

Determination & Perseverance
2020's Lessons and 2021's Challenges



Revisions to The Annual Coalition Surge Test (CST) Exercise

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ASPR

Medical Response and Surge Exercise (MRSE)

September 15th, 2021

All information is pre-decisional and for group discussion

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Today's Agenda

Thank you for your willingness to learn more about the new MRSE exercise and to provide HPP with feedback for the exercise's refinement to meet HCC needs. Today we will be providing you with the information your HCC needs to conduct this exercise

- | | | |
|---|-----------------------|------------|
| 1 | MRSE Context | 5 minutes |
| 2 | Exercise Overview | 15 minutes |
| 3 | Performance Measures | 10 minutes |
| 4 | MRSE Supporting Tools | 10 minutes |
| 5 | Q&A | 20 minutes |

“How Do I Engage and Ask Questions Today?”

During the presentation, please feel free to use the Q&A feature to ask questions

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MRSE Design Team

The MRSE has been designed by the ASPR National Healthcare Preparedness Programs Branch and the following team of subject matter experts

The Design Team was comprised of the following organizations created the MRSE:

- ASPR National Healthcare Preparedness Programs
- ASPR Office of Strategy, Planning, Policy, and Requirements (SPPR), Evaluation Branch
- Deloitte Consulting
- Gryphon Scientific

Subject matter expertise and review was provided by the following:

- ASPR's Exercise Branch
- ASPR TRACIE
- Select Hospital Associations
- US Department of Transportation, Office of EMS

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Exercise Changes

With this exercise refresh, HCCs have added flexibility to choose their surge event or use a real-world event

Increased Flexibility	Expanded Engagement	Increased Options
Greater links to established program requirements (HVA, Surge Estimator, Response Plans, Surge Annexes)	Increases potential for participation of all coalition members	HCC defines surge scenario and resource parameters (beds, supplies, equipment, personnel)
Expands options for testing surge management beyond evacuation in exercise and real-world contexts	Increases engagement for resource requests across the entire coalition, not just hospitals	Allows MRSE to adapt to meet other exercise requirements for HCC members
Structured around the HCC's individual Response Plan	Can be used by all HCC types (vs. a differentiated CST/HST)	Removes no-notice and 90-min limit to focus on coordination, communication, & resource-sharing

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Criteria for Using Real-World Events

To be a qualifying event in lieu of the MRSE, a real-world incident must meet the criteria below:

- The real-world surge incident must be equal to or greater than 20% of the required bed types and other scenario-specific bed types used in the MRSE
- At least one of each of the HCC core members must participate in the real-world incident response
- At least one executive from each of the core members must participate in the After-Action Review
- The HCC must be able to capture the data points required to report all MRSE performance measures
- The HCC must submit an After-Action Review and Improvement Plan to HPP after the real-world incident in line with the reporting requirements of the HPP Cooperative Agreement for both exercises and real-world events
- The real-world surge incident must have a discreet beginning and end ('bookends') and should not be a slow build-up of surge

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Exercise Outcomes

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Expected outcomes of the MRSE are listed below:

- The HCC has validated all applicable response plans and identified gaps which remain unaddressed.
- The HCC is better prepared to respond to a large-scale surge in patients.
- HCC members have improved their capacity to assess the availability of and secure access to key resources such as beds, personnel, supplies and equipment, and patient transport during a large-scale community incident.
- The HCC has strengthened its role in sharing information, situational awareness, and coordination during a large-scale community incident.

Exercise Roles

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The exercise phases and roles are specified below. Ahead of the exercise, please select people to assume these roles for your HCC during all phases of the exercise:

HCC Readiness and Response Coordinator: The lead role for planning and preparing for the exercise

HCC Clinical Advisors: The person in this role will provide clinical guidance and coordination assistance pertaining to acute care medical surge readiness and response operations

Exercise Facilitator: The person in this role will guide the participants through the exercise actions, ensuring all tasks are completed

