

Medical Response and Surge Exercise: Pediatric Surge and Healthcare Coalition Power Outage Exercise: After-Action Report / Improvement Plan

Date of Exercise: Thursday, November 16, 2023

Date of Report: Monday, June 24, 2024

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

TABLE OF CONTENTS..... 2
Executive Summary3
Summary of Findings5
Exercise Overview 7
Statistics9
Analysis20
Appendix A: Improvement Plan.....A-1
Appendix B: Exercise Participants.....B-1

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 Los Angeles County 2023 MRSE focused on a Pediatric Surge. The HCC surged to 20% of the County's pediatric staffed bed capacity surging a minimum of 490 pediatric patients into 66 pediatric receiving 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 2023 MRSE also included an evaluation of power outage plans.

On Thursday, November 16, 2023, the Los Angeles County Emergency Medical Services (EMS) Agency and over 332 facilities within the HCC from Ambulatory Surgery Centers, Community Clinics, Dialysis Centers, Home Health / Hospice entities, Hospitals, Long-term Care Facilities, Provider Agencies, and others participated in the 2023 Medical Response and Surge Exercise: Pediatric Surge and Healthcare Coalition Power Outage Exercise.

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 pediatric surge and response to a power outage 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:

- Ability to promptly activate the command center and efficiently respond to a pediatric surge, including successful activation of the Emergency Operations Plan.
- Pediatric readiness capabilities in Emergency Department and nursing departments.
- Smooth patient flow management and surge capacity creation.
- Effective communication and collaboration among leadership, staff, and departments.
- Rapid response to power outage plans, as well as the maintenance of emergency communication through cell phones.
- Clear understanding of the Incident Command procedures.
- Maintenance promptly responded and checked backup system/generator.
- Good leadership and teamwork, with many understanding their roles and responsibilities during an emergency. Dialysis facilities had sufficient supplies and clear policies for handling power outages.
- Activation of communication plans related to power outage was performed in a timely manner.
- Disaster supplies were easily located, and the clinic incident commander was able to verbalize the process of initiating response and recovery in case of a power loss.

Key Areas of Improvement

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

- Code Triage activation message was not received by many leaders, emphasizing the need to ensure proper leader registration and communication.
- Lack of certain medical specialties and the need for a rapid discharge plan with transfer and transportation components, underscore gaps in the patient care processes.
- Need for efficient and effective management of pediatric dialysis cases as part of the hospital's emergency response planning and preparedness.
- Delays in developing incident action plans and the absence of a surge plan for pediatric cases point to the need for better preparedness.
- Everbridge alerts and communication require improvement, along with the need for improved staff proficiencies with Everbridge alerts.
- Need for more in-depth downtime procedures.
- Ensure all sites have hard copies of vital policies needed to maintain operations.
- Need ReddiNet training for resource requesting.
- Creating backup plans for electrical outages.
- Up-to-date contact information for patient transportation companies and up-to-date communication plans in case of phone system failure.
- Have a clear understanding of emergency generator capabilities including location of emergency outlets and any limitations.
- Need a faster method to accurately identify transport dependent patients.

EXERCISE OVERVIEW

Exercise Name	Medical Response and Surge Exercise - Pediatric Surge and Health Care Coalition Power Outage Exercise
Exercise Date	Thursday, November 16, 2023
Scope	<p>The MRSE is a functional exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition members</p> <p>There will be no actual movement of patients</p> <p>The Countywide coordination component will last approximately four hours</p> <p>Play will take place in the live ReddiNet system</p> <p>Command center activation is optional</p>
ASPR Core Capabilities	<p>Capability 1. Foundation for Health Care and Medical Readiness</p> <p>Capability 2. Health Care and Medical Response Coordination</p> <p>Capability 3. Continuity of Health Care Service Delivery</p> <p>Capability 4. Medical Surge</p>
FEMA Mission Areas	FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery)
PHEP Core Capabilities	Capability 3: Emergency Operations Coordination
FEMA Core Capabilities	<ul style="list-style-type: none"> • Planning • Operational Coordination • Operational Communication • Public Health, Healthcare, and Emergency Medical Services
Goals and Objectives	<p>The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge.</p> <p>In addition, the exercise will test the pediatric surge plan, communication processes, patient destination coordination to support surge efforts, and power outage for the non-Hospital sectors.</p>
Threat/Hazard	Pediatric surge incident and power outage

<p>Scenario</p>	<p>At 06:00 hours a large underground explosion occurred in a Metrorail tunnel under Vermont Avenue between Sunset Boulevard and De Longpre Avenue near Children’s Hospital Los Angeles (CHLA). The Los Angeles City Fire Department has cleared the scene and all patients from the incident have been transported to various emergency departments in the County. Metrorail and utility crews remain on scene assessing damage to the tunnel and other infrastructure.</p> <p>At 08:00 hours CHLA requires a full evacuation due to loss of water. The current census of CHLA is 490 patients. CHLA has power. Telephones and internet-based platforms are operational.</p> <p>At 09:00 hours received report of power outages sporadically occurring throughout the County. <i>(This is an optional exercise component to support play for the non-Hospital sectors. Hospitals can choose to incorporate this optional component into their exercise. However, if included, hospitals cannot divert pediatric patients due to power outage).</i></p>
<p>Sponsor</p>	<p>Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program</p>
<p>Participating Organizations</p>	<ul style="list-style-type: none"> • 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) • Urgent Care Centers
<p>Point of Contact</p>	<p>Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10100 Pioneer Blvd. Santa Fe Springs, CA 90670</p>

