Medical Response & Surge Exercise (MRSE) Evaluation Plan

Hospital Preparedness Program

July 2023

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1.0 INTRODUCTION

The **Medical Response & Surge Exercise** (MRSE) was created by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). The exercise procedures and supporting materials described in the Situation Manual are consistent with updated Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation (HSEEP) guidelines issued in 2020. 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]

MRSE and this Evaluation Plan were produced with input, advice, and assistance from the Office of Health Care Readiness' (OHCR)) Exercise 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 Evaluation Plan provides Exercise Evaluators the information needed to evaluate the ability of respective agencies/organizations to facilitate the care and transportation of patients due to surge, with a focus on the processes for requesting, coordinating, and employing resources at the local, state, and federal levels. The information in this document is current on the date of publication and is subject to change.

For more information about the requirements of the Hospital Preparedness Program (HPP) cooperative agreement, please contact your regional HPP Field Project Officer. For more information about HPP and/or MRSE evaluation, you may also contact the Evaluation Branch of HHS/ASPR/Office of Office of Planning and Exercises, Exercises (OPE), Evaluations, and After Actions (E2A2) at SHARPER@hhs.gov.

1.1 RELATED DOCUMENTS AND TOOLS

This exercise requires the use of three documents:

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[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.

- **Situation Manual** – 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 (this document)** – Outlines the goals and purpose of exercise evaluation for a health care coalition (HCC) and guides the Exercise Evaluator (see section 3.2 Assigning an Exercise Evaluator 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 Review and Improvement Plan (IP) in concert with exercise participants.

- **Exercise Planning and Evaluation 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 clicking on 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 Exercise Planning and Evaluation Tool.

- **Real-World Incident and Evaluation** Tool – The Excel-based tool is primarily used by the HCC to document decisions and results of a real-world incident response. All required real-world incident data collection – including data for MRSE performance measures – should be completed in the Real-World Incident Reporting and Evaluation Tool.

2.0 EXERCISE OVERVIEW

2.1 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 health care delivery system for disasters or emergencies.

The Hospital Preparedness Program (HPP) 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.

To describe what health care delivery system partners, including HCCs, health care organizations, and emergency medical services (EMS), must do to effectively prepare for and respond to emergencies, ASPR developed the 2017-2022 Health Care Preparedness and Response Capabilities. Medical Surge, listed as Capability Four, is the ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity. Providing an effective medical surge response is dependent on the planning and response capabilities developed by HCCs and other partners. Medical surge

Surge capacity is the ability to manage a sudden influx of patients. It is dependent on a well-functioning incident command system (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).[2]

Surge capability is 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.[2]

requires building capacity and capability.[2]

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[2] Office of the Assistant Secretary for Preparedness and Response. 2017-2022 Health Care Preparedness and Response Capabilities.

This MRSE is designed to examine and evaluate the ability of HCCs and other partners to support medical surge, and specifically, how coalitions help patients receive the care they need at the right place, at the right time, and with the right resources during medical surge; decrease deaths, injuries, and illnesses resulting from medical surge; and promote health care delivery system resilience in the aftermath of medical surge.

2.2 CONFIDENTIALITY

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and 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 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 Situation Manual. 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.

2.3 PURPOSE AND SCOPE

The purpose of the MRSE is to provide HCCs and their members with an opportunity to test their surge response and preparedness capabilities. The scenario used in the MRSE is defined by the HCC, but all exercises will test an HCC and its members' capacity to

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https://aspr.hhs.gov/HealthCareReadiness/HPP/Documents/2017-2022%20Health%20Care%20Preparednes s%20and%20Response%20Capabilities.pdf. Accessed August 2023.
[3] The Privacy Act of 1974. https://www.hhs.gov/foia/privacy/index.html. Accessed August 2021.

accommodate a surge of patients equal to at least 20 percent of its staffed bed capacity[4] and to ensure availability of staffed beds, supplies and equipment, and personnel across its membership.

2.4 EXERCISE OBJECTIVES

The exercise includes six required objectives. However, HCCs may develop additional objectives to meet the needs of their members 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 objectives which support their members in meeting additional exercise requirements (e.g., Joint Commission, Centers for Medicare and Medicaid Services (CMS), state and local jurisdictional requirements, etc.) apart from the HPP requirements.

The Design Team identified the following standard objectives for the MRSE functional exercise:

> 1. HCC(s) engage coalition members and their executives to participate in the exercise and the After-Action Review within the HPP budget period.
>
> 2. HCC(s) effectively notify HCC members 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 the critical personnel and resource needs (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 assess and meet the critical EMS personnel and resource needs to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.
>
> 5. 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

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[4] The required staffed bed types are included in this calculation. HCCs have the option to include additional bed types in the calculation based on the incident scenario defined by the HCC. The accompanying Exercise Planning and Evaluation Tool will calculate the number of patients based on inputs from the HCC.

the end of the MRSE.

6. HCC(s) demonstrate their ability to successfully coordinate and execute all relevant response plans during a community-wide emergency or disaster.

