Medical Response and Surge Exercise: After-Action Report / Improvement Plan

Date of Exercise: Thursday, November 21, 2024
Date of Report: Tuesday, May 27, 2025

The After-Action Report/Improvement Plan (AAR/IP) provides stakeholders with an analysis and recommendations for improvement planning. The AAR/IP also aligns exercise objectives and preparedness doctrine and related frameworks and guidance needed to support organizational needs.

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EXECUTIVE SUMMARY

The Medical Response and Surge Exercise (MRSE) is an annual requirement of the U.S. Department of Health & Human Services (HHS), the Administration for Strategic Preparedness & Response (ASPR), and the Hospital Preparedness Program (HPP) cooperative agreement.

The MRSE is an operations-based exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition (HCC) members and is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge.

ASPR requires Healthcare Coalitions to surge to 10% of their staffed bed capacity when conducting the MRSE. Staffed beds are those beds that are equipped and available for patient use, including beds that are vacant and beds that are occupied. Los Angeles County has 17,000 staffed beds.

In addition, the exercise tested the Los Angeles County Burn Surge Plan, communication processes, patient destination coordination to support surge efforts, shelter-in-place plans, and evacuation plans.

HCC members can customize the MRSE to allow testing of other plans to fulfill regulatory, State, or other oversight entity requirements or to maintain a Multi-Year Integrated Preparedness Plan (IPP, formerly MYTEP) schedule so long as MRSE requirements are met and reported.

On Thursday, November 21, 2024, the Los Angeles County Emergency Medical Services (EMS) Agency and over 387 facilities within the HCC from Ambulatory Surgery Centers, Community Clinics, Dialysis Centers,

Home Health & Hospice entities, Hospitals, Long-term Care Facilities, Provider Agencies, and others participated in the 2024 Medical Response and Surge Exercise.

The Los Angeles County EMS Agency followed the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for planning, conducting, evaluating, and reporting this exercise.

SUMMARY OF FINDINGS

This report summarizes data from participants of the "2024 Medical Response and Surge Exercise After-Action Report Survey," designed to streamline the submission, collection, and analysis of feedback to identify key factors influencing exercise outcomes and suggest improvements.

This section summarizes the observed strengths and areas for improvement during the exercise.

Key Strengths

Key strengths identified during this exercise include the following:

- **Strong Teamwork:** Effective collaboration was evident by exercise participants.

- **Excellent Communication**: Interdepartmental communication and coordination between managers, coordinators, and team members were strong, enhancing operational efficiency and response times.

- **Preparedness:** The early activation of the Burn Surge Plan and the composed response in the Medical Coordination Center highlighted key strengths in preparedness, effective communication, and staff proficiency in emergency protocols, all underscoring the value of regular training and drills.

- **Effective Leadership and Planning**: Strong leadership and clear pre-planning, such as the Shelter-in-Place floorplan, minimized confusion and facilitated quick actions during emergencies, showcasing organizational readiness.

- **Timely Alerts and Updates:** The utilization of ReddiNet for timely alerts ensured that staff and patients were well-informed, fostering effective crisis management and collaboration.

- **Successful Evacuation:** The quick and efficient evacuation of patients and staff demonstrated successful execution of disaster protocols, highlighting the significance of training and preparedness.

- **Resource Management:** Seamless acceptance and management of resource requests via ReddiNet demonstrated operational efficiency, alongside ongoing situational awareness through daily monitoring.

Key Areas of Improvement

Key areas of improvement that were identified during the exercise include:

- **Training and Familiarization:** There is a clear need for additional training for staff on essential systems like HICS and ReddiNet, as well as comprehensive onboarding for new team members regarding emergency supplies and protocols.

- **Communication:** Ongoing challenges in communication have been identified, including gaps within teams and with patients. Timely updates and clarity on emergency procedures are crucial.

- **Resource Request Process:** Facilities need a more organized approach when submitting resource requests to prevent duplication and ensure supplies are adequately tracked and delivered.

- **Emergency Supplies Planning:** Better planning for emergency supplies and stocking essential items is necessary, alongside regular audits to ensure resources are sufficient and up to date.

- **Patient Education:** There is a need to improve patient understanding of shelter-in-place locations and emergency procedures to enhance safety during crises.

- **Coordination and Collaboration:** Enhanced coordination during emergencies is essential, including stronger relationships with

external partners and community resources to facilitate a cohesive response.

- **Mental Health Support**: Establishing ongoing support and resources for mental and behavioral health for staff, especially after trauma-related incidents, is crucial for promoting overall well-being.

- **Emergency Protocol Familiarity:** There are varying levels of familiarity among staff with emergency protocols and their specific roles, indicating a need for structured training and clarity during emergency situations.

EXERCISE OVERVIEW

Exercise Name	Medical Response and Surge Exercise (MRSE)
Exercise Date	Thursday, November 21, 2024
Scope	The MRSE is an operations-based exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition (HCC) members.
	The exercise will test burn surge plans, communication processes, patient decompression coordination to support surge efforts, shelter-in-place, and evacuation plans.
	Command center activation is encouraged. There will be no actual movement of patients. Play will take place in the live ReddiNet system.
	The exercise will begin at 8:00 am and end at 12:00 pm. Participating facilities who chose to end sooner than 12:00 pm may do so if all objectives and associated tasks are achieved. There will be no request for mandatory County wide polls or resource requests after 11:00 am to provide participants the opportunity to end sooner if able.

ASPR Core Capabilities	Capability 1. Foundation for Health Care and Medical Readiness Capability 2. Health Care and Medical Response Coordination Capability 3. Continuity of Health Care Service Delivery Capability 4. Medical Surge
FEMA Mission Areas	FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery)
FEMA Core Capabilities	● Planning ● Operational Coordination ● Operational Communication ● Public Health, Healthcare, and Emergency Medical Services
PHEP Capabilities	Capability 3: Emergency Operations Coordination ● **Function 1**: Conduct preliminary assessment to determine the need for activation of public health emergency operations ● **Function 2:** Activate public health emergency operations ● **Function 3**: Develop and maintain an incident response strategy ● **Function 4**: Manage and sustain the public health response ● **Function 5**: Demobilize and evaluate public health emergency operations
Goals and Objectives	The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge. In addition, the exercise will test the Los Angeles County Burn Surge Plan, communication processes, patient destination coordination to support surge efforts, shelter-in-place plans, and evacuation plans.
Threat/Hazard	Burn

Scenario	*A freight train carrying hazardous material derailed at a location near your facility. Several railcars were damaged and released a gaseous substance into the air. A subsequent explosion occurred with a brief fireball that had a horizontal expansion (approximately two blocks in one direction) that resulted in multiple persons attending a mass gathering event with burn injuries. The estimated number of persons with burns and other injuries is approximately 1,700. Approximately 800 persons sustained burns and minor injuries. Several railcars are fully engulfed, and a smoke plume, presumed toxic, is traveling in a North-East direction. Evacuation and Shelter-in-Place advisories are currently in effect.*
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program
Participating Organizations	• Amateur Radio Emergency Services • Ambulatory Surgery Centers • Clinics • Dialysis Centers • Home Health Hospice • Hospitals • Long Term Care Facilities • Los Angeles County Department of Mental Health • Los Angeles County Emergency Medical Services Agency • Los Angeles County Fire Department • Los Angeles County Office of Emergency Management • Provider Agencies (Private) • Public Health (Long Beach, Pasadena, Los Angeles County) • Urgent Care Centers
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10100 Pioneer Blvd. Santa Fe Springs, CA 90670