STATISTICS

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

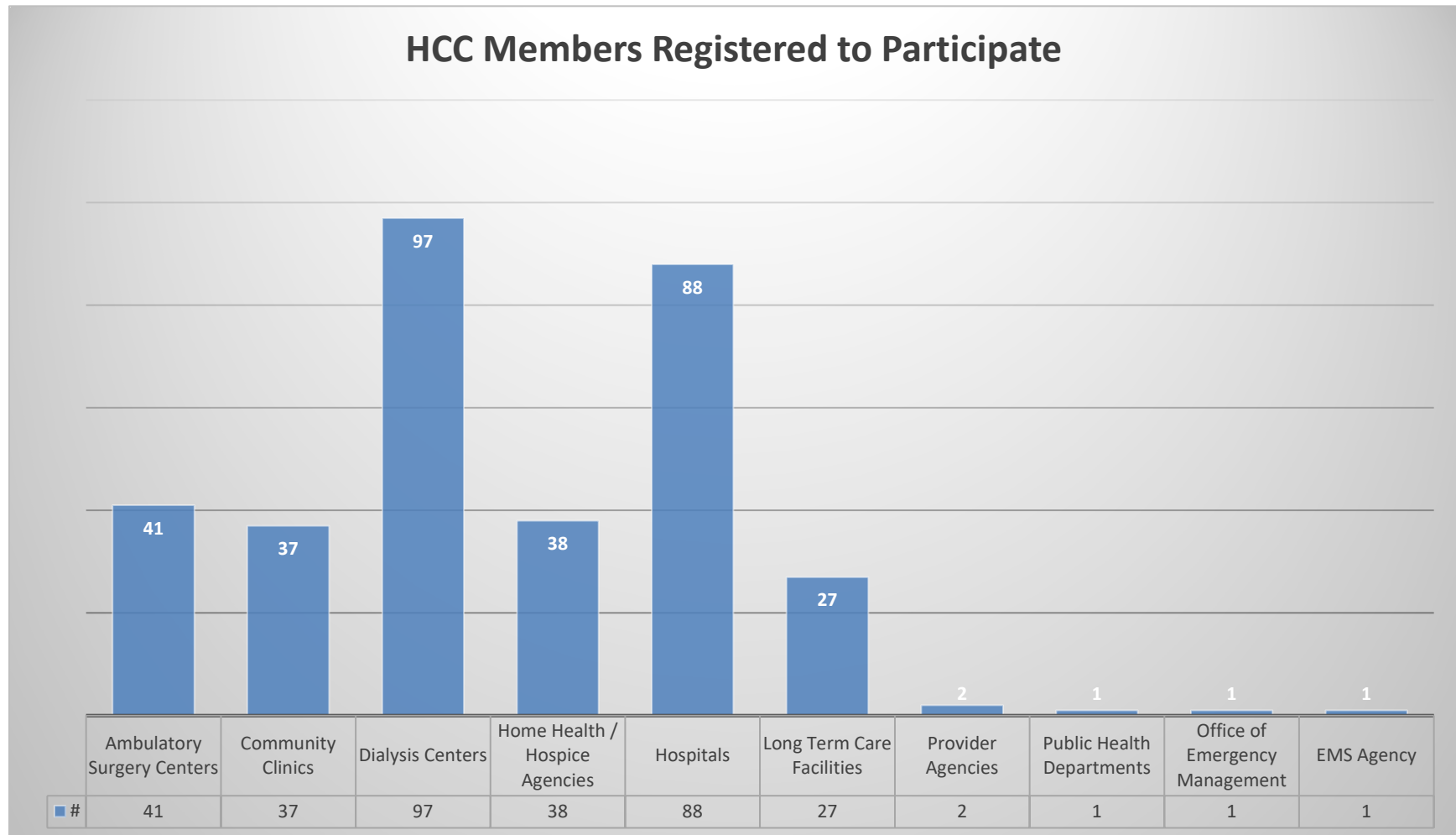


Table 1. Exercise Registration by Health Care Coalition Sector.

Participation by DRC Region

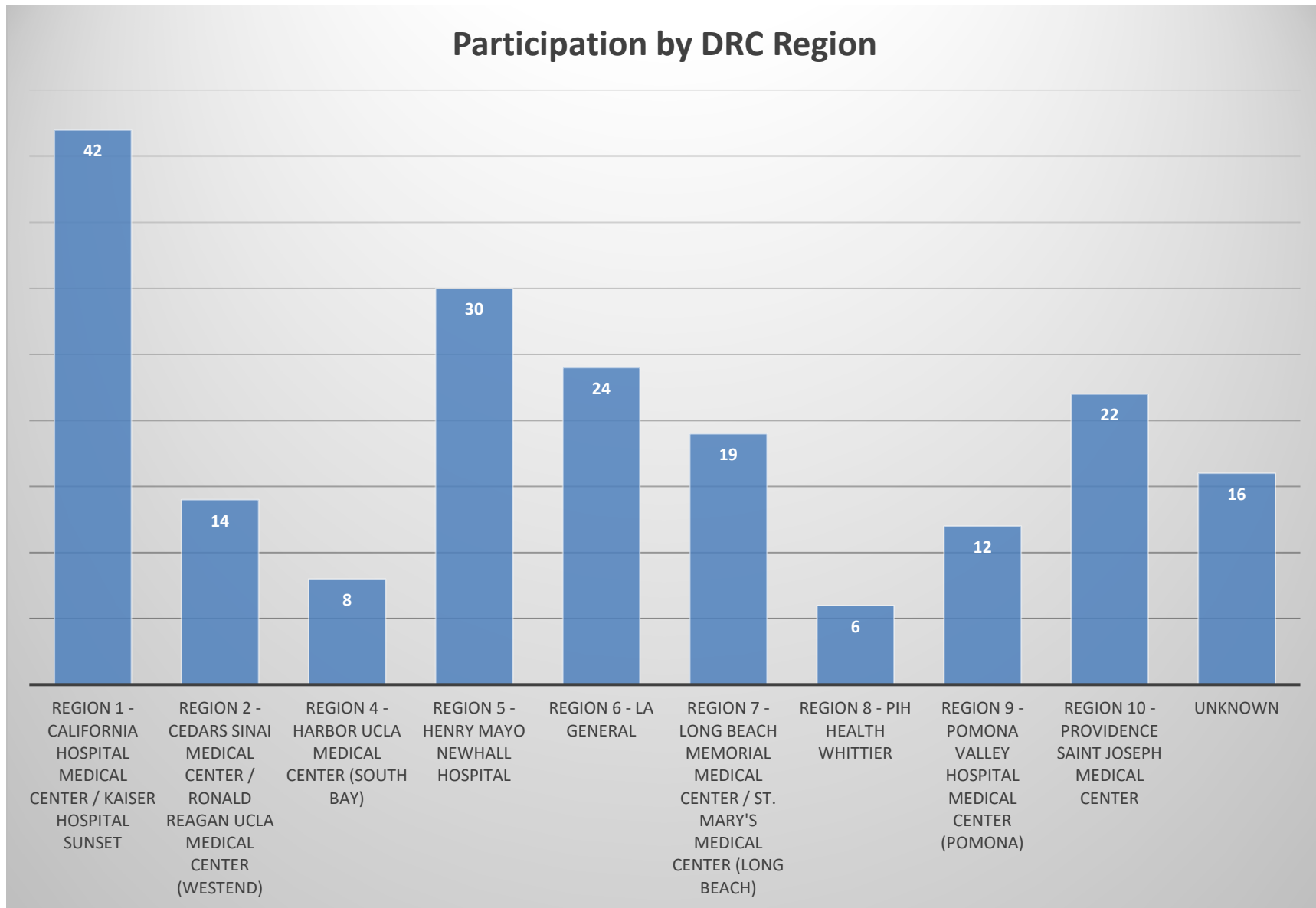


Table 2. Exercise Participation by Disaster Resource Center Region.

