somebody that was already missing. From a facility standpoint, it would be hard to know if they were missing.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
Develop a training tool or packet that can be used at the facility. That could include PowerPoints, a simple training manual, practice material and a test environment.

What was the most significant issue you identified regarding access to resources?
The biggest issue at our facility was volunteers. We didn't experience any major supply chain issues.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **A form or document in ReadyOp for the purpose of communication. Names, phone numbers and other contact information.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **I believe we have established a strong partnership with these organizations. Regular meetings and drills provide opportunities for us to build familiarity and work collaboratively.**

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? **While I feel we have a strong connection with these organizations, the structure of our facility requires us to go through corporate command, which can lead to delays and create a sense of disconnect from these partnerships.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Leadership involvement
- Staff involvement
- Communication with our corporate command

Overall areas of improvement:

- Needed more volunteers
- Clear instructions when it comes to the drill
- The initiation of the drill could have been more realistic. More information about the disaster. There was a lot of confusion about if the drill had officially started. After the initial communication, updates along the way. Would be helpful

Methodist Olive Branch 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, Operations, Logistics, Planning.](#)

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

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[It took our team a few tries with ReadyOp, just from lack of use. Once we got it down, tracking was smooth.](#)

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
[Anytime there is any training, our team wants to know and will try to send however many we can. The JIT video was helpful for this exercise.](#)

What was the most significant issue you identified regarding access to resources?
[Depending on how bad the weather event would depend on how easily we could get resources delivered.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [Corporate Incident Command \(sister facilities\) Coalition or any other partners that would be needed.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [We have built up our relationships with these external partners. One thing that is tough for Olive Branch is for us to reach out to Desoto County EMA. Because all of our other facilities are in Memphis, we tend to reach to 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? [Desoto County EMA has not been easy to build a working relationship with. They do not have a coalition formed in Desoto County yet. But working Anna Claire McBride is good.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- HICS stood up quickly and labor responded quickly
- Pharmacy shifting priorities to ensure IV fluid supply was not being wasted
- Security very involved and wanted to assist if needed
- Normal operations were restored timely and effectively

Overall areas of improvement:

- HICS knowledge
- PIO was new so had to learn and respond on the fly
- Baxter supplies very low, no way to restock

Methodist South 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)? **our whole incident command was activated initially.**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Teams meetings.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

I did take a min for registration to get back familiar with how to do the scanning. Once that was figured out ever thing else fell in line.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials? **MSEPC is doing a great job at training.**

What was the most significant issue you identified regarding access to resources? **We probably need a couple mor of the iPad to register with.**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Being a smaller Hospital, I believe in a event with a big surge we would definitely need partners to work with.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC and our Emergency Management team to a great job of trying to keep everyone prepared.**

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? **I feel like we have any support we have needed.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **I.C. assembled quickly**
- **great communication**
- **the dedication of our staff**

Overall areas of improvement:

- making sure everyone stays prepared mentally
- resources
- more staffing

Methodist University 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, Operations, Planning, Logistics and Finance.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **PBX operator.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Only one person received the ReadyOp alert. As far as the entering and tracking patient information, the staff had no major issues. Many had watched the JIT prior to the exercise. Feedback for ReadyOp was it is a user-friendly system that is easy to navigate.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
Facilitating trainings can go through Steven Atkins or Jennifer Myers. Any type of training is appreciated as we have revolving staff these days.

What was the most significant issue you identified regarding access to resources?
No significant issues-we had enough on hand.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We, as a system, go through our chain of command. We would contact our Corporate Command and make a request. If they are unable to fulfill the request, the coalition would then be notified.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel that we have built a good relationship with all of our external partners except the Health Department and Shelby County EMA. They do not participate in much, so we do not get to learn how or if they could be an asset to our organization during a disaster. Due to the lack of participation, we have not been able to build a working relationship with them.**

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? **Same as above response. We need them to participate more.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Proper Code was called overhead to alert staff
- Communication with Corporate Command was adequate through a Teams channel
- Adequate staff of security on-site to maintain crowd control and put up barricades
- Evaluated for possible discharges to free up some beds

Overall areas of improvement:

- Morgue space availability
- HICS training
- Need to add associates to receive the ReadyOp alerts

Regional One Health

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)? **Mass Surge protocols were established. Incident Command, Triage, Registration, and Security groups were all activated with other groups joining in as the exercise progressed. These included Family Assistance, Credentialing, and Sub-Acute.**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Notifications were made using Regional One's Mass Notification system. Communication was maintained through the use of redeployed disaster cell phones, email, and ReadyOp.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system. **Registration struggled with using ReadyOp patient tracking. They did not understand where the information was going and why it was important that it was entered into ReadyOp. Staff have been further educated in the importance of getting this information into ReadyOp patient tracking.**

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials? **MSEPC has done a good job in offering the trainings. Facilities need to ensure their staff are trained and ask MSEPC for assistance as needed.**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We would coordinate the need for resources through MSEPC and RMCC.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel we are supported by MSEPC and local Fire/EMS as they have always assisted with our requests.**

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? Emergency Management and Public Health seem to be disengaged when it comes to healthcare facilities. Both of these organizations could be more supportive by attending meetings and taking part in discussing ways to be of assistance.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Patient movement flowed efficiently throughout the exercise.
- Sub-Acute did a great job at preparing for incoming patients.
- Medical Credentialing was able to use ReadyOp to expedite their processes.

Overall areas of improvement:

- Registration staff need to understand the importance of Patient Tracking
- Incident Command staff need more training on who to contact for information.
- Incident Command staff need more education on how to use technology in the room.

Saint Francis Bartlett 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)?
logistics, admin, clinical throughput, staffing.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **text, radio, email, in person.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
readyop was not available for us.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
just more sessions.

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

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **inform them, participate in communication, etc.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC is always a great partner. No complaints!**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **experience in leadership**
- **communication**
- **resources**

Overall areas of improvement:

- **ReadyOp**
- **HRTS**
- **training for facility leadership**

Saint Francis Memphis 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 areas in our incident command system were activated. Our Operations, Planning, Logistics, Finance, and Administration Chiefs were all in the Incident Command with our Liaison Officers.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Information was disseminated via internal alerts (Tenet Alerts) to staff members cellular devices as well as their e-mails. Internal communication to and from the Incident Command was conducted via cell phone and a shared document utilized for tracking.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
As an organization, the beginning of the exercise was below average as the malfunctioning of the ReadyOp system truly tested each person's training and education. Having a backup patient tracking system for internal patient tracking helped while the ReadyOp situation sorted itself out. But once ReadyOp was up and going; finding the right people who attended the offered trainings and knew the system caused a delay.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
I feel offering more online trainings puts the onus on each facility to be responsible for their organizations being prepared.