STATISTICS

Exercise statistics provide a snapshot of metrics to support preparedness reporting and trend analysis. The following tables were developed from data provided by exercise participants through registration reports and surveys. The data includes sector specific and regional participation levels, in addition to performance ratings for each capability as observed during the exercise.
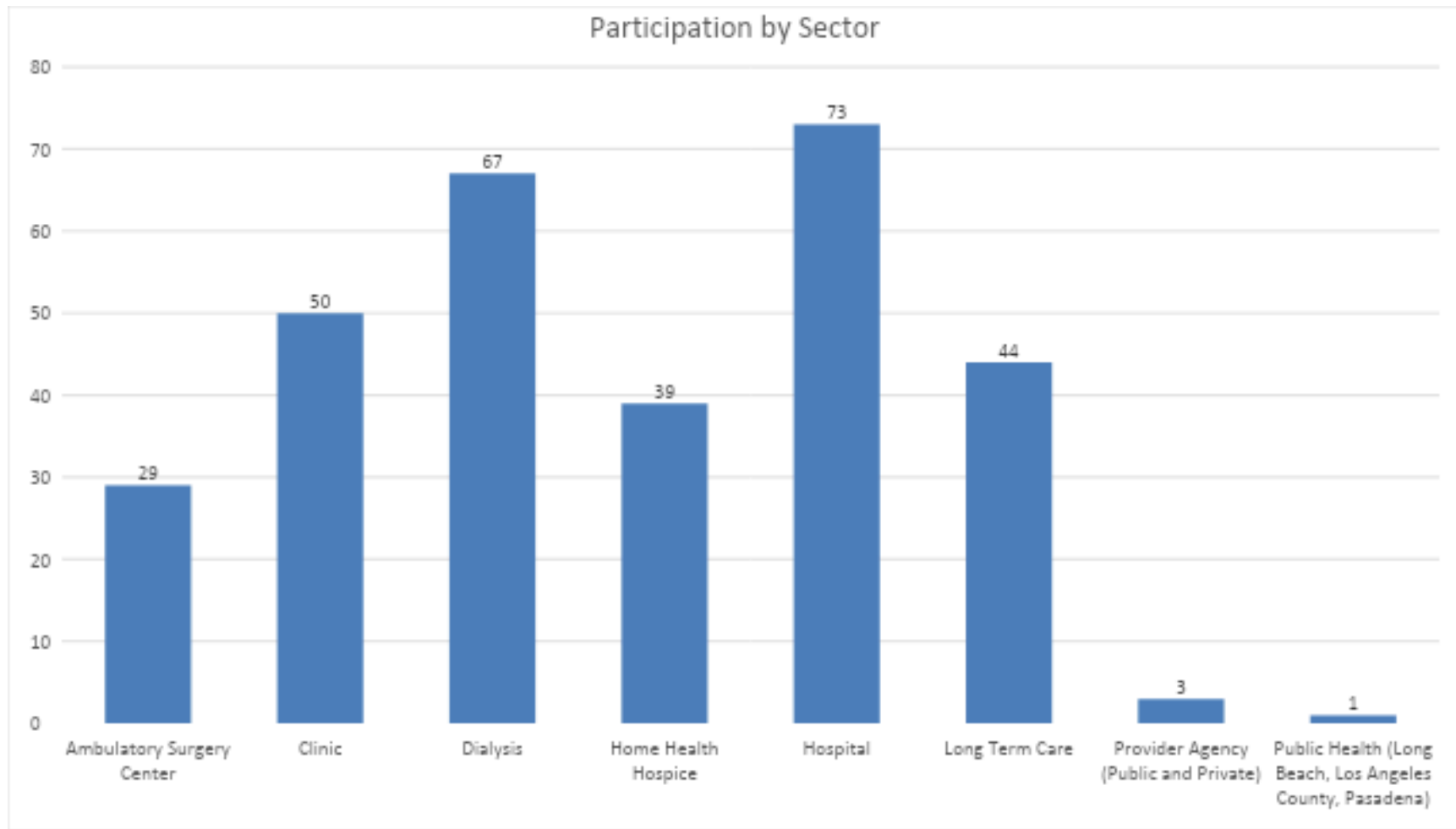

Participation by Sector

Table 1. Exercise Registration by Sector.

Participation by DRC Region

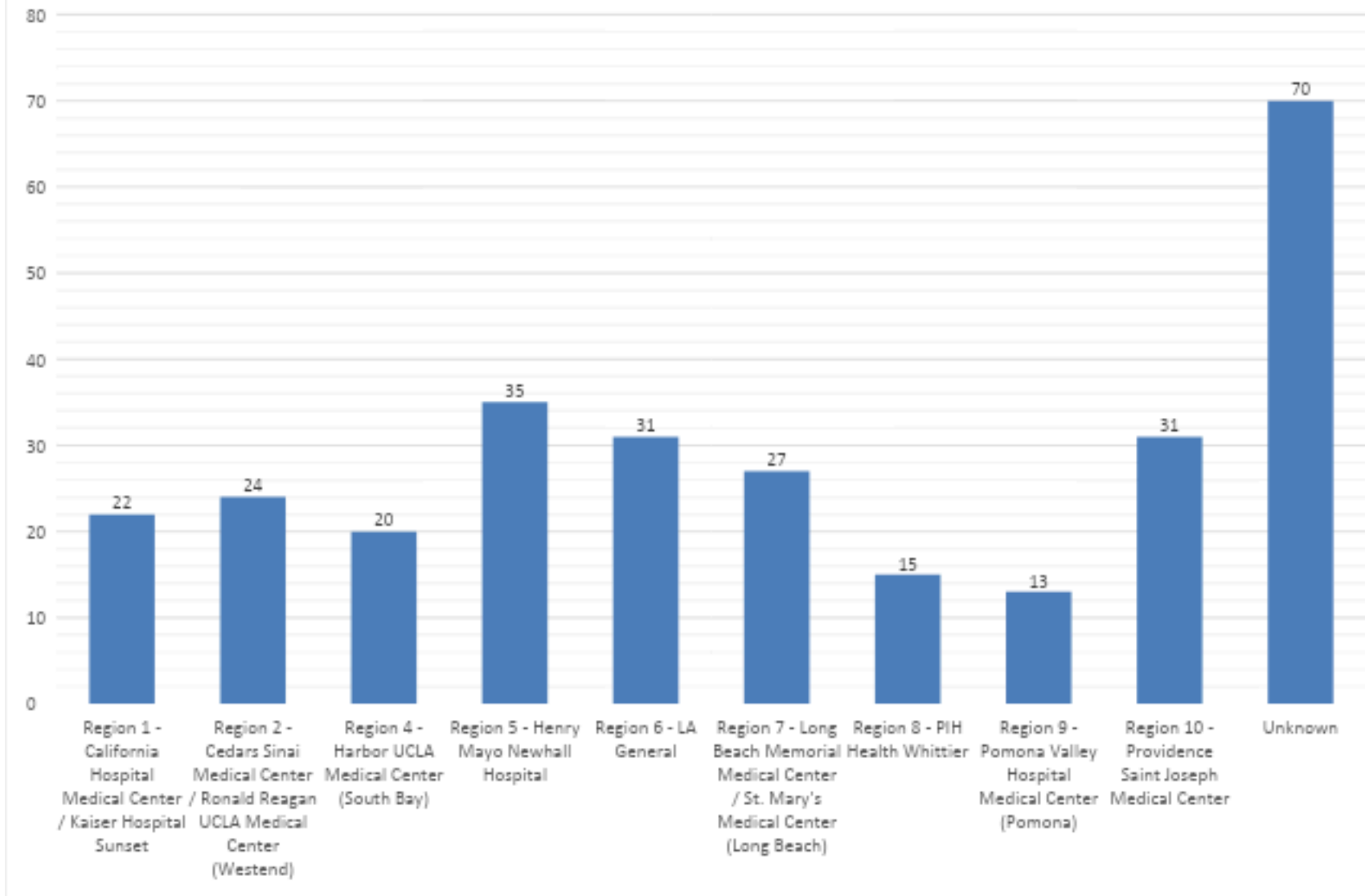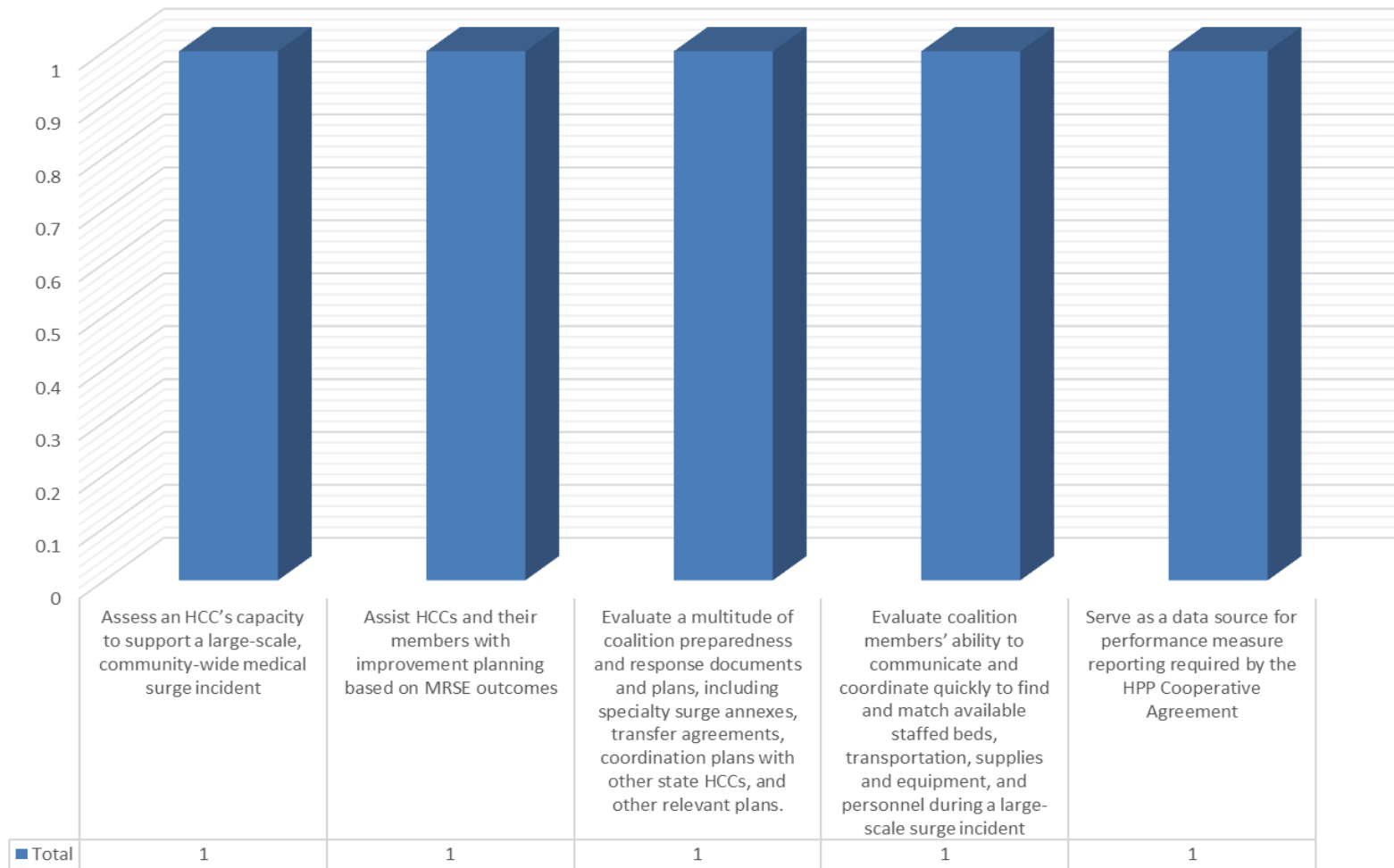Table 2. Exercise Participation by Disaster Resource Center Region.

