ASPR

U.S. Department of Health & Human Services
Administration for Strategic Preparedness & Response

Medical Response & Surge Exercise (MRSE)

Exercise Guide

Hospital Preparedness Program

September 2024

aspr.hhs.gov

ACKNOWLEDGEMENTS

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) created the Medical Response and Surge Exercise (MRSE). Special thanks are due to Jennifer Hannah, Director of the Office of Health Care Readiness (OHCR), who led development of the MRSE. ASPR would like to express sincere gratitude to OHCR Field Project Officers Angela Krutsinger, Kevin Sheehan, David Csernak, Ann Nguyen, Duane Wagner, Susan Sutton-Clawson, Sharon Cox, William Mangieri, Paul Link, and Senior Medical Advisor Richard Hunt; ASPR's Office of Strategy, Policy, and Requirements (SPR) and Evaluation Branch team members Darrin Donato, Debjani Das, Thomas Greer, and Cliffon Smith; ASPR's Technical Resources, Assistance Center, & Information Exchange (TRACIE) Team; ASPR's Division of Exercise, Evaluation, and After Action (E2A2) Exercise Branch, including Elizabeth Catarious, William Moore, and Tschuna Patterson; Jon Krohmer and the US Department of Transportation's Office of EMS; David Lehrfeld and the Oregon Health Authority; Brian Ritchie and the State of Alaska Department of Health and Social Services; Lyle Moore and the Colorado Hospital Association; and Mark Ross and the Florida Hospital Association. We are extremely thankful to all for their valuable strategic guidance, insights, and continuous interest in this exercise.

ASPR would also like to acknowledge the MRSE Design Team members: David Csernak, Angela Krutsinger, Kevin Sheehan, Olugbadero Yerokun, Lauren Cuddy Egbert, Peter Telaroli, Aldemaro Alberto Algarra Gonzalez, Katherine Gorbach, Griffin Otto, Markus Bako, Jonathan Pearson, Robert Stephan, Mark Kazmierczak, Audrey Cerles, and Landy Sun.

A special thanks to the Hospital Preparedness Program (HPP) recipients and health care coalitions (HCCs) who graciously provided their time and invaluable insights through webinars, a survey, and office hours. Finally, we profoundly thank South Dakota Health Care Coalition and West Region Health Care Coalition of Colorado for participating in a full pilot exercise of the MRSE and providing feedback as part of the development of the MRSE.

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1.0 INTRODUCTION

The U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) created the **Medical Response and Surge Exercise (MRSE)** to assist jurisdictions, HCCs, health care partners, and key response organizations with evaluating their current ability to effectively respond to an emergency or disaster with a significant patient surge. The exercise procedures and supporting materials described in the Exercise Guide are consistent with updated Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation (HSEEP) guidelines issued in 2020 (refer to Appendix C: Alignment of ASPR's Medical Response and Surge Exercise (MRSE) Design with the Homeland Security Exercise and Evaluation Program (HSEEP) Principles in the MRSE Supplemental Guidance). The MRSE is a functional exercise, which HSEEP describes as "an operations-based exercise designed to test and evaluate capabilities and functions while in a realistic, real-time environment."[1]

The MRSE and this Exercise Guide were produced with input, advice, and assistance from the MRSE Design Team (hereafter referred to as "Design Team"). This team included OHCR representatives as well as a number of emergency preparedness and response subject matter experts from federal, state, and private sector organizations.

This Exercise Guide provides exercise participants, which include exercise players, subject matter experts, facilitators, observers, and evaluators from participating agencies and organizations, with background information on the exercise's scope, schedule, and objectives. It also presents the process participants will use to establish the exercise scenario, exercise operations, and questions that will drive participant discussions during the exercise. The information in this document is current as of the date of publication and is subject to change. All exercise participants may view the Exercise Guide.

1.1 BACKGROUND

ASPR's Office of Health Care Readiness (OHCR) advances the ability of the nation's health care system to prepare for, respond to, and recover from disasters and emergencies through the administration of cooperative agreements, training and technical assistance, evidenced-based research and promising practices, and strategic partner engagement that engages health care partners nationally to empower private health care to share ownership in preparing the nation's

[1] Homeland Security Exercise and Evaluation Program (HSEEP). Homeland Security Exercise and Evaluation Program (HSEEP) (fema.gov). https://www.fema.gov/sites/default/files/2020-04/Homeland-Security-Exercise-and-Evaluation-Program-Doctrine-2020-Revision-2-2-25.pdf. Accessed June 2023.

health care delivery system for disasters or emergencies. The Hospital Preparedness Program (HPP) cooperative agreement is the primary source of federal funding for health care delivery system preparedness and response, by providing leadership and funding to states, territories, and eligible major metropolitan areas through its support for HCCs. HCCs serve an important communication and coordination role within their jurisdictions, given the many public and private entities that must come together to ensure health care delivery system readiness.

1.2 HPP COOPERATIVE AGREEMENT MRSE REQUIREMENTS

HPP is a whole-of-community endeavor that connects health care entities at the local, state, regional, and national levels to plan for and respond to emergencies and disasters. ASPR requires HPP recipients to invest in HCCs, providing a foundation for health care readiness.

In accordance with the FY 2024-2028 HPP Notice of Funding Opportunity (NOFO), recipients and HCCs must work together to exercise and improve the activities described in their plans. This includes conducting at least one operations-based functional or full-scale MRSE every budget period.

Per the exercise requirements provided in the NOFO, HPP recipients and their HCCs ***must*** work together to complete the following MRSE activities every budget period.

1.2.1 RECIPIENT MRSE REQUIREMENTS

Each recipient ***must*** perform the following MRSE requirements annually:

- Support HCCs with the planning, execution, and evaluation of the MRSE, as needed and appropriate.
- Provide the target number of surge patients to each HCC, based on the total number of state licensed general medical/surgical beds within the HCC's jurisdiction.
- Ensure the HCC's exercise scenario and plan aligns with the recipient's strategic priorities and goals.
- Verify that all questions about specific roles and participation in the exercise have been appropriately and completely addressed.
- Use the Recipient Review Guide (RRG) to conduct a thorough review of each HCC's Reporting Tool to ensure data accuracy and completeness.

1.2.2 HCC MRSE REQUIREMENTS

Each HCC ***must*** perform the following MRSE requirements annually:

- Plan, execute, evaluate, and report the findings and outcomes of a realistic medical surge exercise to improve the response readiness of health care partners in their jurisdiction.
- Document actions or activities to identify areas of improvement and develop meaningful corrective actions.
- Build new partnerships and strengthen existing ones with organizations across the health care, ESF-8, and emergency response communities to improve communication and coordination during future emergencies and disasters.

For HPP recipients and HCCs requesting more information about this exercise and requirements of the HPP cooperative agreement, please contact your regional HPP Field Project Officer.

1.3 EXERCISE DOCUMENTS AND TOOL

This exercise requires the use of three documents:

- **Exercise Guide (this document)** – The core document provided to all participants in an exercise. It provides in-depth instructions for how to plan and conduct the MRSE.
- **Evaluation Plan** – Outlines the goals and purpose of exercise evaluation for an HCC and guides the Exercise Evaluator (refer to section 2.11 below) through assisting during the exercise, gathering information, and facilitating the After-Action Review. The Evaluation Plan helps the Exercise Evaluator turn information collected during the exercise into a meaningful After-Action Report and Improvement Plan (IP) in concert with exercise participants.
- **Reporting Tool** – The Excel-based tool is used primarily by the Exercise Evaluator to document decisions and results throughout the exercise, including the Phase I: Plan & Scope and Phase III: Review. The tool includes sequentially organized tabs that may be viewed by selecting each tab's name at the bottom of the screen. All required exercise data collection – including data for HPP cooperative agreement performance measures – will be completed in the reporting tool.
- **Additional HSEEP Tools and Templates (optional)** – The US Department of Homeland Security developed the Preparedness Toolkit (PrepToolkit), a web-based application that supports the implementation of HSEEP and aids exercise planners in program management, design and development, conduct, evaluation, and improvement

planning. ASPR encourages recipients and HCCs to use these additional resources throughout the exercise process. For more information on the PrepToolkit and HSEEP, refer to https://preptoolkit.fema.gov/hseep-resources.