Healthcare Coalition Objectives Performance Ratings

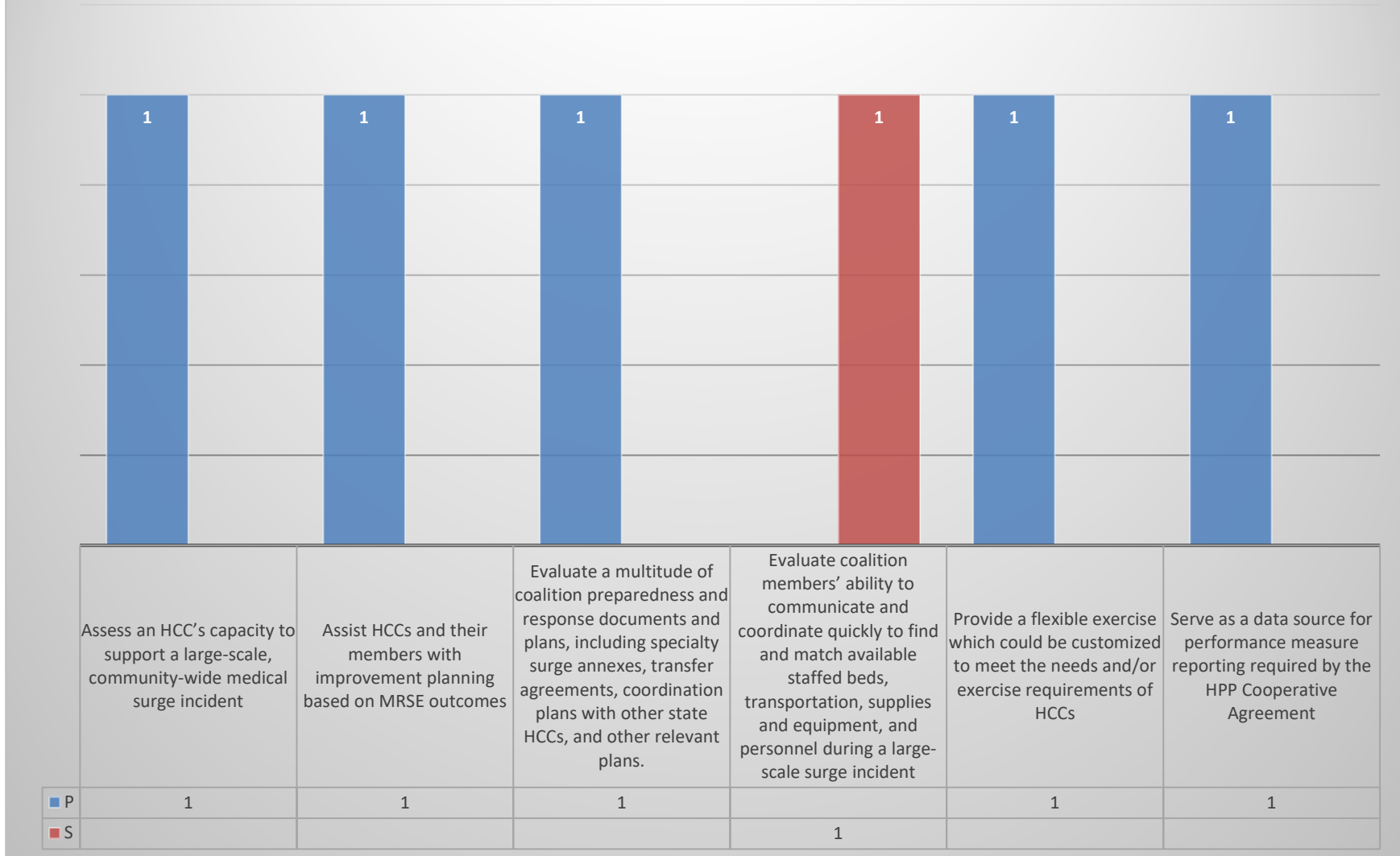


Table 3. Healthcare Coalition Ratings.