What was the most significant issue you identified regarding access to resources?
The most significant issue was due to miscommunication as the facility thought the patients' information and what happened to them would populate once they scanned the barcode. I do volunteer to input this information prior to the next exercise.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Externally, a lot of our support would have to go through our corporate channels to insure they are approved vendors. Our corporate partners were involved in the exercise and understand that the coalition can often get us resources in a timelier manner. We have yet to use ReadyOp or HRTS to acquire additional resources but feel confident that we can reach out to the coalition for what we need.
Internally, we discovered that we are in need of two-way radios for our internal disaster inventory.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The Mid-South Emergency Planning Coalition has been a great partner for our organization in obtaining resources for our facilities while also providing us with information when needed. We have attempted to coordinate efforts with the county Emergency Management Agency as we have been in need of county and state resources, but they have neglected to provide us with any useful 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? Due to our facility being a for-profit organization with non-profit entities, we have been turned down or refused assistance for resources by our county and state Emergency Management Agencies. I believe that those involved read or hear "for profit" before they ever get to the non-profit entities, foundations, and partners that we have.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Training and Development
- Planning and Preparation
- Experience

Overall areas of improvement:

- Leadership
- Communication
- Accountability

Ambulatory Surgery Centers

Campbell Clinic Surgery Center Wolf River

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, Admissions, and nursing staff.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Incident command relayed information as received to appropriate staff.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[Tracking worked well as far as scanning in patients. We discovered that we did not have access to the dashboard that we needed to actually track patients admitted to other facilities.](#)

What was the most significant issue you identified regarding access to resources?
[Access to the Dash Board.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [We could treat a variety of injuries as well as orthopedic related injuries requiring surgery.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [These facilities have always responded to our request for help.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Rapid response to patients that we received.](#)
- [Strong incident command](#)
- [Knowledgeable staff to care for patients.](#)

Overall areas of improvement:

- [More training with ReadyOp with our business office staff](#)
- [In-services for staff related to our role in the response to a incident.](#)
- [More training with management in incident command](#)

Campbell Clinic Surgery Center Midtown

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, Admissions, and nursing staff.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Incident command relayed information as received to appropriate staff.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[We found that we did not have access to the dashboard that allowed tracking of patients in our systems.](#)

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
[Continue what you are doing.](#)

What was the most significant issue you identified regarding access to resources?
[Access to the Dashboard.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [We would communicate with the coalition for any needs that we might have and assist with request as we can.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Always available when we need help.](#)

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? [These services are always available when we need them.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Rapid response to patients that we received.](#)
- [Strong incident command](#)
- [Knowledgeable staff to care for patients.](#)

Overall areas of improvement:

- More training with ReadyOp with our business office staff
- In-services for staff related to our role in the response to a incident.
- More training with management in incident command

Radiosurgical Center of 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)?
The Memphis Fire department, MUH Security, the Co-Directors of the Radiosurgical Center.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **We used cellphones and radios to help disseminate information during the situation.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Due to our facility only having one patient, we did not need to use the patient tracking system.

What was the most significant issue you identified regarding access to resources?
No issues were significant when accessing resources.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Due to our facility being free-standing and our entrance/exit for our patient and ourselves is next to the emergency department of Methodist University we would need to communicate with MUH security and the Memphis EMS.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The Memphis EMS partner gave us the contact information of the Chief to help us navigate traffic and allow outpatient to be escorted out carefully and safely.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **One of the noteworthy strengths for the clinic was the ability to communicate with one another without causing distress to the patient. Being able to keep a cool head to ensure that the patient and family feels safe and comfortable.**
- **Another strength was the “assignment cards”, each person would grab a card and assume that role. This help the group ensure there was no confusion, and everyone had a task to achieve.**
- **Another strength would be the ability to work and communicate amongst each other. Being able to work around each other and with each other to ensure the safety of the patient was a huge strength.**

Overall areas of improvement:

- Our facility is right next to the entrance of ambulance bay, and this could get extremely congested due to the influx of patients coming to emergency department. Kim, Jen, and I have the number to the MFD Chief over the EMS. We would call to help clear area.
- One thing that will need to be improved is creating an emergency tool kit for when the patient has a frame screwed into place, this emergency tool kit will have everything we need to remove the frame.
- Another issue that could occur is finding the “Assignment Cards”. The assignment cards are within a large binder filled with multiple different things. We discussed each role and improved them based on the changes that have occurred within the clinic.

Dialysis Centers

Davita Midtown

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)? **Methodist Hospital.**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **verbally, emails, & cell.**

RESOURCES

What was the most significant issue you identified regarding access to resources? **Power failure.**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **The clinic will get walkie-talkies to communicate with authorities.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **They are constantly alerting all medical personals of the emergency situations. They keep us well informed.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **Communication**
- **Awareness**
- **Teamwork**

Overall areas of improvement:

- **networking**
- **more pts than staff**

Fresenius - Bartlett Home Therapies

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)?
Home Therapies staff.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Fresenius Bartlett Home Therapies.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
Needs of a generator. Some dialysis facilities have generators kept on site, but this one has to wait until one is identified as being available and brought to the site. The second need was transportation for the few patients that rely on government transportation. I had to reach out to my Director of Operations for transportation needs.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **The need would be to run back up home dialysis patients since there was a power outage. The back up facility and extra needed staff would be the resources needed.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The external partners have a command post and can readily provide in all the needs during 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? **No needs were identified during this disaster.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **All staff takes these exercises very seriously**
- **Everyone eager to know their roles.**
- **Staff seems knowledgeable and willing to help out new staff on what to do.**

Overall areas of improvement:

- **Getting a generator in a timely manner**
- **Transportation of patient with government supported transportation from the company**
- **Make sure batteries are checked for weather radio**

Fresenius - Wolf River Home Therapies

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)?
Staff present in the unit, was HTPM, PCT, and ATL. DO, Medical Director contacted immediately.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Contact was made with patients using unit telephones and cell phones. Clinic did not loose phone lines. Patients were contacted to make sure they had enough supplies at home to cover them until their next delivery.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
The most important thing that was encountered during this drill: The unit is in a 2-story building on the ground floor with other medical facilities. We were all trying to use the same resources to call for help. It became confusing when a transportation vehicle came to the building because there was other patient's waiting outside also.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We would like to see more timely communication by the building management company. We should like to be constantly updated on the status of the building as far as electrical or water issues.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have always had a very good/fast response from the ambulance/fire service in Germantown.**

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 we have support and always can get any answers that we need.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Drill went smoothly with all staff/ patients participation
- SW and RD was able to help remotely with getting in touch will all patients for well being checkups.
- Medical Director was supportive and available for any immediate approvals needed

Overall areas of improvement:

- More emphasis needed by staff when completing the quarterly emergency procedures with patients.
- Make sure all patients are aware of what the transfer report is that is given to them quarterly. Contains all pertinent information that they would need if they had to go to another clinic for treatment.
- Bio-Med not available for possible help as he was in Greenwood. MS at time of drill

