Medical Response and Surge Exercise (MRSE) / Radiological Response Plan Evaluation:

After-Action Report / Improvement Plan

Date of Exercise: Thursday, November 17, 2022
Date of Report: Thursday, March 9, 2023

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.

TABLE OF CONTENTS

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 a functional exercise designed to stress the system to examine and evaluate the ability of Healthcare Coalitions (HCCs) and other stakeholders to support a medical surge.

The MRSE requires HCCs and its members to accommodate a surge of patients equal to at least 20% of its staff bed capacity for the five required bed types. Los Angeles County surged 3,400 patients into the 80 acute care hospitals that participate in the HPP program.

HCC 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. The 2022 MRSE also included an evaluation of radiological response plans.

On Thursday, November 17, 2022, the Los Angeles County Emergency Medical Services (EMS) Agency and over 379 facilities within the HCC from Ambulatory Surgery Centers, Community Clinics, Dialysis Centers, Home Health / Hospice entities, Hospitals, Long-term Care Facilities, a Provider Agency, and an Urgent Care Center participated in the MRSE / Radiological Response Plan Evaluation.

The HCC exercise objectives included:
- Assess an HCC's capacity to support a large-scale, community-wide medical surge incident

- 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

- Assist HCCs and their members with improvement planning based on MRSE outcomes

- Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement

- Provide a flexible exercise that could be customized to meet the needs and/or exercise requirements of HCCs

The achievability of the objectives assessed the HCC's capacity to determine its readiness and preparedness to support medical surge and response to a radiological incident.

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 was produced with AAR / IP documents from the exercise participants. The data was aggregated and filtered to identify factors that impacted the outcome of the exercise and recommended actions.

This section provides a summary of the strengths and areas of improvement observed and noted during the exercise.

Key Strengths

Key strengths identified during this exercise include the following:

- A County-wide functional exercise involving participants from all sectors within the Healthcare Coalition (HCC)

- Use of familiar platforms such as ReddiNet, Everbridge, and others for internal and external communication and information sharing

- Medical Alert Center's (MAC) coordination of County-wide exercise activities including patient distribution to support surge activities

- The Fire Operational Area Coordinator (FOAC) capability to coordinate, simultaneously, with multiple provider agencies to rapidly dispatch ambulances to an incident

- Healthcare facility leadership and management support

- Staff engagement across multiple departments and facilities

- Activation and implementation of shelter-in-place plans, surge plans, radiological plans, decontamination plan, communication plans

- Integration of surge and radiological response into a single exercise

- Establishing leadership and command center roles and responsibilities

- Developing and fostering teamwork

- Building communication channels across departments to problem solve and work through barriers

- Good communication internally between the emergency department, House Supervisor, Hospital Command Center, and other departments

Key Areas of Improvement

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

- ReddiNet system not useable for an extended period during the exercise due to a system "error" which limited testing of full capabilities

- The Medical Coordination Center (MCC) did not activate to support the Medical and Health exercise

- Activate or further develop downtime procedures to facilitate continuity of operations

- Develop alternative method and threshold to rapidly distribute MCI patients to receiving facilities for large scale incidents to prevent "bottleneck" with MCC / MAC

- Identify and train appropriate staff in incident command system methods and principles

- Plan, prepare, and train for radiological incidents to include decontamination training, use of detection equipment, and identify treatment resources

EXERCISE OVERVIEW

Exercise Name	Medical Response and Surge Exercise (MRSE)
Exercise Date	Thursday, November 17, 2022
Scope	The MRSE is a functional exercise for Hospital Preparedness Program (HPP) fund recipients and Healthcare Coalition members. There will be no actual movement of patients. The Countywide exercise component will last approximately 4:00 hours. Play will take place in the live ReddiNet system. Command center activation is optional.
ASPR Core Capabilities	Capability 1. Foundation for Health Care and Medical Readiness Capability 2. Health Care and Medical Response Coordination 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
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 HCC radiological preparedness plans, communication processes, and patient destination coordination to support surge efforts.
Threat/Hazard	Radiological surge incident
Scenario	A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident. HAZMAT and Public Health's Radiation Management team confirmed the detonation and release of Cesium-137. Hospital emergency departments are receiving a large influx of self-transport victims and patients arriving by EMS with radiation and other injuries. The patients arriving by EMS have been triaged by personnel in the field in the Immediate, Delayed, and Minor categories.
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program

Participating Organizations	• Ambulatory Surgery Centers • Clinics • Dialysis Centers • Home Health and Hospice • Hospitals • Long Term Care Facilities • Los Angeles City Fire Department • 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) • Provider Agencies (Private)
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 a participant feedback survey. The data includes sector specific and regional participation levels, in addition to performance ratings for each capability as observed during the exercise.
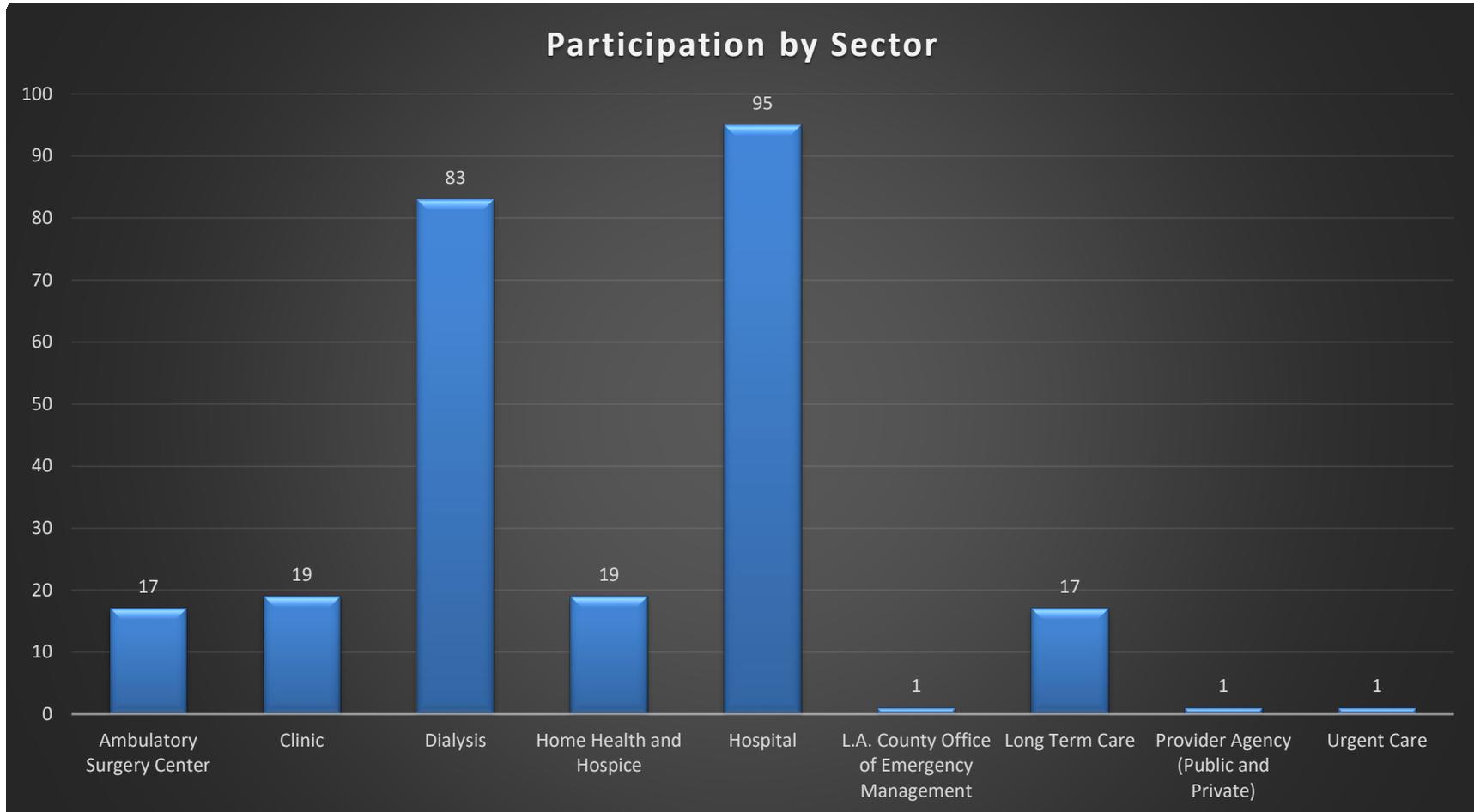