2.5 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 members, such as:

1. Improved HCC member engagement in preparedness and response planning.
2. Executive engagement in preparedness and response planning through participation in the MRSE and/or the After-Action Review.
3. Strengthened processes to coordinate and share information during a community-wide emergency or disaster.
4. Improved HCC capacity to assess the availability of and secure access to critical resources such as staffed beds, personnel, supplies and equipment, and patient transport during a community-wide emergency or disaster.
5. Improved HCC capacity to assess the availability of and secure access to critical EMS personnel and resource needs during a community-wide emergency or disaster.
6. Strengthened HCC preparedness to support appropriate patient placement during a large patient surge.
7. Improvement upon and/or validation of all applicable response plans and/or corrective actions taken to reduce patient morbidity and mortality during a community-wide emergency or disaster.

2.6 USING REAL-WORLD EVENTS IN LIEU OF THE MRSE

HPP cooperative agreement requirements allow for the use of some types of real-world events in lieu of the MRSE. In the event that an HCC has a real-world incident which meets certain requirements, the HCC can use the data from the real-world event to complete the Real-World Incident Reporting and Evaluation Tool to respond to each performance measure. HCCs who wish to utilize a real-world event in lieu of conducting

the MRSE must meet the following requirements:

- The real-world surge incident must be equal to or greater than 20 percent of the required staffed bed types. Note that HCCs have the option of including other scenario-specific staffed bed types in the 20 percent calculation (refer to section 3.4 in the Situation Manual).

- At least one of each of the HCC core member types must participate in the real-world incident response.

- At least one executive from each of the participating core member organizations must participate in the After-Action Review.

- The HCC is able to capture the data points required to report all MRSE performance measures. To strengthen the possibility of meeting this requirement, HCCs can pre-identify resource needs for a range of surge incident types (e.g., from the HCC Hazard Vulnerability Analysis) as done in the *Identifying Anticipated Resources Required for the Surge* section below.

- The HCC must use the Real-World Incident Reporting and Evaluation Tool to document the real-world incident and provide data required by HPP (e.g., performance measures).

- The HCC must submit an After-Action Report and IP 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 discrete beginning and end ('bookends') and not be a slow surge build up. Preferred real-world incidents to be used in lieu of the MRSE last no more than one week. Generally speaking, the COVID-19 response cannot be used in lieu of conducting the MRSE unless there is a specific COVID-19 surge event lasting less than one week.

If HCCs have questions about using a real-world event in lieu of conducting the MRSE, please contact your regional HPP Field Project Officer and refer to Appendix C: Guidance for Using a Real-world Incident in Lieu of the MRSE.

3.0 EVALUATION OF THE MRSE

3.1 PURPOSE OF MRSE EVALUATION

The goal of exercise evaluation is to validate strengths, identify areas for improvement, determine corrective actions, and highlight lessons learned for HCCs and their participating member organizations in a real or simulated response scenario to inform improvement planning. ASPR will use performance measures, After-Action Review discussion information, and Improvement Plan information collected through the Exercise Planning and Evaluation Tool (or Real-World Incident Reporting and Evaluation Tool) and reported annually by HCCs to inform Hospital Preparedness Program (HPP) cooperative agreement evaluation at regional and national levels. Each HCC conducting the MRSE will, through the exercise and subsequent After-Action Review , evaluate the performance of their individual HCC and identify specific strengths, challenges, and lessons learned that their HCC will use to conduct Improvement Plans to strengthen their response plans, policies and procedures, technical assistance requests, and other coordination efforts. To support these evaluation goals, each HCC will select an Exercise Evaluator to observe the exercise (including all three exercise phases), to ensure HCCs properly document exercise outcomes, and to document outputs of the After-Action Review and improvement planning. All crucial data to support evaluation will be recorded through the Exercise Planning and Evaluation Tool.

A combination of quantitative and qualitative information is collected through the Exercise Planning and Evaluation Tool to help your Exercise Evaluator and your HCC evaluate HCC response and identify strengths, areas for improvement, and lessons learned. Throughout the exercise, most exercise actions will require the Exercise Evaluator to help exercise participants track specific quantitative data points in the Exercise Planning and Evaluation Tool, some of which will be used to calculate exercise performance measures. Other qualitative data points and observations should be recorded in the Exercise Planning and Evaluation Tool to support the HCC's ability to discuss and evaluate the results of the exercise, including through the processes of conducting the After-Action Review and creating an Improvement Plan.