Count of Performance Ratings

HCC Objectives

	Assess an HCC's capacity to support a large-scale, community-wide medical surge incident	Assist HCCs and their members with improvement planning based on MRSE outcomes	Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans.	Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident	Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement
Total	1	1	1	1	1

Objective with the associated capability ▾

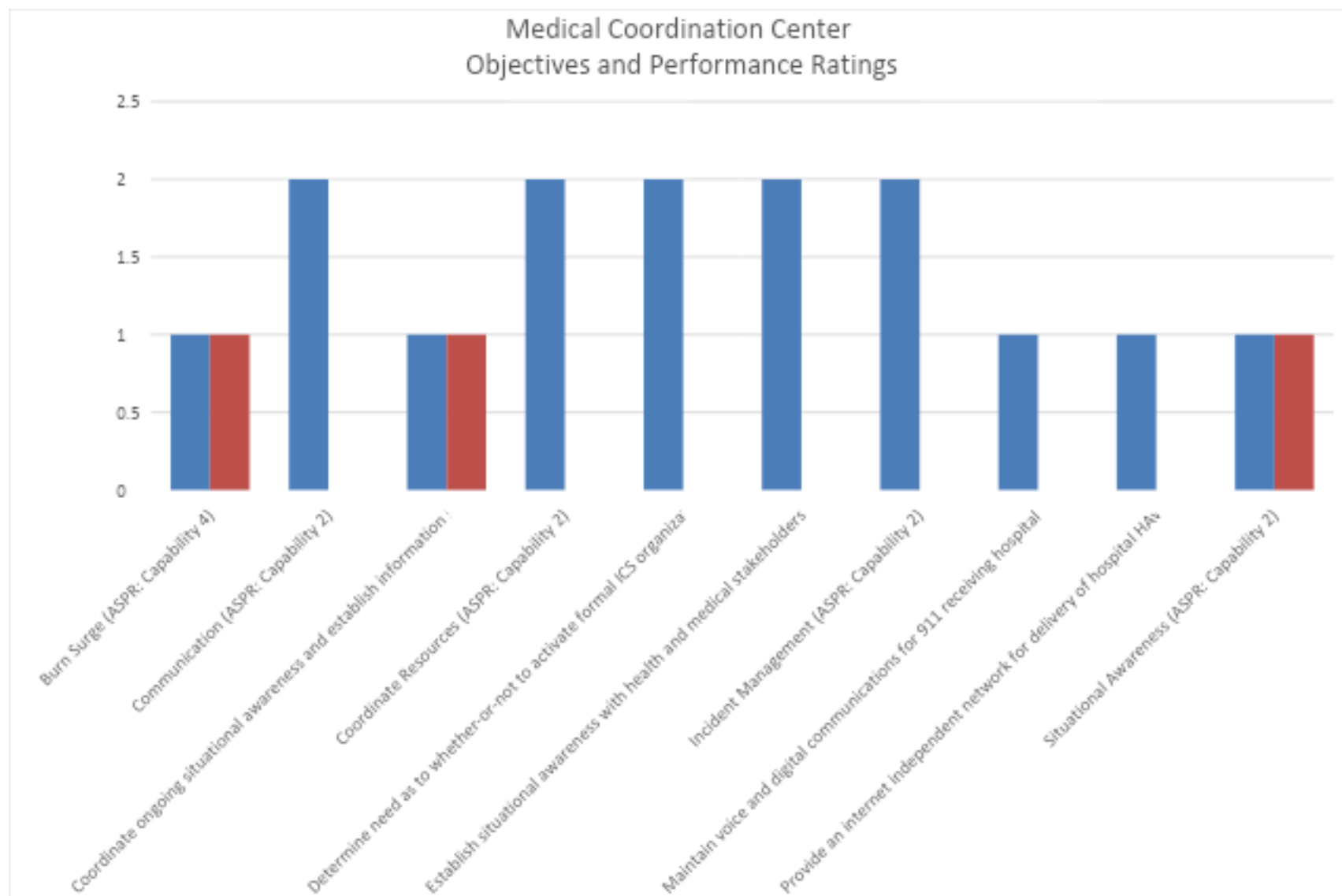Table 3. Healthcare Coalition Objectives and Performance Ratings.

Table 4. Medical Coordination Center Objectives and Performance Ratings.

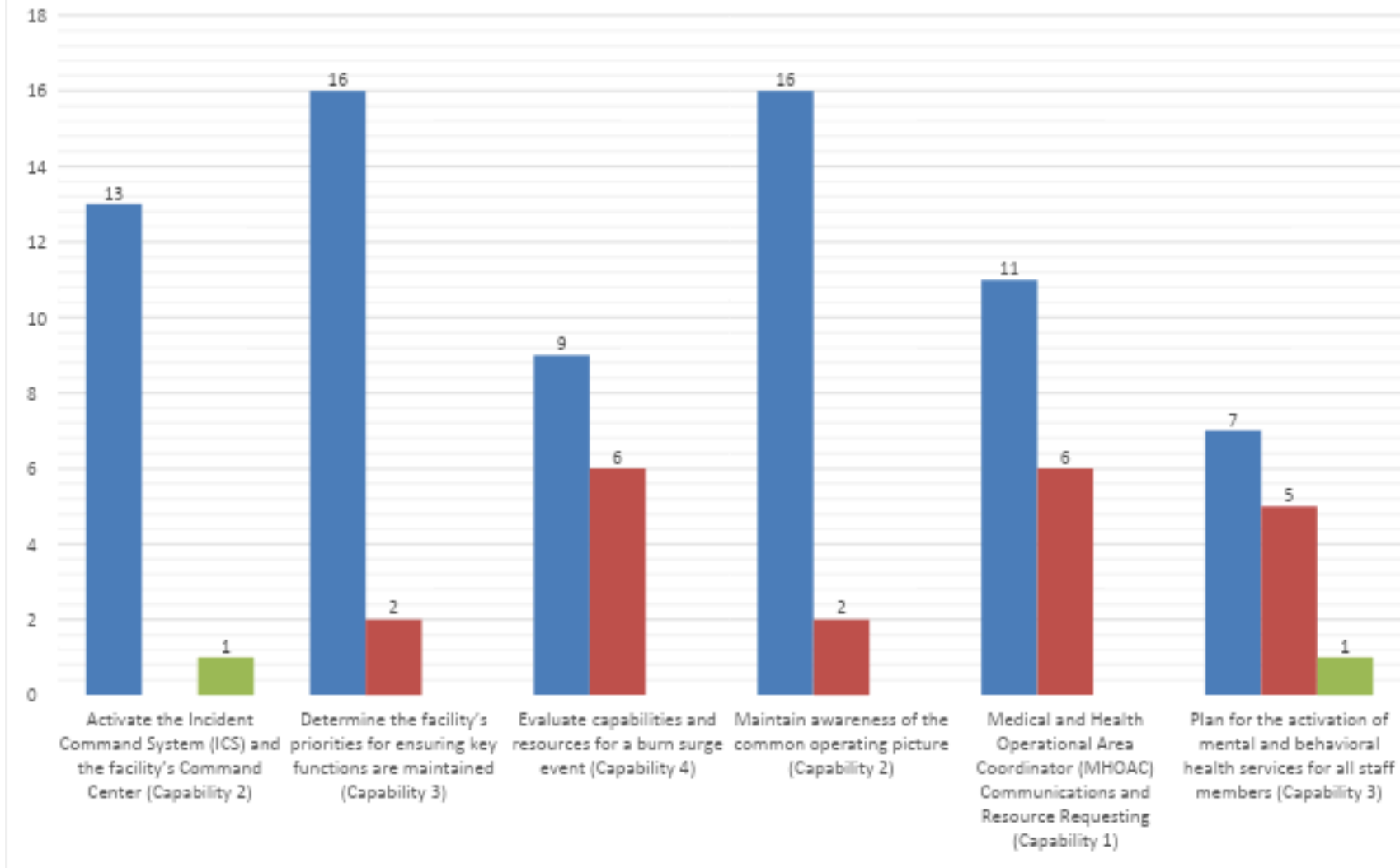Ambulatory Surgery Center Sector Objectives and Performance Ratings