Table 1. Exercise Participation by Health Care Coalition Sector.

Participation by DRC Region
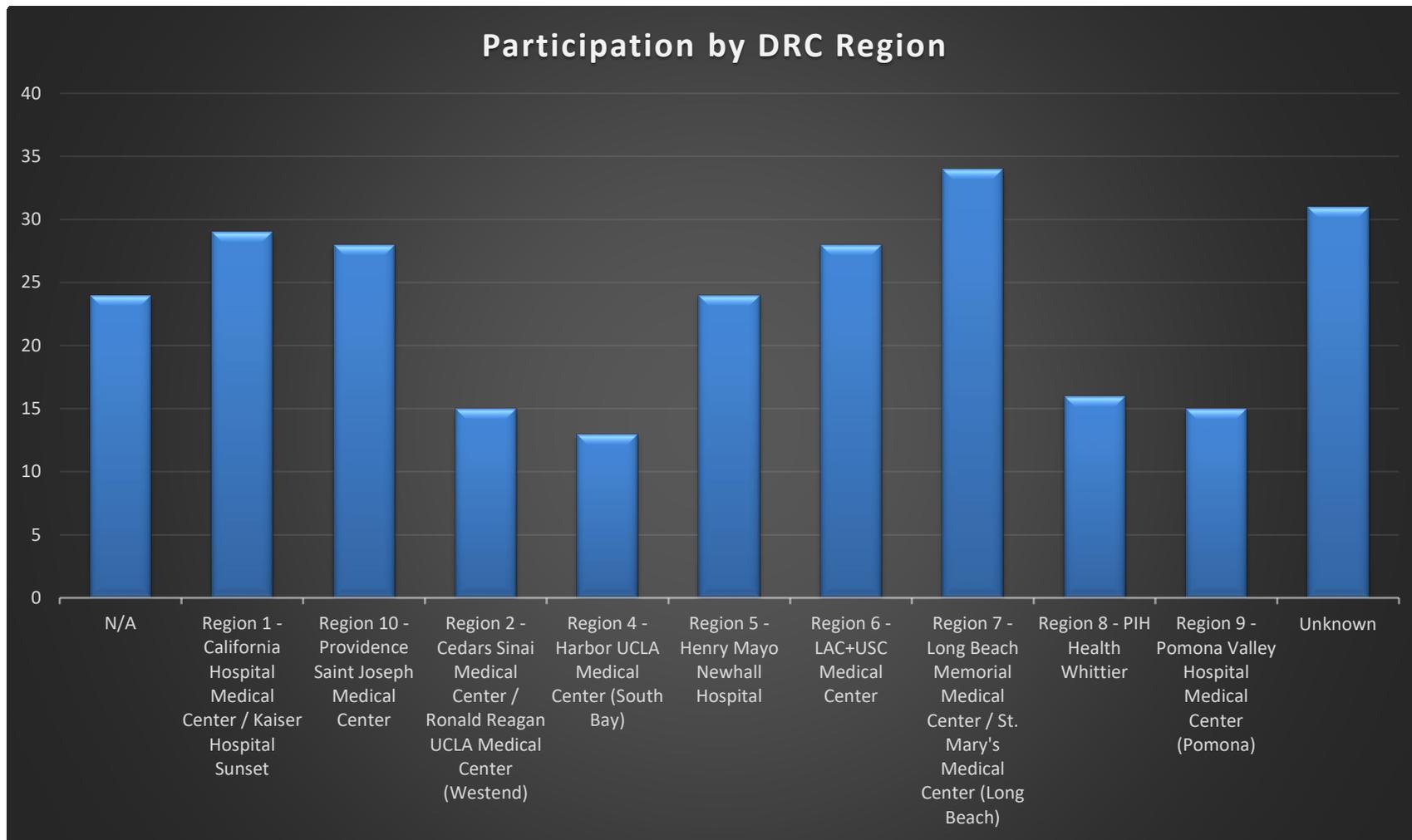
Table 2. Exercise Participation by Disaster Resource Center Region.

Healthcare Coalition Objectives Performance Ratings

	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	Provide a flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs	Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement
P	1		1	1	1	
U		1				1

Table 3. Healthcare Coalition Ratings.

Hospital Objectives Performance Ratings

	Activate incident management team (Capability 2)	Activate patient surge response plans (Capability 4)	Activate radiological response plans (Capability 2)	Alerts and notifications (Capability 4)	Develop an incident action plan (Capability 2)	Integrate radiologic and surge response (Capability 4)	MHOAC Communications (Capability 1)	MRSE Data Reporting (Capability 2)	Patient Transfer (Capability 4)	Resource Requesting (Capability 1)	Utilize Information Sharing Platforms (Capability 2)	Utilize Information Sharing Procedures (Capability 2)
M			3	5	5	3	17	14	2	5	8	4
P	48	33	18	35	27	7	14	8	17	14	8	6
S	15	19	27	18	19	13	15	13	9	11	13	11
U	1		2			3	5	1	4	3	1	

Table 4. Hospital Objectives Performance Ratings.