3.2 ASSIGNING AN EXERCISE EVALUATOR

The Exercise Evaluator may be personnel from the HCC, a member organization, or a third-party. The Exercise Evaluator must be identified before the beginning of *Phase I: Plan & Scope.*

Suggested criteria to use when assigning an Exercise Evaluator include:

- Well-versed in the HCC Response Plan

- Willingness and ability to attend for the full exercise, including *Phase: I Plan & Scope, Phase II: Exercise*, and *Phase III: Review*

- General knowledge of Medical Surge as defined in the 2017-2022 Health Care Preparedness and Response Capabilities

- Ability to objectively observe and document the actions of exercise participants

- Ability to interpret HCC and member organization actions to respond to qualitative questions

- Proficiency in the basic functions of Microsoft Excel

- Ability to facilitate the After-Action Review with exercise participants

- Ability and willingness to participate in Improvement Plan development

The Exercise Evaluator must be provided with and must dedicate time in advance of the exercise to understanding the following documents:

- The HCC's Response Plan
- The MRSE Situation Manual
- The MRSE Exercise Planning and Evaluation Tool
- The MRSE Evaluation Plan (this document)

3.3 EXPECTED EVALUATION PRODUCTS

The MRSE Exercise Evaluator will participate for the entire duration of the exercise, including Phases I through III. The following required products are the responsibility of the Exercise Evaluator:

A completed Exercise Planning and Evaluation Tool consisting of complete data on the following Exercise Planning and Evaluation Tool tabs:

- ***Phase I: Plan & Scope***

    o *Concepts & Objectives*

    o *Planning & Coordination*

- o *Resource Requirements*

- o *Surge Capacity & Threshold*

- ● **Phase II: Exercise**

  - o **Exercise Initial Actions**

  - o **Exercise Operations**

- ● **Phase III : Review**

  - o *After-Action Review*

  - o *Improvement Plan*

  - o *Performance Measures*

  - o *MRSE Exercise Feedback Form*

Select data from this tool (highlighted in the self-calculating Performance Measures tab) will be uploaded by the HCC into the Coalition Assessment Tool as part of end-of-year HCC reporting for the HPP cooperative agreement and will satisfy the HPP requirement for providing exercise-related performance measure data and After-Action Review and Improvement Plan documentation. Once HCCs and their HPP recipients upload these data into HPP data collection systems (the Coalition Assessment Tool for HCCs and PERFORMS for recipients) these data will be used for analysis to support program communications and decision-making.

3.4 EVALUATOR INSTRUCTIONS AND GUIDELINES

Exercise Evaluators observe exercise activities and help the HCC collect data, assess data, and analyze data to understand what happened during the exercise, and what strengths, challenges, and lessons learned emerged from the experience. During all phases of the exercise, the Exercise Evaluator will document the actions of the HCC and its members and will help exercise participants to accurately record information in the Exercise Planning and Evaluation Tool. At the end of *Phase II: Exercise*, the Exercise Evaluator will analyze the collected information to understand the outcomes of the exercise, gather some initial ideas regarding strengths, challenges, and lessons learned, and prepare for the After-Action Review in *Phase III: Review*. In *Phase III: Review*, the Exercise Evaluator will facilitate the After-Action Review with all HCC members participating in the exercise

and will help with HCC development of the official After-Action Report and Improvement Plan. Per the Homeland Security Exercise and Evaluation (HSEEP) guidelines, Exercise Evaluators will be involved in the full lifecycle of the exercise (refer to Appendix E: Alignment of ASPR's Medical Response and Surge Exercise Design with the Homeland Security Exercise and Evaluation Program Principles in the MRSE Situation Manual). The Exercise Evaluator must have full access to information during the exercise such as communication between the HCC and members related to resource availability. Exercise Evaluator responsibilities before, during, and after the exercise are outlined in the table below.

Table 1: Exercise Evaluator Responsibilities and Evaluation Products

Exercise Phase	Responsibilities	Evaluation Products

Before the Exercise	● Confirm your ability to attend the full MRSE exercise, including *Phase I: Plan & Scope*, which will occur before Phases II and III
	 ● Review relevant exercise materials, with special emphasis on the goals and objectives of the exercise and the Exercise Evaluator's role:
	    ▪ The MRSE Situation Manual
	    ▪ The MRSE Exercise Planning and Evaluation Tool
	    ▪ The MRSE Evaluation Plan (this document)
	 ● Review materials relevant to HCC response (including HCC Response Plan; policies and procedures)
		N/A

Phase I: Plan & Scope	● Observe exercise participants as they define the surge scenario, calculate the scale of the surge, and identify required resources. While other exercise participants will make these decisions, help participants interpret and correctly define the scale of the surge and the required resources based upon exercise requirements	Completed *Phase I Concepts & Objectives,*

Exercise Phase	Responsibilities	Evaluation Products
	anywhere there is misunderstanding • Certify that the *Phase I: Plan & Scope* is completed and that information on the *Phase I: Plan & Scope* tabs of the Exercise Planning and Evaluation Tool are completely and accurately filled in	*Planning & Coordination, Resource Requirements, and Surge Capacity & Threshold* tabs in the Exercise Planning and Evaluation Tool
Phase II: **Exercise**	• Report to your respective exercise location no later than one hour before the beginning of your venue's exercise play • Ensure that your cellphone and satellite phone (if applicable) are with you and are fully charged so that you can communicate with other exercise staff. Bring your cellphone charger with you • Upon arrival at the start of shift, check in with the Readiness and Response Coordinator (RRC) and/or Exercise Facilitator at your location, and introduce yourself to participants • Throughout the exercise, do not prompt players with	Completed *Phase II Exercise Initial Actions* and *Exercise Operations* tabs in the Exercise Planning