Fresenius- East Memphis Home Therapies

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 staff present in the unit, CN, RNs, SW, RD, MD.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **We had 4 training patients in clinic. We had a MD clinic right after the drill. All staff, including, SW and RD were involved in contacting patients to make sure they had supplies at home until their next delivery.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
This is a stand-alone unit on the 2nd floor so we do have to work with patients and staff to access staircase as the elevator will not work during a drill. Also, with 3 incenter clinics in the same parking lot, transportation was confused as to who they were picking up for a ride.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We are in a complex with 3 incenter and an access center. Would like to see a consistent way of communication with all of us so that we get the same information.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have a good response time from ambulance/fire here but we do have to have someone stand outside of the building to flag them to the correct location.**

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 have always had support and know who to call if anything is needed.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- We took this time to review in detail with all the staff and patients present that day, what we would do in a real situation like this.
- Staff and patients were very involved in drill. Crash cart and emergency bag fully stocked with no expired items.
- SW and RD played important roles in helping to organize and contact all patients

Overall areas of improvement:

- Staff to more thoroughly review transfer sheets given to the patients at quarterly as to their purpose if they should ever need to go to another clinic for treatment.
- Review all utility cut-off procedures with staff quarterly when doing fire/emergency procedure drills.
- Bio-med for home not available. Clinic dependent on bio-med covering incenter clinics in the complex.

Fresenius Kidney Care 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)?
[Storm.](#)

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

RESOURCES

What was the most significant issue you identified regarding access to resources?
[Availability of Transportation.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [Utilizing partners can help with providing additional resources. Like in our case, if we have transportation issues, we could coordinate additional ride that can be provided by other agencies.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Coordinating with other organizations makes me feel that we are not alone during emergency situation.](#)

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? [I have not experienced this yet and if in the future, we would use these resources for support not just our Fresenius support.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Staff and patient were ready and needs a little coaching in taking themselves off from machine](#)
- [Person assigned to call transportation did very well in coordination](#)
- [Stayed in place until ride comes](#)
- [Family members were notified](#)

Overall areas of improvement:

- [Everyone gets anxious](#)
- [Anxiety causes chaos](#)
- [Communication](#)

Fresenius Kidney Care Central 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)?
[Direct patient care team, CM, Secretary.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [442731](#)

RESOURCES

What was the most significant issue you identified regarding access to resources?
[Transportation to pick up patients in facility at time of event or trying to get patients rescheduled for another day.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [We don't have any external partners per say.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Seeing that we are a free-standing facility, we have many patients and there is not enough fire/EMS to accommodate all our patients for transportation issues due to our needs are not emergent.](#)

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? [Same as above.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Teamwork from our direct patient care team](#)
- [Excellent communication between facility and our senior managers](#)
- [Excellent communication with our backup facility](#)

Overall areas of improvement:

- [Quicker response from our patients regarding rescheduling treatments](#)
- [More education for patients on the emergency hand cranking procedure](#)
- [Having transportation be more flexible in times of a disaster](#)

Fresenius Kidney Care Community

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)? **direct patient care, indirect patient care, and transportation.**

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Fresenius Kidney Care Clinic 100271.**

RESOURCES

What was the most significant issue you identified regarding access to resources? **lack of transportation, if a city wide condition, involving multiple clinics.**

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **There is a need to utilize Fresenius' new partnership with Uber to assist getting patients home. Transportation is the biggest obstacle in these situations for outpatient dialysis centers. Coordination between multiple clinics will also help with the rescheduling of patient needed.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Clinic is self-reliant for the most part but maintains a good working relationship with MSEPC and Fire/EMS.**

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? **Clinic feels supported by external partners.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **Knowledgeable staff, respond quickly**
- **Routine education provided to patients concerning emergency situations.**
- **Strong Indirect patient care staff, with multiple members having direct patient care training. immediate assistance to DPC**

Overall areas of improvement:

- **Transportation, this has recently been addressed somewhat by partnership with Uber**
- **training for new hires about steps to take during emergency**
- **Assigned leadership for clinic, if manager not present to help coordinate emergency procedures.**

Fresenius Kidney Care East

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 positions were named.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [442524](#)

RESOURCES

What was the most significant issue you identified regarding access to resources?
[Transportation was the most significant issue that we ran into.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [We would try and outsource other local rides such as ubers to assist in getting patients places needed if they are capable.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [We feel as if they really worked with us in helping aid the patients in getting their treatment.](#)

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 felt well supported.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Everyone had a task and made it come together.](#)
- [having multiple clinics close to each other to help patients to not have to go far in moving clinics](#)
- [The patients were very compliant with the needs](#)

Overall areas of improvement:

- [Transportation](#)
- [getting patients to not miss their treatment because they are nervous to treat at another location.](#)
- [better communication between transportation and facility](#)

Fresenius Kidney Care Germantown clinic 4771

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)?
Simulated staff and patient notification and contacted sister clinics or availability.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **by phone, computer and face to face.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
Patient transportation to other clinic.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Continue to use Fresenius network in the area for patient treatments.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **I receive frequent communication from MSPEC and feel as if I could contact them if needed.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **staff communication**
- **patient communication**
- **ability to coordinate treatments at another facility**

Overall areas of improvement:

- **lack of public transportation being outside of Memphis city limits**
- **lack of private transportation and the ability to reach them**

Fresenius Kidney Care Graceland

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)?
RVP, Director of Operations, Medical Director, MLGW, and local transportation companies.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Telephone calls with personal and business cell phones.**

RESOURCES

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

The facility is in need of an analog phone and extra batteries for cell phone usage for power outages. Too, the facilities will need assistance from MSPEC for local water tankers, generators, and water to resume treatments. Too, difficulty in availability for wheelchair/stretchers patients to a local hospital or facility if their current transportation is unavailable or extremely delayed due to influx of calls.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **The facility maintains consistent communication with partnering vendors. However, there is a delay of obtaining requested resources because some vendors are not local. Hence, we contact MSPEC for any available local resources and expeditious delivery of such resources.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSPEC has contacted the local Fire Department to deliver water for water tankers for dialysis treatments. The MSPEC has always been consistent in communication in identifying needs and offering 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? **We would require transportation assistance for wheelchair and stretcher patients to local hospitals if current transportation companies are inoperable/extreme delay times.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **Great Communication with MSPEC, Partners, and other dialysis Clinics**
- **Most Patients are familiar with Emergency Procedures and Prompt response of the staff**
- **IDT Team knew their roles during Emergency Procedures**

- Staff Ability to keep patients informed and reschedule treatments

Overall areas of improvement:

- Lack of transportation of or stretcher/wheelchair patients
- Analog phone needed
- Lack of on hand food and water for staff and patients

Fresenius Kidney Care North

If your facility added additional scenarios to the exercise, please summarize them here.

