Mid-South
Emergency Planning Coalition
2025 Full Scale Exercise

After-Action Report/Improvement Plan

October 27, 2025

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	2025 Full Scale Exercise
Exercise Dates	October 27, 2025
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 MedCom partners are expected to participate.
Mission Area(s)	Response and Recovery
Core Capabilities and Objectives	**Hospital Preparedness Program (HPP)** ***Capability 1: Foundation for Health Care and Medical Readiness*** **Objective 2: Identify Risk and Needs** **Objective 4: Train and Prepare the Health Care and Medical Workforce** ***Capability 2: Health Care and Medical Coordination*** **Objective 2: Utilize Information Sharing Platforms** **Objective 3: Coordinate Response Strategy, Resources, and Communications** ***Capability 3: Continuity of Health Care Service Delivery*** **Objective 3: Maintain Access to Non-Personnel Resources during an Emergency** **Objective 5: Protect Responders' Safety and Health** ***Capability 4: Medical Surge*** **Objective 2: Respond to a Medical Surge** ***Objective 2:*** **Respond to a Medical Surge**
Exercise Objectives	**Healthcare Coalition (HCC) Objectives** 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.
Exercise Objectives	**Healthcare Coalition Member Facility Objectives** **<u>Healthcare Facilities - Acute Care Hospitals</u>**

	1. Evaluate facility's ability to implement the Incident Command System (ICS) to effectively respond to an incident by quickly confirming initial alerts, timely activation and notification to staff, and effective coordination with appropriate response agencies. 2. Evaluate the appropriate management of the incident as it relates to facility operations during the event. 3. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing ReadyOp and internal communication tools. 4. Effectively triage patients and utilize ReadyOp patient tracking as intended. 5. Effectively report through and monitor the Healthcare Resource Tracking System (HRTS). 6. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing ReadyOp, internal communication tools, and two-way radios. **Emergency Medical Services/ MedCom** 1. Effectively triage patients and utilize ReadyOp patient tracking as intended. 2. Effectively report through and monitor the Healthcare Resource Tracking System (HRTS). 3. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing ReadyOp, internal communication tools, and two-way radios.
Threat or Hazard	Vehicle/Aircraft accident – Fuel spill and fire.
Scenario	On Monday, October 27 An Airbus collided with another aircraft at the airport, resulting in injuries to passengers. There was significant involvement of fuel spill and fire at the scene. Injuries are reported resulting in surges to local hospitals and EMS services.
Sponsor	Mid-South Emergency Planning Coalition
Participating Organizations	Participating organizations include acute care hospitals, EMS providers, and MedCom. 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 Sandiyan 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 – MSEPC's surge support functions were present and capable, and coalition coordination tools supported information sharing and response coordination. 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/equipment, and personnel during a large-scale surge incident.	1, 2, 3, and 4	S - Overall, requests and coordination efforts were fulfilled in a timely manner, with strong internal facility communication and evidence of rapid incident command activation across participants. Opportunities remain to strengthen exercise design and execution to address more essential elements of information (EEIs) consistently, including improving the cadence, completeness, and regional visibility of patient and resource status information across platforms.
Healthcare Facilities		
Evaluate facility ability to implement ICS to respond by confirming alerts, activating/ notifying staff, and coordinating with partners.	1 and 2	P – Facilities generally activated ICS/HICS successfully, established leadership roles, and disseminated internal communications through redundant methods (mass notification, overhead paging, radios, internal communication systems). This supported timely mobilization and coordinated early operational decision-making.
Demonstrate facility ability to manage a large event through timely and appropriate response to requested EEIs.	2	M – While routine EEIs tied to alerting and initial response performed well, evaluators and facility feedback identified major challenges with consistent

Objective	Healthcare Preparedness Capability	Rating
		completion of patient tracking-related information. Patient tracking data quality and timeliness issues reduced regional visibility and limited the ability to fully validate coordination and load-balancing processes.
Evaluate appropriate management of facility operations during the event, including evacuation/admission procedures, and establish/maintain patient tracking processes for all evacuated/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 oversite 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 on-scene use of patient tracking tools for triage status and destination entry.	2 and 4	P – EMS usage of patient tracking was timely and sufficient

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).