Exercise Phase	Responsibilities	Evaluation Products
	specific responses or interfere with player performance in any way. The only guidance the Exercise Evaluator should give participants is related to compliance with the exercise requirements themselves ● As strengths, challenges, and lessons learned arise, do not discuss these with exercise players. However, Exercise Evaluators may talk to players to clarify events and gain insight into their decisions and actions. Record your own private notes on strengths, challenges, and lessons learned for use during facilitation of the After-Action Review ● The Exercise Planning and Evaluation Tool provides discussion questions in each phase and most actions of the exercise. The responses to these questions are documented in the Exercise Planning and Evaluation 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 participants during the After-Action Review. Responses from earlier stages will pre-populate into the *Phase III: After-Action Review* tab in the Exercise Planning and Evaluation Tool ● Ensure the *Phase II: Exercise Initial Actions* and *Phase II: Exercise Operations* tabs are filled in fully and in accordance with the play of the HCC throughout the exercise	and Evaluation Tool
Phase III After-Action Review	● Facilitate discussion during the After-Action Review using the scripts and tables included in the *Phase III: After-Action Review* tab of the Exercise Planning and Evaluation Tool	Completed *Phase III After-Action*

Exercise Phase	Responsibilities	Evaluation Products
	- Collect information regarding which member organizations have at least one executive participating in the After-Action Review using the table in the Exercise Planning and Evaluation Tool - The *Phase III: After-Action Review* tab will populate with information regarding the exercise. Share this with After-Action Review participants so they are able to reflect on the outcome of the exercise - Walk participants through a discussion of strengths and of challenges during the exercise that identified gaps, weaknesses, and areas for improvement. During the discussion, identify how you want participants to share insights (raising hands, speaking out, etc.). Create a comfortable and inclusive environment for sharing and encourage everyone to provide their own observations and perspectives. Solicit all participant insights before offering your own. - As participants share feedback, take notes. After receiving feedback, summarize and enter it into the Exercise Planning and Evaluation Tool. Review the contents with participants to ensure the summary reflects the main points of conversation - Document the most significant lessons learned regarding the HCC's ability to respond to the surge event that point to areas for HCC improvement planning - Ensure the *Phase III: After-Action Review* tab in the Exercise Planning and Evaluation Tool is filled out completely	*Review* tab in the Exercise Planning and Evaluation Tool
Phase III Improve	Participate in HCC processes for improvement planning based upon strengths, challenges, and lessons learned	Completed *Phase III*

Exercise Phase	Responsibilities	Evaluation Products
ment Planning	documented in the *Phase III: After-Action Review* tab ● Exercise Evaluators will support the HCC in using the outputs of the Exercise Planning and Evaluation Tool *Phase III: After-Action Review* tab to develop plans for HCC improvement, including action items, timelines, and associated owners. These plans will be documented in the *Phase III: Improvement Plan* tab of the Exercise Planning and Evaluation Tool ● Ensure that the *Phase III: Improvement Plan* tab in the Exercise Planning and Evaluation Tool is filled out completely ● Ensure that all tabs of the Exercise Planning and Evaluation Tool are complete and provide the finalized Exercise Planning and Evaluation Tool to the HCC for HCC documentation and submission of required annual HPP cooperative agreement data to ASPR	*Improvement Plan* tab in the Exercise Planning and Evaluation Tool Completed Exercise Planning and Evaluation Tool

3.5 HOSPITAL PREPAREDNESS PROGRAM PERFORMANCE MEASURES

As previously discussed, ASPR will use performance measures, After-Action Review information, and Improvement Plan information collected through the Exercise Planning and Evaluation Tool (or the Real-World Incident Reporting and Evaluation Tool) and reported annually by HCCs to inform Hospital Preparedness Program (HPP) cooperative agreement evaluation.

The HPP cooperative agreement MRSE performance measures (whose results are calculated in the Exercise Planning and Evaluation Tool on the *Performance Measures* tab) will be used by ASPR to assess national and regional performance across HCCs for evaluation of the HPP cooperative agreement. MRSE performance measures can be found in Table 2 below:

Table 2: HPP Cooperative Agreement MRSE Performance Measures

Performance Measure	Description
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 for the Coalition Surge Test (CST))	Percent of patients requiring inpatient care who were placed at a receiving facility with an appropriate staffed bed by the end of the exercise
PM 20 (previously 15 for the CST and 24 for the Hospital Surge Test (HST))	Percent of HCC core members with at least one executive participating in the exercise After-Action Review
PM 21 (previously PM 23 for the CST)	Percent of all pre-identified, critical HCC members that participated in the exercise

3.6 PERFORMANCE MEASURES IMPLEMENTATION GUIDANCE

Performance measures to be used by ASPR will be automatically calculated by the Exercise Planning and Evaluation Tool. The descriptions under each performance measure below detail the operational intent of the performance measure, the data points in the Exercise Planning and Evaluation Tool used to calculate the performance measure, and the calculation. *HCCs using real-world events in lieu of MRSE should consult the Situation Manual for how to collect data correctly in the Real-World Incident Reporting and Evaluation Tool for these performance measures.*

Performance Measure 14: Percent of contacted HCC members acknowledging initial emergency notification

Operational Intent: This measure provides insight into communication among HCC members during a simulated or real medical surge event.