If FKC North is partially hit by the storm and there are still patients left. Evacuate patients to the hallway. 1 Staff will pull the evacuation cart to the hallway. Security will get the wheelchair. CM, DO and MD notified simultaneously. Listen to the radio how extensive the damage is. See if the relatives can pick up the patients and if transportation is not available. If worse comes to worst and everybody in the community is hit by the storm, the government might help and mobilize the military for transport either to the hospital or their home.

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 Response Plan/ Communication Plan with transportation.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **informing staff and management, calling the patient, family and transportation.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
Communication from transportation agencies.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Plan and coordinate accordingly to the appropriate response agencies.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Responding immediately. Providing the required resources available.**

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? **I think everyone did their best to support us to the best they can.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Teamwork
- Competent
- Reliable
- Resourceful

Overall areas of improvement:

- Communication
- Planning
- Coordination

Fresenius Kidney Care Raleigh-Bartlett

If your facility added additional scenarios to the exercise, please summarize them here.

If FKC RB is partially hit by the storm and there are still patients left. Evacuate patients to the hallway. 1 Staff will pull the evacuation cart to the hallway. Other staff will get wheelchair. CM, DO and MD notified simultaneously. Listen to the radio how extensive the damage is. See if the relatives can pick up the patients and if transportation is not available. If worse comes to worst and everybody in the community is hit by the storm, the government might help and mobilize the military for transport either to the hospital or their home.

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 Response Plan/ Communication Plan with transportation.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Informing staff and management, calling the patient, family and transportation.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
Communication from transportation agencies.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Plan and coordinate accordingly to the appropriate response agencies.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Responding immediately. Providing the required resources available.**

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? **I think everyone did their best to support us to the best they can.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Teamwork
- Competent
- Reliable
- Resourceful

Overall areas of improvement:

- Communication
- Planning
- Coordination

Fresenius Kidney Care Ridgeway

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)?
Calling for help with transportation for patients needing to go to the hospital to receive dialysis.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Fresenius Medical Care, Ridgeway.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
There was not enough transportation available to us to assist patients who needed to be transported.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **We were able to communicate our needs effectively and efficiently. There just are not enough services available for dialysis patients.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **They are always there when we need them. They answer our calls and emails promptly.**

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 need more services available to assist with transportation.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- **Communicating with the patients about the drill and what they need to do.**
- **We were able to evacuate the building in a timely manner**
- **Communication between staff members was good.**

Overall areas of improvement:

- **Being more organized so that everyone knows their roll before a hazard occurs.**
- **Having enough water and food on hand in case of a lock down.**
- **Communicating with the family members who are calling in to check on their loved ones.**

Fresenius Kidney Care- South Airways

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)?
Clinic manager, Biomed, Charge Nurse, PCT and RN.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? *Verbal communication, text and email.*

RESOURCES

What was the most significant issue you identified regarding access to resources?
Water was the most significant issue we identified regarding access to resources. We have a water source outside of our water with MLGW, and the tankers can arrive within a 24-hour period when our water supply is out. Water is the main component for dialysis, and we cannot function at the facility without it.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? *I would anticipate utilizing partners to obtain resources by contacting the emergency plan for our company first. We are partnered with a company to obtain at least 6000 gallons of water to dialyze our patients. I would contact our ATOM first to have a tanker delivered to our facility. In the event that no one could reach us, Fortis is a local company that may be contacted for water delivery with approval of our company.*

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? *Our company feels most supported by our external partners with MSPEC and local Fire/EMS. They respond quickly when we are in need and are most informative when they are contacted from us with a need. Emergency management keeps us up to date on the latest events and we stay "in the know" if something is transpiring around the Midsouth area.*

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- *Communication with Staff and patients*
- *Response of Incident Command*
- *Communication with external partners*

Overall areas of improvement:

- *We need an improved emergency schedule for patients*

- Staff emergency contact information needs updating
- Review of emergency plan for water disaster

Fresenius Kidney Care Summer

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)?
[Entire Staff - Direct and Indirect patient care.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Fresenius Kidney Care Clinic 6758.](#)

RESOURCES

What was the most significant issue you identified regarding access to resources?
[Dialysis centers are fairly adaptable if a single clinic goes down. With multiple clinics going down at once, transportation will be the most significant issue.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [First the partnership between indirect and direct patient care was evaluated and functions well. Transportation, CM, spoke with several managers with transportation units, it was determined that it is impossible for them to know how a event like that would play out.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [FKC Summer feels supported by external partners, and appreciate the education provided by MSEPC. Fire and EMS/ would be used in case of health emergency.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Strong direct patient care staff - able to initiate emergency response within seconds in every pod working independently.](#)
- [Experience - staff would be able to pull from previous experiences with treatments being cut short.](#)
- [Communication - Orders were given and repeated to verifying understanding](#)

Overall areas of improvement:

- [Fine Tuning of Indirect patient care responsibilities - assist with rescheduling patients not on the property](#)
- [Education of Patients and Family about the emergency folder given to them upon admission.](#)
- [Better understanding of contact numbers to indicate when emergency situation is cleared](#)

Fresenius Kidney Care Whitehaven

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)?
Fresenius Medical Care 4001.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Fresenius Kidney Care.**

RESOURCES

What was the most significant issue you identified regarding access to resources?
Majority of staff was available to assist with hand crank and disconnect procedures and non-ancillary staff assisted with staff needs and were available to assist.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **The facility will utilize all available resources and staff to assist with calling patient transportation, family members for pick up and any emergency supplies if needed.**

Review of hand crank procedure, locations of emergency cart and emergency contact numbers and personnel, emergency exits.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Knowing that they are available if needed.**

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? **The staff felt lack of support will be from getting patient to hospital in timely manner, lack of emergency personnel available or local of staff needed to care for patient that needs to be transported or admitted to hospital.**

To help feel more secure, the staff feels it would be nice to know what are the hospital plans or EMs if emergency happens. How

many rooms are available? How can we get updates, instead of hearing the hospital are at capacity. If hospital at capacity, how far out can we send patient to hospital and if they have transportation needs.

How can the MSEPC assist us or public health assist or what resources or have to contact if needed?

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The majority of staff are comfortable with the hand crank procedure due to the length of years.
- Staff were aware of the location of the emergency cart.

Overall areas of improvement:

- How to communicate if no power available and utilize the battery-operated radio.
- Newer staff needs assistance with hand crank and disconnect
- Patients' needs more training on procedure of hand crank

Hospice and Home Health Agencies

Baptist Reynolds Hospice House

How did your facility play with the evacuation scenario?

Receiving

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)?

Admission team admitted 2 patients from SNF.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Daily staff meeting, regular communication process we follow for all admissions.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Tracking system was user friendly and easy to navigate.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

No additional information needed at this time.