2.0 EXERCISE OVERVIEW

2.1 PURPOSE AND SCOPE

The purpose of the MRSE is to provide recipients, HCCs, and their health care partners with an opportunity to validate their medical surge support plans, response plans, and other capabilities through a realistic emergency or disaster scenario. The scenario used in the MRSE is defined by the HCC based on their jurisdictional hazards, risks, threats, and priorities. Each exercise will test the recipient's, HCC's, and their health care partners' capability and capacity to manage and support a surge of patients equal to at least 10% of their licensed general medical/surgical bed capacity[2].

Note: If an HCC chooses to exercise a scenario based on a specific risk or priority that does not meet the 10% surge target, they must contact their OHCR FPO and the MRSE Support Team (MRSE@hhs.gov) for prior approval and to provide assurance that the remaining MRSE exercise requirements will be met.

2.2 EXERCISE OBJECTIVES

The exercise includes four required objectives. However, HCCs are encouraged to develop their own additional objectives, to meet the needs of their health care partners provided the standard actions in the exercise are followed in order to meet HPP cooperative agreement requirements. Due to the flexibility of the exercise scenario, HCCs may include additional exercise objectives which support their health care partners in meeting additional exercise requirements (e.g., Joint Commission, Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention Public Health Emergency Preparedness program (CDC/PHEP), state and local jurisdictional requirements, etc.) apart from HPP program requirements.

ASPR identified the following standard objectives for the MRSE functional exercise:

[2] This includes general medical and surgical beds. HCCs have the option to include additional staffed bed types in the calculation based on the incident scenario defined by the HCC. The accompanying reporting tool will calculate the number of patients based on inputs from the HCC.

1. HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.

2. HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.

3. HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.

4. HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.

2.3 CROSSWALK OF EXERCISE OBJECTIVES AND PERFORMANCE MEASURES

The exercise objectives are aligned with the MRSE performance measures to ensure a streamlined approach to executing the exercise. The table below provides a crosswalk of the required exercise actions, objectives and performance measures.

Table 3: A Crosswalk of the MRSE Exercise Actions, Objectives and Performance Measures (PMs)

Exercise Action	MRSE Objective	MRSE Performance Measures
Information Sharing and Communication	HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster	**PM 12**: Percent of contacted HCC members and health care readiness partners who responded to an information request using backup systems during the MRSE
		PM 14: Percent of contacted HCC members acknowledging initial emergency notification
		PM 15: Percent of contacted HCC members who responded to the initial information request
Resource Allocation	HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or	**PM 16**: Percent of all pre-identified, critical required personnel types that were met by participating HCC members to manage patient surge
		PM 17: Percent of all pre-identified, critical resources that were met to manage patient surge

Exercise Action	MRSE Objective	MRSE Performance Measures
	disaster by the end of the MRSE	**PM 18**: Percent of all pre-identified, critical EMS resources that were met to safely respond to triage and transportation needs
Patient Tracking and Movement	HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE	**PM 19**: Percent of patients requiring inpatient care who were placed at a receiving facility with an appropriate bed by the end of the exercise
Exercise Participation	HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period	**PM 20**: Percent of pre-identified HCC health care partners with at least one executive participating in the Medical Response and Surge Exercise (MRSE) After-Action Review
		PM 21: Percent of all pre-identified HCC health care partners that participated in the MRSE

2.4 EXERCISE OUTCOMES

ASPR identified the following required outcomes for the MRSE functional exercise. However, as with the exercise objectives, HCCs are encouraged to include additional expected outcomes based on the needs of their health care partners.

1. Improved HCC health care partner and executive engagement in preparedness and response planning and the After-Action Review.
2. Strengthened coordination and collaboration with health care partners that represent and/or serve communities most impacted by disasters to address the specific health care needs of these communities.
3. Strengthened processes to coordinate and share information during a community-wide emergency or disaster through the use of both primary and secondary communications systems.

4. Improved HCC capacity to assess the availability of and secure access to critical resources such as beds, personnel, medical supplies and equipment, and patient transport during a community-wide emergency or disaster.
5. Strengthened HCC preparedness to support appropriate patient placement during a large patient surge to reduce patient morbidity and mortality during a community-wide emergency or disaster.

2.5 SUCCESSFULLY EXECUTING THE MRSE

The MRSE is designed to mimic the extreme stress placed on the local health care system, and at the same time challenges HCCs to respond to a realistic scenario within their jurisdiction. It also allows HCCs and recipients to demonstrate and evaluate their current response capabilities safely within a controlled exercise environment. In order to successfully conduct the MRSE, HCCs and recipients must take the following steps into consideration:

1. Take the appropriate amount of time needed to plan, execute, evaluate, and report the findings and outcomes of a realistic medical surge exercise.
2. Thoroughly document actions or activities that did not go according to plan during the exercise to identify areas of improvement and develop meaningful corrective actions.
3. Build new partnerships and strengthen existing ones with organizations across the health care, ESF-8, and emergency response communities to improve communication and coordination during future emergencies and disasters.

Success should be measured by the knowledge and experience gained from the exercise, and not simply the ability to execute a plan or match patients to beds.

2.6 EXERCISE CORE FUNCTIONS

HCCs are encouraged to tailor their exercise activities to meet the needs of their communities and achieve the aforementioned exercise outcomes. To achieve this, HCCs ***must*** identify at least one of the following core functions as a key area of focus for the planning, execution, and evaluation of the exercise:

1. **Assessment and risk mitigation.** Anticipate challenges and mitigate risks to support decision-making that meets community or jurisdiction health care needs during a disaster or emergency.

2. **Information sharing.** Collect and share near real-time information to provide multidirectional health care situational awareness during an emergency or disaster.
3. **Specialty care planning and coordination.** Incorporate necessary expertise to support health care readiness planning, disaster and incident management, including for specialty care delivery, and/or to address specific hazards or events.
4. **Respond.** Coordinate and support the implementation of plans, policies, and procedures among recipients, HCCs, HCC health care partners, and their partners to address patient care needs during an emergency or disaster.
5. **Health care workforce support.** Equip, protect, and support the healthcare workforce by providing access to health care readiness resources, training, and exercises.
6. **Resource management.** Facilitate resource management and planning among recipients, HCCs, HCC health care partners, and their partners to mitigate shortfalls, maintain operations, and sustain delivery of patient care services during an emergency or disaster.
7. **Training, exercise, and evaluation.** Conduct trainings, exercises, and evaluations that incorporate input from assessments, plans, policies, and previous trainings and exercises to evaluate, validate, and improve readiness and response processes.
8. **Continuity and recovery.** Support the improvement of processes and systems that promote continuity of health care operations and aid in recovery.
9. **Organizational development.** Create and carry out strategies to sustain and grow HCCs and their partnerships.

2.7 EXERCISE STRUCTURE

MRSE is an HCC-led, operations-based, functional exercise. Participants are expected to act in and perform their real-life roles relevant to the selected scenario, to offer observations during the exercise, to make strategic and operational decisions, and to comply with real-world procedures. The exercise facilitator will ensure that the discussions move along at an appropriate pace, covering each discussion topic sufficiently and allowing all participants an opportunity to contribute.

During the course of the MRSE, participants will be asked to address topics such as alerts and notifications; situational assessment and information management; operational coordination; resource allocation and mobilization; workforce protection, patient movement and patient care; fatality management; and public information and warning. These discussion topics have been selected by the Design Team and will be used to guide participants' discussions and enable the recording of information for evaluation purposes during the After-Action Review.

Note that HCCs also have the option of using the MRSE as a full-scale exercise, given that adequate time has been allocated to planning ahead of execution.

> Although the exercise requires an HCC to follow as closely as possible its real-world procedures for managing a surge incident, no real patients will be moved or otherwise disturbed. Similarly, no real resources such as supplies, equipment, or EMS response resources will be moved or otherwise disturbed. HCCs may expand the exercise from a functional exercise to a higher-level exercise, if they choose to do so, provided it does not significantly alter the exercise objectives or the HCC's ability to report data related to HPP performance measures.