Clinic Objectives Performance Ratings
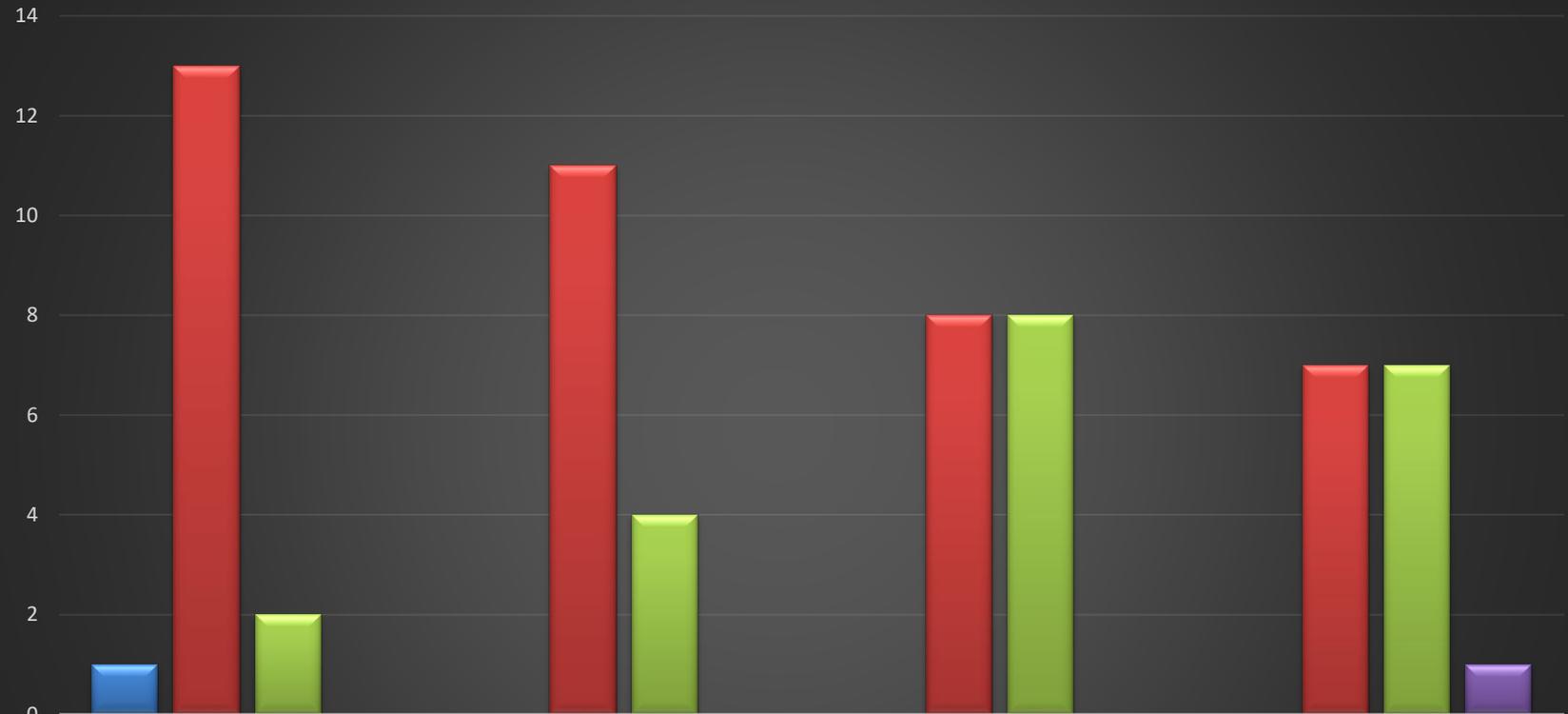
	Activate the Incident Command System (Capability 2)	Initiate shelter-in-place plan (Capability 2)	Maintain communications (Capability 2)	Protect health care workers from illness or injury (Capability 2)
M	1			
P	13	11	8	7
S	2	4	8	7
U				1

Table 5. Clinic Objectives Performance Ratings.

Dialysis Objectives Performance Ratings

	Maintain Appropriate Communications (Capability 2)	Resource Sharing (Capability 2)	Shelter-in-Place (Capability 2)
M	5	3	8
P	29	18	22
S	32	26	20
U	2	2	3
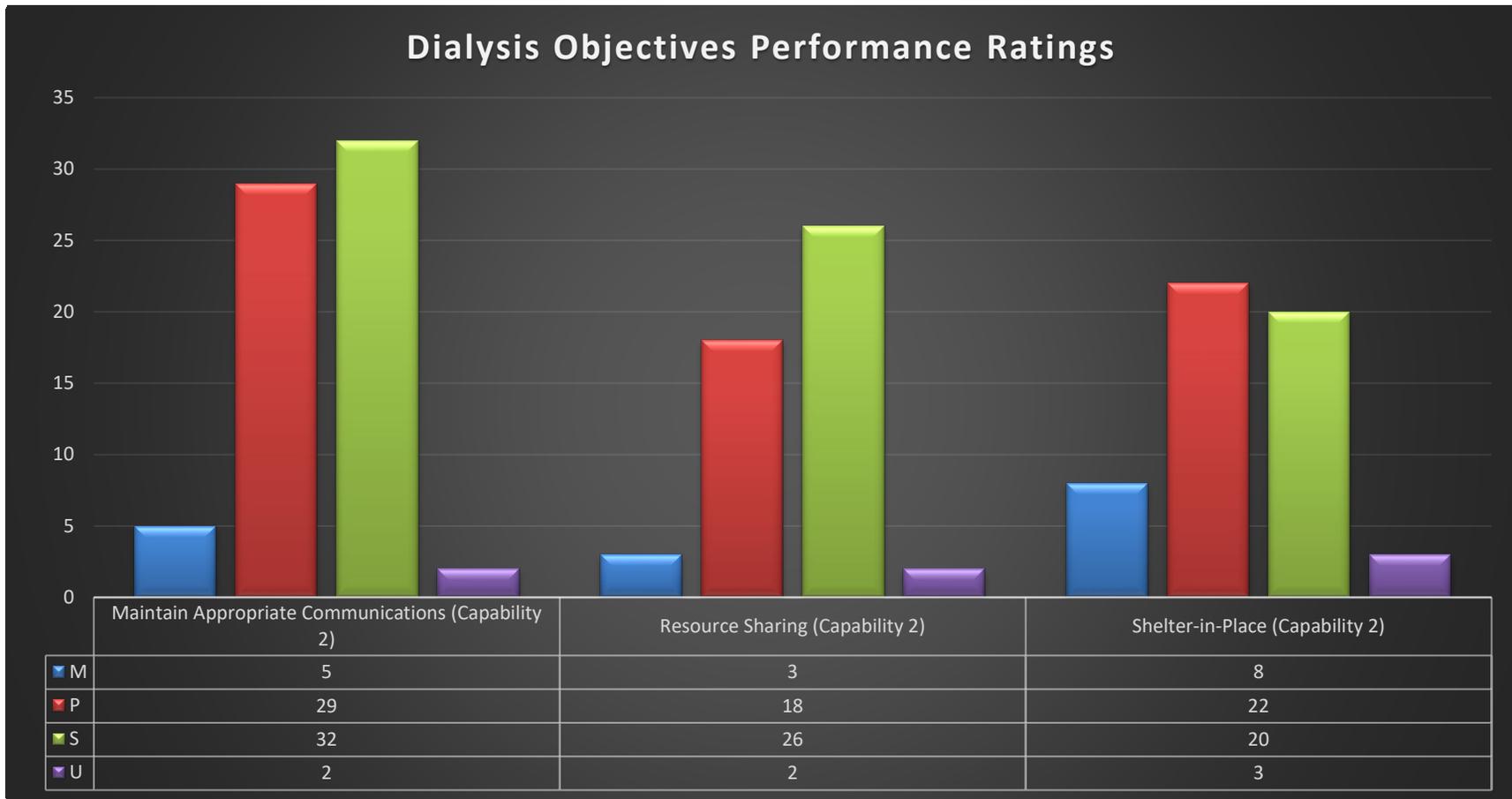
Table 6. Dialysis Objectives Performance Ratings.