Table 1. Analysis of Healthcare Preparedness Capability Performance

Hospital Surge Numbers

Facility	Surge Numbers
Baptist Memorial Hospital - Collierville	7
Baptist Memorial Hospital – DeSoto	29
Baptist Memorial Hospital - Memphis	23
Baptist Memorial Hospital - Tipton	6
Baptist Memorial Hospital for Women and Children	64
Lauderdale Community Hospital	8
Le Bonheur Children's Hospital	15
Methodist Hospital - Germantown	30
Methodist Hospital - North	9
Methodist Hospital – Olive Branch	17
Methodist Hospital - South	13
Methodist Hospital - University	45
Regional One Health	41
Saint Francis Hospital-Bartlett	25
Saint Francis Hospital-Memphis	9
Total	**341**

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 consistently demonstrated the ability to **rapidly activate incident command/HICS**, engage leadership, and establish clear roles to support coordinated operations throughout the exercise. A notable strength was **effective internal communication**, with facilities using redundant methods (e.g., mass notifications, overhead paging, radios/handheld communications) to disseminate information quickly and keep teams aligned. Several facilities also reported **efficient triage and early surge actions** once patient flow began, including use of staffing supports/labor pool processes and initial decompression/bed planning to maintain operational continuity during a simulated mass-casualty surge.

At the same time, facility feedback identified several recurring improvement areas. The most frequent theme was **patient information flow and tracking**, including delays and limitations tied to patient cards/triage tags (duplicates, incomplete or missing data) and the lack of **barcode scanning** to speed entry and reduce errors. Facilities also emphasized the need for **more routine practice with ReadyOp/HRTS**, clearer expectations for update cadence, and broader staff access/training—including after-hours staff. Finally, several facilities noted **communication/interoperability gaps** (such as internal system clarity or on-scene radio/ICS coordination) and the need for stronger **EMS–hospital alignment** on consistent data entry and drill processes to prevent regional visibility gaps during surge events.

Incident Command

Facility responses indicated that **incident command/HICS activation was generally successful**, with command structures established promptly and roles assigned (e.g., Incident Commander and section leadership), often supported by HICS tools such as job action sheets. Facilities also relied on **redundant internal communications**—including ReadyOp messaging, overhead paging, radios, and internal mass-notification tools—to sustain situational awareness and coordination. A key opportunity for coalition-level action is reinforcing consistency through **more frequent scenario-based or role-based refreshers**, so new and rotating staff can quickly recall responsibilities, reduce hesitation, and maintain efficient command operations during high-tempo surge events.

Resources

Facilities noted that surge operations benefited from **existing internal resource strategies**, such as staffing/labor pool processes and surge planning, but multiple responses pointed to actionable gaps that would improve readiness. Frequently cited needs included **additional disaster supplies**, improved **internal communications capacity** (e.g., more radios for inside-facility

coordination), and enhanced capability to connect **paper triage processes with electronic tracking** (particularly barcode scanning). Many facilities also identified readiness steps that would strengthen regional response, including ensuring broader staff access to ReadyOp/HRTS (including off-hours users), maintaining up-to-date distribution lists, resolving IT access barriers, and continuing quick-reference training and drills to keep tools and procedures familiar.

Patient Tracking

Overall, facility responses reflected that **ReadyOp and HRTS were useful for patient tracking once information was available**, but several workflow and data-quality issues limited real-time visibility. Common challenges included delays and incomplete information from patient cards/triage tags, duplicate or emailed tag submissions, missing demographics, and the absence of barcode/scanner integration—each contributing to slower triage/registration and reduced tracking accuracy. Some facilities also reported data entry challenges and inconsistencies, including high-burden fields and incorrect form use, as well as inconsistent EMS data entry at the scene, which created inbound visibility gaps. Coalition-level opportunities include coordinated **EMS–hospital training and shared SOPs for ReadyOp use**, standardized expectations for HRTS update cadence during mass casualty incidents, and routine system/process checks and exercising that better reflect real-world information flow and timelines.