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure.

Numerator	Number of HCC members that that acknowledged initial emergency notification within the time specified by the HCC.
Denominator	Total number of HCC members who were sent the initial emergency notification

Calculation: Number of listed HCC members that acknowledged initial emergency notification within the time specified by the HCC / Total number of HCC members who were sent the initial emergency notification

Performance Measure 15: Percent of contacted HCC members who responded to the initial information request

Operational Intent: This measure provides insight into communication among

HCC members during a simulated or real medical surge event

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure.

Numerator	Number of HCC members (including facilities and EMS) that acknowledged and responded to the initial information request within the specified amount of time.
Denominator	Number of HCC members (including facilities and EMS) that were contacted with an initial information request.

Calculation: Number of contacted HCC members (including facilities and EMS) that acknowledged and responded to the initial information request within the time specified by the HCC / Total number of HCC members (including facilities and EMS) that were contacted with an initial information request.

Performance Measure 16: Percent of all pre-identified, critical required personnel types that were met by participating HCC members to manage patient surge

Operational Intent: This measure provides insight into an HCC's ability to provide sufficient personnel support to appropriately respond to a simulated or real medical surge event

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure

Numerator	Number of pre-identified, critical required personnel types that were fully met by your HCC and its members to manage patient surge
	Mark each of the critical personnel types below as 'fully met' or 'had shortages'. Responses are limited to those personnel types identified as critical to the incident by the HCC during Phase I Plan & Scope. Note facilities may be within or outside the HCC's boundaries as needed by the HCC and the incident being exercised.
	Personnel Types • Critical Care Physicians

	- Critical Care Nurses - Advanced Practice Nurses - Physicians Assistants - Respiratory Therapists - Pharmacists - Dieticians, Physiotherapists, and Occupational Therapists - Mental Health Clinicians, Social Workers, Chaplaincy, and Clinical Ethicists - Trauma, Emergency Department, and Perioperative Services - Pediatrics, Neonatal, and Obstetric Services - Laboratory and Diagnostic Imaging Services - Environmental Services Staff - Clinical Supply Staff - Sterile Processing Technicians - Facilities and Information Technology - Security - Admin and Finance - Other (describe below)
Denominator	Total number of required personnel types pre-identified as critical to manage patient surge for the incident during the Plan & Scope Phase. HCCs using a real-world event in lieu of MRSE should consult the Situation Manual section for how to complete Phase I Plan & Scope for this performance measure. **Personnel Types** - Critical Care Physicians - Critical Care Nurses - Advanced Practice Nurses - Physicians Assistants - Respiratory Therapists - Pharmacists - Dieticians, Physiotherapists, and Occupational Therapists - Mental Health Clinicians, Social Workers, Chaplaincy, and Clinical Ethicists - Trauma, Emergency Department, and Perioperative Services - Pediatrics, Neonatal, and Obstetric Services - Laboratory and Diagnostic Imaging Services - Environmental Services Staff - Clinical Supply Staff - Sterile Processing Technicians - Facilities and Information Technology - Security - Admin and Finance - Other (describe below)

Calculation: Number of pre-identified personnel types fully met by HCC and its members (critical + optional) / Total number of personnel types pre-identified as critical (critical + optional) for managing patient surge

Performance Measure 17: Percent of all pre-identified, critical resources that were met to manage patient surge

Operational Intent: This measure provides insight into an HCC's ability to provide sufficient critical resources to appropriately respond to a simulated or real medical surge event

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure.

Numerator	Number of required, pre-identified, critical resources (critical + optional staffed beds, pharmaceutical supplies, and equipment type) that were fully met by your HCC and its members to manage patient surge
	Mark each of the pre-identified critical resource types (critical + optional beds, pharmaceutical supplies, and equipment type) below as 'fully met' or 'had shortages'. For beds, responses are limited to required types and optional types identified as critical to the incident by the HCC during Phase I Plan & Scope. For other resource types, responses are limited to those identified as critical to the incident during Phase I Plan & Scope. Note facilities may be within or outside the HCC's boundaries as needed by the HCC and the incident being exercised.
	Critical patient care bed types (required) ● Emergency department beds ● General medical unit beds ● ICU beds (SICU, MICU, CCU) ● Post critical care (monitored/stepdown) beds
	Surgical unit beds (pre-op, post-op, and procedural)
	Other bed types (optional) ● Labor and Delivery Unit beds ● Psychiatric unit beds ● General pediatric unit beds ● Pediatric ICU beds ● Neonatal ICU beds ● Oncology unit beds ● Other (describe below)
	Pharmaceutical Supplies ● Analgesia and sedation