2.8 EXERCISE PHASES

The MRSE follows three phases as illustrated in the figure below. Further detail about the requirements of each phase is discussed in the sections below.

Figure 1: Three Phases of the Medical Response & Surge Exercise

Phase I: Plan & Scope	Phase II: Exercise	Phase III: Review
During this phase, the HCC will gather all exercise inputs (Hazard Vulnerability Analysis, Response Plans, etc.) and will prepare for the exercise. • **Tab 1: Concepts & Objectives** ☐ Determine the medical surge target of at least 10% of the HCC's licensed patient bed capacity. ☐ Describe the exercise scenario and define the scope. ☐ Identify exercise core functions, priorities, and objectives. • **Tab 2: Planning & Coordination** ☐ Assign roles to the exercise planning team and identify exercise participants. ☐ Describe any additional requirements that will be met using the exercise (optional). • **Tab 3: Resource Requirements** ☐ Determine specific personnel, bed, pharmaceuticals, medical supplies/equipment, and EMS response needs for the exercise.	**During this phase, the HCC will conduct all actions required by the exercise.** Guidance is provided in the MRSE Exercise Guide and key steps are prompted in the Exercise Planning and Evaluation Tool. • **Tab 1: Exercise Initial Actions** ☐ Facilitate the activation, notification, and mobilization exercise actions. ☐ Record qualitative and quantitative data. • **Tab 2: Exercise Operations** ☐ Facilitate the information sharing, resource coordination, and patient tracking exercise actions. ☐ Record qualitative and quantitative data.	**During this phase, the Exercise Evaluator facilitates an After-Action Review,** and the **HCC creates an Improvement Plan** as outlined in the Evaluation Plan. • **Tab 1: After-Action Participation** ☐ Use the information in this tab to guide the HCC's After-Action Review. ☐ Record quantitative data. ☐ Develop an official After-Action Report after the After-Action Review. • **Tab 2: Corrective Actions** ☐ Use the information in this tab to facilitate the HCC's corrective action planning. ☐ Close out corrective actions that have been completed. • **Tab 3: Performance Measures** ☐ Performance measures are auto-calculated based on data entered in the Tool. • **Tab 4: MRSE Exercise Feedback Form** ☐ Optional survey that the HCC can complete after the exercise.

2.9 EXERCISE RULES

Participants should consider the following exercise ground rules to ensure that MRSE objectives are met in a reasonable amount of time and that the exercise runs smoothly. MRSE participants should:

- Use the HCC's pre-established scenario to set parameters for exercise activities and participant discussions.
- Be honest in their assessment and reporting of information such as resource availability.
- Keep the overarching exercise objectives in mind throughout the exercise.
- Participate in the discussions as appropriate to their role.
- Comply with real-world response procedures, as responses should be based on the current capabilities of their facility or organization, using only existing abilities and resources.

- Participate openly and focus discussions on relevant topics—asking questions, sharing thoughts, and offering forward-looking and problem-solving suggestions are strongly encouraged, as these actions will enhance the exercise experience.
- Keep comments focused and consider the time constraints of the exercise.
- Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and relevant key issues from different sources.
- Frame the exercise as an open, low-stress environment to encourage participant discussion and recommendations to improve the current processes.
- Prioritize real-world emergency actions over exercise actions.

2.10 USING REAL-WORLD EVENTS TO COMPLETE THE MRSE

HPP cooperative agreement requirements allow for the use of some types of real-world events to satisfy exercise requirements. In the event that an HCC has a real-world incident which meets the performance requirements and objectives of the MRSE, the HCC may be eligible to use the data from the real-world response to complete the reporting tool. **At a minimum, the HCC must be able to successfully report on all nine performance measures**. HCCs who wish to use a real-world event in lieu of conducting the MRSE must seek prior approval from both their recipient and OHCR Field Project Officer (FPO) before completing the exercise reporting tool. It is recommended that HCCs submit a completed After-Action Report for the incident with their request. To learn more about using a real-world response in lieu of conducting the MRSE, please contact your assigned OHCR FPO or the MRSE Support Team (MRSE@hhs.gov).

2.11 EXERCISE PLANNING TEAM ROLES AND RESPONSIBILITIES

Table 1: Required Exercise Roles (generally staffed at the HCC level)

Exercise Role	Role Description
Exercise Director	This is the lead role for conducting the exercise. The Exercise Director should be familiar with the HCC's Hazard Vulnerability Analysis, Preparedness and Response Plans, Specialty Surge Annexes, partner organizations, and other jurisdictional response plans.

Exercise Role	Role Description
HCC Readiness and Response Coordinator (RRC)	The HCC RRC serves as the HCC's administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination with the recipient. The RRC oversees HCC planning activities, including coordinating trainings, facilitating exercises, ensuring financial sustainability, and developing budgets.
HCC Clinical Advisor(s) or Designee	The HCC Clinical Advisor gathers and provides clinical expertise to ensure that plans, exercises, and educational activities maintain clinical accuracy and relevance. Clinical Advisors act as the HCC's clinical point of contact with health care entities, EMS agencies, and external subject matter experts. The Clinical Advisor must be an active clinician who practices as a lead or colead for an HCC member health care organization.
Exercise Facilitator	This role will guide the participants through the exercise actions, ensuring all HPP-required exercise tasks are completed. The Exercise Facilitator should be a separately-designated or delegated individual, but also serve as the RRC if no other individuals are available to fill the RRC role. It is generally recommended the RRC, Exercise Facilitator, and evaluator be different individuals given both the burden as well as best practice of the evaluator being an objective observer not involved in the implementation of the exercise actions. The Exercise Facilitator triggers the exercise incident response by contacting the Duty Officer (Notification System Representative).
Exercise Evaluator	This is the lead role for documenting the actions of the HCC and its health care partners during all phases of the exercise. This role will summarize the exercise outcomes and facilitate the After-Action Review session. In principle, this person should be an objective observer and be designated separately from the RRC and Exercise Facilitator, but can be a staff person of the HCC, an HCC health care partner organization, or recipient organization. The Homeland Security Exercise and Evaluation (HSEEP) guidelines suggest the Exercise Evaluator be involved in the full lifecycle of the exercise, including Phase I: Plan & Scope to understand the exercise objectives, performance measures, and the exercise materials such as the Exercise Guide, MRSE Evaluation Plan, and the reporting tool.

Exercise Role	Role Description
Duty Officer (Notification System Representative)	The Duty Officer is a position that may be designated in the relevant HCC or jurisdictional response plan for receiving notice of emergency incidents, triggering the HCC's response plan, and determining the response level. Although some HCCs may not use this term or fund this role, the exercise refers to this role as the Duty Officer for simplicity. The HCC should use the same persons and processes for this role as it would during a real-world response. This is a very limited role in the exercise and may be performed by any individual of the HCC's choosing.

2.12 EXERCISE FACILITATION

The Exercise Facilitator will guide the exercise. The Exercise Facilitator will lead exercise participants through a series of activities and discussions. In general, the Exercise Facilitator will:

- Keep discussions on track with exercise objectives and within established time limits to ensure that all issues are explored (time permitting).
- Keep side conversations to a minimum, controlling group dynamics and strong personalities, as needed.
- Speak competently and confidently about the subject at hand but not dominate the conversation.
- Possess subject-matter expertise relevant to the issues presented in the exercise.
- Be aware of local plans and procedures.
- Solicit discussion on key activities and decisions that the participating organizations would perform in response to the exercise topic(s).
- Press the exercise participants, throughout the exercise, to discuss their biggest challenges and to make commitments on how to address those challenges.

2.13 CONFIDENTIALITY

All exercise participants should use appropriate guidelines to ensure proper control of information to protect this material in accordance with current directives. Exercise participants should follow their existing policies and procedures with regard to information security and confidentiality. In accordance with the HIPAA 1974 Privacy Act, no individual patient information

should be shared as a part of this exercise.[3] Information about surge patients provided in the MRSE materials is hypothetical in nature and will not reflect information related to any real patients.

Some exercise material is intended for the exclusive use of exercise planners and evaluators, but participants may view other materials that are deemed necessary to their performance. All exercise participants may view this Exercise Guide. Authority for public release of exercise materials to third parties resides with HHS ASPR.