Table 5. Ambulatory Surgery Center Objectives and Performance Ratings.
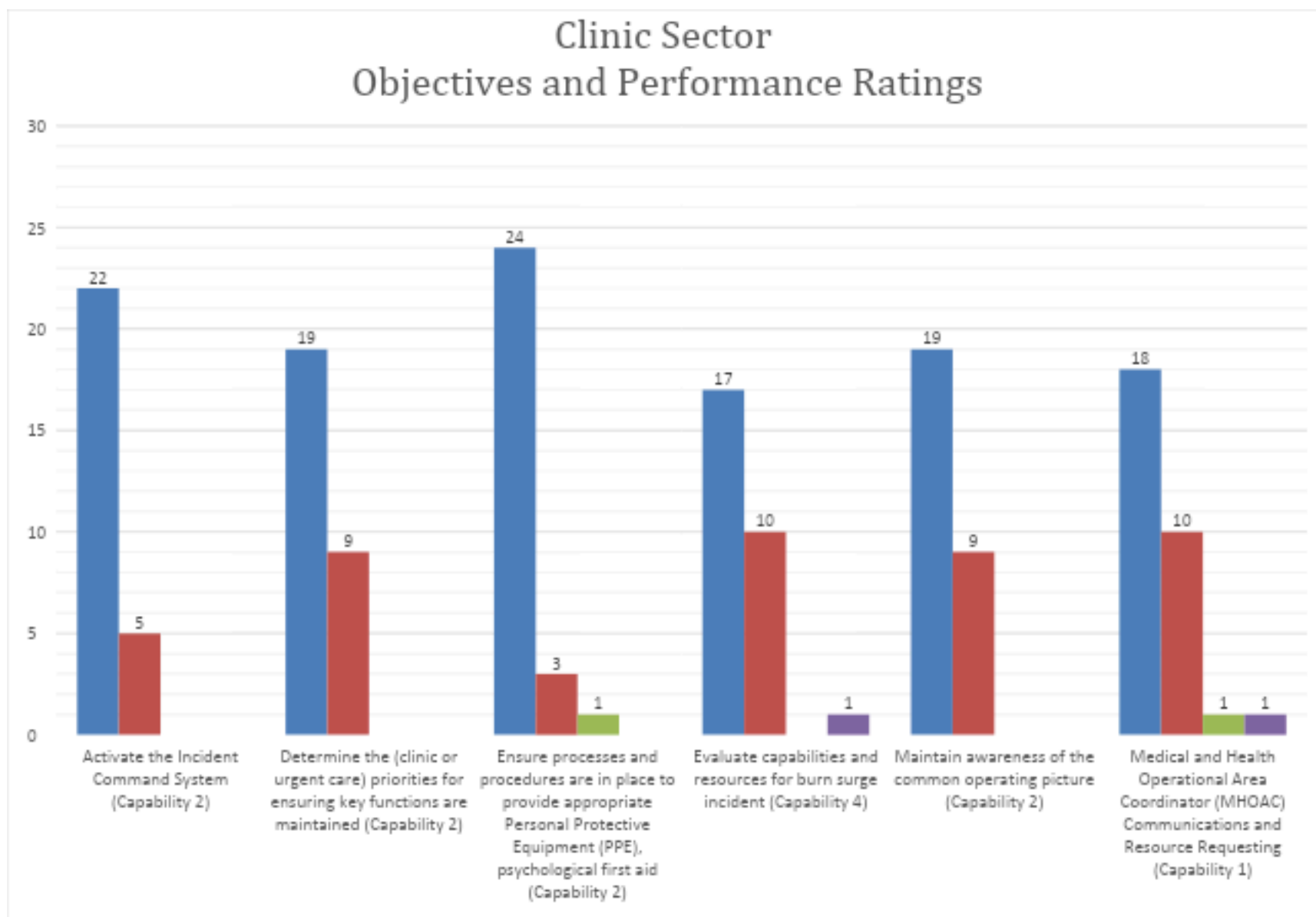
Clinic Sector
Objectives and Performance Ratings

Table 6. Clinic Objectives and Performance Ratings.
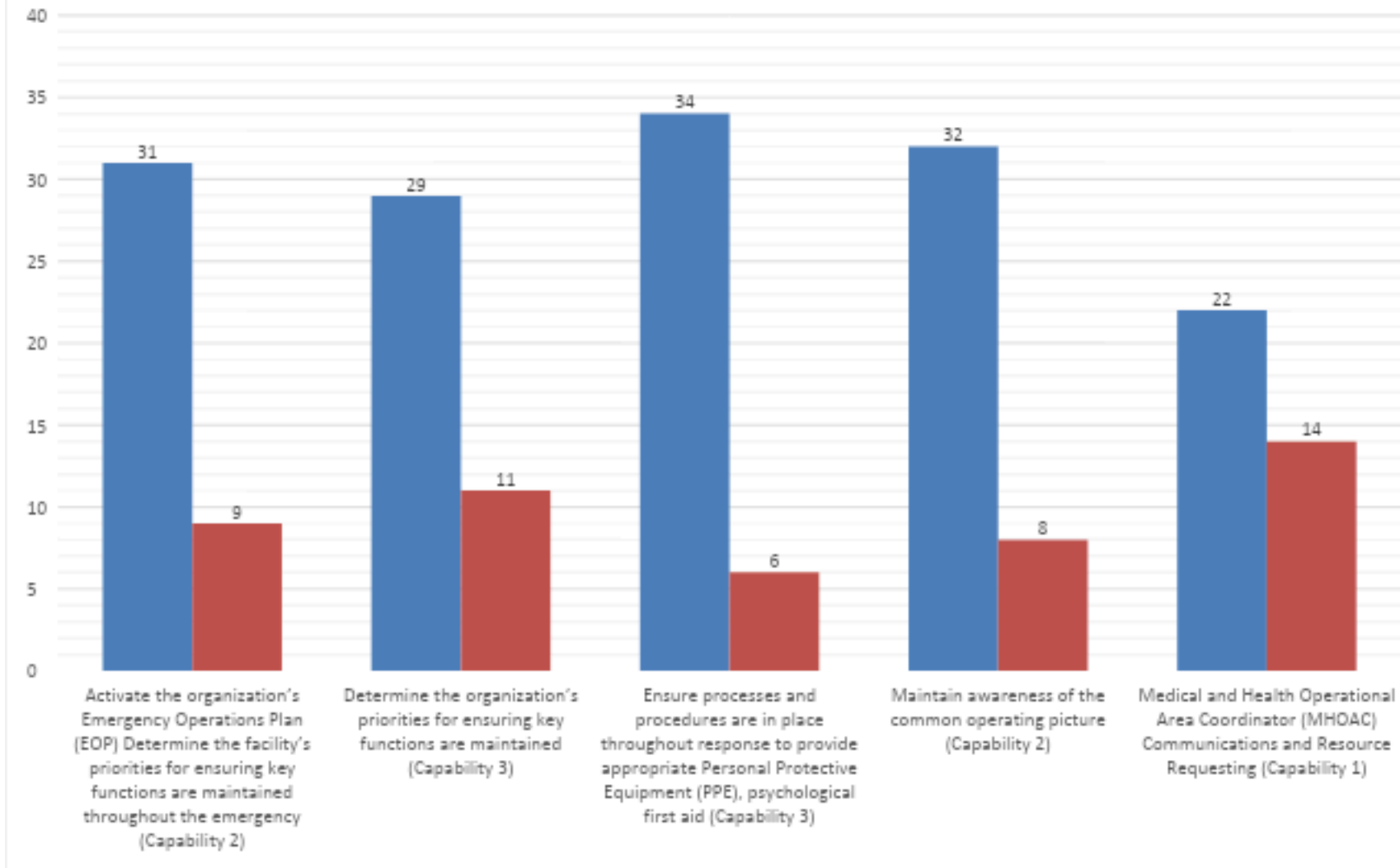
Dialysis Sector
Objectives and Performance Ratings

Table 7. Dialysis Objectives and Performance Ratings.