Ambulatory Surgery Center Objective Performance Ratings

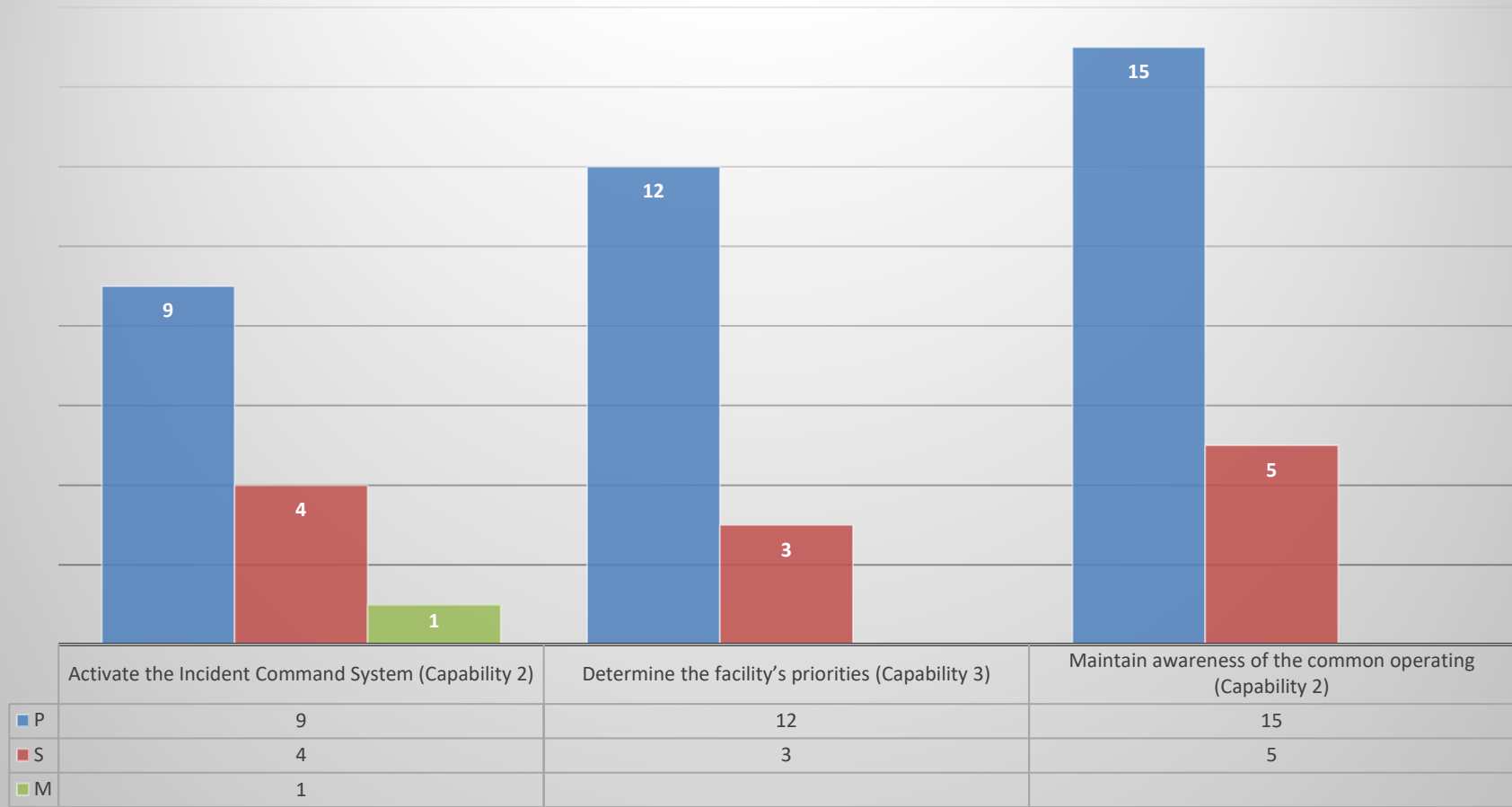
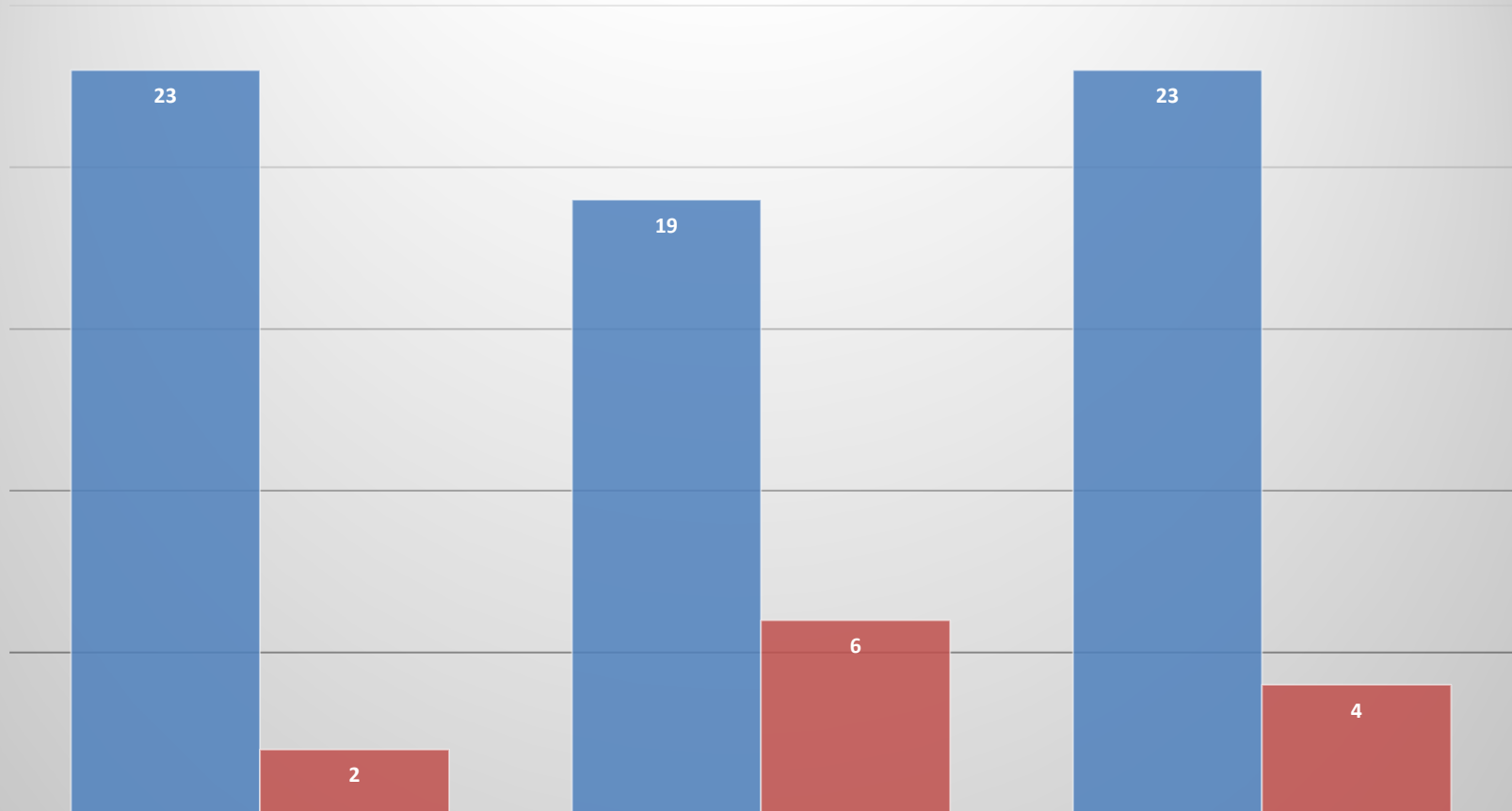


Table 4. Ambulatory Surgery Center Objectives Performance Ratings.

Clinic Objectives Performance Ratings



	Activate the Incident Command System (Capability 2)	Ensure Processes and Procedures are in place (Capability 2)	Maintain Communications (Capability 2)
■ P	23	19	23
■ S	2	6	4

Table 5. Clinic Objectives Performance Ratings.