ASPR will use the information submitted by HCCs and HPP recipients to evaluate and inform progress in completing exercise objectives; and accomplishments highlighting the impact and value of the HPP activities in their jurisdictions. Information provided by HCCs and HPP recipients from the MRSE may also be used to inform the future design of the national program. As such, HCCs and recipients are requested to ensure all data accurately reflect the HCC's experience during the exercise.

3.0 PHASE I: PLAN & SCOPE

To assist HCCs with planning and coordination of the exercise, this phase has been divided into three components, namely, Concepts & Objectives, Planning & Coordination, and Resource Requirements. HCCs will use each component to gather all exercise inputs (Hazard Vulnerability Analysis, Response Plans, etc.) to plan the exercise. By the end of this phase, the scenario, objectives (beyond those mandated by HPP), desired outcomes, participating organizations, and key resource requirements for the exercise will be clearly defined and the exercise will be scheduled for a specific date. Note that although there is no requirement for a low- or no-notice format of the exercise, HCCs may consider this option to mimic a real-world incident.

3.1 CONCEPTS & OBJECTIVES

In this section, the HCC will establish their patient surge target based on the total number of licensed general medical/surgical beds within its jurisdiction. This number should be requested and received from their recipient. The reporting tool will automatically calculate the target number of surge patients to be used during the exercise. The target number of surge patients the HCC is expected to manage during the exercise is 10% of the licensed general medical/surgical beds in their jurisdiction.

Note: If you choose to exercise a scenario based on a specific risk or priority that does not meet

[3] The Privacy Act of 1974. https://www.hhs.gov/foia/privacy/index.html. Accessed August 2021.

the 10% surge target, they must contact their assigned OHCR FPO and the MRSE Support Team (MRSE@hhs.gov) for prior approval and to provide assurance that the remaining MRSE exercise requirements will be met.

Further, HCCs will develop their chosen exercise scenario, ensuring it aligns with their current Hazard Vulnerability Assessment (HVA). The HCC will also identify the key core functions they intend to evaluate, provide information about health equity issues faced by communities most impacted by disaster, describe public health agency and emergency management activities, identify exercise priorities, define the scope of the exercise, and establish additional exercise objectives.

3.2 PLANNING & COORDINATION

Key roles such as the Exercise Director, Exercise Facilitator, Exercise Evaluator, HCC Clinical Advisor, and Duty Officer (Notification System Representative) will be assigned in this section.

The exercise is designed to be as flexible as possible in order to meet the unique needs of each HCC. Individual HCC health care partners may be subject to other specific exercise requirements to retain certifications or for other purposes. For example, hospitals and long-term care facilities may be subject to certain emergency preparedness requirements as defined by CMS. To encourage health care partner participation and to broaden the utility of the MRSE, the HCC is encouraged to consult its health care partners during the Phase I: Concepts & Objectives section and tailor the exercise to meet their needs beyond the requirements of the HPP cooperative agreement. Health care partner needs can influence the exercise objectives, the HCC-defined scenario, the incident type, the partner participation, the scale of the exercise, the resources required, additional exercise outputs or reporting, and/or other aspects of the exercise. The Exercise Director and RRC can build these additional partner needs into the MRSE as needed. HCCs should document any additional outputs requested by participating partners to meet additional exercise requirements

Note: The exercise should not be altered in a way which would change the HPP-mandated core objectives of the exercise (section 2.2) or impede the HCC and/or HPP cooperative agreement recipients' ability to report performance measures per HPP requirements. Sample text for consulting HCC health care partners is provided in Table 3 at the end of the Phase I: Plan & Scope section.

HCCs will determine which of its health care partner organizations will participate in the exercise, and all participating organizations should be documented in the reporting tool. HCCs will indicate which health care partner organizations are key participants for the exercise. **A key health care partner is defined as an organization that is crucial to successfully respond to the**

exercise scenario. The number of key health care partners identified will used to calculate MRSE performance measures.

KEY HEALTH CARE PARTNER – EXAMPLE

An HCC has chosen to include mass fatality as a priority to test for their exercise scenario. The HCC designs a scenario that includes an explosion in high-rise building that creates 1) a surge of patients in need of trauma and burn care and 2) the need for mass fatality management. The HCC has determined that to effectively respond to this scenario, it must include funeral homes in its response. The HCC will evaluate its coordination with funeral homes within its jurisdiction during the exercise. Therefore, the HCC will indicate that funeral homes invited to the exercise are key health care partners because they are crucial contributors to the HCC's mass fatality response.

3.3 RESOURCE REQUIREMENTS

HCCs will determine specific response resource needs for the exercise. This section should be completed with input from the HCC's Clinical Advisor or a designee filling this role. The exercise focuses on the HCC and participating health care partners' ability to share information and ensure availability of key resources during a large-scale surge. The exercise is meant to be highly flexible and tailored to an HCC-defined incident. Therefore, it is critical the HCC determines the resources it anticipates being required to manage and support the medical response and patient surge.

The Clinical Advisor, or designee, should provide details regarding the type and number of patient injuries to be expected by first responders when they arrive on scene. Additionally, the Clinical Advisor, or designee, should also provide details regarding the estimated number of patients that will require transport to a receiving facility. These details can then be used to estimate specific types of resources that will be required by both first responders and receiving facilities during the exercise.

In addition to the various receiving facility bed types, HCCs will assess the following resources: personnel, pharmaceuticals, medical supplies and equipment, patient transport units, and specialized response units. HCCs should select the bed types needed based on the exercise scenario, the types of patient injuries expected, and the various types of patient care beds located within the HCC, regardless of the type of facility in which they are located. This includes but is not limited to acute care, long-term care, and specialty care facilities. Receiving facility bed types used in the reporting tool are summarized in Table 2 below.

When selecting the specific resources required based on the incident scenario, HCCs should carefully identify the resource types they deem critical to the response. **This step is important**

to the remainder of the exercise and serves as the foundation for calculating multiple performance measures and the exercise evaluation process. The reporting tool will guide the HCC through the selection process.

- **Resources selected as 'Included (Critical)'** are defined as being crucial to the HCC's ability to successfully respond to the exercise scenario.
- **Resources selected as 'Included (Non-Critical)'** are defined as being helpful but not required to respond to the exercise scenario.

Table 2: Receiving Facility Bed Types used in the Medical Response & Surge Exercise

Receiving Facility Bed Types
Emergency department beds
General Medical/Surgical or General Inpatient
ICU beds (SICU, MICU, CCU)
Post critical care (monitored/stepdown) beds
Surgical unit beds (pre-op, post-op, and procedural)
Labor and delivery unit beds
Psychiatric unit beds
General pediatric unit beds
Pediatric ICU beds
Neonatal ICU beds
Oncology unit beds
Long term care beds
Urgent care beds
Alternate care site beds

4.0 SCHEDULING THE EXERCISE

For scheduled exercises, HCCs will contact invited health care partners to confirm a date and time. HCCs should provide guidance to invited health care partners regarding the amount of time they will be expected to participate. However, there is no specific time requirement or time ceiling. In these communications, the HCC may wish to describe the incident scenario and conditions along with some details about the exercise structure. HCCs may determine whether to host the exercise in person or virtually according to their response plan. Sample health care partner invitation language is provided in Table 3 below.