Home Health and Hospice Sector
Objectives and Perfomance Ratings

Table 8. Home Health / Hospice Objectives and Performance Ratings

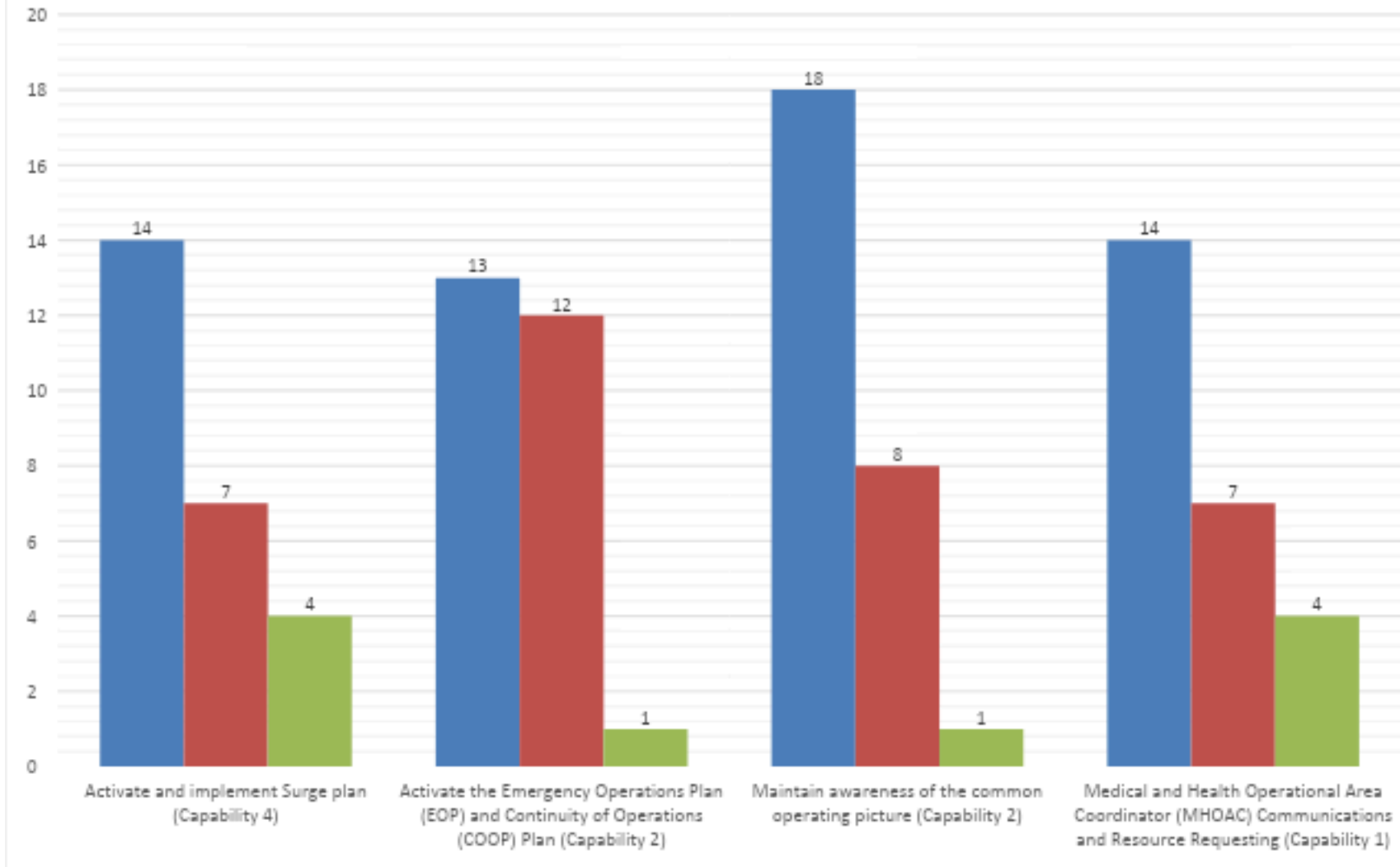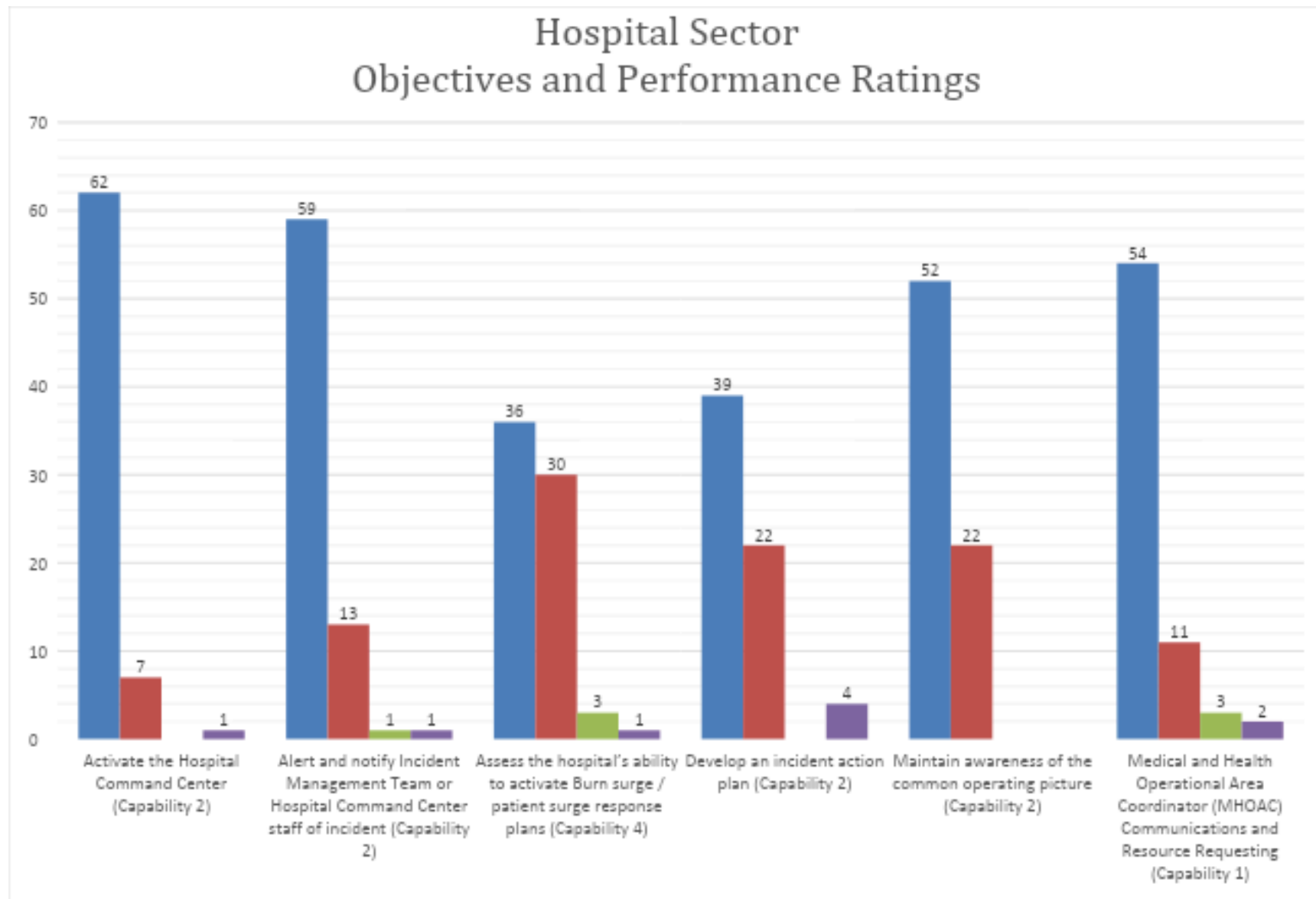Hospital Sector
Objectives and Performance Ratings

Table 9. Hospital Objectives and Performance Ratings

Long Term Care Sector
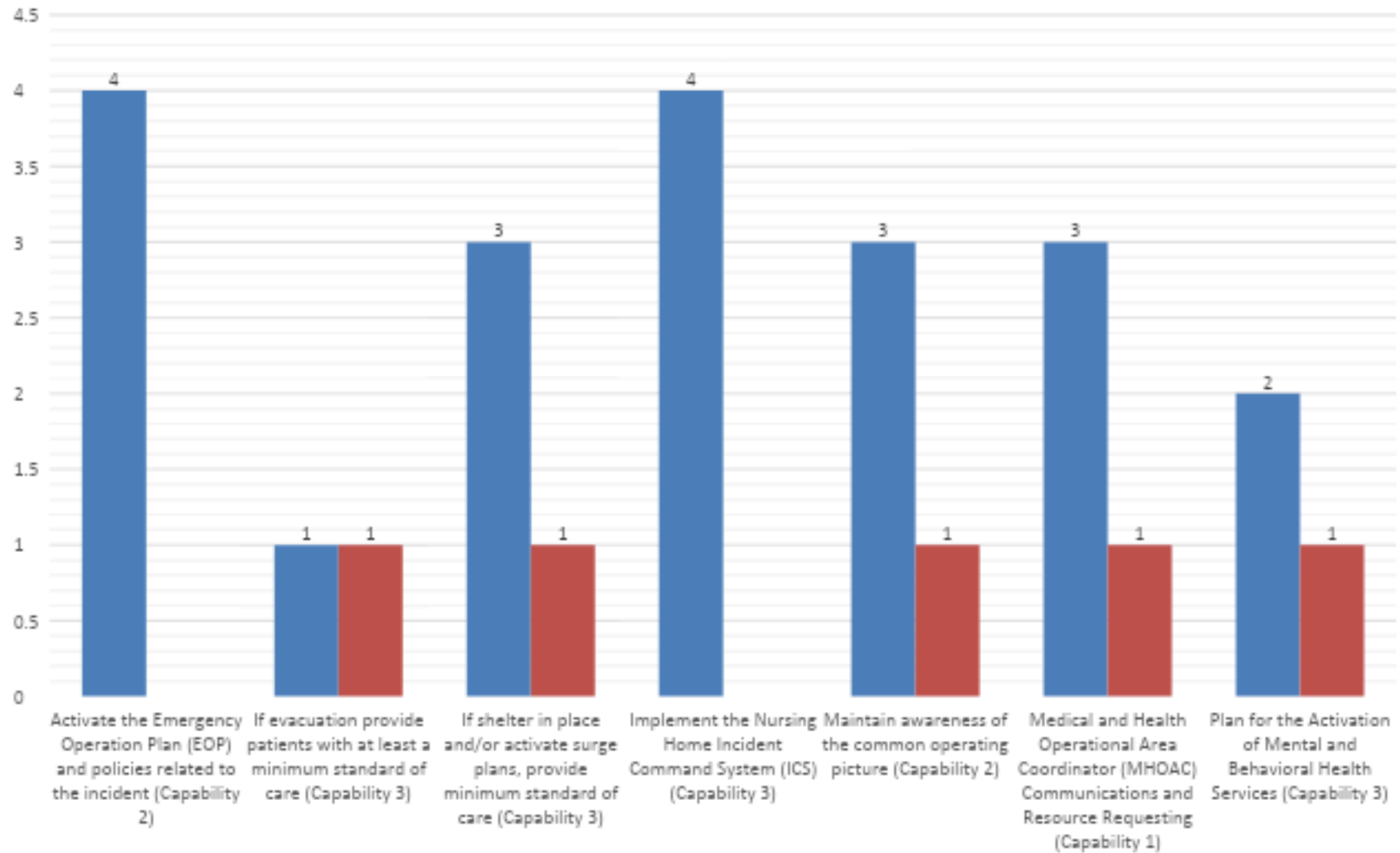Objectives and Performance Ratings

Table 10. Long Term Care Objectives and Performance Ratings

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 4 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Sector	Objective / Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Healthcare Coalition	See Table 3				
Medical Coordination Center	See Table 4				
Ambulatory Surgery Center	See Table 5				
Clinic	See Table 6				
Dialysis	See Table 7				
Home Health and Hospice	See Table 8				
Hospital	See Table 9				
Long Term Care	See Table 10				

Table 10. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but

some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

Healthcare Coalition (HCC):

The strengths and areas for improvement for each objective are described in this section.