Home Health / Hospice Objectives Performance Ratings

	Maintain Appropriate Communications (Capability 2)	Resource Sharing (Capability 2)	Shelter-in-Place (Capability 2)
M	3		2
P	7	3	10
S	5	10	2
U		1	1
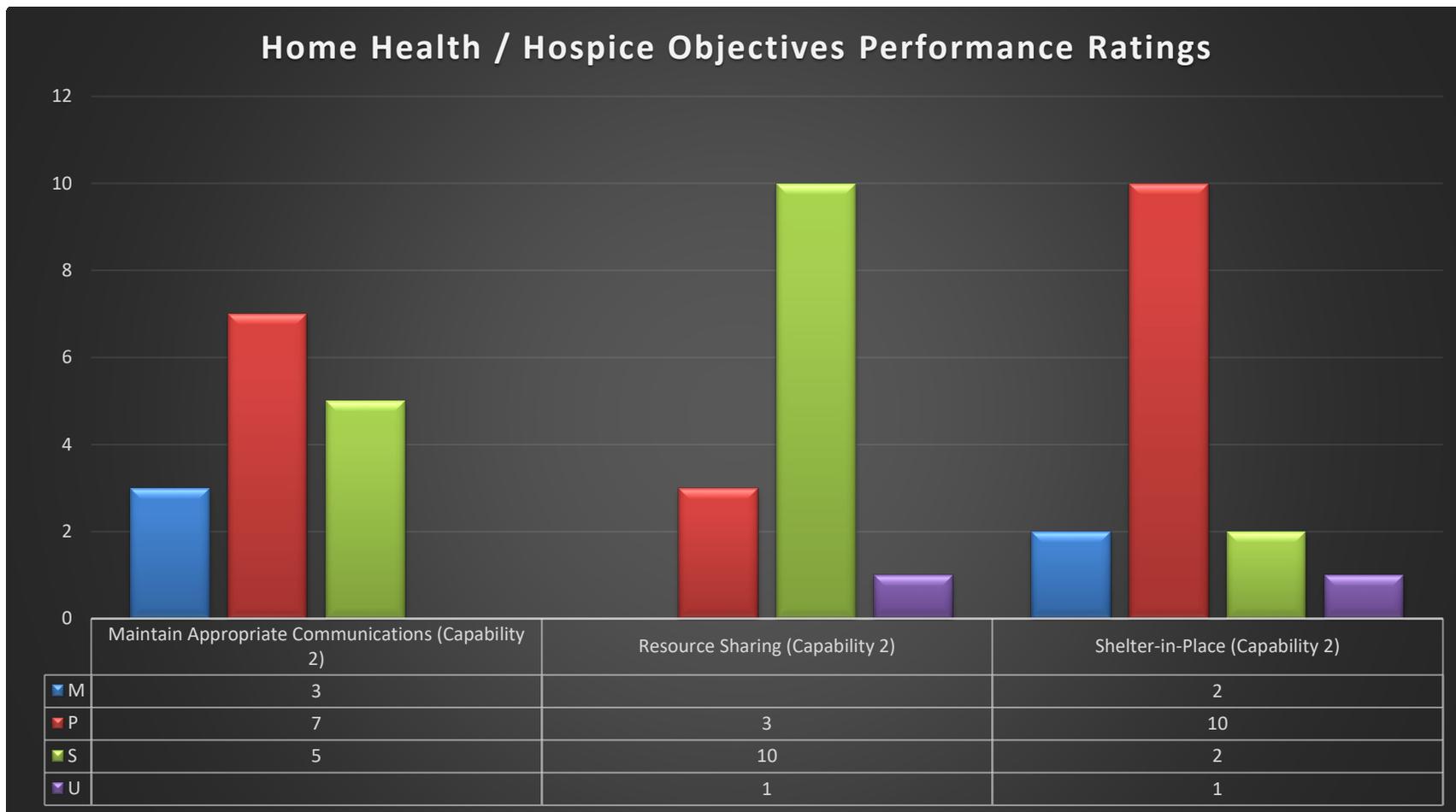
Table 7. Home Health / Hospice Objectives Performance Ratings

Long Term Care Objectives Performance Ratings

	Activate Incident Management Team (Capability 2)	Alerts and notifications (Capability 4)	Communication (Capability 2)	Develop an Incident Action Plan (Capability 2)	Implement Evacuation Plans (Capability 4)	Implement Shelter-in-Place (Capability 4)	Resource Requesting (Capability 2)	Surge Plans (Capability 4)
M		1	2			1		
P	10	4	6	3	2	8	2	3
S	2	7	3	3	2	1	3	5
U					2		3	2
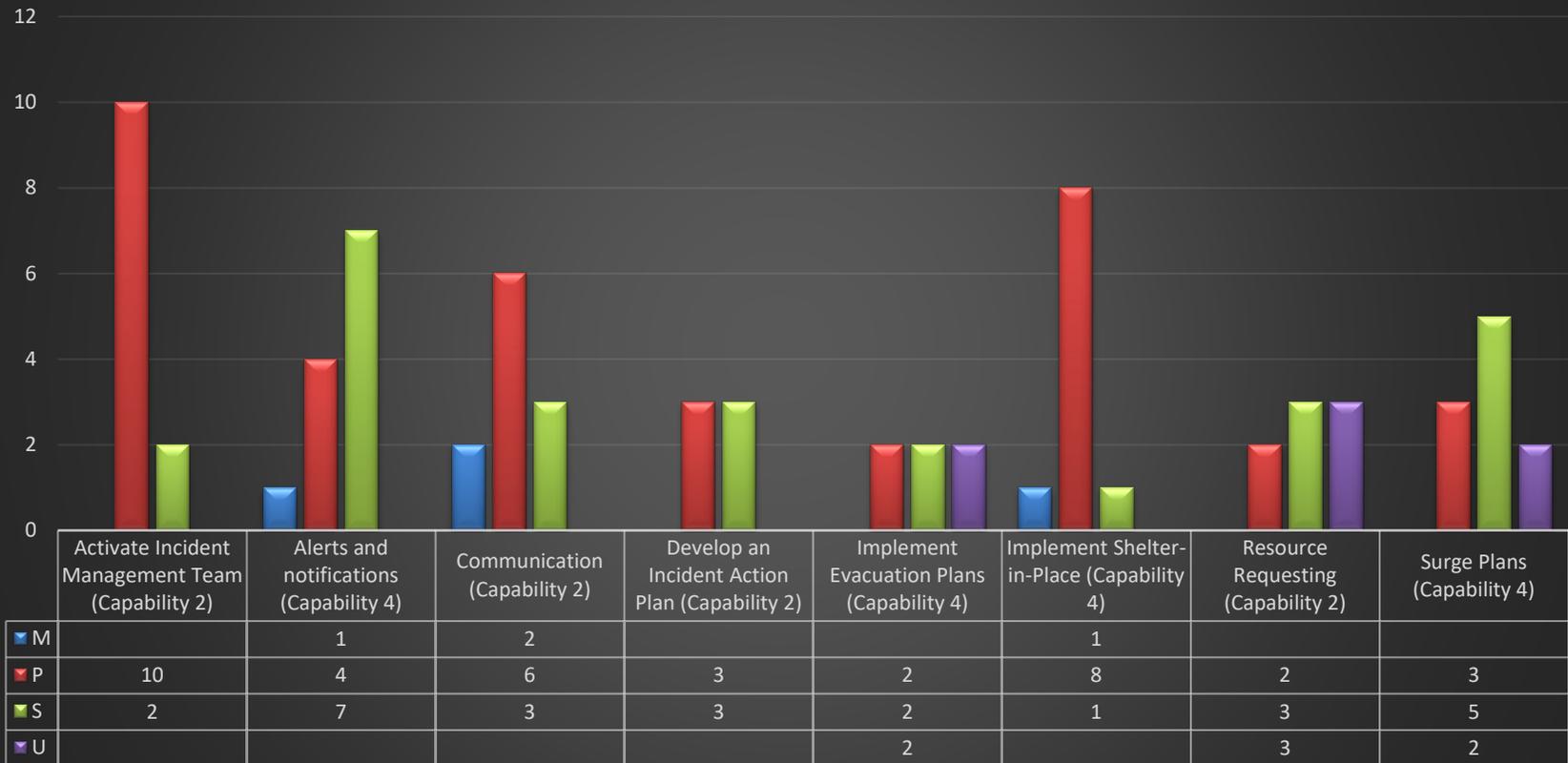
Table 8. Long Term Care Objectives Performance Ratings