Table 3: Sample Communications – Phase I: Plan & Scope

Communication	Sample Text
Consulting HCC Health Care Partners	Dear [*health care partner name*], [*HCC name*] is making preparations for this year's Medical Response & Surge Exercise (MRSE), an operations-based exercise required for the Hospital Preparedness Program (HPP) cooperative agreement. The exercise will follow the [*response plan title*], focusing on response actions such as information sharing and resource mobilization for a large, community-wide surge incident. The proposed incident we are planning to exercise is [*scenario description]*. HPP encourages HCCs to consult health care partners regarding other exercise requirements which could be met by the MRSE (e.g., Joint Commission or Centers for Medicare & Medicaid). HCCs can incorporate health care partner needs provided they do not change the core objectives of the MRSE or impede our ability to report certain data. If you would like to use the MRSE to serve other exercise needs you have, kindly send us a summary of your requirements, including specific documents or outputs you may require for compliance. We will attempt to build them into this year's MRSE exercise. Kind regards, [*Name*] [*RRC*] [*HCC name*]

Communication	Sample Text
Participant Invitation	Dear [*health care partner name*], [*HCC name*] will conduct this year's Medical Response & Surge Exercise (MRSE) on [*expected date*] at [*time*]. The exercise is expected to last [*expected duration*]. The MRSE is an operations-based exercise required by the Hospital Preparedness Program (HPP) cooperative agreement. The exercise will follow the [*response plan title*], focusing on response actions such as information sharing and resource mobilization for a large, community-wide surge incident. The incident we are planning to exercise is [*scenario description]*. Based on the scenario we plan to exercise, we have identified [*health care partner name*] as an essential participant in this this year's exercise. To satisfy HPP cooperative agreement requirements – all HCC health care partners (hospitals, emergency medical services, emergency management organizations, and public health agencies) are required participants. Further, HPP requires executives from health care partner institutions to participate in the After-Action Review, which is scheduled for [*date/time*]. [*instructions for how to participate in the exercise*] Kindly confirm your intention to participate by responding to this message with the name/s of the individual/s who will represent your organization. [*Name*] [*RRC*] [*HCC name*]

5.0 PHASE II: EXERCISE

This phase begins when the Exercise Facilitator kicks off the exercise on the scheduled day. This phase will largely follow the standard response actions included in the health care coalition response plan or other jurisdictional response plan.[4] The participants may consult the Exercise Guide, but a Master Scenario Event List (MSEL) should be used to guide the Exercise Facilitator and Evaluator through the exercise actions.

5.1 RESPONSE ACTIONS IN THE EXERCISE

The exercise should follow the standard response actions included in the HCC's jurisdictional response plan (i.e., the HCC Response Plan), or other appropriate and mandated plans (i.e., state, county, city, regional, etc.). The participants will conduct these actions in concert with scenario-specific challenges designed to stress the health system. The exercise is intended to be very challenging and stress the overall response capability and surge capacity of the HCC. Stressing the community health system is important for testing the HCC's current response systems, identifying gaps in preparedness, and informing improvement planning. The reporting tool may be used to collect real-time data required to support exercise evaluation and reporting. The HCC should conduct incident response actions as they are defined in the HCC or other jurisdictional response plan. The general flow of the exercise includes the following actions:

1. HCC **recognizes** event through appropriate channels (exercise starts).
2. HCC **activates** its response plan or equivalent.
3. HCC **notifies** exercise participants that an incident has occurred and provides preliminary information to include anticipated patient numbers type(s), resource requirements, and any other relevant information to assist hospitals in preparing for the surge (e.g., timelines).
4. HCC **mobilizes** its incident management team (if applicable) or will work within its existing jurisdictional response framework.
5. Exercise participants manage a series of challenges related to **ongoing**

[4] Assistant Secretary for Preparedness and Response. 2017. Healthcare Coalition Response Plan. https://asprtracie.hhs.gov/technical-resources/resource/4525/healthcare-coalition-response-plan

situational awareness, information sharing, **resource coordination**, and **patient tracking.**

6. End exercise.

5.2 EXERCISE INITIAL ACTIONS

5.2.1 Step 1: Start Exercise

The Exercise Facilitator triggers the exercise incident response by initiating direct communication with the Duty Officer (Notification System Representative). Although the exercise materials refer to this role as the "Duty Officer" for simplicity, the HCC should follow its governing response plan for receiving notice of the incident.

The Exercise Facilitator provides details of the incident to the Duty Officer: i) incident location, ii) anticipated scale, iii) responding units, iv) a description of how weather and traffic conditions have impacted the response (e.g., road closures due to icy roads has caused EMS to take an alternate route, which is causing a delay in the response), and v) likely number of patients and injuries. The Exercise Facilitator will clearly communicate that the incident is an exercise, no patients will be moved or otherwise disturbed, and no actual resources will be used or moved. The Duty Officer (Notification System Representative) recognizes the incident as defined in the HCC's response plan.

5.2.2 Step 2: Activation

In this step, the Duty Officer (Notification System Representative) begins the process to activate the response, designating the response level appropriate to the surge incident communicated by the RRC. The response level should follow the HCC's response plan or other jurisdictional response plan.

5.2.3 Step 3: Notification

The HCC should determine which of its health care partners should be notified based on the surge type and scale as per the HCC or other jurisdictional response plan. ASPR encourages HCCs to notify all health care partners regardless of their formal participation in the exercise. HCCs are required to incorporate use of their primary and secondary/ back-up communication systems in the exercise. This will allow them to test and validate the effectiveness and redundancy of their communications plan. The HCC

completes the initial notification steps using their defined primary and/or secondary notification channels. All notified health care partners are requested to acknowledge and respond to the initial emergency notification and notifications sent using the secondary/back-up systems, by a deadline determined by the HCC. Sample notification text is provided in Table 4 below.

In the reporting tool, the HCC documents the notified health care partners who acknowledged and responded to the notifications, and whether they acknowledged the notifications within the time requested by the HCC. The tool will also calculate the percent of contacted health care partners who acknowledged and responded to the initial emergency notification (MRSE Performance Measure 14) and the percent of contacted HCC health care partners who responded to an information request using backup systems during the MRSE (MRSE Performance Measure 12).

5.2.4 Step 4: Mobilization

In this step, the HCC will mobilize their response team (e.g., Incident Management Team, Incident Support Team) using the defined process in the HCC's response plan. The Exercise Evaluator documents the time the HCC or team was mobilized and meets for the first time (virtual or in person per the HCC's response plan).

5.3 Exercise Operations

Once the HCC is mobilized, the health care partners will review and confirm the anticipated resource needs documented during Phase I: Resource Requirements. They will confirm (by indicating availability in Phase II: Exercise Operations*)* or modify (in Phase I: Resource Requirements*)* all resource needs – bed types, personnel, pharmaceuticals, supplies and equipment, EMS-related assets, and other first responder resources. This final set of requirements will serve as the foundation for the remainder of the exercise.

Information Sharing and Resource Coordination

In this step, the HCC will be communicating with participating health care partners to maintain situational awareness, share information, assess resource availability, and support identification and sharing of resources. Communication with health care partners during this step should follow the channels articulated in the HCC's governing response plan, although HCCs are encouraged to maintain situational awareness with all

HCC health care partners and not only exercise participants. Sample communication language for each need is provided in Table 4 below although HCCs may adapt this language to their needs.

Allocate Patients to Facilities

The HCC will support the allocation process of distributing surge patients to each participating receiving hospital or facility in accordance with their response plan. In Phase II: Exercise Operations, the HCC will send each receiving hospital or facility the total number patients to expect and document it in the Patient Distribution Summary Table. The anticipated injuries are defined in the exercise scenario by the Clinical Advisor in Phase I: Concepts & Objectives, using the simple triage and rapid treatment or START triage system[5]. Patients are moved to a receiving hospital or facility as directed by four main categories based on injury severity: Green (walking wounded, minor injuries), Yellow (delayed serious injuries but not immediately life-threatening), Red (immediate severe injuries but high potential for survival with treatment; taken to collection point first), and Black (deceased/expectant injuries incompatible with life or without spontaneous respiration; should not be moved forward to the collection point). Note that injuries are not assigned for each patient. This information will be used by hospitals and facilities to inform patient triage determination of the number of patients who will require inpatient care and admission versus outpatient care. Patients who require inpatient care and admission will need an appropriate bed while patients in need of outpatient care or no additional care will not need an appropriate bed in this exercise.

Sample communications for participating clinical care partners (receiving facilities) are provided in Table 4 below. Contacted health care partners are requested to reply within the time limit set by the HCC's response plan. If there is no time limit set in the response plan, the HCC should include a time limit during the exercise via the communication to the health care partner facility. If any surging facility either reports having limited availability of appropriate beds or the HCC determines bed availability is at risk of being insufficient, the HCC may contact other HCC health care partners , neighboring HCCs, or

[5] Clarkson L, Williams M. EMS Mass Casualty Triage. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK459369/

the State Health Authorities for assistance. In the reporting tool, the HCC documents (i) the list of receiving hospitals or facilities contacted, (ii) whether they responded by the deadline requested by the HCC (MRSE Performance Measure 15), and (iii) the bed availability within their facility.