Dialysis Objectives Performance Ratings

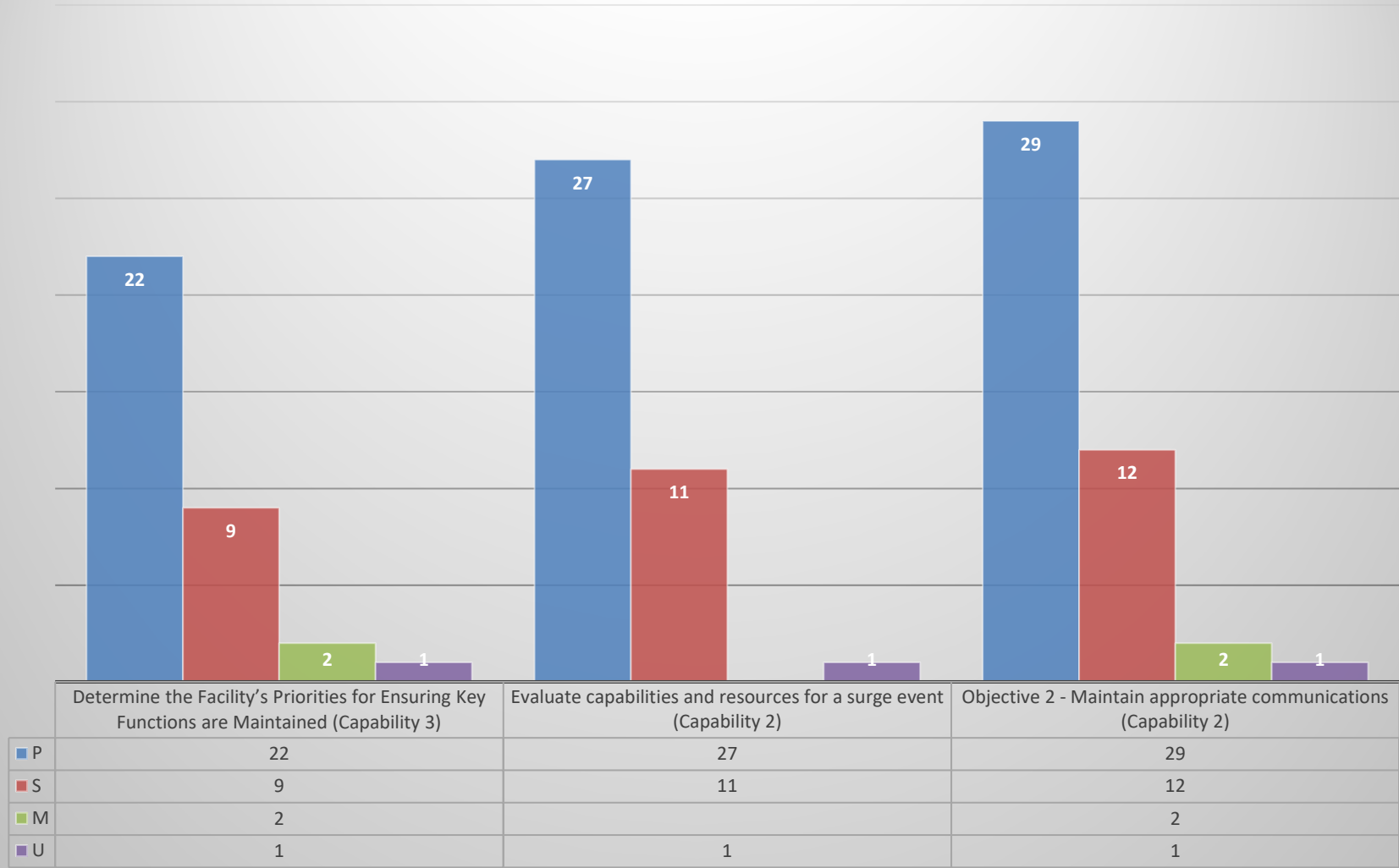


Table 6. Dialysis Objectives Performance Ratings.