Amulatory Surgery Center Objectives Performance Ratings

	Maintain Appropriate Communications (Capability 2)	Resource Sharing (Capability 2)	Shelter-in-Place (Capability 2)
M		1	
P	9	2	9
S	5	8	4
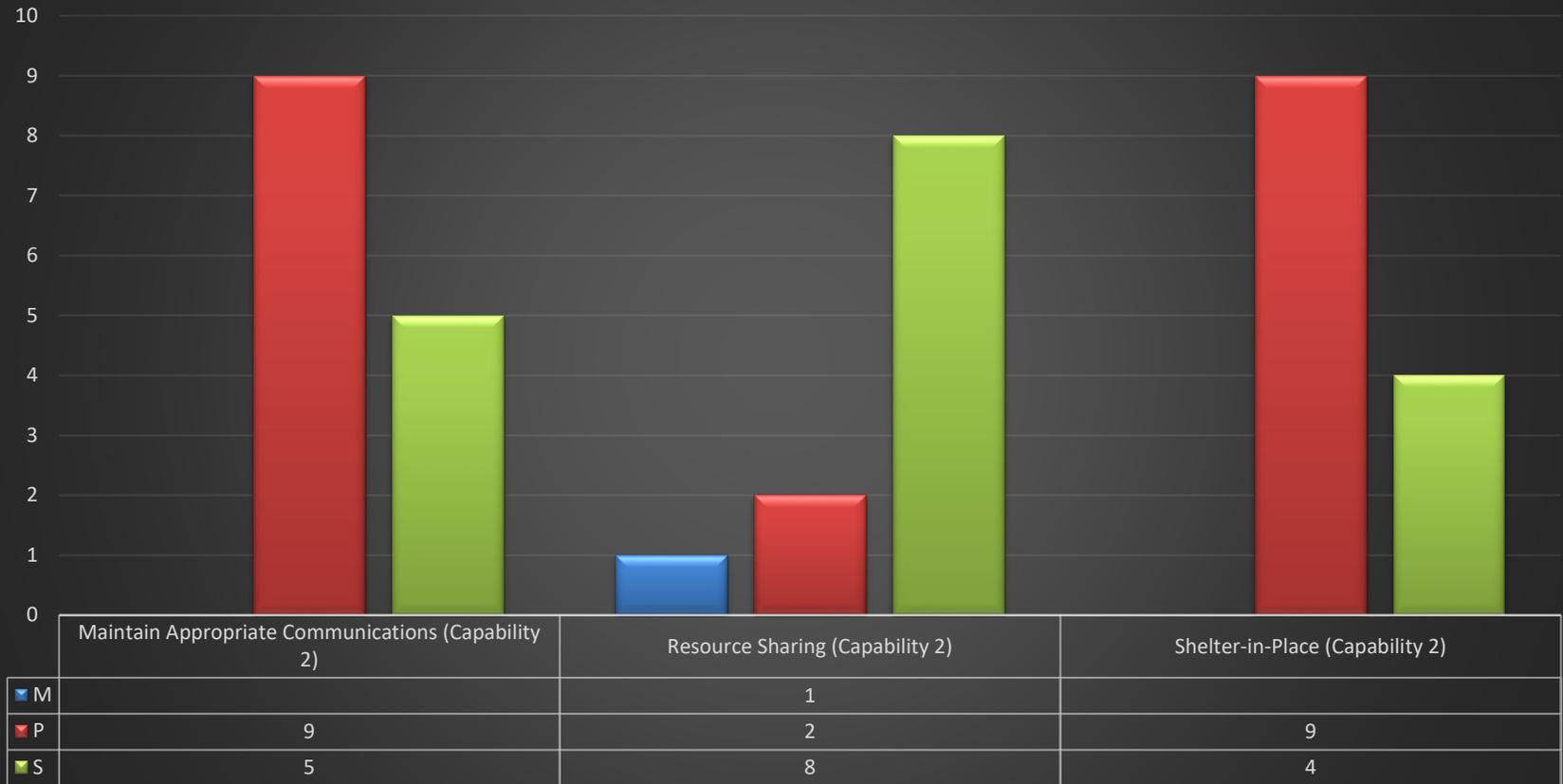
Table 9. Ambulatory Surgery Centers Objectives Performance Ratings