Confirm Availability of Personnel, Bed Types, Pharmaceuticals, Medical Supplies and Equipment . Either after or in the same communication as the bed availability request, the HCC will request participating receiving hospitals or facilities to assess the availability of current personnel, bed types, pharmaceuticals, medical supplies and equipment defined in Ph I: Resource Requirements (and reflected in Ph II: Exercise Operations). Once the initial availability of resources has been determined at each receiving hospital or facility, the HCC will coordinate with them to determine the number of surge patients they will receive, ensuring that sufficient resources are readily available for allocated patients.

Once patients are allocated to the receiving hospitals or facilities, participants are asked to determine overall sufficiency of resources required to care for the patients they received following the incident. This information will be compared to a list of required resources defined by the HCC during Phase I: Plan & Scope based on the exercise scenario. This includes personnel, pharmaceuticals supplies, and equipment. The HCC and exercise participants should calculate and report the sufficiency of each resource type separately.

Table 4 below contains sample communications text that HCCs may adapt to their needs. The Exercise Evaluator should document the list of HCC health care partners (aside from EMS, as described above) who were contacted with an initial information request about resources, ii) the number of HCC health care partners contacted that responded by the deadline requested by the HCC (MRSE Performance Measure 15), and iii) whether or not sufficient quantities of every pre-identified critical resource type were available at all facilities in the quantities necessary due to patient allocation (MRSE Performance Measure 16 and MRSE Performance Measure 17).

In the subsequent steps, any receiving hospital or facility with shortages should work with the HCC to identify and request additional resources. HCCs and receiving hospitals or facilities should consider sharing resources between partners, the activation and use of existing medical supply caches, and the discharge or transfer patients to address the ongoing resource needs.

Confirm Availability of EMS Resources (Patient Transport Units and Specialized Response Units.) The HCC begins by contacting participating EMS agencies to request current availability of pre-identified, critical EMS-related resources defined in Phase I: Resource Requirements (and reflected in Phase II: Exercise Operations). These EMS resources are required to triage and transport patients during the incident. Sample communications to EMS participants are provided in Table 4 below. The Exercise Evaluator should document i) the list of EMS agencies contacted about EMS related resources, ii) whether each responded within the requested amount of time (to contribute to MRSE Performance Measure 15), and iii) the types and numbers of EMS resources offered to triage and transport incident patients (to contribute to MRSE Performance Measure 18). If HCCs do not have direct relationships or communication with EMS agencies, they should follow the protocol established in their response plans to confirm EMS resource availability (e.g., through an EMS Council, Emergency Communication Center, local Emergency Operations Center, Public Safety Answering Point). The principle goal of this step is to document the availability of appropriate EMS-related resources required to triage and transport surge patients.

Support Resource Sharing if Required. The HCC should review responses and assess the availability of the various resource types. If any surging clinical care partner either reports having limited/insufficient resource availability or the HCC determines resources are at risk of being insufficient, the HCC contacts other HCC health care partners, neighboring HCCs, or the State Health Authorities to identify available supplies or equipment for the at-risk health care partner . If the HCC identifies alternative sources of the insufficient resources, it should also ensure transportation for the resources is available. For each type of personnel, beds, and other critical resources catalogued in the reporting tool, the HCC updates the tables of critical resources, personnel, and beds to reflect any changes in availability. For example, if the one health care partner facility had insufficient critical care physicians, but the HCC was able to identify physicians from another health care partner (where sufficient agreements or privileges are in place) to support the surging facility, the Exercise Evaluator would classify critical care physicians as being sufficient. Table 4 below contains sample text that HCCs may use when communicating with partners about resource sharing. Where additional resources (personnel, pharmaceutical supplies, equipment) are secured to support the surge, adjustments can be made in the reporting tool in the respective tables (MRSE Performance Measure 16 and MRSE Performance Measure 17). If a facility with one or more resource shortages cannot do this successfully and within an appropriate amount

of time as determined by the HCC clinical advisor, that resource type should be noted as insufficient for managing the surge.

Patient Tracking

Transfer Patients if Required. If patients at one or more facilities do not have an appropriate bed, each facility may identify an appropriate bed for patients at receiving facilities as well as engage EMS to identify appropriate transport for each patient. Facilities may use their own transport and both internal and contracted patient transport services, as appropriate for the patient.

Confirm the Availability of Beds and All Other Resources for Patients and Finalize Patient Tracking. In this action, the HCC contacts all hospitals and facilities receiving surge patients to determine final numbers for: i) the total number of green, yellow, red, and black patients ii) the total number of patients requiring a bed, and iii) the total number of patients that received a bed. This information is used to make final updates to the patient distribution summary table in the Phase II: Exercise Operations tab in the reporting tool.

Table 4: Sample Communications for Initial Notifications and Information Requests – Phase II: Exercise

Communication	Sample Text
Incident notification to all HCC health care partners	*****EXERCISE | EXERCISE | EXERCISE | EXERCISE***** Incident Notification Today, the [*HCC name*] is conducting the Medical Response & Surge Exercise, an operations-based exercise. [*incident description*] has occurred. We estimate [*number of surge patients*] will require immediate triage, transport, and care from our health care partner organizations., Please remain alert for forthcoming communications. We request you to acknowledge receipt of this notification by [*deadline*]. [*HCC Representative Name*] [*Title*] [*HCC name*]

Communication	Sample Text
EMS agencies – request availability of transport and other resources	***EXERCISE | EXERCISE | EXERCISE | EXERCISE*** Today, the [*HCC name*] is conducting the Medical Response & Surge Exercise, an operations-based exercise. We are expecting approximately [*number of surge patients*] to require triage and transport services in the area as a result of [*scenario description*]. Their injuries include [*description of patient conditions or injuries*]. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.** Please confirm the current number of the following resources you have available by [*deadline*]. • [*List of pre-identified, critical EMS resources*]. Kind regards, [*Name*] [*Exercise Facilitator*] [*HCC name*]
Clinical care partners – current bed census	EXERCISE | EXERCISE | EXERCISE | EXERCISE Today, the [*HCC name*] is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately [*number of surge patients*] to require care across our region, including [*number expected at this health care partner facility*] at your facility as a result of [*scenario description]*. The patients will have injuries, including [*patient injuries and conditions*]. You must determine how many will require admission for inpatient care and how many patients will be cared for in outpatient settings. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.** Please confirm the current number of beds you have immediately available by the types below. Please respond by [*deadline*]. • *[List of receiving facility bed types].* Kind regards, [*Name*] [*Exercise Facilitator*] [*HCC name*]

Communication	Sample Text
Clinical care partners – resource availability (personnel, supplies, and equipment)	EXERCISE | EXERCISE | EXERCISE | EXERCISE Today, the [*HCC name*] is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately [*number of surge patients*] to require care across our region, including [*number expected at this health care partner facility*] at your facility as a result of [*scenario description]*. Their injuries include [*description of patient conditions or injuries*]. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.** If you receive [*number of patients expected at this facility*], will you have sufficient or insufficient immediate availability of the following resources? For those resources which may experience shortages, please indicate if you require HCC support in identifying alternative sources. **Kindly reply by [*deadline*].** • *[List of pre-identified, critical personnel types required to manage patient surge].* • [*list of pre-identified, critical supplies and equipment required to manage patient surge*]. • Would you require HCC support in identifying alternative sources of these resources? If so, which? Kind regards, [*Name*] [*Exercise Facilitator or other title*] [*HCC name*]