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

No issues.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Communication was good from Ready Op app we had no issues.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Collierville as well as Baptist Collierville Hospital have supported us as needs have risen.

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? I feel we have someone to call in time of need.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- App user friendly
- Preparation was effective
- Good communication

Overall areas of improvement:

- Truly have no suggestions for improvement

Long Term Care Facilities

AHC Applingwood

How did your facility play with the evacuation scenario?

Receiving

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)?
since we were receiving residents, all departments were activated in preparation.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Staff communication included overhead paging and text messaging. Resident/families phone calls and blast text messaging.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Patient tracking system was very easy to utilize. Patient information was easy to understand and as a receiving facility entering patient information back into the system was simple. We really did not identify any areas of improvement needed for the patient tracking system.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?
I cannot think of anything additional at this time.

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

Vendors availability of the items we might need. Most vendors do have local warehouses; however, having the trucks available and the ability to get to us could pose a problem if roadways are impacted.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? We anticipated that with the additional residents from other community facilities we would have to:

1. utilizing the evacuating facility's staff
2. the use of pharmacy partners to provide any additional medications
3. reaching out to vendors for additional supplies

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Communication with MSEPC is streamline and easy. If we need something our external community partners listen and try to get us the support, we might be needing.

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 new suggestions.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Communication between departments and staff](#)
- [Teamwork between departments](#)
- [staff was able to set up a welcome staging area for the residents we were receiving from the evacuated facility](#)

Overall areas of improvement:

- [suggestions were by staff to include some additional items for the emergency disaster box \(envelopes, tape and additional walkie talkies for internal use\)](#)
- [staff suggested that we place emergency ready profile that contains pictures of key cut off locations \(gas, water etc.\) at more locations that just the nursing station](#)
- [staff wanted to have a first aide emergency box to go with the emergency disaster box.](#)

Allen Morgan Health and Rehabilitation Center - Trezevant Episcopal Home

How did your facility play with the evacuation scenario?

Evacuating

If your facility added additional scenarios to the exercise, please summarize them here.

Building unsafe so had to move triage outside, requested additional resources from MSEPC.

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, medical/Technical Specialist, Safety Officer, Public Information Officer.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Trezevant Episcopal Home - Allen Morgan Health and Rehabilitation Center.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Once able to log in the form was fairly easy to utilize. A few items to note:

- 1) Couldn't have anybody over 100 even though we have actual residents up to 103
- 2) Birthdate field not easy to navigate and use
- 3) Sometimes when scanning the bar code, it pulled up a completely different person/facility.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

Training on how to read/utilize the dashboard

Training on which group scans (ie - EMS only for those via ambulance vs. facility for those going by van)

Best practice on how to request resources and what types are appropriate to ask for.

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

None.

For evacuating facilities only: provide feedback related to your experience with EMS during the exercise. How can MSEPC help facilitate future trainings/meetings/exercises to address evacuation concerns. Working with EMS to understand facility layout and where entrances are located in order to help evacuate the building in case of a true emergency. We have multiple evacuation points depending on what happened to the building and which routes are safe to utilize.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? We would contact MSEPC to start obtaining any large-scale ambulance services, any equipment needed, identifying facilities that could receive patients.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC always available to help answer questions, direct and provide support

MFD was available to help with disaster plan reviews and provide suggestions

SCHD available to help answer PHE questions.

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? Need better understanding of the Ham Radio situation and how we can utilize that since we have a ham operator licensed person on campus.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Everybody worked well together and did not get stressed out
- After slow start all knew their assigned roles and fulfilled them
- Able to reconcile a large number of residents

Overall areas of improvement:

- Better flow on the ReadyOps Form
- Utilize actual people instead of cards, difficult in making it seem real
- Identify traffic flow in case of real emergency (turning radius, how many EMS vehicles can fit in an area, clearance in our parking garage).

Allenbrooke Nursing and Rehabilitation

How did your facility play with the evacuation scenario?

Receiving.

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)?

Nursing, Dietary, Business Office.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Allenbrooke Nursing and Rehabilitation.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The tracking system was very efficient and informative. The system allowed me to track incoming residents and be fully prepared for their arrival.

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

Bringing in additional staff due to the last-minute increase in census.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **The alert and tracking system worked well.**

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

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Patient care
- Leadership of Senior Leaders
- Front Line Staff

Overall areas of improvement:

- Emergency call list for staff
- patient care equipment (beds, o2 concentrators) rental
- Emergency pharmacy services

Ave Maria Home

How did your facility play with the evacuation scenario?

Receiving.

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, Safety Officer, Logistics Chief, Planning Chief, Labor Pool Unit Leader, Public Information Officer, Documentation Recorder, Finance Chief, Operations Chief, Reception, other Nursing & Admin staff.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Email, Walkie Talkies and Microsoft Teams.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The Incident Commander, the Logistics Chief, and the Safety Officer downloaded the ReadyOp app on our phones to "check in" receiving patients. Overall it ran smoothly, however we did notice some issues with the app and having patients who were already checked in prior to us receiving them. Once checked in on the app, patients were triaged by the Operations Chief and nursing staff to different areas of the facility depending on their needs and their medical/cognitive status.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

Suggestions as to who in the facility should use the ReadyOp app would be helpful, and training Webinars for those staff members would be helpful.

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

Our Certified Dietary Manager noted that during a disaster, the food on the emergency menus may not be available, so the provided menus would serve as guides and would possibly need some adjustments.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? As far as obtaining resources, as a receiving facility, we would ask that the evacuating facility send as many supplies, medications, etc. as possible with the evacuated patient. We understand this might not be possible given the circumstances and/or damage to the evacuating facility, however it would be helpful to receive as many of these items as possible on the front end.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? *Ave Maria has a great relationship with our local fire/EMS staff, and we heavily rely on them to provide us with needed services for our residents. We also feel very supported by MSEPC and know we can depend on you for any resources, guides, information, suggestions, etc.*

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Communication
- Teamwork (willingness to assist/participate)
- Public notification process/notification to families of disaster

Overall areas of improvement:

- Plan for patient cards
- Accounting for all staff in all departments
- Process of triaging patients

DeSoto Healthcare Center

How did your facility play with the evacuation scenario?

Receiving.

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)?

We simulated emergency supply/medication/food vendor list and emergency call back employee list.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Phone.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Emergency triage location was established successfully. all internal flow was orderly and positive. Communication list (emergency call back) to be updated to reflect staff who have new phone numbers. List to come from payroll system.

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

Quickly accessing all employee numbers would have been difficult if event had occurred outside normal business hours.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? We feel that this is one of our strengths. We contacted vendors and other partners to discuss what actions would be taken if event were to actually occur.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Local EMA office and our regional ESF-8 work closely with us on all appropriate matters.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- On-site staff knowledge.
- Vendor relationship/activation timeliness.
- Emergency supply stock

Overall areas of improvement:

- Staff communication list
- Internal communication after event begins.
- Staff training

Kirby Pines - Fireside Villa - Assisted Living

How did your facility play with the evacuation scenario?