External Partners

Facilities described strong value from established partnerships—particularly with **MSEPC, Fire/EMS, and emergency management stakeholders**—to support planning, situational awareness, and continuity of operations during surge conditions. Facilities anticipate leveraging external partners for **patient movement/transport coordination**, resource coordination, and guidance during decompression and high-demand periods. Improvement themes focused on strengthening interoperability and clarity, including clearer points of contact, improved EMS coordination for consistent ReadyOp triage data entry and on-scene communications, and standardized coalition guidance on triggers/expectations for regional visibility (e.g., consistent bed status reporting practices) to reduce gaps during rapidly evolving events.

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)?
Incident commander, Logistics Chief, Medical Chief.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? By way of Two -way radio, Email and mobile device.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
There was a delay in receiving patient cards which created delays with triaging patients.

Recap organization experience with HRTS.
There were no concerns with any HRTS. Navigating and information communication was good.

How can MSEPC help facilitate or create additional trainings or training materials? Continue conducting in-person meetings / desktops to help build confidence with new leaders and refreshers with current leaders.
Our leaders (MSEPC) do great with getting us the tools to be successful when conducting citywide drills but your ongoing support and the resources to do better is always received.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? This is established by creating a list of our key partners, internal and external customers who will be assisting in the exercise such as our local agencies, hospitals, etc.
Clear communication protocols to assure who is communicating with who and having working knowledge of protocols.
Information sharing in real time during an exercise.
Feedback and Post exercise review.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? You conduct meetings to keep us informed as well as prepared when leading up to training exercises.
You make yourselves available to assist us whenever we have questions or concerns.
You are so transparent with your level of customer service which make it easy to communicate.

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 never felt unsupported, nor have we had any negative experiences with any agency. We`ve always felt valued.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Establishing Command Structure Assignment.
- Great Internal Communication while waiting for patient card assignments to begin triage

Overall areas of improvement:

- Patient Cards
- Communication in keeping us updated regarding the minor delays in the patient cards.

Baptist Memorial Hospital Desoto

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 Sections Chiefs, Command Center Recorder, Medical Staff Officer, Safety Officer, ED Unit Leader, Inpatient Unit Leader, Labor Pool Unit Leader, Patient Tracking Unit Leader, Clinical Support Unit Lead

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Information was shared through multiple channels: ReadyOp notifications to leadership and key response roles, Overhead paging for controlled access lockdown announcement, Email, and text alerts to department managers Unit huddles led by section chiefs.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
ReadyOp was used effectively by the Patient Tracking Unit Leader and ED staff to log simulated patients. However, visibility of inbound triage levels was delayed because some EMS units did not enter data at the scene. Workarounds included direct radio communication and phone calls from EMS liaisons. Approximately 40 paper patients were processed and triaged as if real, with age, sex, and injury details documented

Recap organization experience with HRTS.
HRTS functioned well for receiving coalition messages and situational updates. Bed availability reporting was accurate, but the process could benefit from clearer cadence guidelines for updates during surge events.

How can MSEPC help facilitate or create additional trainings or training materials?
Joint EMS–Hospital ReadyOp drills (90 min) to reinforce EMS data entry compliance
HRTS refresher sessions (45 min) focused on update timing and message workflows
ICS role-based microlearning (15 min) for Job Action Sheets and HICS forms
Quarterly tabletop exercises with technology checks for ReadyOp and radio interoperability.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources?
EMS for accurate patient tracking and triage data entry
Emergency Management for situational awareness and resource coordination
MSEPC for communication drills and shared dashboards
Public Health for surge reporting and guidance on decompression strategies Feedback and Post exercise review.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Emergency Management ensured smooth information flow through HRTS
Strong coordination from MSEPC during exercise planning and inject delivery

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?
Inconsistent ReadyOp data entry by EMS created visibility gaps
Suggestion: Develop a joint SOP for EMS-hospital ReadyOp use and conduct pre-exercise login checks
Limited clarity on bed status triggers for coalition reporting—recommend standardized guidance

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Rapid activation of Incident Command and clear role assignments
- Effective internal communication and use of ReadyOp for notifications
- Exercise leveraged as a leadership training opportunity for new managers

Overall areas of improvement:

- External ReadyOp data completeness—need EMS compliance for real-time visibility
- Standardized communication cadence and templates for frontline staff during surge
- Clarify HRTS update frequency and expectations during mass casualty events

Additional Comments not already mentioned.
The hospital successfully initiated a Controlled Access Lockdown to secure entrances.
The Labor Pool was opened to assess staffing needs for surge capacity.
Inpatient Unit Leader began decompression planning to create bed availability for incoming patients.