Communication	Sample Text
Clinical care – confirm bed availability	EXERCISE | EXERCISE | EXERCISE | EXERCISE In the context of today's Medical Response & Surge Exercise conducted by [*HCC name],* we are contacting you to request information about bed availability and patient needs. As a reminder, you have received [*number of surge patients expected at this health care partner facility*] that require admission to your facility. Their injuries include [*description of patient conditions or injuries*]. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.** Based on the number of patients expected at your facility, could you kindly note the following by [*deadline*]? a) Total number of patients. b) Total number of patients requiring a bed. c) Total number of patients that received a bed. Kind regards, [*Name*] [*Exercise Facilitator or other title*] [*HCC name*]
Seeking additional resources from HCC health care partner or other organization	**EXERCISE | EXERCISE | EXERCISE | EXERCISE** Today, the [*HCC name*] is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately [*number of surge patients*] to require care across our region due to [*scenario description]*. Their injuries include [*description of patient conditions or injuries*]. We have identified a need for additional [*personnel / beds / supplies and equipment*] to care for patients. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.** Please confirm the availability of the following resources to be shared with health care partners of [*HCC name*] to accommodate the large-scale surge inpatients. Kindly reply by [*deadline*]. • [*list and quantity of resources required*]. Kind regards, [*Name*] [*Exercise Facilitator or other title*] [*HCC name*]

5.4 END EXERCISE

If the HCC has set a time limit for the exercise, the Exercise Facilitator should stop the

exercise at the designated time. If no specific time limit was established in Phase I: Plan & Scope, the HCC should determine the amount of time it is medically appropriate to continue to identify available resources and patient transport options to meet the surge requirements. In these cases, the Exercise Facilitator and the RRC may determine when to stop the exercise. The timing of the scheduled After-Action Review in Phase III: Review (After-Action Participation and Corrective Actions) may determine the end of the exercise. As executives are expected to be present during the After-Action Review, scheduling the review in advance will be important to ensure their participation. When the exercise is ended by the Exercise Facilitator, all participating health care partners will be notified and invited to Phase III: Review activities.

Note: The Medical Response & Surge Exercise is designed to mimic stress on the local health care system. If the exercise is performed correctly, it is expected that most HCCs will not be able to meet 100% of its pre-identified resource requirements to respond to the surge incident. The exercise results – even when 'unsuccessful' in some respects – will assist the HCC in determining where challenges exist in its ability to respond to large-scale patient surges.

6.0 PHASE III: REVIEW (AFTER-ACTION PARTICIPATION AND CORRECTIVE ACTIONS)

Before beginning Phase III: Review, the Exercise Evaluator will ensure all required data are entered in the reporting tool. Data from the exercise will automatically populate in the Phase III: After-Action Participation tab of the reporting tool. The Phase III: After-Action Participation tab should be used as a guide to facilitate the HCCs official After-Action Review. Completion of the After Action Participation tab in the reporting tool ***does not*** replace the HCC's official After Action Report document.. The tab will outline participant discussion topics including highlighting strengths and highlighting areas for improvement. The After-Action Review may also identify gaps in: (i) existing resources, roles, and responsibilities, (ii) notification and activation procedures, and (iii) information sharing coordination processes and protocols. The HCC should follow the official After-Action Review by creating an improvement plan (IP). Guidance for both After-Action Review facilitation and documentation as well as IP creation is provided in the reporting tool, the MRSE Evaluation Plan, and in the Homeland Security Exercise and Evaluation Program (HSEEP) guidance.

6.1 CONVENING EXECUTIVES FOR THE REVIEW

Although executives are not required to participate in the exercise itself, ***HPP requires that at least one executive from each HCC health care partner organization participates in the official After-Action Review***. Executives are encouraged to participate in any phase of the exercise as a resource authority.

The RRC should ensure participation of executives in the after-action review by confirming their participation in advance. The Exercise Facilitator and Exercise Evaluator will convene the participants for the Review phase. In the reporting tool, the Exercise Evaluator will have already listed the expected participants in the After-Action Review. Once the review begins, the Exercise Evaluator will document which health care partner organizations were represented by at least one executive in the Phase III: After-Action Participation tab of the reporting tool (MRSE Performance Measure 20).

6.2 REVIEWING THE EXERCISE RESULTS

The reporting tool and the MRSE Evaluation Plan should be the primary source of guidance for facilitating the After-Action Review. The Exercise Evaluator may begin by reviewing the exercise objectives and discussing to what extent the exercise achieved them. The exercise objectives are included in the introduction of this document but are also presented here for convenience:

1. HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.

2. HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.

3. HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.

4. HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.

QUANTITATIVE RESULTS

The Exercise Evaluator tracks a significant amount of data during the exercise. These data include those data elements required to calculate performance measures but also numerous data points for use by the HCC in evaluating its actions during the exercise.

Performance measures as well as evaluation guidelines and assistance for interpreting quantitative results from the exercise can be found in the MRSE Evaluation Plan.

QUALITATIVE DISCUSSION QUESTIONS

The reporting tool provides discussion questions in each phase and most actions of the exercise. With the Exercise Evaluator, participants can use these questions to guide After-Action Review discussion and reflect on improvement planning. The responses to these questions are documented in the reporting tool by the Exercise Evaluator in discussion with the RRC, the Exercise Facilitator, and other participants. The Exercise Evaluator can review the responses to these questions to stimulate discussion amongst the review participants.

6.3 IMPROVEMENT PLANNING

In this step, the Exercise Evaluator – in conjunction with the RRC and Exercise Facilitator – leads a discussion with participants to use the outputs of the After-Action Report to develop plans for HCC improvement, including corrective actions, timelines, and associated owners. These plans will be documented in the Phase III-Corrective Actions tab of the reporting tool.

6.4 MRSE EXERCISE FEEDBACK FORM

In the Exercise Feedback form in the reporting tool, HCCs will provide observations, comments, and input that will be used by the MRSE Design Team to help improve the exercise. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. HCCs should keep comments concise, specific, and constructive.

Glossary

Term	Definition
After-Action Report (AAR)	A document intended to capture observations of an exercise and make recommendations for post-exercise improvements. The final AAR and Improvement Plan (IP) are printed and distributed jointly as a single AAR/IP following an exercise. Refer to Improvement Plan.
After-Action Review	An After-Action Review is a facilitated discussion to identify strengths, challenges, gaps, and weaknesses, and lessons learned. Information from the After-Action Review should be used for improvement planning.
Alternate Care Site Beds	Additional surge beds to provide medical care for injured or sick patients or continue care for patients with chronic conditions in non-traditional environments.
Centers for Medicare and Medicaid Services (CMS)	A federal agency that administers the nation's major health care programs including Medicare, Medicaid, and Children's Health Insurance Program (CHIP). It collects and analyzes data, produces research reports, and works to eliminate instances of fraud and abuse within the health care system. The CMS Final Rule – which applies to many HCC health care partner types – includes requirements for drills and exercises. Some of these requirements may be met by MRSE in certain situations.
Community	A political entity that has the authority to adopt and enforce laws and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated town, city, township, village, or unincorporated area of a county; however, each State defines its own political subdivisions and forms of government.

Term	Definition
Communities most impacted by disaster	• At-risk individuals, including children, pregnant individuals, older adults, individuals with disabilities, or others who may have access and functional needs in the event of an emergency, such as those with chronic physical or behavioral health conditions or immunocompromised individuals. Individuals may also be at risk due to their geographic location and/or limited access to health care, such as those in rural, frontier, or otherwise isolated areas. • Individuals and groups who may be at risk due to the specific risk profile of a disaster or emergency. • Populations experiencing structural inequities, which include historically and currently marginalized communities. • Other populations disproportionately impacted by disasters in your jurisdiction, identified through data collection or assessments. **Note**: Definition obtained from the Hospital Preparedness Program (HPP) cooperative agreement, EP-U3R-24-001.
Community-wide	A means by which residents, emergency management practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests.
Critical Care	Critical care helps people with life-threatening injuries and illnesses. It might treat problems such as complications from surgery, accidents, infections, and severe breathing problems. It involves close, constant attention by a team of specially-trained health care providers. Critical care usually takes place in an ICU or trauma center.