Objectives:

Objective 1: Assess an HCC's capacity to support a large-scale, community-wide medical surge incident

Objective 2: Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans.

Objective 3: Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident

Objective 4: Assist HCCs and their members with improvement planning based on MRSE outcomes

Objective 5: Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement

Major Strengths

The *major strengths* identified during this exercise include the following:

Strength 1: Developed exercise that allowed multiple sectors within the HCC to test plans and processes in support of a burn surge incident.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Develop exercise that engages entire healthcare coalition.

Analysis: Teamwork, communication, and preparedness are critical assets that significantly contributed to the effectiveness of the exercise.

Medical Coordination Center (MCC):

The strengths and areas for improvement for each objective are described in this section.

Objectives:

Objective 1: Communication

Objective 2: Situational Awareness

Objective 3: Burn Surge

Objective 4: Coordinate Resources

Objective 5: Incident Management

Major Strengths

The **major strengths** identified during this exercise include the following:

Strength 1: Strong teamwork was demonstrated by covering vacant positions, ensuring that all roles were filled, and responsibilities were managed effectively.

Strength 2: Communication was excellent across various sections, as well as between managers, coordinators, and team members, which enhances coordination and operational efficiency.

Strength 3: The early activation of the Burn Surge Plan and the calm demeanor observed in the Medical Coordination Center (MCC) indicates a well-prepared and composed approach to handling the incident.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There is a need to update the internal process for requesting resources to enhance clarity and understanding among team members.

Area for Improvement 2: A structured approach is required for tracking and initiating secondary transfers, particularly for burn patients, to ensure more efficient and organized processes.

Area for Improvement 3: No processes or systems in place to coordinate a large number of patient transfers to Burn Centers, no patient tracking mechanism or process in place.

Area for Improvement 4: There is a lack of organization in handling large datasets, such as bed availability for burn centers outside of Los Angeles County, which needs to be addressed for better operational efficiency.

Analysis: The strengths of teamwork, communication, and preparedness are critical assets that can significantly contribute to the effectiveness of operations. However, the areas for improvement highlight structural issues that, if addressed, can elevate these strengths further. By enhancing internal processes, implementing structured tracking for transfers, and organizing data effectively, the team can leverage its existing strengths to achieve greater operational efficiency and improve outcomes.

Ambulatory Surgery Center Sector:

The objectives, major strengths and primary areas for improvement are described in this section.

Objectives:

Objective 1: Maintain awareness of the common operating picture

Objective 2: Activate the Incident Command System (ICS) and the facility's Command Center

Objective 3: Determine the facility's priorities for ensuring key functions are maintained

Objective 4: Evaluate capabilities and resources for a burn surge event

Objective 5: Plan for the activation of mental and behavioral health services for all staff members

Major Strengths:

The *major strengths* identified during this exercise include the following:

Strength 1: Strong leadership and thorough pre-planning are essential for effective emergency response. A clear plan, like the Shelter-in-Place floorplan, minimized

confusion and enabled quick action. Designating an area with emergency supplies and clearly defining roles demonstrated high organizational readiness.

Strength 2: Timely alerts and updates are essential in crisis management. Utilization of ReddiNet ensured staff and patients were informed and prepared. Enhanced teamwork and staff awareness of their roles contributed to efficient collaboration.

Strength 3: Successful and quick evacuation of patients and staff showcased effective execution of disaster plans and highlights the importance of training and preparedness.

Strength 4: Seamless acceptance of resource requests via ReddiNet without the need for corrections showed good resource management and operational efficiency. The practice of keeping ReddiNet open for daily monitoring demonstrated an ongoing dedication to situational awareness and readiness.

Primary Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Identified concerns regarding new staff's confidence in handling mental health issues and navigating ReddiNet, it's essential to implement comprehensive training sessions.

Area for Improvement 2: Need for better planning regarding emergency supplies and designated shelter locations. Stocking up on essential items (such as food, water, and medical supplies) should be prioritized, alongside conducting regular audits to ensure resources are up-to-date and sufficient for all staff. Additionally, establishing clear protocols to manage shelter-in-place situations more effectively will enhance safety for all tenants in the building.

Area for Improvement 3: Improve coordination during emergencies, fostering stronger relationships with external partners, community resources, and emergency services is crucial.

Area for Improvement 4: Develop a structured approach to provide ongoing support and resources for mental and behavioral health to help promote staff well-being, especially after trauma-related incidents.

Analysis: While there are notable strengths in leadership, communication, execution, and resource management within the emergency response framework, contrasting areas for improvement reveal essential gaps in training, planning, coordination, and staff well-being. Addressing these disparities will not only enhance the effectiveness of emergency responses but also contribute significantly to the overall readiness and resilience of the organization..

Clinic Sector:

The objectives, major strengths and primary areas for improvement are described in this section.

Objectives:

Objective 1: Maintain awareness of the common operating picture

Objective 2: Activate the Incident Command System

Objective 3: Determine the priorities for ensuring key functions are maintained

Objective 4: Evaluate capabilities and resources for burn surge incident

Objective 5: Ensure processes and procedures are in place to provide appropriate Personal Protective Equipment (PPE), psychological first aid

Objective 6: Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting

Major Strengths:

The *major strengths* identified during this exercise include the following:

Strength 1: Demonstrated effective communication and coordination by utilizing Everbridge for team communication, practicing resource request protocols, and engaging with appropriate staff throughout the exercise.

Strength 2: Quick response capabilities indicate readiness to evaluate and mobilize resources; the exercise was self-explanatory, allowing the team to effectively assess their capabilities through structured training, while medical and clinical staff demonstrated preparedness and competence in following procedures for surge events.

Strength 3: Effective communication and teamwork during incidents that is essential for timely relay of priorities and collaborative response to assess and maintain key functions.

Strength 4: Successful activation of ICS, indicated by efficient communication and organization, alongside a seamless ReddiNet login experience for requesting surge supplies, reflects the effective implementation of the necessary infrastructure for operation.

Strength 5: Ensured all team members, including clinical and admin staff, were informed and aware of critical updates through successful dissemination of information across the organization.

Primary Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There is a need for clearer and more timely communication regarding assignments and instructions. This includes ensuring that all desktop telephones are programmed for overhead paging and that announcements are repeated and articulated clearly.

Area for Improvement 2: Staff require more comprehensive training to respond effectively during trauma events and specific drills, such as code orange and shelter-in-place scenarios. Increased familiarity with emergency plans, particularly involving the Building Emergency Coordinators (BEC) and Incident Commanders, is crucial.

Area for Improvement 3: There is a need for a more organized approach to submitting resource requests. Specific requests for each item should be made to prevent duplication of efforts and to ensure that supplies are adequately tracked and delivered.

Area for Improvement 4: Greater involvement of Incident Team Members and support staff during exercises is essential for building a cohesive response team. This includes organizing regroup meetings for the HICS team to discuss improvements and strategies.

Area for Improvement 5: The Building Emergency Plan (BEP) should be readily available on SharePoint, allowing all staff easy access to procedures and protocols during an actual emergency, ensuring that everyone knows their roles and responsibilities.

Analysis: Each objective has been supported by specific strengths demonstrated during the exercise. The strengths indicate a well-coordinated team effort, effective communication, and adherence to procedures, all of which are crucial for successful incident management. Overall, the connection between the objectives and strengths illustrates effective preparation, execution, and the importance of teamwork in achieving the desired outcomes during a burn surge incident.

In summary, while the strengths demonstrate effective practices in communication, response, teamwork, organization, and information sharing, the areas for improvement indicate specific gaps in clarity, training, engagement, organization of processes, and accessibility of essential resources. Addressing these areas can further enhance the team's overall effectiveness during emergency situations.

Dialysis Sector:

The objectives, major strengths and primary areas for improvement are described in this section.