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)? Incident Commander, Public Information Officer, Liaison Officer, Safety Officer, Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Chief.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Communication was via hand-held radios, PBX Operator, Everbridge Mass Notification, and internal phone system.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
We spent too much time remembering the roles and responsibilities of each team/unit. Smaller exercises throughout the year may help alleviate some of the rustiness.

Recap organization experience with HRTS.
The dashboard was not accurate for our hospital. I'm not sure if this was an internal error or system wide.

How can MSEPC help facilitate or create additional trainings or training materials? Perhaps on-site training on a smaller time scale as a refresher. Large scale exercises are good but smaller ones in between help keep the skills fresh.

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 coordinated through MSEPC for transfer/transportation to other facilities, requests for supplies, etc.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The support and relationships with EMA and MSEPC are crucial to sustaining operations during a crisis or emergency.

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make? to address any lack of support you experience? We do not feel unsupported. Continuation of coordinated drills and other operations to bring area hospitals together strengthens bonds and develops relationships.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Communication with MSEPC.
- Internal relationships with primary stakeholders. (ED, Admin)

Overall areas of improvement:

- Internal PBX speakers were garbled. Addressing this issue internally.
- Sustained training internally with staff and externally with partners.

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)?
All Components. We had Safety Officer, Quality, Administrator, CNO and Adjunct ED Nurse Manager, MedSurge Manager, CFO.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? 3 Way Radio, Overhead Paging , Group Text, Sign to alert Patients & Visitors of the Drill and not real world Event.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
No problems entering Patient Information in System, had new ED Staff that did not have the App on their phones, so had to stop and download the Readyop App on phone, New Staff observing.
Had some internal IT issues because of changing out Computers to Windows 11, has been fixed.
No issues with the HRTS. Need to add the new ED Head Nurse and Charge Nurse to update current census if needing setting up alternate Incident Command Center after hours
Find opportunities to keep staff proficient with practice entering pts when not in a disaster drill.

Recap organization experience with HRTS.
Support staff thru PBX operator to enter census in timely while Emergency Management command center Staff running IC. No problems with communication, working on internal processes to keep current information flowing to HRTS operator entering data or update current with processes and pt flow.

How can MSEPC help facilitate or create additional trainings or training materials? Quick Start Guide and maybe opportunities quarterly to be able to practice scanning pts, triaging and entering pts info We don't do the Triage Tuesdays anymore but maybe have some practice Quarterly to input a pt from each facility during a 24-hour period so different shift could participate. It could be checked the next day, not needing a monitor. But with guide we could do anytime. Each facility could have one or two pts with their hospital name so you would know who admitted or transferred them.

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Personal Support and attentive to issues brought forth.

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

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Rapid initiation of the Command Center and communication. Using the New Forms of communication and not calling the command Center
- Hot wash participation for improvements
- Involvement of Admin and Staff in responding to Code D exercise as a real event

Overall areas of improvement:

- Preparation of educational materials for using the ReadyOp
- Internal IT issues identified has been fixed
- Giving additional Staff Access to the HRTS & ReadyOps

Baptist Women' and Children's Hospital

INCIDENT COMMAND

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

Which components of incident were activated (i.e. which positions/groups were named)? Incident Commander, Logistic Chief ,Medical Chief Officer, Safety Officer, Public Information Officer and Command Center Recorder.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? The information was disseminated through the Command Center with the assistance of the HICS Job description sheets.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
The patient tracking system worked once the information was received but there were duplicate paper triage tags which slowed the process.
Not enough patient information was available on the paper patient cards.

Recap organization experience with HRTS.
The Scenario concerning the plane crash with 104 passengers at the Memphis Airport information was delayed on the HRTS System for hours due to information coming in late from the Memphis International Airport.
Overall, all patients were eventually entered into the system.