Home Health / Hospice Objectives Performance Ratings

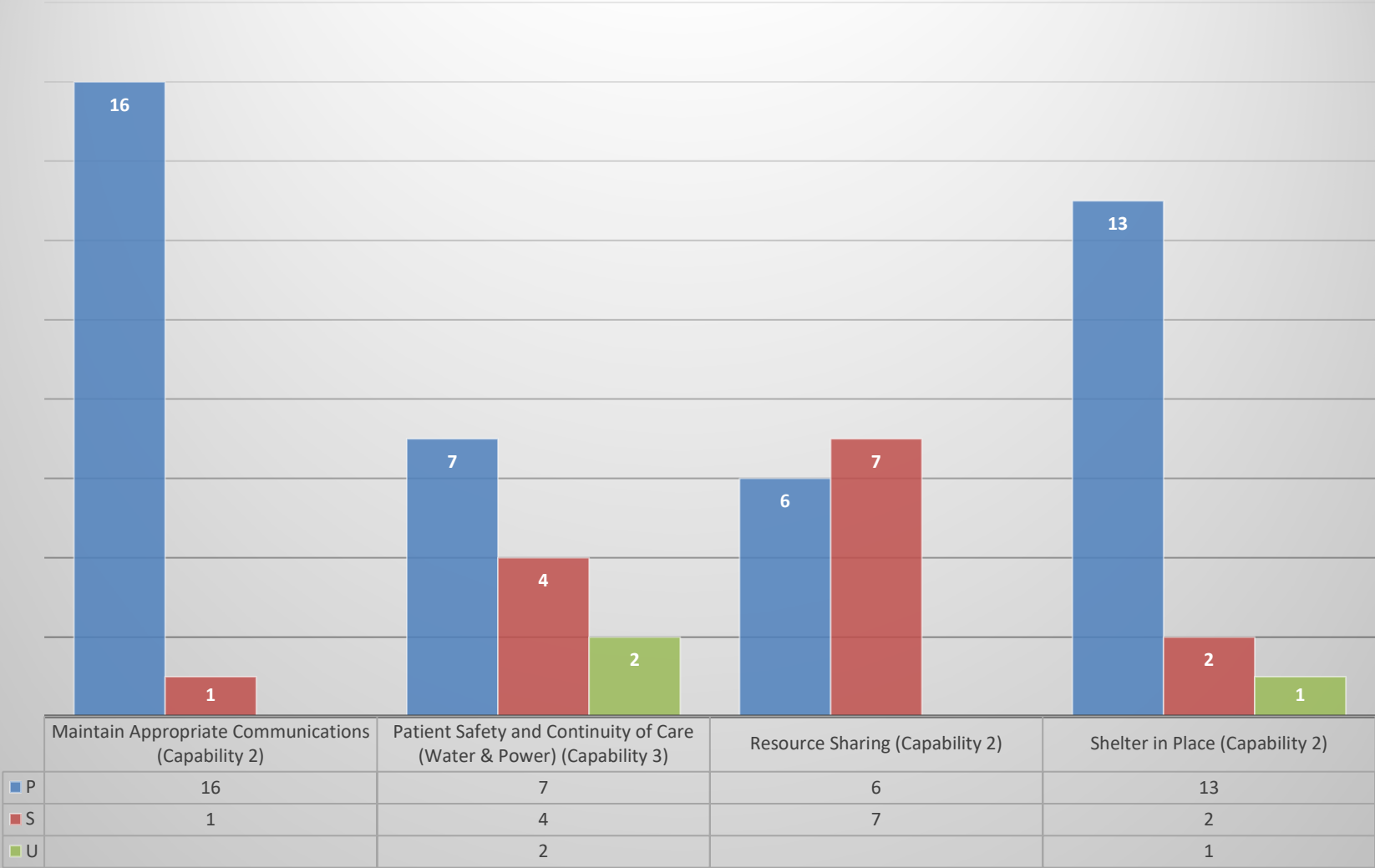


Table 7. Home Health / Hospice Objectives Performance Ratings

Hospital Objectives Performance Ratings

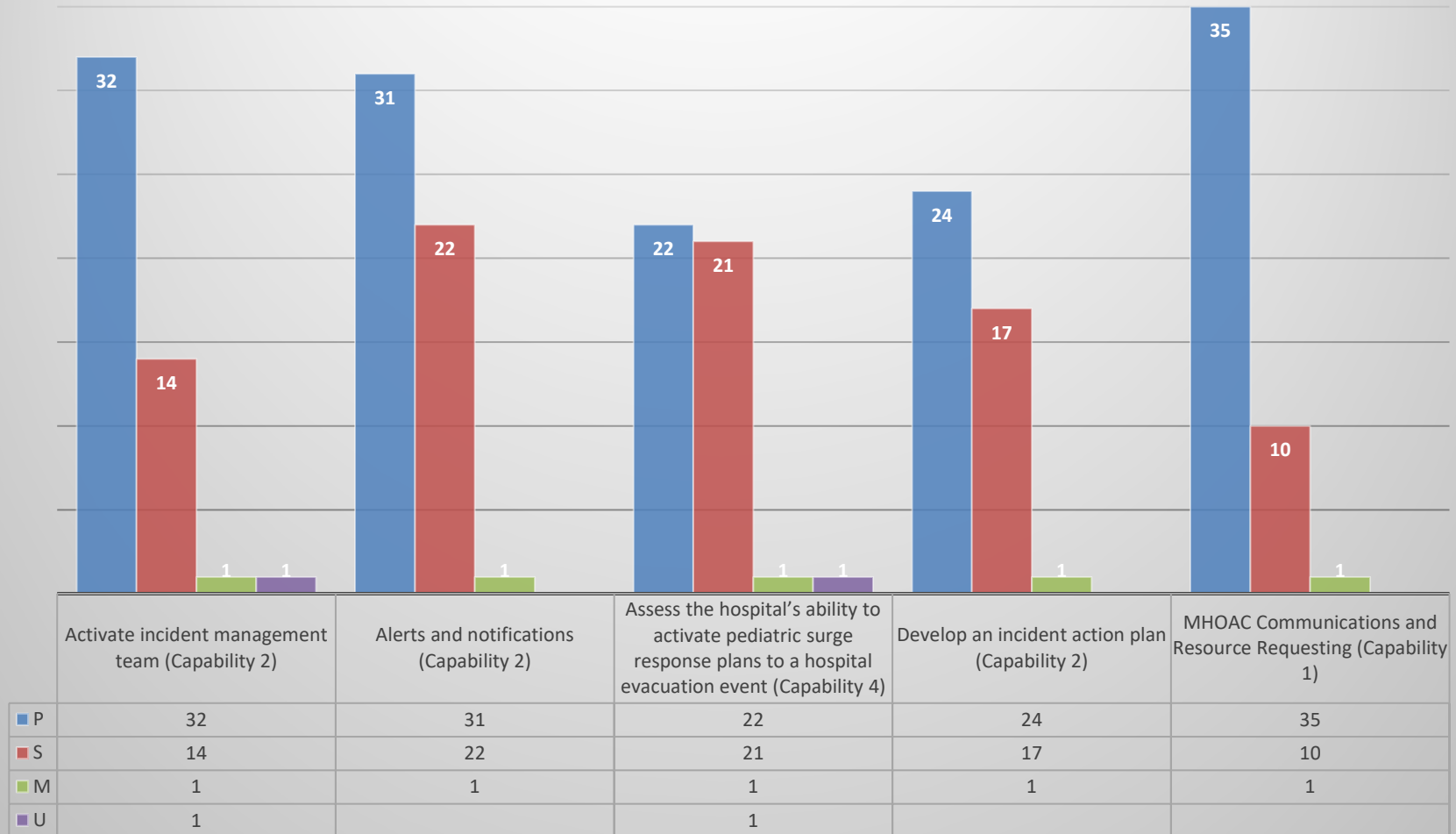


Table 8. Hospital Objectives Performance Ratings

Long Term Care Objectives Performance Ratings

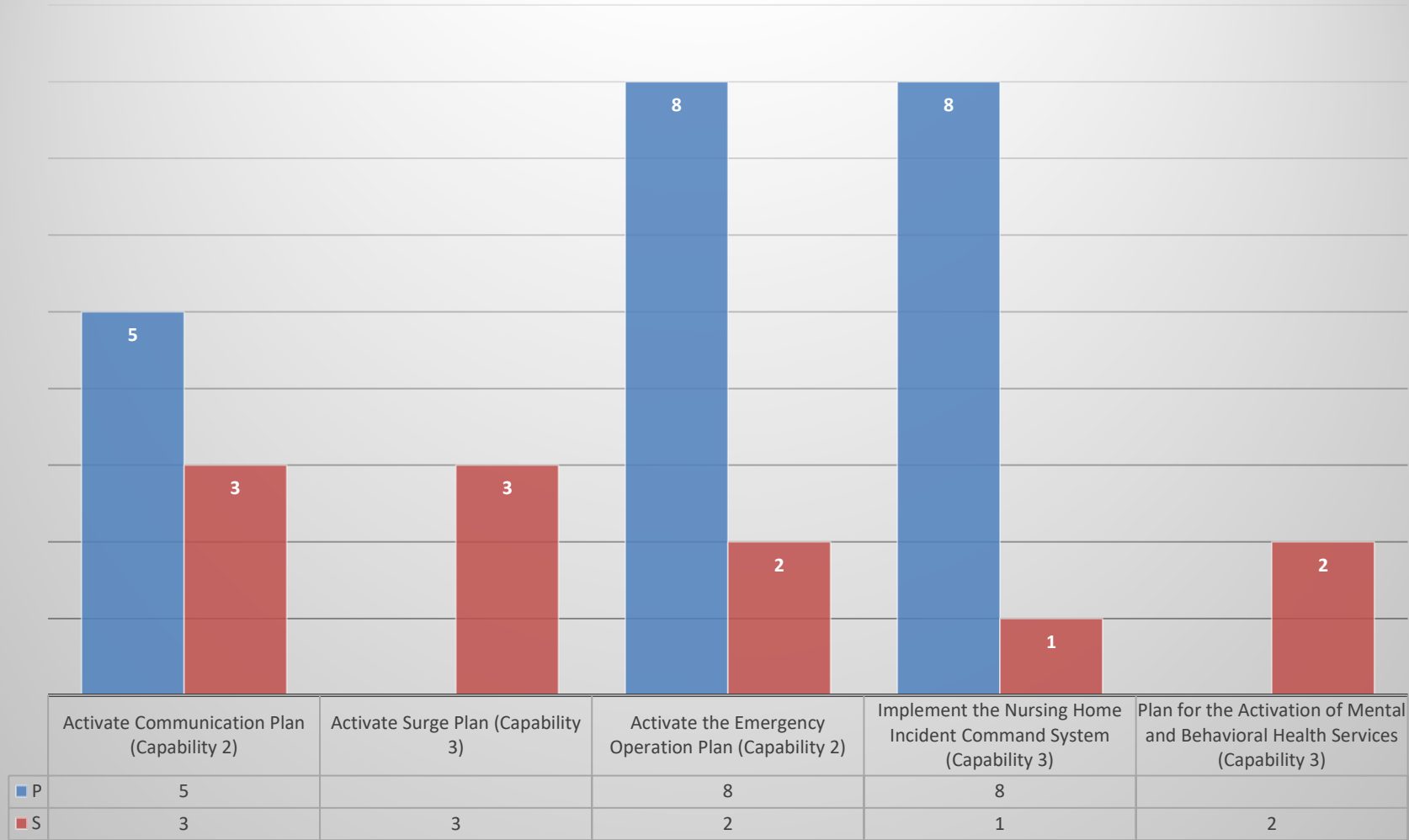


Table 9. Long Term Care Objectives Performance Ratings

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

Table 12. Summary of Core Capability Performance

Ratings Definitions:

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

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

Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

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

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

Healthcare Coalition (HCC):

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

Objectives:

- Objective 1:** Assess an HCC's capacity to support a large-scale, community-wide medical surge incident
- Objective 2:** Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans.
- Objective 3:** Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident
- Objective 4:** Assist HCCs and their members with improvement planning based on MRSE outcomes
- Objective 5:** Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement

Major Strengths

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

Strength 1: Medical Coordination Center (MCC) had good coordination and communication

Areas for Improvement

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

Area for Improvement 1: The MCC did not support all aspects of the power outage exercise

Analysis: The MCC needs more engagement with non-hospital sectors in exercises and drills.

Ambulatory Surgery Centers:

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

Objectives:

Objective 1: Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency

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

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

Major Strengths:

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

Strength 1: Timely activation of the communication plan related to a power outage

Strength 2: Staff engagement and knowledge of the process and facility policies

Strength 3: Successful navigation of the ReddiNet system

Primary Areas for Improvement

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

Area for Improvement 1: Expand ReddiNet training to leadership

Area for Improvement 2: Develop a solid backup plan for computer outages

Area for Improvement 3: Keep notification list updated with new hires and credentialed physicians

Area for Improvement 4: Ensure all necessary resources and equipment backup needs are assessed, such as the replacement of vitals machine batteries

Analysis: The team utilized the ReddiNet system effectively to communicate and gather real-time information during the emergency. The staff's ability to navigate the system in live mode and test communication demonstrates their commitment to preparedness.

Clinics:

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

Objectives:

- Objective 1:** Maintain communications with healthcare partners and the local Disaster Operations Center
- Objective 2:** Activate the Incident Command System to provide a structured and successful emergency response
- Objective 3:** Ensure processes and procedures are in place to provide appropriate resources to staff

Major Strengths:

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

Strength 1: Disaster supplies were easily located, and the clinic incident commander was able to verbalize the process of initiating response and recovery in case of a power loss

Strength 2: Having the evacuation and power outage plan allowed for a quick response time at the clinics

Strength 3: Able to quickly activate the Incident Command system

Strength 4: Awareness of policies needed to maintain operations

Primary Areas for Improvement

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

Area for Improvement 1: Need for more in-depth downtime procedures