Urgent Care Objectives Performance Ratings

	Maintain Appropriate Communications (Capability 2)	Shelter-in-Place (Capability 2)
P	1	
S		1
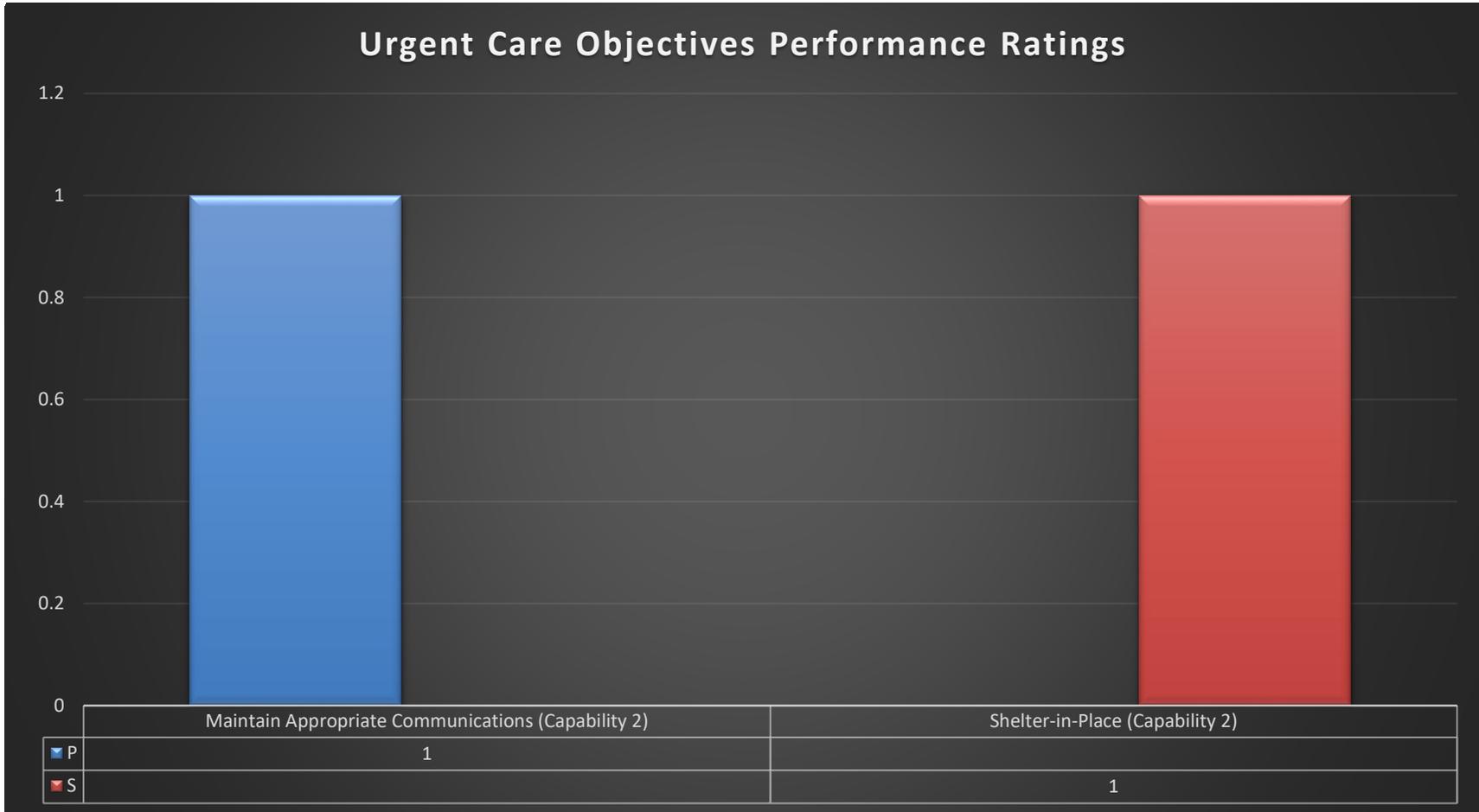
Table 10. Urgent Care Objectives Performance Ratings

Provider Agency Objectives Performance Ratings

	Alerts and Notifications (Capability 2)	Implement Plan (Capability 4)
P	1	1
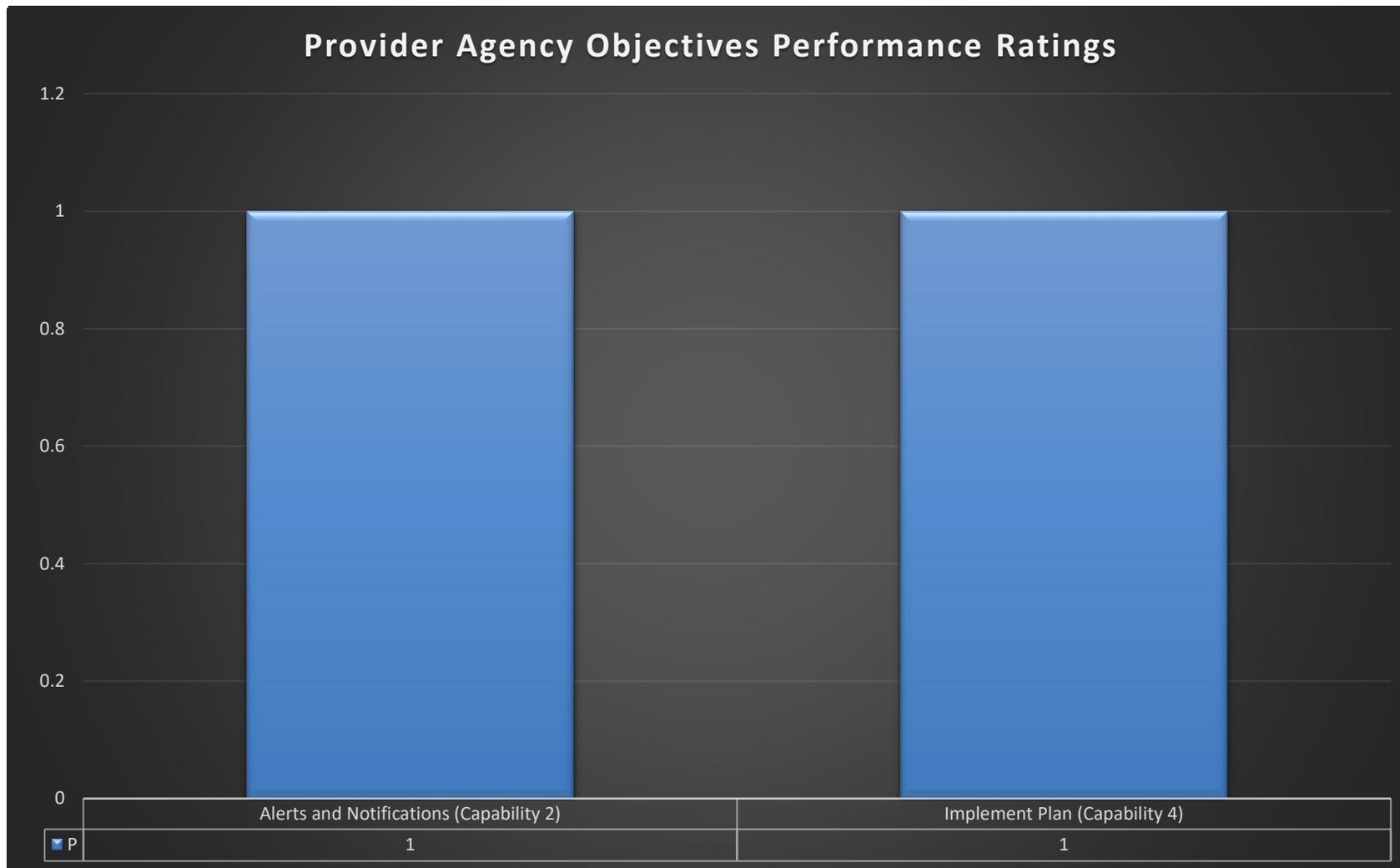
Table 11. Provider Agency Objectives Performance Ratings

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				
Hospitals	See Table 4				
Clinics	See Table 5				
Dialysis	See Table 6				
Home Health / Hospice	See Table 7				
Long Term Care	See Table 8				
Ambulatory Surgery Centers	See Table 9				
Urgent Care	See Table 10				
Provider Agencies	See Table 11				

Table 4. 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.

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

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: A County-wide functional exercise involving participants from all sectors within the Healthcare Coalition (HCC)

Strength 2: Use of familiar platforms such as ReddiNet, Everbridge, and others for internal and external communication and information sharing

Areas for Improvement

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

Area for Improvement 1: The Medical Coordination Center (MCC) did not activate to support the Medical and Health exercise

Analysis: The day-to-day use of communication platforms used across the HCC is beneficial in coordinating a County-wide response to an incident. However, the full extent of the HCC 's preparedness was not assessed due to non-participation of the L.A. County EMS Agency's Medical Coordination Center which expands communication and coordination capacity

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.