How can MSEPC help facilitate or create additional trainings or training materials? Continue quarterly meetings with the team members to identify areas of concerns and make improvements as needed.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? There were no communication issues with internal partners or area response agencies.
All radios were functional and operational on 6e channel.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Our organization has partnership with different external partners to receive resources to assist in maintaining the hospital operations.

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? Our hospital has always been supported by our local Fire/Ems, public health including (MSEPC, Emergency Management.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- The Command Center was activated in a timely manner with the appropriate personnel on standby from the HRTS System
- The Labor Pool was ready to assist for staffing and patient needs according to the triage tags received through the system
- Review all Surge Plans.

Overall areas of improvement:

- The scenario for the incident should start more promptly to enter the patients in order for the Command Center to start entering the patient and tracking them on the dashboard.
- The Original Triage Tags are better than the Email Tags, they are more informative and easier to process.
- Scanners will be helpful in scanning the barcodes on the patients.

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)? Safety Officer, Medical Specialist, Liaison Officer.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Phones, Overhead Paging.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Entering patients into patient tracking was fairly easy being a new user.

Recap organization experience with HRTS.
HRTS was easy to understand and navigate through being new to it as well.

How can MSEPC help facilitate or create additional trainings or training materials? Maybe more in person table top drills to get everyone more comfortable with the situation of different scenarios.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Working on updating Emergency Management Plan and having MSEPC for useful resources in the event of a actual disaster.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? We work close together with our local Emergency management, Fire/EMS. MSEPC has helped us a lot and always willing to help when 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? We feel supported by all our local organizations and MSEPC.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Processing patients through triage.
- Hospital communicating as a whole and reaching out to IC.

Overall areas of improvement:

- More supplies dedicated for disaster.
- Two-way radios for inside hospital communication.

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)? IC with all sections were activated.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Overhead announcements as well as radio communication.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Patient tracking was an area of opportunity for LeBonheur. The coordination between ED personnel and patient registration was not proficient. Better planning will be implemented to ensure both are working as part of unified operations during events and exercises.

Recap organization experience with HRTS.
HRTS was monitored throughout the entire operation. Updates were provided within the system and the system work well during the exercise.

How can MSEPC help facilitate or create additional trainings or training materials? MSEPC can continue to provide technical training and support for ReadyOp to advance my facilities readiness. To increase proficiency with the Patient Tracking System, it may be helpful to provide exercises that only target patient tracking in the future.

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 improving lines of communication between partners.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? All local agencies have been reliable partners with LeBonheur Children's Hospital. MSEPC not only provides necessary training and information but also provide avenues of funding when available. All entities ensure we are informed on needed processes and procedures.

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? Support is provided.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Leadership engagement.
- IC activation

Overall areas of improvement:

- Coordination between operational department
- Communication

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)? IC, PIO, Logistics, Safety.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Text messages to leaders to get census, email or by runner.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Triage was completed and patients registered quickly. Issues entering DOB for patients in ReadyOp.

Recap organization experience with HRTS.
HRTS was not helpful. Once we were to receive patients, the drill was called complete in HRTS.

How can MSEPC help facilitate or create additional trainings or training materials? The training for ReadyOp is helpful. The quick steps for mobile ReadyOp was great.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Yes, always need MSEPC help with HRTS.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC is always a resource for information or training.

In what ways does your organization feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make? to address any lack of support you experience? We don't deal directly with some of the agencies, so we don't know who our best point of contact would be.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Triage of patients was fast and efficient
- Setting up IC was quick and flowed well

Overall areas of improvement:

- ReadyOp registration - DOB for patients is cumbersome. I don't think this is something we, at the hospital level, can improve
- Disaster station deployment and set up

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)? incident commander.

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

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Unable to fully utilize the tracking system. Patients didn't come in with a barcode. To fully. Use the tracking system. We would need to have a barcode to scan to tie everything together.

Recap organization experience with HRTS.
This drill pointed out that a lot of our users. Had not accessed their accounts and had been disabled. Part of our after-action plan was to Update everyone's account and reactivate the staff that needs access to hrts.

How can MSEPC help facilitate or create additional trainings or training materials? In a large drill like this, I think it would be beneficial to create. Sub drills so everyone can actively participate. The way that this drill was set up. A lot of facilities. Had to move on to daily Normal daily operation rather than waiting for something to happen.