Objectives:

Objective 1: Maintain awareness of the common operating picture

Objective 2: Activate the organization's Emergency Operations Plan (EOP) Determine the facility's priorities for ensuring key functions are maintained throughout the emergency

Objective 3: Determine the organization's priorities for ensuring key functions are maintained

Objective 4: Ensure processes and procedures are in place throughout response to provide appropriate Personal Protective Equipment (PPE), psychological first aid

Objective 5: Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting

Major Strengths:

The *major strengths* identified during this exercise include the following:

Strength 1: Teammates demonstrated readiness to collaborate, share responsibilities, and assist each other in emergency situations. This collective effort is crucial in ensuring patient safety and effective handling of crises.

Strength 2: The use of ReddiNet for communication is noted, indicating that staff are well trained and able to use ReddiNet for real-time information sharing.

Strength 3: Staff members possess a solid understanding of emergency protocols, such as evacuation procedures. Their familiarity with plans suggests that regular training and drills are conducted, enabling team members to act confidently during crises.

Strength 4: Leadership played a vital role in maintaining order, delegating tasks, and ensuring that everyone understood their assignments.

Strength 5: The team's ability to respond quickly and adjust to the needs of the situation was commended. Their flexibility in performing various emergency procedures demonstrates adaptability, which is vital in high-stress scenarios where situations may change rapidly.

Strength 6: The availability and readiness of resources, such as the emergency crash cart and evacuation bags, were highlighted. This preparedness indicates proactive planning and an organized approach to emergency readiness, ensuring that all necessary tools are accessible when needed.

Primary Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There is a clear need for additional training for staff, particularly regarding ReddiNet and emergency protocols. New team members especially would benefit from more comprehensive onboarding related to emergency supplies and evacuation plans.

Area for Improvement 2: Effective communication is highlighted repeatedly as a challenge. This includes communication both within the team and with patients. The need for timely updates, clarity on shelter-in-place information, and communication with hospitals is emphasized.

Area for Improvement 3: Resources such as emergency supplies, including scissors and clamps, were missing or inadequate. The need for sufficient backup supplies to last at least four days was mentioned, with delivery issues causing shortages.

Area for Improvement 4: Many patients struggled with identifying the shelter-in-place location and understanding the emergency procedures. The text indicates a need to improve patient education about these procedures.

Area for Improvement 5: The necessity for clear leadership during an emergency is flagged, stressing the need for designated alternates if the primary Emergency Coordinator is unavailable. Effective coordination among team members regarding their specific roles is also called for.

Analysis: The Dialysis sector reflects well-prepared teams capable of handling emergencies through effective teamwork, communication, awareness of protocols, and strong leadership. The strengths identified suggest a robust emergency response culture within the sector, highlighting areas that could be continuously improved or monitored, such as efficiency in communication and resource management. Regular training, drills, and continuous evaluation of emergency preparedness will likely contribute to sustaining these strengths.

However, while the Dialysis sector exhibits significant strengths in collaboration, communication tools, understanding protocols, leadership, adaptability, and resource availability, these strengths are counterbalanced by specific areas that require attention. The effectiveness of the team is currently hindered by both communication challenges and training gaps, particularly for new members. Furthermore, the adequacy of resources and patient education on emergency procedures identify critical areas needing improvement. The key to enhancing the effectiveness of emergency management lies in leveraging existing strengths while systematically addressing these weaknesses, ensuring a holistic approach to preparedness that encompasses both staff efficiency and patient safety.

Home Health and Hospice Sector:

The objectives, major strengths and primary areas for improvement are described in this section.

Objectives:

Objective 1: Maintain awareness of the common operating picture

Objective 2: Activate the Emergency Operations Plan (EOP) and Continuity of Operations (COOP) Plan

Objective 3: Activate and implement Surge plan

Objective 4: Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting

Major Strengths:

The *major strengths* identified during this exercise include the following:

Strength 1: Clear and concise communication was a consistent strength throughout the exercise, enabling staff to work together efficiently and ensuring everyone was informed and aligned with the response plan.

Strength 2: Home Health and Hospice teams demonstrated robust coordination with emergency response teams and medical facilities, which facilitated smooth patient transfers and maintained safety during the exercise.

Strength 3: Participants showed a high level of preparedness, having been trained in realistic scenarios, which allowed them to adapt quickly to changing circumstances during the exercise.

Primary Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There were notable communication gaps both within teams and between agencies.

Area for Improvement 2: Participants displayed varying levels of familiarity with emergency protocols and their specific roles.

Area for Improvement 3: The exercise revealed limitations in medical supplies, equipment, and personnel for home-based care.

Area for Improvement 4: Challenges in the patient transfer process highlighted the need for clearer transition protocols between home care and hospitals.

Analysis: The analysis of the Home Health & Hospice sector reveals a complex interplay between strengths and areas for improvement. On one hand, the identified strengths indicate a solid foundation of communication, coordination, and preparedness that is paramount in emergency response situations. These strengths suggest effective practices and a commitment to teamwork.

Conversely, the areas identified for improvement signal critical gaps that can jeopardize operational efficiency and patient safety. Communication gaps indicate that despite the strong intent, execution may falter under pressure or in inter-agency scenarios. Similarly, the varying levels of preparedness reveal that while some participants may excel, others may hinder the group's overall response capability.

In summary, while the strengths demonstrate a positive trend and provide a framework for effective emergency management, the areas for improvement highlight essential weaknesses that must be addressed to fully leverage these strengths. By focusing on enhancing communication, standardizing training protocols, and refining transfer processes between care settings, the organization can build on its strengths and effectively mitigate identified weaknesses. This comprehensive approach will ultimately lead to a more robust and reliable emergency response system.

Hospital Sector:

The strengths and areas for improvement for each objective are described in this section.

Objectives:

Objective 1: Maintain awareness of the common operating picture

Objective 2: Alert and notify Incident Management Team or Hospital Command Center staff of incident

Objective 3: Activate the Hospital Command Center

Objective 4: Develop an incident action plan

Objective 5: Assess the hospital's ability to activate Burn surge / patient surge response plans

Objective 6: Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting

Major Strengths

The *major strengths* identified during this exercise include the following

Strength 1: Strong and collaborative communication among teams, including the Emergency Department (ED), Hospital Command Center (HCC), and external agencies, facilitated clear information sharing and decision-making during the burn surge exercise.

Strength 2: Alerts were successfully disseminated to staff, ensuring timely notification of the incident, and emphasized the importance of efficient communication channels, such as Everbridge and ReddiNet.

Strength 3: The activation process was smooth and timely. Command Center staff responded within 15 minutes, showcasing preparedness and organizational efficiency.

Strength 4: The exercise highlighted effective resource allocation, planning, and updates to triage policies, which improved the overall organization and readiness for handling emergencies in the healthcare setting.

Strength 5: The drill showcased the hospital's capability to manage a burn surge effectively. Teams rapidly triaged burn patients and efficiently utilized burn supplies.

Strength 6: Good patient flow and the ability to identify patients who could be discharged helped accommodate new admissions during the surge.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There is a notable lack of training and familiarization with key systems such as HICS and ReddiNet. Many staff members, including House Supervisors, were not adequately trained on essential processes and forms, which impacted the overall response effectiveness.

Area for Improvement 2: There were significant challenges in communication, both within the command center and between the command center and medical floors. This included confusion regarding the submission of forms, delays in using communication channels, and the need for improved clarity and tools for information sharing.

Area for Improvement 3: The exercise revealed shortages of crucial medical supplies and issues with the physical space for operations, including morgue capacity limitations and staging areas for casualties. Additionally, the lack of hospitalist resources created difficulties in patient care continuity.

Area for Improvement 4: There were gaps in coordination and leadership within the Hospital Incident Command System. This included uncertainty in role assignments among command personnel and inadequate organizational support for those involved in emergency response, highlighting the need for clearer structures and support during incident management.

Area for Improvement 5: The reliance on emails for communication from the EMS Agency was criticized, as hospital email accounts may not be monitored during emergencies. The recommendation for a dedicated messaging system, such as an EMO Everbridge Group, indicates a need for more reliable communication pathways.

Analysis: The effectiveness noted in communication as a strength contrast sharply with the challenges identified in the areas for improvement. While initial alerts were successful, the ongoing communication among command personnel and other departments proved insufficient, indicating that strong initial communication doesn't guarantee sustained clarity and efficiency.

The timely activation of the response highlighted organizational readiness but was undermined by the lack of adequate training on critical systems. This suggests that preparedness must be complemented by comprehensive staff training to maintain effectiveness under pressure.

Effective resource allocation was acknowledged as a strength, yet the exercise exposed shortages and operational challenges that could hinder response efforts. This dichotomy emphasizes the importance of not only identifying resources but also ensuring their availability and accessibility during emergencies.

The strong management demonstrated during the burn surge was hampered by gaps in leadership and coordination. This indicates that while the framework for incident response exists, the execution can falter without clear leadership and defined roles.

The effectiveness of communication technology during the surge contrasts with the criticism of reliance on emails, which indicates a pressing need for more reliable, real-time communication tools that can enhance operational efficiency.

In conclusion, while the exercise highlighted significant strengths that demonstrate preparedness and capability, the identified areas for improvement reveal critical gaps that must be addressed to enhance overall response effectiveness during future incidents. Balancing strengths with improvements will ultimately lead to a more resilient healthcare emergency response framework.

Long Term Care Sector:

The objectives, major strengths and primary areas for improvement are described in this section.