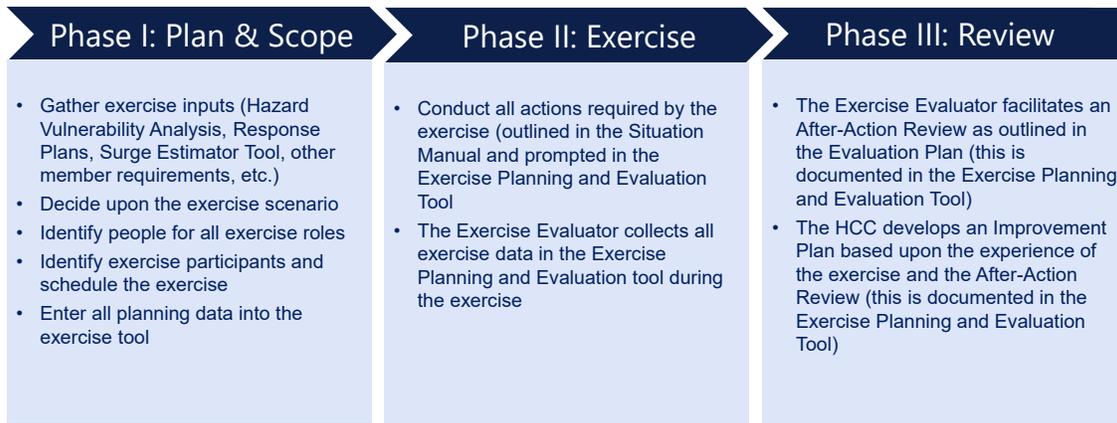
Exercise Evaluator: The lead role for documenting the actions of the HCC and its members during the test and evaluating the exercise results using the Exercise Planning and Evaluation Tool

Duty Officer (Notification System Representative): Individual/s 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

Exercise Overview

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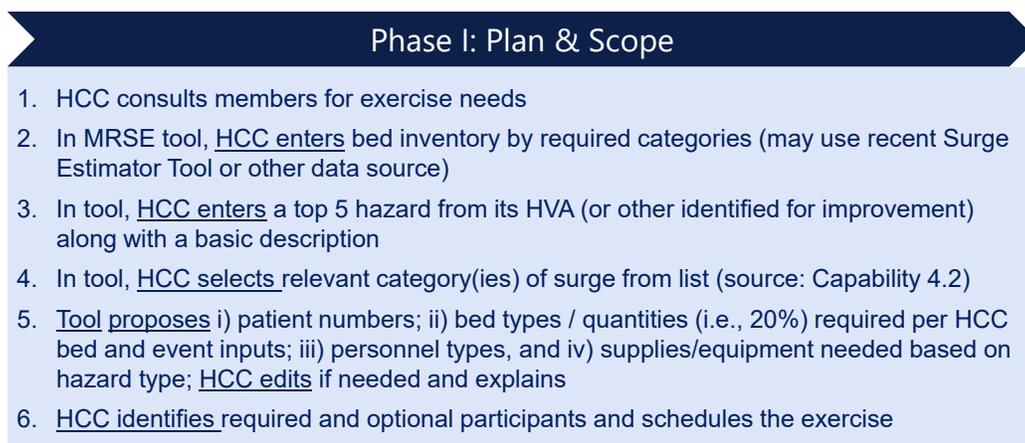
The three phases of the exercise are outlined below:



Exercise Phase I Actions

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The following actions are taken during Phase I of the MRSE:



Identifying Needed Resources

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Use the following methods to identify the resources required to address the medical surge scenario the HCC exercising through the MRSE:

- Resources most required to address the HCC's medical surge scenario should be completed with input from the HCC's Clinical Advisor
- Resources include personnel, pharmaceutical supplies and equipment, and EMS resources
- This step is critical to the remainder of the exercise and serves as the foundation for some performance measures
- The exercise tool will guide the HCC through the selection process

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Setting Up the Surge Scenario

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Defining the Surge Scenario:

- Specific scenario is defined by the HCC
- All exercises will test an HCC and its members' capacity to accommodate a surge of patients equal to 20% of its bed capacity and
- HCC is required to ensure availability of beds, supplies and equipment, and personnel across clinical care and EMS members

Calculating the Scale of the Surge:

- HCC will enter the total staffed beds within its member organizations by bed category.
- The exercise tool will automatically calculate the number of patients resulting from the incident based on the number of beds in the HCC
- Bed types included in the calculation include the required medical surge beds plus any optional beds relevant for the HCC's surge incident as selected by the HCC.