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? with this drill was hard to tell.

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? communication is our biggest issue.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- our teams knowledge of ics
- involvement

Overall areas of improvement:

- communication
- Planning

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, PIO, Operations, Logistics, Finance, Planning, Liaison

How was information disseminated throughout the organization to keep staff and patients informed of the situation? ReadyOp messaging and Overhead paging.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
The full-scale exercise successfully evaluated our ability to triage patients and monitor hospital status. The utilization of ReadyOp was a standout success; the system's intuitive design allowed staff to process and enter all 17 patients within one hour.

Recap organization experience with HRTS.
reporting through the HRTS proved more challenging. While logging into the system was efficient, the interface was less user-friendly than ReadyOp. Additionally, the exercise revealed a communication gap regarding the drill scenario, as the IOC repeatedly questioned status changes despite prior notification of the ongoing exercise.

How can MSEPC help facilitate or create additional trainings or training materials? Maybe training videos or a bi-monthly round robin style of training.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Based on the exercise findings, we anticipate utilizing ReadyOp as the primary mechanism for coordinating support and resources with external partners. The exercise demonstrated that our communication infrastructure is robust; we successfully utilized ReadyOp and walkie-talkies to maintain seamless internal operations while simultaneously keeping partners informed. Because we were able to push out messages quickly and without friction, we will rely on these validated channels to request and secure external resources during future events.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? We feel a high level of support from our coalition, police, and Fire/EMS partners, who consistently demonstrate their readiness to help. The collaborative spirit is a major strength of our emergency management program. However, to maximize this support, we identified a need for unified communication platforms. Specifically, we wish to see a broader adoption of ReadyOp among our partners; a shared platform would eliminate friction and ensure instant, seamless information sharing across all agencies.

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? N/A.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- ReadyOp Mass notification
- ReadyOp Patient tracking

Overall areas of improvement:

- Slow to receive patients, HICS was sitting in idle and started to go back to work. We then had to round everyone back up to finish the exercise.
- Would like to be able to scan the patients in as its more realistic to have a triage tag on the patient. Maybe create barcodes for the face patients.

Additional comments not already mentioned.
Good exercise and really showed us how well ReadyOp works. Would like to implement more features for our organization.

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)? Leadership group

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

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
A little slow at first, always can use more practice.

Recap organization experience with HRTS.
HRTS was good but this hospital needs more people signed up to receive HRTS alerts.

How can MSEPC help facilitate or create additional trainings or training materials? They do a great job at assisting when needed.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Based on the exercise findings, we anticipate I think its always just important to stay in contact with one another to make sure we have that communication always established if a emergency does happen.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC and local Fire/EMS make it easy to communicate with them and make sure we get the help we need when its 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? N/A.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Incident command assembles quickly
- Good leadership
- Communication

Overall areas of improvement:

- more practice on systems
- just general staff knowing what to do

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)?
All positions in the org chart for HICS were activated and needed subgroups as deemed necessary by the section chiefs.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? We used ReadyOp to test a notification and also used overhead notifications within the Hospital. Additionally, members tested and use facility EM cell phones and hand radios and laptops.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
System used patient tracking well but used wrong form.

Recap organization experience with HRTS.
HRTS was updated routinely without issue.

How can MSEPC help facilitate or create additional trainings or training materials? paper patients seem to be more helpful than emailed.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? We had good list of external partners and didn't activate them.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Drill development was a help.
Need further training on ReadyOp/HRTS for more users on campus.

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? N/A.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Rapid HICS activation
- Surge Capacity Creation

Overall areas of improvement:

- Wrong Form Used in ReadyOp
- Gaps in HRTS access- House Supervisors

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)?
all command team and all four chiefs.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? emails, text alerts and overhead announcements and intranet banners.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
the ems tag system was a little crazy with a lot of duplicates that didn't make much sense. that tripped us up.
however, we had a new patient tracking team, and they did well. however, there were no demographics on the tags so it wasn't as much information, and we would have liked to test them with.

Recap organization experience with HRTS.
it was fine. medcom is here so they had more issues with what was going on, but we rely on them.