Receiving.

If your facility added additional scenarios to the exercise, please summarize them here.

A full-scale weather event exercise was conducted within the facility. The command center was activated and directions given based on the scenario received. The facility's emergency drill scenarios included a tornado watch--a tornado warning--and an actual tornado. The tornado scenarios also included receiving residents from other healthcare facilities.

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 and Incident Commander; Communication Center; Re-Unification Center. Triage Center.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Walkie Talkies utilized; Forms were given to each area describing the residents and staff's present location, status and re-location if needed.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

Once logged in, the system was easy to use.

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Increases collaboration with other healthcare facilities.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Full cooperation and participation from all levels of management and employees
- The facility was organized and responded well to all scenarios
- Encouraged to conduct another emergency drill soon

Overall areas of improvement:

- Keep all emergency response processes simple
- Compile all emergency forms and protocols into one centralized location
- Ensure all equipment is functional

Kirby Pines -The Manor

How did your facility play with the evacuation scenario? [Receiving.](#)

If your facility added additional scenarios to the exercise, please summarize them here.
[A full-scale weather event exercise was conducted within the facility. The command center was activated and directions given based on the scenario received. The facility's emergency drill scenarios included a tornado watch--a tornado warning--and an actual tornado. The tornado scenarios also included receiving residents from other healthcare facilities.](#)

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 and Incident Commander; Communication Center; Re-Unification Center. Triage Center.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Walkie Talkies utilized; Forms were given to each area describing the residents and staff's present location, status and re-location if needed.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[Once logged in, the system was easy to use.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [Sharing of strengths and weaknesses.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Increases collaboration with other healthcare facilities.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Full cooperation and participation from all levels of management and employees](#)
- [The facility was organized and responded well to all scenarios](#)
- [Encouraged to conduct another emergency drill soon](#)

Overall areas of improvement:

- [Keep all emergency response processes simple](#)
- [Compile all emergency forms and protocols into one centralized location](#)
- [Ensure all equipment is functional](#)

Majestic Gardens at Memphis Rehabilitation and Skilled Nursing Center

How did your facility play with the evacuation scenario?
Receiving.

INCIDENT COMMAND

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

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Group text.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Communication and commitment as whole for our facility.

OVERALL EXERCISE AREAS OF IMPROVEMENT

Overall areas of improvement:

- Communication
- Accountability
- Working Together

Memphis Jewish Home & Rehab

How did your facility play with the evacuation scenario?

Receiving.

If your facility added additional scenarios to the exercise, please summarize them here.

We added partial emergency power failure in the new wing.

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, logistics, planning, finance. Also safety officer/liaison and PIO.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Memphis Jewish Home and Rehab.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The patient tracking system was fairly easy to use. The system would not allow you to use letters with room numbers, we ended up naming them 1 and 2.

We did not use the receiving patients in put scenario, but we participated.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

The PIO.

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

We just relocated patient equipment to the auditorium.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? We would use partner LTC facilities as a relocation area if we were unable to utilize our emergency relocation area.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Bed tracking and our status in the community wide event helps us make decisions on patients and our overall situation during an emergency ReadyOp is always very helpful.

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 under supported when there is a need for supplies and a large lag time in receiving them. We should have on hand par level of supplies to bridge the lag time.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Teamwork
- Quick Response
- Internal Communication

Overall areas of improvement:

- Lower-level team leader establishment
- Internal patient tracking
- offsite backup generator planning and execution (switch failure is what occurred but concern if it were the generator that failed)

Millington Healthcare Center

How did your facility play with the evacuation scenario? [Receiving.](#)

If your facility added additional scenarios to the exercise, please summarize them here.
[Nothing was added.](#)

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)?
[Command Center.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Command Center communicated with Incident Team members for receiving, room placement and documentation.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[The patient tracking system was easy to use and provided the necessary information to admit the transferred residents.](#)

What was the most significant issue you identified regarding access to resources?
[A couple of the residents on the cards were not in the system or did not have the identifier.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [The Ready OP form was a great tool, in addition to this, I was able to communicate with the coalition members through phone, email, and text. The response was timely and helpful.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [General support in communication, resources and it helps to know someone is there to help you through the crisis. Millington Fire Dept and local officials check on the facility periodically. During an active event, they were very hands-on, with whatever we needed.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Communication](#)
- [Ease of the exercise](#)
- [Education of the process](#)

Overall areas of improvement:

- Clear education for the actual form, I was a little confused at first. Maybe do a test prior to the event
- Information on the cards verified with the information on the form
- More meetings about the event

NHC Healthcare Somerville

How did your facility play with the evacuation scenario? [Receiving.](#)

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, Logistics Chief, Planning Chief, Finance and Operations Chief.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [OnShift messaging for staff. Simulated sharing of information to patients.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
[ReadyOp patient tracking was very easy to use. No issues identified.](#)

What was the most significant issue you identified regarding access to resources?
[The process to notify MSEPC if true resource was needed. Would it be a phone call or an email or is there a preference and process?.](#)

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? [We reached out to Fayette County EMA during the exercise to include them in notification and to communicate any needed resources.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Feel very supported in education, drills and communication.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Strong communication to internal team](#)
- [One simple source to notify partners via email/text messages](#)
- [Location of resources needed for drill](#)

Overall areas of improvement:

- [New leadership not familiar with ICS](#)
- [Incident Command role designations](#)
- [Fayette Co EMA to be involved if possible](#)

Parkway Health & Rehab Center

How did your facility play with the evacuation scenario?

Receiving.

If your facility added additional scenarios to the exercise, please summarize them here.

We moved around some of our own residents in order to place the oncoming residents from the same facility in the same room. This allowed us to keep track of their whereabouts as there were four residents from King's Daughters & Sons Home and one from The Village. The resident from The Village was placed with one of Parkway's resident based on her cognitive status.

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, Planning & Communications.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Cell Phones, Text messaging, Text to Voice translation (threader).**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The patient tracking system was well planned and thoroughly thought out. It took a while for us to receive the app to begin downloading the information for our receiving patients, but everything was fine following the completion of this task.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

1. A recovery checklist for the process of restoring department services following an emergency.
2. An in-service or training that details activities supporting safety and security of residents valuables during an emergency response.

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

Vendor list with 24/7 contact information. Failure on the facility's part.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **In addition to utilizing MSEPC, I plan to utilize Emergency Management for year 2025 by asking them to conduct an in-service at the facility for all staff on Prevention, Preparedness, Response and Recovery.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC does an outstanding job with supporting us via emails and in-person training sessions. A fire station is located next door to the facility, and they usually send two firemen each year to help us carry out the scenario and make recommendations.