	- Anesthesia - Antibiotics and Antivirals - Tetanus vaccine - Pressor medications - Antiemetics - Respiratory medications - Anticonvulsant drugs - Antidotes - Psychotropic medications - Other (specify) **Non-pharmaceutical supplies and Equipment Types** - Blood products - Intravenous Fluids | infusion pumps - Ventilators - Bedside monitors - Airway suction (peds/adults) - Surgical equipment and supplies - Other (specify)
Denominator	Total number of required critical resources pre-identified as critical to manage patient surge for the incident during the Plan & Scope Phase. HCCs using a real-world event in lieu of MRSE should consult the Situation Manual section for how to complete Phase I Plan & Scope for this performance measure. **Critical patient care bed types (required)** - Emergency department beds - General medical unit beds - ICU beds (SICU, MICU, CCU) - Post critical care (monitored/stepdown) beds Surgical unit beds (pre-op, post-op, and procedural) **Other bed types (optional)** - Labor and Delivery Unit beds - Psychiatric unit beds - General pediatric unit beds - Pediatric and neonatal ICU beds - Oncology unit beds - Other (describe below) **Pharmaceutical Supplies** - Analgesia and sedation medications (oral and injectable) - Anesthesia medications - Antibiotics (oral and injectable) - Antivirals - Tetanus vaccine - Pressor medications

	● Antiemetics ● Respiratory medications ● Anticonvulsant drugs ● Antidotes (e.g., atropine, hydroxocobalamin) ● Psychotropic medications **Non-pharmaceutical supplies and Equipment Types** ● Blood products ● Intravenous fluids ● Infusion pumps ● Ventilators ● Bedside monitors ● Airway suction (adult and pediatric) ● Surgical equipment and supplies ● Supplies needed to administer pharmaceuticals, blood products, and intravenous fluids ● Other (describe below)

Calculation: Number of pre-identified, critical resources (critical + optional beds, pharmaceutical supplies, and equipment type) met by the HCC and its members / Total number of critical resources (critical + optional beds, pharmaceutical supplies, and equipment type) pre-identified by the HCC required to manage patient surge

Performance Measure 18: Percent of all pre-identified, critical EMS resources that were met to safely respond to triage and transportation needs

Operational Intent: This measure provides insight into an HCC's ability to provide sufficient EMS resources to appropriately respond to a simulated or real medical surge event

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure

Numerator	Number of pre-identified, critical EMS resource types (personnel, transport, supplies & equipment) that were fully met by the HCC and its members to safely respond to triage and transportation needs.
	For each of the pre-identified, critical EMS resource types (personnel, transport, supplies & equipment) below, mark if it was fully met. Responses are limited to those types identified as critical to the incident by the HCC during Phase I Plan & Scope. Definitions of EMS resources can be found in the EMS National Incident Management System (NIMS). Note

	participating EMS agencies may be within or outside the HCC's boundaries as needed by the HCC and the incident being exercised. - Ground ambulance (BLS) - Ground ambulance (ALS) - Multi-patient medical transport vehicle - Air ambulance fixed-wing (critical care transport) - Air ambulance fixed-wing (non-critical care transport) - Air ambulance rotary-wing (critical care transport) - Air ambulance rotary-wing (non-critical care transport) - Incident management team (on scene) - Hazmat team - Decontamination Team - Search and Rescue Team - Mass Casualty Support Unit - Specialized Protective Equipment - Other (describe below)
Denominator	Total number of required EMS resource types (personnel, transport, supplies & equipment) pre-identified as critical to manage patient surge for the incident during Phase I Plan & Scope. (Select all that apply) - Ground ambulance (BLS) - Ground ambulance (ALS) - Multi-patient medical transport vehicle - Air ambulance fixed-wing (critical care transport) - Air ambulance fixed-wing (non-critical care transport) - Air ambulance rotary-wing (critical care transport) - Air ambulance rotary-wing (non-critical care transport) - Incident management team (on scene) - Hazmat team - Decontamination team - Search and Rescue team - Mass Casualty Support Unit - Specialized Protective Equipment - Other (describe below)

Calculation: Number of pre-identified, critical EMS resource types (personnel, transport, supplies & equipment) required to safely respond to patient triage and transportation needs which were fully met by the HCC's EMS members / Total number of EMS resource types (personnel, transport, supplies & equipment) pre-identified by the HCC as critical for triage and transportation of patients

Performance Measure 19 (Previously PM 18 in the CST): Percent of patients requiring inpatient care who were placed at a receiving facility with an appropriate staffed bed by the end of the exercise

Operational Intent: This measure demonstrates the ability of an HCC to load share to meet initial patient care needs in a simulated or real medical surge event

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure. Note facilities may be within or outside the HCC's boundaries as needed by the HCC and the incident being exercised.

Numerator	Number of surge patients and existing patients who required inpatient care and received or maintained an appropriate, staffed bed at the end of the exercise.
Denominator	Number of existing patients and surge patients requiring admission for inpatient care with an appropriate, staffed bed after patients are discharged or transferred.