How can MSEPC help facilitate or create additional trainings or training materials? work with EMS so that EMS understands what we are actually doing at the hospital.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources?
ROH is trained to call coalition leaders first before they reach out to any government entitles.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? MSEPC always covers all concerns and is responsive. Fire/EMS usually makes sure they are participating and listening/open to feedback. EM and public health... not sure what they do or would do.

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? at this point everybody just needs to let EMS, the coalition and the hospitals do what we do and stay out of it.

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- burn center finally got patient and did well
- finally have a good disaster tracking team
- family assistance did see patient this time

Overall areas of improvement:

- triage set up/registration set up was a mess. need better layout
- duplicate tags didn't make sense. we need to get a system of working with ems for a drill that really works. for both parties.

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)?
Incident Commander, Operations, Planning, Logistics, Finance, Safety Officer.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? Utilizing two-way radio, facility wide notification system, and land lines, in person.

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
Strengths
1. Staff had ReadyOps and HRTS training prior to the event.
2. Updates were timely.
Areas of Improvement
1. Maneuvering/getting familiar within the ReadyOps system.
2. Training additional staff working off hour shifts.
3. Updates/ information were not timely between EMS and the receiving facility.

Recap organization experience with HRTS.
Strengths
1. Staff had HRTS training prior to the event.
2. Updates were timely.
Areas of Improvement
1. Maneuvering/getting familiar within the HRTS system.
2. Training additional staff working off hour shifts.

How can MSEPC help facilitate or create additional trainings or training materials? A quick guide for ReadyOp may be beneficial.

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? Ease of collaboration between all entities.

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? N/A

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Timeliness in response
- Internal communications

Overall areas of improvement:

- Review of access needs i.e., HRTS & ReadyOp and individual/departmental roles/responsibilities
- Update Tenet Alert distribution list.

Additional comments not already mentioned.
In general, facilities responses to updated request within HRTS.

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.

How was information disseminated throughout the organization to keep staff and patients informed of the situation? via our internal communication software (text/email/phone).

PATIENT TRACKING AND RESOURCES

Recap organization experience with patient tracking system.
had some difficulties with ReadyOp populating patients. Was able to navigate through. A smaller number of patients made the exercise not as effective but allowed good dialog. HRTS had no issues for us

Recap organization experience with HRTS.
We did well mobilize and talking through the situation. All areas reported and were on standby. Good use of time spent on talking through scenarios and recapping past exercises. MSEPC leadership was available and able to help through any hiccups.

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

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? extremely. we have no issues with 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? we don't feel unsupported

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Mobilization
- Communication
- Leadership

Overall areas of improvement:

- ReadyOp familiarity
- next level involvement

EMS/MedCom

Bartlett Fire

PATIENT TRACKING AND RESOURCES

Did your service utilize the ReadyOp patient tracking system? Yes

Recap organization experience with patient tracking system.
All EMS providers from all departments need training on the ready op platform if they have not received this training.

Did your service utilize the Healthcare Resource Tracking System (HRTS)? Yes

Recap organization experience with HRTS. The hospital systems need to provide more timely updates in the HRTS system. Daily submissions may not reflect the most accurate availability or saturation status.

How can MSEPC help facilitate or create additional trainings or training materials? MSEPC does an excellent job of providing the information. The issue seems to lie with the training at each department/facility level.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? Radio communication seemed to be the biggest hurdle for on-scene operations. Not all services were able to communicate effectively on scene. This is more of an issue at the provider level than MSEPC.

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? The MSEPC has always been a reliable partner during disasters and training. They are excellent partners who provide resources in real time during events.

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? N/A

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Triage process and procedure
- Face to Face communication with other providers

Overall areas of improvement:

- Radio Communication
- Clear establishment of ICS

Memphis Fire

PATIENT TRACKING AND RESOURCES

Did your service utilize the ReadyOp patient tracking system? Yes

Recap organization experience with patient tracking system.
This was the second Airport Exercise that we utilized ReadyOp, and the system itself worked well. The information was not being entered in a consistent or organized way by the ground level users. The reason was a lack of using the system on a regular basis. The first exercise we used the system on went much better than this last exercise. I plan to create different ways for us to practice using it more to gain experience and I will also communicate the importance of making the use of the system a priority during an exercise to help produce the needed data and it will give us experience.