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: Activation and implementation of shelter-in-place plans, surge plans, radiological plans, decontamination plan, communication plans

Strength 2: Integration of surge and radiological response into a single exercise

Areas for Improvement

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

Area for Improvement 1: Plan, prepare, and train for radiological incidents to include decontamination training, use of detection equipment, and identify treatment resources

Analysis: The level of managements engagement was beneficial and contributed to the successful response and activation of IMT, HCC, and the development of IAPs to support objectives.

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

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: Good communication internally between the emergency department, House Supervisor, Hospital Command Center, and other staff

Strength 2: Building communication channels across departments to problem solve and work through barriers

Strength 3: Mass notification procedures successfully tested and executed

Areas for Improvement

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

Area for Improvement 1: ReddiNet system not useable for an extended period during the exercise due to a system "error" which limited testing of full capabilities

Area for Improvement 2: Test ReddiNet downtime procedures to support continuity of operations

Analysis: ReddiNet is the day-to-day communication platform used by the Healthcare Coalition (HCC) in Los Angeles County. The loss of ReddiNet during the exercise resulted in gaps in coordination and information sharing with the Medical Alert Center (MAC). The MAC considered activation of its ReddiNet downtime procedures but determined due to the limited time and scope of the exercise that it would not be beneficial.

Provide a flexible exercise that could be customized to meet the needs and/or exercise requirements of HCCs

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: Medical Alert Center's (MAC) coordination of County-wide exercise activities including patient distribution to support surge activities

Areas for Improvement

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

Area for Improvement 1: Develop alternative method and threshold to rapidly distribute MCI patients to receiving facilities for large scale incidents to prevent "bottleneck" due to system failure

Analysis: The Medical Alert Center serves as the communication hub for Medical and Health sector in Los Angeles County. The loss of ReddiNet during the exercise resulted in gaps in coordination and information sharing and potential delays in MCI coordination efforts.

Hospitals:

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

Alerts and Notifications

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: Familiar with communication and notification systems (Everbridge, public address [PA], etc.) and response procedures

Strength 2: Immediate response of leadership to the Incident Command Center (ICC)

Strength 3: Mass notification procedures successfully tested and executed

Areas for Improvement

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

Area for Improvement 1: Some facilities identified gaps with notification procedures

Area for Improvement 2: Employee contact list not updated

Analysis: The day-to-day use of notification platforms and/or recurring drills are beneficial in preparing staff to successfully respond to alerts and notifications.

Activate Incident Management Team / Develop Incident Action Plan

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: Many facilities reported "strong" leadership and good teamwork

Strength 2: Leadership teams able to take on Command Centers roles immediately and quickly develop Incident Action Plans (IAP)

Strength 3: Incident Management Teams (IMT) able to work through scenario, provide leadership, facilitate escalation processes, and provide direction regarding safety

Strength 4: Communication among the HICS team was efficient

Areas for Improvement

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

Area for Improvement 1: Some facilities identified staff are not familiar with HICS due to high attrition rates and lack of training

Area for Improvement 2: Not all department heads participated in exercise

Analysis: The level of management engagement was beneficial and contributed to the successful response and activation of IMT, HCC, and the development of IAPs to support objectives.

Activate Patient Surge Response Plan

Strengths

The rating of *performed without challenges* can be attributed to the following:

Strength 1: START/JumpStart triage training

Strength 2: Quick and effective triage and treatment of surge patients

Strength 3: Activation of pre-developed surge plans

Strength 4: Rapid multi-disciplinary response to identify patients capable of being discharged/downgraded to decompress and increase bed availability to accommodate surge

Strength 5: In-patient surge response and real-time bed assessment

Strength 6: Ability to staff during a surge

Strength 7: Previously developed emergency management plan listing all licensed staff and methods to pull licensed staff not already in a direct patient care role into staffing

Areas for Improvement

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

Area for Improvement 1: Some facilities identified need for triage training

Area for Improvement 2: The need to train and practice patient transfer to alternate facilities

Analysis: Patient surge response was successful due to implementation of lessons learned from previous surge incidents and from the day-to-day surge activities that resulted in surge plan revision, preparedness efforts, and ongoing education and training at the facility level.

Activate Radiological Response Plan

Strengths

The rating of *performed with some challenges* can be attributed to the following:

Strength 1: Activation of decontamination teams

Strength 2: Activation of decontamination procedures and equipment

Strength 3: Consultation with in-house subject matter experts in radiological response

Strength 4: Use of surveying equipment such as Geiger Counters, radiation department badges, dosimeters, and radiation portals by trained staff

Strength 5: Use of decontamination equipment such as showers and decontamination trailers

Areas for Improvement

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

Area for Improvement 1: Need to develop radiological response plan annex to add to the incident response plan

Area for Improvement 2: Need for additional CBRNE and decontamination training

Area for Improvement 3: No designated radiological decontamination area and insufficient protective measures in place

Area for Improvement 4: Radiation supplies not current and no one designated responsible

Area for Improvement 5: Some facilities reported insufficient radiation surveying equipment

Area for Improvement 6: Train more team members to use prime mover to relocate decontamination trailer

Area for Improvement 7: Hospitals not aware of local de-corporation resources available and how to request items

Analysis: Overall players validated existing plans and procedures are sufficient to a radiological response. Some areas of opportunity include the need for additional training and practice using equipment.

Utilize Information Sharing Platform

Strengths

The rating of *performed with some challenges* can be attributed to the following:

Strength 1: Pre-exercise ReddiNet training

Strength 2: Video communication with Coalition / DRC Umbrella Hospitals provided additional structure and real time sharing of challenges

Strength 3: Staff familiar with ReddiNet system to respond to polls and other requests for information

Strength 4: ARES HAM radio operators

Areas for Improvement

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

Area for Improvement 1: ReddiNet system crash

Area for Improvement 2: Not all staff familiar with ReddiNet

Area for Improvement 3: Applicable facilities develop downtime procedures for ReddiNet system failure

Analysis: Information sharing is a key component of this exercise. To facilitate information sharing we must have reliable communication platforms, access to those systems, the knowhow to use those systems, and processes in place in the event of a system failure. This objective clearly showed the dependency on ReddiNet and the gap in implementing back-up and redundant systems to continue operations.

Ambulatory Surgery Centers:

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

Objectives:

Objective 1: Communication

Objective 2: Shelter-in-Place

Objective 3: Resource Sharing

Major Strengths:

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

Strength 1: Communication internally amongst team members and success implementing and utilizing the communication plan

Strength 2: Team members were able to verbalize knowledge of the emergency response process and their roles during a disaster

Strength 3: The exercise provided an opportunity to engage staff, test their readiness and assess their emergency supply inventories

Primary Areas for Improvement

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

Area for Improvement 1: Training for staff, patients and patients' families regarding evacuation and shelter in place (SIP) procedures, priorities, and staff roles during a disaster

Area for Improvement 2: Rotating emergency supplies for SIP situations

Area for Improvement 3: Alternative communication methods and more utilization of ReddiNet

Area for Improvement 4: More drills and exercises

Analysis: The level of engagement from the Ambulatory Surgery Center sector was beneficial and contributed to the successful implementation of communication plans, review of emergency response processes, and assessment of training needs.