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Exercise Phase II

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The following actions are taken during Phase II of the MRSE:

Phase II: Exercise

1. The HCC **recognizes** event through appropriate channels
2. The HCC **activates** response plan
3. The HCC **notifies*** exercise participants an incident has occurred and provides preliminary information to include anticipated patient numbers type(s), resource requirements, and any other relevant information to assist in preparing for the surge
4. The HCC **mobilizes*** Incident Management Team per its Response Plan
5. The Exercise Planning and Evaluation Tool guides exercise participants to conduct various **incident operations**, including **information sharing**, **resource coordination**, **patient tracking** and transport
6. End exercise

Exercise Phase III

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The following actions are taken during Phase III of the MRSE:

Phase III: Review

1. The Exercise Evaluator conducts the After-Action Review with exercise participants and core member executives
2. The HCC develops their Improvement Plan
3. Performance Measures will automatically calculate using exercise data. These will be displayed on the Performance Measures tab in the Exercise Planning and Evaluation Tool
4. As a part of annual reporting to HPP, HCCs will submit data from the Exercise Planning and Evaluation Tool (Performance Measures, After-Action Review information, and Improvement Plans) into the Coalition Assessment Tool

Updates to Performance Measures

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HPP has updated the exercise-related performance measures for evaluation

Previous CST/HST PMs

Changes for MRSE

PM 15/24	% of HCC core members with 1+ executive participating in AAR	Retained and updated as PM 20
PM 16	% of patients discharged & transported/evacuated	Recommended for discontinuation/replacement with new PMs
PM 17	Time for facilities to report the number of patients to be transported	Recommended for discontinuation/replacement with new PMs
PM 18	% of patients with bed identified at a receiving facility	Retained and updated as PM 19
PM 19	% of patients discharged & transported/evacuated	Recommended for discontinuation/replacement with new PMs
PM 20	% of patients with receiving beds and appropriate transport	Recommended for discontinuation/replacement with new PMs
PM 21	Time to confirm transport for final patient	Recommended for discontinuation/replacement with new PMs
PM 23	% of HCC core member organizations participating in the command center TTX and ED TTX	Retained and updated as PM 21
PM 25	% of ICU beds made available	Recommended for discontinuation/replacement with new PMs
PM 26	% of non-ICU beds made available	
PM 27	% of ED beds made available	
PM 28	% of patients with a bed identified in ED	

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MRSE-Related Performance Measures

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Below are the new comprehensive set of HPP performance measures related to 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
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 by participating HCC members to manage patient surge
PM 18	Percent of all pre-identified, critical EMS resources that were met to safely respond to triage and transportation needs.
PM 19 (previously PM 18)	Percent of patients requiring in-patient care who were placed at a receiving facility with an appropriate staffed bed by the end of the exercise
PM 20 (previously PM 15/24)	Percent of HCC core members with at least 1 executive participating in the exercise AAR
PM 21 (previously PM 23)	Percent of all pre-identified, critical HCC members that participated in the exercise

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Supporting Tools

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Three essential tools have been developed to support each HCC's execution of the MRSE

1 Situational Manual (SitMan)

What: Core document provided to all participants to lead participants through crucial exercise actions

Who: Exercise participants

How: This document is a step-by-step guide to all phases of the exercise, including planning, conducting the exercise, and the review

2 Exercise Planning and Evaluation Tool

What: Serves a reporting and facilitation guide for the exercise

Who: Readiness and Response Coordinator (RRC), Exercise Facilitator, and Exercise Evaluator

How: The Excel-based tool includes sequentially-organized tabs on which the HCCs will enter their exercise data. All required exercise data collection – including data for HPP performance measures – will be completed in the Exercise Planning and Evaluation Tool

3 Evaluation Plan

What: Outlines the goals and purpose of exercise evaluation for an HCC and guides the Exercise Evaluator through the exercise, gathering information, and facilitating the After-Action Review.

Who: Exercise Evaluator

How: The evaluation plan helps the Exercise Evaluator turn information collected during the exercise into a meaningful After-Action Review and Improvement Plan in concert with exercise participants

Where/When: The supporting tools will be made available in the Coalition Assessment Tool (CAT) and on PHE.gov in October 2020



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Next Steps

- Conducting pilot tests with HCCs
- Review of feedback from stakeholders
- Adjudication of the MRSE supporting tools



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Thank you

Questions?

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