Did your service utilize the Healthcare Resource Tracking System (HRTS)? Yes

Recap organization experience with HRTS. I can say that the experience was the same for using this part of the system. The statement above answers both questions.

How can MSEPC help facilitate or create additional trainings or training materials? MSEPC has been great to work with. I would like to explore some ideas for future training and exercise opportunities that would give MFD a chance to use the system more and get comfortable with the process.

PARTNERS

Based on issues identified as part of exercise play, how would you anticipate utilizing partners to obtain support and/or resources? I think any large-scale incident involving a passenger aircraft would need to utilize the system. It will make the accountability much easier and enable all the partners to track information relative to their needs.

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

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Having ReadyOp available.
- limited use still helps provide important information.

Overall areas of improvement:

- Need to use the system more frequently.
- Making the needed information that must be captured by the system clear to the end users.

Memphis MedCom

PATIENT TRACKING AND RESOURCES

Did your service utilize the ReadyOp patient tracking system? Yes

Recap organization experience with patient tracking system.
We don't really use patient tracking per say but we do look at where the patients are going to help try and load balance the region.

Did your service utilize the Healthcare Resource Tracking System (HRTS)? Yes

Recap organization experience with HRTS. N/A

How can MSEPC help facilitate or create additional trainings or training materials? Yes, more training with EMS to help us perform better in a real life situation and help load balance better.

PARTNERS

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

In what ways does your organization feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? We feel very supportive and would like to keep building those relationships in the city, county and region.

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? N/A

OVERALL EXERCISE STRENGTHS AND AREAS OF IMPROVEMENT

Overall Strengths:

- Communication
- Working with outside agencies

Overall areas of improvement:

- Training
- Internal communication flow

APPENDIX A: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ASPR	Administration for Strategic Preparedness and Response
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
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
MSEPC	Mid-South Emergency Planning Coalition

APPENDIX B: PARTICIPANTS

Participating Organizations
Healthcare Coalitions
Mid-South Emergency Planning Coalition
Public Health
Shelby County Health Department
Emergency Management
City of Memphis Office of Emergency Management
Emergency Medical Service (EMS)/ MedCom
Acadian Ambulance Service of Tennessee*
Airport Fire*
Bartlett Fire
Collierville Fire*
DeSoto County*
Germantown Fire*
LifeCare*
Memphis Fire
Memphis MedCom
Vital Medical*
Acute Care Hospitals
Baptist Memorial Hospital Collierville
Baptist Memorial Hospital DeSoto
Baptist Memorial Hospital Memphis
Baptist Memorial Hospital Tipton
Baptist Women's and Children
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 Health
Saint Francis Bartlett Hospital
Saint Francis Memphis Hospital

***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 a result of the Full-Scale Exercise response documented from evaluations provided for the timeframe of October 27, 2025.

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
HRTS reporting consistency (access issues, cadence expectations, dashboard reliability concerns)	Conduct an **HRTS access audit** with member facilities (ensure appropriate staff—including after-hours roles—have active accounts), publish **regional cadence guidance** for updates during medical surge, and provide refresher training focused on message workflows and reporting expectations.	Organization / Training	Feb 1, 2026	May 31, 2026 (then maintain)
EMS–hospital alignment for patient tracking and information sharing (visibility gaps when scene data is not entered consistently)	Develop and disseminate a **joint EMS–hospital SOP** for ReadyOp use (what is entered, when, by whom), conduct **pre-exercise login/tech checks**, and facilitate at least one **joint EMS–hospital drill** focused solely on tracking/data flow.	Planning / Training / Exercise	Mar 15, 2026	Sep 30, 2026
External partner participation (public health/EMA engagement limits full ESF-8 validation and community-wide testing)	Continue targeted outreach to ESF-8 coordinating agencies with **early invitations and defined exercise roles**, maintain an updated partner contact directory, and incorporate specific ESF-8 participation objectives into exercise planning and evaluation.	Organization / Exercise	Feb 1, 2026	Prior to next full-scale exercise cycle

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