Calculation: Number of surge patients and existing patients who required inpatient care and received or maintained an appropriate, staffed bed at the end of the exercise. / Number of existing patients and surge patients requiring admission for inpatient care with an appropriate, staffed bed after patients are discharged or transferred.

Performance Measure 20 (Previously PM 15 for the CST and PM 24 for the HST): Percent of HCC core members with at least one executive participating in the exercise After-Action Review

Operational Intent: This measure provides insight into the extent to which HCC core member organizations' executives are engaged in the lessons learned event of the required surge exercise to enable systematic learning

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure

Numerator	Number of HCC core members with at least one executive that participated in the exercise After-Action Review below: ● Hospital ● EMS ● Public Health ● Emergency Management
Denominator	Total number of HCC core members that participated in the exercise After-Action Review. Note at least one-member organization from each category is required to participate in MRSE. However, if the HCC has an HPP-approved waiver for one or more member types, it may reduce or remove the number of required core member participants for the waived categories during Phase I Plan & Scope. ● Hospital ● EMS ● Public Health ● Emergency Management

Calculation: Number of HCC core members with at least one executive participating in the exercise After-Action Review/ Total number of core members participating in the After-Action Review.

Performance Measure 21 (Previously PM 23 for the CST) : Percent of all pre-identified, critical HCC members that participated in the exercise

Operational Intent: Participation of HCC members is crucial to truly test preparedness and response capabilities. Thus, this measure is intended to gauge the extent to which HCC core member organizations are engaged in coalition exercises

Data Points in the Exercise Planning and Evaluation Tool: The responses to the data requests outlined below are used to calculate this performance measure

Numerator	Number of pre-identified, critical members of each type who participated in the exercise by member type. Participation is defined as having joined the exercise for at least one of Phase I or Phase II while participating fully in Phase III. For example, if a member joins Phase II and Phase III, the member has participated. A member cannot be considered as having participated by joining only Phase I and Phase II. HCCs may consult the *2017-2022 Health Care Preparedness and Response Capabilities* for more information about member types. ● Hospital ● Public Health

	● EMS ● Emergency Management ● Laboratory ● Pharmacy ● Long Term Care Facility ● Nursing Home ● Other (specify)
Denominator	Number of pre-identified, critical members of each type to manage patient surge: ● Hospital ● Public Health ● EMS ● Emergency Management ● Laboratory ● Pharmacy ● Long Term Care Facility ● Nursing Home ● Other (specify)

Calculation: Number of pre-identified, critical HCC members that participated / Total number of pre-identified, critical HCC members invited to participate in the exercise.

Appendix A: After-Action Review Discussion Questions

The Exercise Planning and Evaluation Tool provides discussion questions during each exercise phase. Below is a consolidated list of questions the Exercise Evaluator will ask during the different phases of the exercise. Participants can use these questions to guide After-Action Review and Improvement Plan discussions. The responses to these questions are documented in the Exercise Planning and Evaluation Tool during the After-Action Review by the Exercise Evaluator in discussion with the RRC, the Exercise Facilitator, and other participants.

Exercise Phase/Action	Discussion Questions
Ph I- Concepts & Objectives	1. What type(s) of underserved communities will the HCC include in this scenario? 2. What partnerships does the HCC have to meet the needs of underserved communities in this scenario? 3. What actions will the HCC take to meet the needs of underserved communities in this scenario? What actions will the HCC take to address barriers to health care access (e.g., geographical distance, unavailability of services in a community, lack of culturally-competent care) for underserved communities in this scenario? 4. Will the HCC utilize emPOWER data to identify underserved communities during the planning for this exercise scenario? 5. What specific roles have been assigned to public health agencies in this response? 6. Will public health agencies partner with any non-core HCC members for this response (outside of acute care hospitals, EMS, and Emergency Management)? If yes, please list the types of non-core HCC members and the roles that they will be assigned in this response. *--- Refer to Appendix D in the Situation Manual for examples of types of non-core HCC members.* 7. What specific roles have been assigned to emergency management agencies in this response? 8. Will emergency management partner with any non-core HCC members for this response (outside of acute care hospitals, EMS, and public health)? If yes, please list the types of

Exercise Phase/Action	Discussion Questions
	non-core HCC members and the roles that they will be assigned in this response. *--- Refer to Appendix D in the Situation Manual for examples of types of non-core HCC members.*
Ph I- Planning & Coordination	1. Will HCC members be utilizing the exercise to meet other requirements (e.g., Joint Commission, CMS, etc.), or will the exercise be combined with a larger exercise? If yes, please identify the requirements and/or exercise. 2. If yes, how will the exercise be modified to meet the requirement(s), and/or be used in combination with a larger exercise?
Incident Recognition	1. How was the HCC notified of the incident? 2. What were the responding units? 3. Describe the reported injuries (approximate number/description). 4. How will these, and any other factors, impact operating conditions and patient care?
Notification	1. What are the primary and/or secondary systems utilized to notify and activate an HCC response? 2. What is the process used to notify and mobilize your support team? 3. What is the primary and secondary system utilized to alert HCC members?
Mobilization	1. If applicable, what positions are part of your HCC's incident management team during the exercise? 2. If applicable, what positions were activated for this response? 3. How long did it take you to activate your support team? 4. Any barriers/issues with notification/activation/mobilization?
Incident Operations	1. Were all planned/expected members of your support team able to participate in the exercise? 2. Were there any barriers faced that hindered participation?
Information Sharing	1. What incident reporting system(s) / sharing platform(s) were utilized by the HCC to collect and share information during the exercise? a. Was the use of alternate systems /platforms required? Please describe.