Term	Definition
Disaster	A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (refer to "emergency" for important contrast between the two terms).
Emergency	A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (refer to "disaster" for important contrast between the two terms).
Emergency Department Beds	Licensed, staffed, or additional surge beds available to patients in the emergency department.
Emergency Management	Includes Federal, State, territorial, tribal, substate regional, and local governments; non-governmental organizations (NGOs); private sector organizations; critical infrastructure owners and operators; and all other organizations and individuals who assume an emergency management role.
Emergency Medical Services (EMS)	Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition (which includes medical disposition within a hospital, temporary medical facility, or special care facility; release from the site; or being declared dead). EMS specifically includes those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

Term	Definition
Emergency Support Function-8 (ESF-8)	ESF-8 provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following: • Public health and medical care needs. • Veterinary and/or animal health issues in coordination with the U.S. Department of Agriculture (USDA). • Potential or actual incidents of national significance. • A developing potential health and medical situation. Reference: "Emergency Support Functions." Public Health Emergency. http://www.phe.gov/Preparedness/support/esf8/Pages/default.aspx#8. Accessed 6 Aug. 2020.
Evacuation	The organized, phased, and supervised withdrawal, dispersal, or removal of patients, personnel, and visitors from dangerous or potentially dangerous areas.
Exercise	An instrument to train for, assess, practice, and improve performance in *prevention, protection, response,* and *recovery capabilities* in a risk-free environment. Exercises can be used for: testing and validating policies, plans, procedures, training, equipment, and interagency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; identifying gaps in resources; improving individual performance; and identifying opportunities for improvement.
Functional Exercise	A single- or multi-agency operations-based exercise designed to evaluate capabilities and multiple functions using a simulated response. Characteristics of a functional exercise include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.
General Inpatient Medical Unit Beds	Licensed, staffed, or additional surge beds for inpatient floor and observation beds that are in daily/routine operational use at the hospital.

Term	Definition
General Pediatric Unit Beds	Licensed, staffed, or additional surge beds for the observation, diagnosis and treatment (including preventive treatment) of children and their illnesses, injuries, diseases and disorders by appropriate staff, space, equipment and supplies.
Hazard	Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.
Hazard vulnerability analysis (HVA)	A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard, and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or "vulnerability," is related to both the impact on organizational function and the likely service demands created by the hazard impact.
Health care coalition (HCC)	A group of individual health care and response organizations (e.g., hospitals, EMS, emergency management organizations, public health agencies, etc.) in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities. HCCs serve as multi-agency coordinating groups that support and integrate with ESF-8 activities in the context of incident command system (ICS) responsibilities.

Term	Definition
Health care coalition (HCC) health care partner	An entity within the HCC's defined boundaries that actively contributes to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management. Partnership is evidenced by memoranda of understanding (MOU), letters of agreement, and/or attendance at an HCC meeting in the past fiscal year. Representation can be achieved through an authorized representative from the health care partner organization or an authorized representative of a group or network of health care partner organizations (e.g., an integrated health care delivery system or corporate network). In instances where there are multiple entities of an HCC health care partner type, there may be a subcommittee structure that establishes a lead entity to communicate common interests to the HCC (e.g., multiple dialysis centers forming a subcommittee). For example, if a subcommittee lead participates in an HCC meeting, the health care partners engaged in that subcommittee (through MOU, letters of agreement, and/or attendance at a subcommittee meeting in the past budget year) are also considered represented.
Health care executive	A decision-maker for his/her respective organization and should have decision-making power that includes, but is not limited to, allocating or reallocating resources, changing staffing roles and responsibilities, and modifying business processes in his/her organization. Typical titles of executives with decision-making power include: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Clinical Officer, Chief Nursing Officer, State and/or Local Director of Public Health, Director of Emergency Management, Administrator on Duty, or Chief of EMS, among others.
Health care facility	Any asset where point-of-service medical care is regularly provided or provided during an incident. It includes hospitals, integrated health care systems, private physician offices, outpatient clinics, nursing homes, and other medical care configurations. During an emergency response, alternative medical care facilities and sites where definitive medical care is provided by EMS and other field personnel would be included in this definition.

Term	Definition
Homeland Security Exercise and Evaluation Program (HSEEP)	Doctrine and policy provided by the U.S. Department of Homeland Security for the design, development, conduct, and evaluation of preparedness exercises. The terminology and descriptions related to exercise in this document is a Homeland Security industry application of emergency management concepts and principles.
Intensive Care Unit (ICU) beds, including Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), and Critical Care Unit (CCU)	Licensed, staffed, or additional surge beds for intensive care in which there are specially trained nursing and supportive personnel and diagnostic, monitoring and therapeutic equipment necessary to provide specialized medical and nursing care to critically ill patients.
Improvement Plan	Identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.
Incident	An occurrence, natural or human-caused, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Term	Definition
Incident command system (ICS)	The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.
Incident management team (IMT)	An Incident Commander and the appropriate Command and General Staff personnel assigned to an incident. The level of training and experience of the IMT members, coupled with the identified formal response requirements and responsibilities of the IMT, are factors in determining "type," or level, of IMT.
Joint Commission	An independent, not-for-profit organization that accredits and certifies health care organizations and programs in the United States. Joint Commission accreditation and certification standards are the basis of an objective evaluation process designed to help health care organizations measure, assess, and improve performance. The Joint Commission in EM03.01.03 requires two emergency response exercises (at least one to include an escalating event where the local community is unable to support the event), and at least one to include participation in a community-wide exercise. MRSE may meet a hospital's Joint Commission exercise requirements in some cases.
Jurisdiction	A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., Federal, State, tribal, local boundary lines) or functional (e.g., law enforcement, public health, school).
Labor and Delivery Unit Beds	Licensed, staffed, or additional surge beds for use the hospital's labor and delivery services.
Long Term Care Beds	Licensed, staffed, or additional surge beds for patients with serious medical needs on an ongoing basis but not needing intensive care/ extensive diagnostic procedures.

Term	Definition
Medical Surge	The ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity.
Neonatal Intensive Care Unit (ICU) Beds	Licensed, staffed, or additional surge beds for the provision of comprehensive and intensive care for all contingencies of the newborn infant.
Oncology Unit Beds	Licensed, staffed, or additional surge beds for oncology patients whose conditions are of varying levels of acuity (for example, critical care, ward-level care, step down type care, etc.).
Participating	A health care partner organization or executive is considered participating if they are physically or remotely connected to the exercise and After-Action Review in real time.
Partners	Includes HCC health care partners—hospitals, EMS, emergency management organizations, and public health agencies—additional HCC members, and the ESF-8 (Public Health and Medical Services) lead agency.
Pediatric Intensive Care Unit (ICU) Beds	Licensed, staffed, or additional surge beds for intensive care in which there are specially trained nursing and supportive personnel and diagnostic, monitoring and therapeutic equipment necessary to provide specialized medical and nursing care to critically ill children.
Post Critical Care (Monitored/Stepdown) Beds	Licensed, staffed, or additional surge beds equipped with cardiac and other monitoring necessary for step-down or intermediate level care.
Psychiatric Unit Beds	Licensed, staffed, or additional surge beds for acute psychiatric, developmentally disabled or drug abuse patients receiving 24-hour medical care.

Term	Definition
Resources	Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained.
Response	Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.
Surge Capacity	The ability to manage a sudden influx of patients. It is dependent on a well-functioning ICS and the variables of space, supplies, and staff. The surge requirements may extend beyond placing patients into beds and should include all aspects related to clinical services (e.g., laboratory studies, radiology exams, operating rooms).
Surge Capability	The ability to manage patients requiring very specialized medical care. Surge requirements span a range of medical and health care services (e.g., expertise, information, procedures, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities or burn care services at a non-burn center). Surge capability also includes special interventions in response to uncommon and resource intensive patient diagnoses (e.g., Ebola, radiation sickness) to protect medical providers, other patients, and the integrity of the medical care facility**.**
Surgical Unit Beds (Pre-op, Post-op, & Procedural)	Licensed, staffed, or additional surge beds within the surgical/procedural care areas. Pre-induction/ post-anesthesia/recovery and appropriate procedural beds (e.g., interventional, GI) should be counted toward this total. Selected 'swing', same day surgery or other beds that could increase ICU/inpatient surge may also be counted in this total if they can predictably be made available within hours – these should not be counted in the inpatient beds above. Procedural beds should include beds that allow full monitoring and care of patients undergoing minor procedures or sedation such as endoscopy or interventional radiology that are suitable for overflow critical care.

Term	Definition
Urgent Care Beds	Licensed, staffed, or additional surge beds for patients that require medical care services for illnesses and injuries that are not life-threatening.