Dialysis Centers:

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

Objectives:

Objective 1:   Communication

Objective 2:   Shelter-in-Place

Objective 3:   Resource Sharing

Major Strengths:

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

Strength 1: Communication internally amongst staff

Strength 2: Dialysis center staff remained calm, were cooperative and displayed unity and teamwork during the exercise

Strength 3: Dialysis center staff response to emergency procedure, following standard operating procedures, clamp/disconnect procedures

Strength 4: Knowledge of Shelter-in-Place and evacuation procedures

Primary Areas for Improvement

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

Area for Improvement 1: Improve communication with staff, patients, ReddiNet®, management and other ESRD centers

Area for Improvement 2: ESRD centers need to continually update patient and staff contact lists (Communication Plan)

Area for Improvement 3: Training for staff, patients and patients' families regarding evacuation and shelter in place (SIP) procedures, priorities, and staff roles during a disaster

Analysis: Emergency preparedness has been fully embraced by the dialysis sector. The strengths identified demonstrate successful emergency preparedness training programs that include communication, teamwork, response procedures, and how to shelter-in-place

training. Communication always provides an opportunity for growth, but the primary gap is the need to update communication plans with current contact information. This sector should add additional complexity to future exercises.

Home Health and Hospice Centers:

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

Objectives:

Objective 1:   Communication

Objective 2:   Shelter-in-Place

Objective 3:   Resource Sharing

Major Strengths:

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

Strength 1: Communication internally amongst staff, amongst clinicians, managers, and patients

Strength 2: Teamwork and collaboration amongst staff

Strength 3: Ability for staff to respond efficiently to emergency policies and procedures

Strength 4: Following instructions outside normal roles

Primary Areas for Improvement

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

Area for Improvement 1: Inventory management and supplies for field personnel

Area for Improvement 2: Update patient, staff, and vendor contact lists

Area for Improvement 3: Emergency preparedness training

Area for Improvement 4: ReddiNet communication

Analysis: The strengths identified demonstrate the resiliency of staff communication, teamwork, response to emergency procedures, and ability to complete task outside of the day-to-day activities. The gaps reveal a need for additional emergency preparedness training, ReddiNet training, resource management training, and the need to update pertinent communication plans.

Urgent Care Centers:

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

Objectives:

Objective 1:   Communication

Objective 2:   Shelter-in-Place

Major Strengths:

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

Strength 1: Communication with leadership, Human Resources, Safety personnel, and the Patient Services Center was performed easily

Strength 2: Participants were able to Shelter-in-Place with some areas to improve

Primary Areas for Improvement

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

Area for Improvement 1: Improve communication with other departments

Area for Improvement 2: Utilize security to secure entrances and exits during an emergency/disaster

Area for Improvement 3: ReddiNet utilization

Analysis: The level of engagement from the Urgent Care sector was beneficial and contributed to successful communication with leadership, human resources, safety personnel, and patient services. The gaps reveal a need for additional emergency preparedness training and ReddiNet training.

Fire Department / Provider Agency:

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

Objectives:

Objective 1:   Alerts and Notifications

Objective 2:   Implement Plans

Objective 3:   Implement FOAC for mutual aid back up providers

Objective 4:   Implement Regional mutual aid plan

Major Strengths:

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

Strength 1: The Fire Operational Area Coordinator's (FOAC) capability to coordinate, simultaneously with multiple provider agencies to rapidly dispatch ambulances to an incident

Primary Areas for Improvement

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

Area for Improvement 1: Not able to identify the full quantity of ambulances requested for patient transport

Analysis: The FOAC activation and coordination processes work well.

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 17, 2022.**

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Capability 1. Foundation for Health Care and Medical Readiness	Medical Coordination Center (MCC) not activated to support exercise	Activate MCC to support exercises that are testing County wide Medical and Health coordination	Los Angeles County Emergency Medical Services (EMS) Agency	Los Angeles County EMS Agency	November 16, 2023	November 16, 2023
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities identified a need to plan, prepare, and train for radiological incidents.	Plan, prepare, and train staff on radiological response plans including decontamination procedures, use of equipment, and identifying treatment resources	Hospitals	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 3. Continuity of Health Care Service Delivery	ReddiNet system inoperable for an extended period	Medical Alert Center (MAC) to develop an alternative method to rapidly distribute patients to receiving facilities in the case of MCI's and Hospital Evacuations, as well as identify the threshold to trigger the response in the case of large scale incidents to prevent "bottleneck" due to system failure. Medical Alert Center (MAC) to also develop alternative methods of acquiring system wide information as needed for decision making	Los Angeles County EMS Agency	Los Angeles County EMS Agency	November 2023	December 2023

Capability 2. Health Care and Medical Response Coordination	Some facilities identified gaps with internal notification procedures and out of date employee contact list	Schedule and conduct recurring alert and notification drills with staff and include mechanism to update contact information as needed	Dialysis Hospitals	EMS Agency HPP Program Manager	September 2023	November 16, 2023
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities reported that not all staff were familiar with Hospital Incident Command System (HICS) due to high attrition	Implement solution to ensure pertinent staff are familiar with HICS. Possible solutions include scheduling and conducting recurring HICS training or include HICS training in new hire orientation, or other	Hospitals	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities reported not having a radiological response plan annex to their incident response plan	Develop radiological response plan annex to add to the incident response plan	Hospitals	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 2. Health Care and Medical Response Coordination	Some facilities reported radiation supplies not current, insufficient radiation surveying equipment, and no one designated responsible	Establish method to identify radiological equipment needed and identify person responsible for procuring and managing radiological equipment and coordinating awareness and use of equipment training	Hospitals	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 2. Health Care and Medical Response Coordination	Lack of awareness within the Hospital sector of local de-corporation resource and how to request de-	Promote de-corporation agent resource that is currently on website titled, "MEDICAL MANAGEMENT OF INTERNALLY RADIOCONTAMINATED PATIENTS" and inform hospitals	Los Angeles County EMS Agency	EMS Agency HPP Program Manager	September 2023	October 31, 2023

	corporation agent if needed	to submit a resource request if a listed de-corporation agent is needed utilizing normal resource requesting process				
Capability 2. Health Care and Medical Response Coordination	Some facilities reported issues with implementing Evacuation and/or Shelter-in Place plans with staff and visitors and utilization of supplies	Develop and implement evacuation training and shelter-in-place training to include how to manage visitors and staging supplies	Ambulatory Surgery Centers	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 3. Continuity of Health Care Service Delivery	Primary communication system failure	Develop and implement alternative communication methods to support continuity of operations	Ambulatory Surgery Centers Dialysis Urgent Care	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 3. Continuity of Health Care Service Delivery	Some HHH agencies identified challenges with process to provide supplies to field personnel	Develop and/or obtain an inventory management system and develop method to provide supplies to field personnel	Home Health / Hospice	EMS Agency HPP Program Manager	September 2023	October 31, 2023
Capability 2. Health Care and Medical Response Coordination	Need for more ReddiNet training	Schedule and facilitate training with ReddiNet	Ambulatory Surgery Centers Dialysis Home Health / Hospice Urgent Care	EMS Agency HPP Program Manager	September 2023	October 31, 2023

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 and Hospice
Hospitals
Long Term Care Facilities
Provider Agencies (Private)
Urgent Care Centers