Exercise Phase/Action	Discussion Questions
	2. Who maintains this system? 3. Who from the HCC has access to the system? 4. What process do you use to manage ongoing requests for information from HCC members and other partners?
Resource Coordination	1. Describe the process used to manage and coordinate resources (staff, supplies, equipment, etc.) 2. What process do you use to manage requests for resources from HCC members and other partners? 3. What process do you use to facilitate the management and distribution of resources across HCC members? 4. Based on bed availability within your HCC, did you have sufficient bed resources for your patients or were you required to go outside of your HCC? *a. If you had to go outside of your HCC, what beds did you have to look for?* 5. Were there any types of beds you were completely unable to secure? 6. Did you collect baseline capacity data from coalition facilities in a timely fashion? 7. Were you able to reach and communicate effectively with the appropriate persons at each receiving facility? 8. Were you able to reach and communicate effectively with the appropriate persons in EMS?
Patient Tracking	1. Was mutual aid required? *a. If yes, were there any issues with obtaining mutual aid?* 2. What additional resources does EMS require (staff, equipment, etc.) to care and transport patients? 3. Based on the chosen scenario, what is the estimated EMS response time? 4. What is the process for EMS to provide updates to hospitals? 5. Who is responsible for determining patient transport locations? 6. Based on the chosen scenario, what is the estimated time that it takes EMS to triage and transport all patients to a receiving facility? 7. Was there effective communication between the transferring and receiving facilities?

Exercise Phase/Action	Discussion Questions
	8. Was a unified response plan effectively coordinated and updated as the incident evolved? 9. Was the acuity level of patients in choosing between BLS, ALS, or other forms of transportation considered? 10. Was a system maintained for tracking patients while in transit? 11. How did you plan for potential issues of transferring medical records and credentialing of personnel?
Ending the Exercise	1. Were all planned/expected members of your support team able to participate in the exercise? 2. Were there any barriers faced that hindered participation?

Appendix B: 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.
Improvement Plan	The Improvement Plan identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.
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.
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.
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 (see "emergency" for important contrast between the two terms).
ESF-8	ESF-8 provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the

Term	Definition
	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. https://aspr.hhs.gov/legal/Pages/Emergency-Support-Functions.aspx. Accessed 24 Aug. 2023.
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 (see "disaster" for important contrast between the two terms).
Emergency Management	Includes Federal, State, territorial, tribal, substate regional, and local governments, nongovernmental 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.
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

Term	Definition
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.
Hazard	Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.
Health care coalition (HCC)	A group of individual health care and response organizations (e.g., hospitals, EMS, emergency management organizations, public health agencies) 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.
Health care coalition (HCC) member	An HCC member is defined as 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. Membership 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 member organization or an authorized representative of a group or network of member organizations (e.g., an integrated health care delivery system or corporate network). In instances where there are multiple entities of an HCC member 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 members 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	An executive is 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.

Term	Definition
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 emergency medical services (EMS) and other field personnel would be included in this definition.
Homeland Security Exercise and Evaluation Program (HSEEP)	Doctrine and policy provided by the U.S. Department of Homeland Security for design, development, conduct, and evaluation of preparedness exercises. The terminology and descriptions related to exercises in this document is a Homeland Security industry application of emergency management concepts and principles.
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.
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 operation
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).
Medical Surge	The ability to evaluate and care for a markedly increased volume of patients that exceeds normal operating capacity.
Member	HCC members that represent a type of facility or organization (e.g., all nursing facilities, all hospitals, or all EMS agencies within one HCC).

Term	Definition
Participants	A member organization or executive is considered to be participating if they are physically or remotely connected to the exercise and After-Action Review in real time.
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.
Response Plan	A Response Plan meets the required components identified in the FOA. An HCC Response Plan describes HCC operations that support strategic planning, information sharing, and resource management. The plan also describes the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance.
Partners	Includes core HCC members—hospitals, emergency medical services (EMS), emergency management organizations, and public health agencies—additional HCC members, and the Emergency Support Function-8 (ESF-8, Public Health and Medical Services) lead agency.
Surge Capacity	The ability to manage a sudden influx of patients. It is dependent on a well-functioning incident command system (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**.**

Term	Definition
Underserved Communities	Populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life'; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers (Executive Order 13985 of Jan 21, 2021).