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? Parkway feels supported by external partners and plans to solicit the support of other external partners for next drill.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Continuing to maintain continuity of care for all residents during the drill.
- Temporary staff support (volunteers).
- Identified necessary supplies and equipment to ensure readiness for the drill. Food, water, linens, pharmaceuticals.

Overall areas of improvement:

- Minimizing unclear communication.
- Assign staff member to communicate and ensure receiving residents are comfortable and given support since they are not familiar with facility.
- Staff Training Opportunities for assigned roles and ongoing refreshers to maintain competencies.

Regional One Health Subacute Care

How did your facility play with the evacuation scenario?

Receiving.

If your facility added additional scenarios to the exercise, please summarize them here.

Patients brought to unit by "internal transport".

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 was activated for the entire organization.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Information was communicated through email, text messaging and intranet.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The system is user friendly and no issues were experienced.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

Current training appropriate for needs.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? **Using the ReadyOp platform and communicating with organization incident command.**

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Having access to communicate with each entity and receive needed information and access to potential.**

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Simplicity of the coordination to prepare for the patients
- Communication with incident command
- Planning for event.

Overall areas of improvement:

- The sending facility information was not fully uploaded from a quick glance which could potentially delay the process of properly tracking the patients.
- Expand team involvement.
- Educational tool.

Signature Healthcare of Memphis

How did your facility play with the evacuation scenario?

Receiving.

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 Response Team, Triage Team, Transfer Team, Social Services teams, Nursing/Dietary Teams.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Incident Command Center, Phones, Staff Huddle meetings, Group Meetings W/ Communicator established for each group.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

SHC of Memphis has a patient tracking system used for disaster events, so we were able to understand the concept of the ReadyOp Patient tracking form quite easily.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

Frequent every 6 months or so trainings on Ready Op for community facilities.

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

More volunteers are needed , More oversight /management of resident with equipment usage or special needs patients.

PARTNERS

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

- Need for extra blankets
- Need for water
- Need for extra two-way radios
- Need for more volunteers.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? This organization feels adequately supported by MSEPC local fire and EMS to provide support during disaster especially for water, blankets and always being available to take questions and offer suggestions to minimize disaster negative impact.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Team was readily available. Triage process was very organized. Staffing quotas met for disaster and equipment, food, linen at PAR levels
- SS dept adept at calling patients' families to ensure they were aware of current locale of patients that we received from other facilities
- Activation of Incident Command center and staff rapid response to commands

Overall areas of improvement:

- Ensure Admission Agreements completed w/in first 24 hours.
- Discharge planning process to begin on day of admission or first 24 hours
- More volunteers are always needed.

The Kings Daughters and Sons Home

How did your facility play with the evacuation scenario?

Evacuating.

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 Initiated.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? **Communication was coordinated through the Incident Command Center at The Kings Daughters and Sons Home. Updates were shared via ReadyOp and internal tools.**

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

- Patients were triaged in the Incident Command Center.
- EMS (BFD) transported residents requiring ambulances, while other residents were grouped into categories based on transport needs (ambulance, wheelchair van).
- The facility utilized four vans with drivers for resident transfers.
- Staff members assisted with data entry into the tracking system, and the Maintenance Director oversaw the organization of the tags.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

- Current training was helpful. We are now familiar with BFD's process and have purchased our own triage/tracking tags.
- Additional hands-on training sessions would further enhance preparedness..

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

The need for our own triage tags due to the high number of van transfers. These tags have since been purchased.

For evacuating facilities only: provide feedback related to your experience with EMS during the exercise. How can MSEPC help facilitate future trainings/meetings/exercises to address evacuation concerns. **EMS was exceptionally helpful, organized, and supportive. Additional collaborative trainings would ensure continued efficiency and preparedness.**

PARTNERS

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

We purchased triage/tracking tags for internal use. ReadyOp facilitated seamless communication with all necessary parties.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? •External agencies were highly supportive and offered assistance readily.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Strong Collaboration with EMS: The partnership with EMS was efficient, organized, and supportive throughout the exercise.
- Effective Patient Tracking: Staff successfully utilized ReadyOp and ensured accurate documentation and categorization of residents.
- Resourceful Internal Communication: Internal communication tools and the Incident Command System were effectively implemented..

Overall areas of improvement:

- Additional Training on Triage Tags: While tags have been purchased, staff would benefit from further training to streamline processes..
- Enhancing Communication Speed: While effective, internal communication could be improved for faster dissemination of information during emergencies.
- Regular Drills with Partners: Periodic joint exercises with EMS and other response agencies could ensure continued alignment and preparedness.

The Village at Germantown

How did your facility play with the evacuation scenario?

Evacuating.

If your facility added additional scenarios to the exercise, please summarize them here.

Our scenario was Straight line winds (no warning) with significant facility damage. We looked at complete power outage to include generator outage initially. This allowed us to look at our current technology, what worked and when/ if we needed to go to "pencil and paper" processes and runners. We unveiled our shortfall in portable technology such as purposed based tablets for disasters, and stored battery backup power for charging equipment. We are committed to fortifying our communications and IT solutions plans in disasters over the upcoming fiscal budgeting periods.

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, Ops, Planning, Logistics, Liaison, PIO, Transportation, Staging, Triage, Safety, Supply unit Ldr,

Support Branch Dir, Comm Unit Ldr, Finance, Dining, maintenance.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Portable radios, runners. Cell when functioning.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

The patient tracking system seemed to work well between staging and EMS. We would like to be able to see a big picture view to see where our patients ended up as far as final destination to better assist family in locating pts. This may just be a training issue we can overcome in preparation for future events.

How can MSEPC help facilitate or create additional ReadyOp trainings or training materials?

We greatly appreciate MSEPC coordinating our 'game play' with Germantown fire and allowing us to practice resource requests with the coalition. Potential training for a "big picture" view of where our pts final destination ends up would be helpful and very meaningful to our team. We are also concerned if our cell service is down, how will we access RO.

Additional training with triage tags and staging ops to improve readiness for EMS would be advantageous in building stronger partnerships with local EMS and our front-line associates.

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

We identified communication within our organization will depend on facility walkie talkies and ham radios for independent living shelter locations close to the disaster. battery backup redundancy along with communication redundancy vi ham radios.

For evacuating facilities only: provide feedback related to your experience with EMS during the exercise. How can MSEPC help facilitate future trainings/meetings/exercises to address evacuation concerns. Germantown Fire came a few days before the Full scale EX and discussed best ways to set up our facility and ensure we were currently trained in proper utilization of the triage tags. This was extremely valuable during the EX and provided a very successful interaction during the full scale EX. The MSEPC asked during prep meetings what we needed and provided those connections with GFD and allowed us to practice some of our new functions in our revised EOP. Additional training regards to triage tags and staging for EMS would be beneficial.