Objectives:

Objective 1: Activate the Emergency Operation Plan (EOP) and policies related to surge incident

Objective 2: Activate communication plan

Objective 3: Activate surge plans

Objective 4: Implement the Nursing Home Incident Command System (ICS) in response to a surge incident

Objective 5: Plan for the activation of Mental and Behavioral Health Services for all staff members as part of Incident Response and Recovery Planning as needed

Major Strengths:

The *major strengths* identified during this exercise include the following:

Strength 1: Staff successfully logged into ReddiNet, demonstrating good communication regarding service levels. This indicates that the system is user-friendly and facilitates timely updates.

Strength 2: Proactive actions of the Operation Chief in setting up a triage area and providing necessary tools (tags, PPE) suggest strong leadership and effective coordination among team members.

Strength 3: The cooperation between housekeepers and maintenance teams to set up safety barriers illustrates effective teamwork and collaboration, essential for maintaining a safe environment.

Strength 4: Prompt response to supply requests indicates efficient logistical support, which is vital for maintaining workflow during emergencies.

Primary Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: There is a need for enhanced training for staff on emergency procedures and protocols to ensure they are well-prepared for crises.

Area for Improvement 2: Hospitals and skilled nursing facilities (SNFs) need better communication channels to expedite admissions and ensure a coordinated response.

Area for Improvement 3: Shortage of necessary equipment, such as oxygen masks and ventilators, which is critical for managing situations like smoke inhalation.

Area for Improvement 4: Need measures to prevent residents from bypassing safety barriers during emergencies, ensuring their protection while maintaining order in crisis situations.

Area for Improvement 5: Lack of awareness and education regarding the Emergency Admission Plan.

Analysis: Addressing the need for improved training on emergency procedures is critical. Investing in comprehensive training programs will ensure that staff are not only familiar with protocols but also confident in executing them during real emergencies. This could reduce panic and improve response times.

The call for better communication between hospitals and skilled nursing facilities is crucial for expediting admissions and coordination during emergencies. Developing standardized communication protocols could enhance operability and ensure seamless transitions of care.

The noted shortage of essential equipment, such as oxygen masks and ventilators, presents a significant risk during emergencies. Prioritizing inventory management and developing strategies for rapid procurement or stockpiling of critical supplies will be essential to mitigate this issue.

To ensure that safety barriers are respected during emergencies, implementing measures that educate and enforce compliance among residents is necessary. This could involve training sessions, clear signage, and possibly designated staff to oversee safety protocols.

The lack of awareness regarding the Emergency Admission Plan suggests a gap in communication or training. Regular updates and educational sessions focused on emergency procedures should be introduced to ensure all staff are knowledgeable and prepared.

While the organization displays commendable strengths in communication, leadership, teamwork, and logistical support, there are critical areas needing attention to enhance overall preparedness and response capabilities. By focusing on training, communication improvement, equipment availability, compliance with safety measures, and raising awareness of plans, the organization can significantly bolster its emergency management framework. This holistic approach will ultimately lead to better outcomes in crisis situations and enhance the safety of both staff and residents.

APPENDIX A: IMPROVEMENT PLAN

This IP is developed specifically for Los Angeles County Health Care Coalition for the **Medical Response and Surge Exercise** conducted on **November 21, 2024.**

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Need to update the internal process for requesting resources to enhance clarity and understanding among team members	Update the current procedure to provide more clarity to those processing the requests	EMS Agency	Medical Coordination Center		
Need to improve patient tracking and initiating secondary transfers, particularly for burn patients	Develop an internal secondary transfer procedure for burn patients	EMS Agency	Medical Alert Center		
Lack of organization in handling large datasets, such as bed availability for burn centers outside of Los Angeles County	Develop internal policy and procedure for managing burn bed availability outside of the County	EMS Agency	Medical Alert Center		
No processes or systems in place to coordinate a large number of patient transfers to Burn Centers, no patient tracking mechanism or process in place.	Develop process or implement system to coordinate and manage large number of patient transfers to Burn centers that also allows for patient tracking	EMS Agency	Medical Alert Center		

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
The reliance on emails for communication from the EMS Agency was criticized, as hospital email accounts may not be monitored during emergencies.	Recommendation for a dedicated messaging system, such as an EMO Everbridge Group	EMS Agency	Medical Coordination Center		
Identified concerns regarding new staff's confidence in navigating ReddiNet	Implement comprehensive ReddiNet training sessions	Ambulatory Surgery Center			
Need for better planning regarding emergency supplies and designated shelter locations.	Stocking up on essential items (such as food, water, and medical supplies) should be prioritized, alongside conducting regular audits to ensure resources are up-to-date and sufficient for all staff. Additionally, establishing clear protocols to manage shelter-in-place situations more effectively will enhance safety for all tenants in the building.	Ambulatory Surgery Center			
Need for a structured approach to provide ongoing support and resources for mental and behavioral health to help promote staff well-being, especially after trauma-related incidents	Develop a structured approach to provide ongoing support and resources for mental and behavioral health to help promote staff well-being, especially after trauma-related incidents.	Ambulatory Surgery Center			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Improve coordination during emergencies with external partners	Foster stronger relationships with external partners, community resources, and emergency services	Ambulatory Surgery Center			
Need for clearer and more timely communication regarding assignments and instructions. This includes ensuring that all desktop telephones are programmed for overhead paging and that announcements are repeated and articulated clearly	Program Develop and deliver training on roles and responsibilities when activating emergency operations procedures	Clinic			
Delays in response during drill specifically, code orange and shelter-in-place scenarios. Need more familiarity with emergency plans, particularly involving the Building Emergency Coordinators (BEC) and Incident Commanders	Provide staff with omprehensive training to respond effectively during trauma events and specific drills, such as code orange and shelter-in-place scenarios. Provide additional emergency plan training, particularly for Building Emergency Coordinators and Incident Commanders	Clinic	Building Emerency Coordinators and Incident Commanders		

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Need for a more organized approach to submitting resource requests to prevent duplication of efforts and to ensure that supplies are adequately tracked and delivered.	Review training material on submission of resource requests	Clinic			
Need for incident team members and support staff to engage more during exercises. This includes organizing regroup meetings for the HICS team to discuss improvements and strategies	Encouage greater involvement of incident team members and support staff during exercises to build a cohesive response team.	Clinic			
The Building Emergency Plan should be readily available on SharePoint, allowing all staff easy access to procedures and protocols during an actual emergency	Post the Building Emergency Plan on SharePoint.	Clinic			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Need for additional training for staff, particularly regarding ReddiNet and emergency protocols. New team members especially would benefit from more comprehensive onboarding related to emergency supplies and evacuation plans	Schedule additional ReddiNet and emergency protocol training. Expand onboard training to include emergency supplies and evacuation plans.	Dialysis			
Need for timely updates, clarity on shelter-in-place information, and communication with hospitals	Schedule additional training to develop communication channels with internal and external partners and with patients.	Dialysis			
Need for sufficient backup supplies to last at least four days	Increase par levels for back up supplies to 4-days	Dialysis			
Many patients struggled with identifying the shelter-in-place location and understanding the emergency procedures	Improve patient education about these procedures	Dialysis			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Necessity for clear leadership during an emergency is flagged, stressing the need for designated alternates if the primary Emergency Coordinator is unavailable.	Identifying and designating appropriate back-up personnel and offering training to team members regarding their specific roles	Dialysis			
There were notable communication gaps between agencies		Home Health and Hospice			
Participants displayed varying levels of familiarity with emergency protocols and their specific roles		Home Health and Hospice			
The exercise revealed limitations in medical supplies, equipment, and personnel for home-based care		Home Health and Hospice			
Challenges in the patient transfer process highlighted the need for clearer transition protocols between home care and hospitals.		Home Health and Hospice			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Many staff members, including House Supervisors, were not adequately trained on essential processes and forms, which impacted the overall response effectiveness.	Provide additional training and familiarization on HICS and ReddiNet	Hospital			
Confusion regarding the submission of forms, delays in using communication channels, and the need for improved clarity and tools for information sharing.	Additional training and drills testing communication pathways including forms and processes to and from the command center	Hospital			
Shortages of crucial medical supplies and issues with the physical space for operations, including morgue capacity limitations and staging areas for casualties. Additionally, the lack of hospitalist resources created difficulties in patient care continuity.	Identify resources ensuring their availability and accessibility during emergencies.	Hospital			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Gaps in coordination and leadership within the Hospital Incident Command System. This included uncertainty in role assignments among command personnel	Need for clearer structures and support during incident management	Hospital			
Need for enhanced training for staff on emergency procedures and protocols to ensure they are well-prepared for crises.		Long-Term Care			
Hospitals and skilled nursing facilities (SNFs) need better communication channels to expedite admissions and ensure a coordinated response		Long-Term Care			
Shortage of necessary equipment, such as oxygen masks and ventilators, which is critical for managing situations like smoke inhalation.		Long-Term Care			

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Need measures to prevent residents from bypassing safety barriers during emergencies, ensuring their protection while maintaining order in crisis situations		Long-Term Care			
Lack of awareness and education regarding the Emergency Admission Plan.		Long-Term Care			

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
County and City
Los Angeles County EMS Agency
Los Angeles County Fire Department
Los Angeles County Office of Emergency Management
Public Health (Long Beach, Los Angeles County, Pasadena)
Health Care Coalition (HCC) Members
Ambulatory Surgery Centers
Clinics
Dialysis Centers
Home Health & Hospice
Hospitals
Long Term Care Facilities
Provider Agencies (Private)
Urgent Care Centers