Area for Improvement 2: Ensure all sites have hard copies of vital policies needed to maintain operations

Area for Improvement 3: Need ReddiNet training for resource requesting

Area for Improvement 4: Develop plans for electrical outages

Analysis: The ability to quickly activate the Incident Command System and the staff's awareness of the necessary policies to maintain operations were notable successes. Additionally, the clinic's ability to communicate effectively and set up the Incident Command System, as well as the quick assembly of the Incident Command Team, were significant achievements. Moreover, having evacuation and power outage plans in place allowed for a quick response time at the clinics.

Dialysis:

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

Objectives:

Objective 1: Evaluate capabilities and resources for a surge event

Objective 2: Maintain communication

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

Major Strengths:

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

Strength 1: Good leadership and teamwork, with many understanding their roles and responsibilities during an emergency

Strength 2: Dialysis facilities had sufficient supplies and clear policies for handling power outages

Strength 3: There was a quick and organized response from the team, with everyone understanding their roles and responsibilities

Strength 4: The Dialysis had sufficient supplies, and staff demonstrated an understanding of their roles during emergencies, ensuring patient safety

Primary Areas for Improvement

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

Area for Improvement 1: Up-to-date contact information for patient transportation companies and ensuring communication plans in case of phone system failure

Area for Improvement 2: Staff training and preparation for emergency procedures, especially with regards to "hand-crank" operations

Area for Improvement 3: Internal communication and notification processes, including updating contact lists and ensuring clear understanding of teammate roles in emergency events

Analysis: The Dialysis sector demonstrated great communication and coordination during the exercise. They were able to quickly initiate emergency procedures and ensure patient safety. Additionally, the team showed good leadership and teamwork, with everyone understanding their roles and responsibilities during an emergency. The Dialysis sector had sufficient supplies and clear policies for handling power outages. Overall, there was a willingness to learn and an effective problem-solving ability displayed by the team. The key points from the text provided include the need for better organization in updating contact information for patient transportation companies, identifying, and addressing gaps in emergency procedures, and training staff difficulties with hand crank procedures.

Home Health & Hospice:

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

Objectives:

Objective 1: Maintain appropriate communication

Objective 2: Shelter-in-Place / Evacuation (Water & Power)

Objective 3: Resource sharing

Objective 4: Patient safety and continuity of care (Water & Power)

Major Strengths:

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

Strength 1: Rapid response to power outage plans, as well as the maintenance of emergency communication through cell phones

Strength 2: Effective communication within organization including administration, team, field staff, and patients

Strength 3: Provided real-time status updates via ReddiNet during the exercise

Primary Areas for Improvement

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

Area for Improvement 1: Need a faster method to accurately identify transport dependent patients

Area for Improvement 2: Provide more ReddiNet training and ensure leadership have access to ReddiNet

Area for Improvement 3: Accurately identify the acuity level of the patient in all cases to better identify cases during emergency situations

Analysis: The Home Health & Hospice sector demonstrated great communication and coordination during the emergency simulation. They were able to quickly initiate emergency procedures and communicate effectively using ReddiNet.