PARTNERS

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

We will utilize cell if available, facility walkie talkies, and ham radio to connect with MSEPC and municipal partners. We will reach out to MSEPC with accurate damage and injury information along with current census to obtain resources needed to mitigate the incident. Our Liasson officer will embed and work with responding agencies once arrived on scene under a Unified Command structure. If we are unable to reach MCEPC via cell or phone services, we will relay information though Government organizations on scene or via Hamm radio to Government organization housing MSEPC.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Our EOP include updated annually disaster contracts which include facility restoration, pt and non pt transportation, logistics, Emergency power management, feeding and short term sheltering and long term housing. Resource needs immediately after the disaster will include EMS and fire response, emergent transportation to hospital ED, and debris removal for roads surrounding our facility. We are confident that the MSEPC will provide a gateway to those resources and other resources that may be needed early in the disaster. We recognize the importance of MSEPC and that our successful mitigation will depend on our close relationship in the coalition.

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 are very concerned that Shelby County EMA did not participate in the full scale EX or support the MSEPC. We see this as a potential challenge for municipalities outside the COM. We would like to see more participation from our local EMA.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Leadership commitment to mitigate disasters through strong EOP and disaster contracts.
- Communication with partners both government and private sector.
- Willingness to make significant changes in disaster mitigation to save lives (Not just to meet CMS requirements).

Overall areas of improvement:

- Communication (Improve training for ham radio usage and pt tracking and HICS 255.)
- Develop a plan to ensure all disaster equipment is cached properly, and exercised routinely.
- Supervisor level training in HICS to ensure immediate start of mitigation strategy until senior leadership assume command
- We are committed to strengthen relationships and participate in any and all disaster preparedness activities..

Rehabilitation Facilities

Baptist Memorial Rehabilitation Hospital

How did your facility play with the evacuation scenario? [Receiving.](#)

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)?
[ICS and nursing.](#)

How was information disseminated throughout the organization to keep staff and patients informed of the situation? [Baptist Memorial Rehabilitation Hospital.](#)

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.

[We had enough beds available to take on all 5 pts at our facility. Communicated with nursing to use av.](#)

What was the most significant issue you identified regarding access to resources?
[None, bed availability may have been an issue if the facility had been full.](#)

PARTNERS

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

[I wish we could have a live chat area where each facility could go to communicate with each other.](#)

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Being able to get supplies if needed.](#)

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? [Possibly more communication during the drill. I only received a drill starting and drill ending text. Possibly more details.](#)

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- [Teamwork](#)
- [Being able to allocate rooms on the fly.](#)

Overall areas of improvement:

- come up with backup plan incase facility is maxed out.
- Communication in the facility between departments.

APPENDIX A: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ACS	Ambulatory Surgery Center
ASPR	Administration for Strategic Preparedness and Response
BFD	Bartlett Fire Department
CM	Clinic Manager
ED	Emergency Department
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ER	Emergency Room
ESF-8	Emergency Support Function 8
GFD	Germantown Fire Department
HCC	Health Care Coalition
HICS	Hospital Incident Command System
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
HPP	Hospital Preparedness Program
IC	Incident Command
ICS	Incident Command System
MFD	Memphis Fire Department
MLGW	Memphis Lights, Gas, and Water
MSEPC	Mid-South Emergency Planning Coalition

APPENDIX B: PARTICIPANTS

Participating Organizations
Healthcare Coalitions
Mid-South Emergency Planning Coalition
Acute Care Hospitals
Baptist Memorial Hospital Collierville
Baptist Memorial Hospital DeSoto
Baptist Memorial Hospital Memphis
Baptist Memorial Hospital Tipton
Baptist Women' and Children's Hospital
Lauderdale Community Hospital
Le Bonheur Children's Hospital
Methodist Germantown Hospital
Methodist North Hospital
Methodist Olive Branch Hospital
Methodist South Hospital
Methodist University Hospital
Regional One Medical Center
Saint Francis Hospital - Bartlett
Saint Francis Hospital - Memphis
Ambulatory Surgery Centers
Campbell Clinic Surgery Center Wolf River
Campbell Clinic Surgery Center Midtown
Radiosurgical Center of Memphis
Dialysis Centers
Davita Airways*
Davita Capilville*
Davita Downtown*
Davita Memphis Central*
Davita Memphis South*
Davita Midtown
Davita Stateline*
Fresenius - Bartlett Home Therapies
Fresenius - Wolf River Home Therapies

Fresenius- East Memphis Home Therapies
Fresenius Kidney Care Bartlett
Fresenius Kidney Care Central Memphis
Fresenius Kidney Care Community
Fresenius Kidney Care East
Fresenius Kidney Care Germantown clinic 4771
Fresenius Kidney Care Graceland
Fresenius Kidney Care North
Fresenius Kidney Care Raleigh-Bartlett
Fresenius Kidney Care Ridgeway
Fresenius Kidney Care- South Airways
Fresenius Kidney Care Summer
Fresenius Kidney Care Whitehaven
Fresenius Medical Care Mt. Moriah*
Hospice and Home Health Agencies
Baptist Reynolds Hospice House
Long Term Care Facilities
AHC Applingwood
Allen Morgan Health and Rehabilitation Center - Trezevant Episcopal Home
Allenbrooke Nursing and Rehabilitation
Ave Maria Home
DeSoto Healthcare Center
Kirby Pines - Fireside Villa - Assisted Living
Kirby Pines -The Manor
Majestic Gardens at Memphis Rehabilitation and Skilled Nursing Center
Memphis Jewish Home & Rehab
Millington Healthcare Center
NHC Healthcare Somerville
Parkway Health & Rehab Center
Regional One Health Subacute Care
Signature Healthcare of Memphis
The Kings Daughters and Sons Home
The Village at Germantown
Psychiatric Facilities
Baptist Memorial Rehabilitation Hospital

Other Facilities
Bartlett Fire
Germantown Fire
Memphis Fire

***Facilities marked with an asterisk participated in the exercise but did not complete an After-Action Report (AAR) submission.**

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically for the Mid-South Emergency Planning Coalition as result of the Full-Scale Exercise response documented from evaluations provided for the timeframe of November 14, 2024.

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
Further patient tracking training and education	MSEPC will establish a training schedule to include more in-depth overviews of patient tracking focusing on its usage and importance across the region.	Training	April 15, 2025	On-going. Will continue throughout year.
Edits needed to current patient tracking dashboards.	MSEPC will work with TDH partners to establish timeline for incorporation of necessary edits to current dashboard.	Organization, Training	April 1, 2025	May 31, 2025
Need increased participation from ESF-8 coordinating agencies.	MSEPC will continue to foster relationships with local/state public health and county emergency management.	Organization, Exercise	April 1, 2025	May 31, 2025 (prior to next exercise)

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