Hospitals:

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

Objectives:

Objective 1: Alerts and notifications

Objective 2: Activate incident management team

Objective 3: Develop an incident action plan

Objective 4: Assess the hospital's ability to activate pediatric surge response plans to a hospital evacuation event

Objective 5: MHOAC communications and resource requesting

Major Strengths

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

Strength 1: Ability to promptly activate the command center and efficiently respond to a pediatric surge, including successful activation of the Emergency Operations Plan

Strength 2: Pediatric readiness capabilities in Emergency Department and nursing departments

Strength 3: Effective communication and collaboration among leadership, staff, and departments

Strength 4: Efficient use of communication tools and notification systems

Strength 5: Smooth patient flow management and surge capacity creation

Areas for Improvement

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

Area for Improvement 1: Code Triage Activation message was not received by many leaders

Area for Improvement 2: Delays in developing incident action plans and the absence of a surge plan for pediatric cases

Area for Improvement 3: Everbridge alerts and communication require improvement, along with the need for improved staff proficiencies with Everbridge alerts

Area for Improvement 4: Lack of certain medical specialties to treat patients

Area for Improvement 5: Need for efficient and effective management of pediatric dialysis cases as part of the hospital's emergency response planning and preparedness

Area for Improvement 6: Need a rapid discharge plan with transfer and transportation components

Analysis: Many positive points were noted during the exercise. The hospital sector demonstrated effective communication, teamwork, and collaboration among various departments. The command center was activated smoothly, and staff were able to respond in a timely manner. Key leaders were aware of the event, and there was good collaboration between the emergency department and nursing office. Additionally, equipment deployment in the command center worked well, and staff were fully engaged and prepared to handle the exercise scenarios. Finally, there was success in accessing notification systems with no issues, and the team demonstrated flexibility and availability throughout the exercise.

Long Term Care:

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

Objectives:

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

Objective 2: Activate communication plan

Objective 3: Activate surge plans

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

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

Major Strengths:

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

Strength 1: Team members support and participation

Strength 2: Maintenance promptly responded and checked the backup system/generator

Strength 3: Staff demonstrated a good understanding of the Incident Command Center

Primary Areas for Improvement

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

Area for Improvement 1: Need clear understanding of emergency generator capabilities including location of emergency outlets and any limitations

Area for Improvement 2: Leadership was not present to activate emergency plans

Area for Improvement 3: Staff contact information was not up to date on rosters

Area for Improvement 4: Train more staff to use ReddiNet

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

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 16, 2023**.

Capability	Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Estimated Completion Date
Capability 2. Health Care and Medical Response Coordination	MCC did not support all aspects of the power outage exercise	MCC or EMS Agency Representative to participate with the MRSE exercise planning team meetings to ensure MCC will engage all sectors	Los Angeles County Emergency Medical Services (EMS) Agency	Los Angeles County EMS Agency	November 2023	November 2024
Capability 1. Foundation for Health Care and Medical Readiness	Reports of not having a clear understanding of emergency generator capabilities including the location of emergency outlets and any limitations	Develop processes to rapidly identify emergency generator needs and pertinent infrastructure components.	Long Term Care	EMS Agency HPP Program Manager	November 2023	November 2024
Capability 1. Foundation for Health Care and Medical Readiness	Some sectors identified gaps or lack of plans for power outages, network outages, and computer outages	Develop and/or update plans to address gaps related to power outages, network downtime, and computer downtime procedures	Ambulatory Surgery Centers Clinics Long Term Care	EMS Agency HPP Program Manager	November 2023	November 2024
Capability 1. Foundation for Health Care and	Some facilities implied delays with patient discharges	Review, revise or develop a rapid discharge plan with transfer and transportation components	Hospitals	EMS Agency HPP Program Manager		November 2024

Medical Readiness						
Capability 1. Foundation for Health Care and Medical Readiness	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	Clinics Dialysis Hospitals Long Term Care	EMS Agency HPP Program Manager		November 2024
Capability 4. Medical Surge	Many facilities need resources to manage pediatric dialysis cases as part of the hospital's emergency response planning and preparedness	Implement solution to develop plan for efficient and effective management of pediatric dialysis cases as part of the hospital's emergency response planning and preparedness	Hospitals	EMS Agency HPP Program Manager		November 2024
Capability 3. Continuity of Health Care Service Delivery	Some facilities reported no having hard copies of vital policies needed to maintain operations	Implement solution to ensure continuity of operation documents are updated to include staff and partner agency telephone numbers, and having hard copies available for leadership and staff	Clinics Dialysis	EMS Agency HPP Program Manager		November 2024
Capability 1. Foundation for Health Care and Medical Readiness	Staff training and preparation for emergency procedures, especially with regards to "hand-crank" operations	Implement solution to ensure pertinent staff are familiar with and able to perform "hand-crank" operations	Dialysis	EMS Agency HPP Program Manager		November 2024
Capability 4. Medical Surge	Some facilities reported not having certain medical specialist	Implement solution to access medical specialist not normally on staff. Possible solutions include having a MOU with specialist or a consulting service	Hospitals	EMS Agency HPP Program Manager		November 2024

	on-hand to manage patients	and adding contact information to pertinent response plans				
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities reported code triage activation message was not received by many leaders	Establish method to ensure proper leadership registration is occurring in communication and notification platforms	Hospitals	EMS Agency HPP Program Manager		November 2024
Capability 2. Health Care and Medical Response Coordination	Leadership not on hand to activate emergency plan	Develop education and training program for authorized staff on emergency plan activation procedures	Long Term Care	EMS Agency HPP Program Manager		November 2024
Capability 4. Medical Surge	Some facilities reported not having a surge plan for pediatric cases	Develop pediatric surge plan annex to add to the incident response plan	Hospitals	EMS Agency HPP Program Manager		November 2024
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities reported gaps with accurately identifying transport dependent patients and patient acuity levels.	Implement solution to ensure staff know how to identify transport dependent patients and patient acuity levels. Possible solutions include scheduling and conducting recurring training or include training in new hire orientation, or other	Home Health & Hospice	EMS Agency HPP Program Manager		November 2024
Capability 1. Foundation for Health Care and Medical Readiness	Some facilities reported issues with back-up equipment, such as not having batteries for vital machines	Develop maintenance plan to ensure equipment is operational and in readiness state, also ensure power back-ups and batteries on-hand	Ambulatory Surgery Centers	EMS Agency HPP Program Manager		November 2024
Capability 1. Foundation for Health Care and	Need for more ReddiNet training	Schedule and facilitate training with ReddiNet	All Sectors	EMS Agency HPP Program Manager		November 2024

Medical Readiness						
----------------------	--	--	--	--	--	--

APPENDIX B: EXERCISE PARTICIPANTS

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