

2026 Annual Medical and Health Exercise

Home Health Hospice Sector Objectives

How to use this document: The purpose of this document is to provide **sample objectives and capabilities to exercise planners** to select from when designing their coalition based Annual Medical and Health Exercise (AMHE).

If you do not use all the objectives, remember to remove those objectives and corresponding capabilities that do not pertain to your chosen objectives. You may also replace or add objectives that are not given as examples.

ASPR HEALTH CARE PREPAREDNESS AND RESPONSE CAPABILITIES

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community has a sustainable Health Care Coalition - comprised of members with strong relationships - that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and acquiring resources.

Capability 2. Health Care and Medical Response Coordination

Goal for Capability 2: Health Care and Medical Response Coordination Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage, and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agencies, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4. Medical Surge

Goal for Capability 4: Health care organizations - including hospitals, emergency medical services (EMS), and out-of-hospital providers - deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Home Health Hospice Objectives

Objective 1 - Activate the agency's communication plan within 15 minutes of incident notification and maintain communications with all on-duty and on-call staff and the Medical Coordination Center (MCC) throughout the operational period by testing designated systems (e.g., text messaging, mass notification, ReddiNet), confirming staff schedule receipt, posting initial operating status, and responding to MCC communication requests as required. (**Capability 2**)

Sample task(s): *[Remove those that you are not testing]*

- Activate the Communication Plan (Notify all on-duty and on-call staff of emergency)
- Utilize and test communication systems *[insert your own specific systems to test, such as text messaging, email, mass notification software, ReddiNet, etc.]* to confirm receipt of staff schedule for the day (notify staff and EMS AGENCY MCC as applicable)
- Log into ReddiNet and post initial agency operating status (color status) per EMS Agency reporting protocol.
- Complete outreach of impacted staff and patients and document reach/no-reach status and document.
- *Report impacted patients to EMS Agency MCC via ReddiNet and respond to any status-request or informational broadcast posted by the MCC.
 - Hospice: flagging nearing end-of-life for priority contact

Objective 2 – Within the first operational period (e.g., 60 minutes), evaluate each affected patient's ability to safely shelter in place by verifying individual emergency preparedness plans, determining equipment and supply dependency, confirming availability of caregiver support, and communicating status updates to the MCC through the designated reporting system. (**Capability 2**)

Sample task(s): *[Remove those that you are not testing]*

- Determine which staff and patients to determine if safe-to-remain-at-home vs need-relocation, status based on equipment, supply dependency and caregiver support.
- *Verify/activate patient's individual "emergency preparedness plans" (CMS CoP 484.102/418.133) for identified at-risk patients.
- Confirm alternative assistance at the patient's location and dependent on patient's location and estimated duration.
- Confirm medication and equipment dependency (concentrators and/or medications)
- Provide routine updates to the EMS AGENCY MCC on facility status via *[insert appropriate communication system, e.g., ReddiNet]* and staff that are in the facility or are scheduled to work that day

Objective 3 – Identify and coordinate necessary resources for affected patients throughout the operational period by confirming vendor delivery or exchange capabilities, activating mutual-aid agreements when necessary, and submitting formal resource requests to the MCC when needs cannot be met internally, documenting all resource request statuses until resolved. (**Capability 2**)

Sample task(s): *[Remove those that you are not testing]*

- Contact resource vendors to confirm emergency delivery or exchange capability for affected patients.
- Identify pre-designated alternate location(s) and transportation operation for dependent patients unable to remain safely at home.

- Activate mutual aid agreement (MOU) with partner agencies if agency office/dispatch capability is affected
- If a resource need cannot be met through vendor contacts or mutual aid, submit formal resource request to EMS Agency MCC vs ReddiNet. (Resource Type, Quantity and Priority)
- Track and document the status of any submitted resource request (acknowledge, sourced, denied, pending) until resolved.

Objective 4 – Within the first operational period (e.g., first 60 minutes), finalize a prioritized list of electricity-dependent and clinically acute patients, confirm transportation plans for those requiring relocation, coordinate with ordering physicians for treatment plan changes due to emergency conditions, and provide updates to the MCC to ensure continuity of care during power disruption.
(Capability 3)

Sample task(s): [*Remove those that you are not testing*]

- Finalize triage list prioritization list ranked by electricity dependency and clinical acuity (Vent/O2, wound vac, IV therapy)
- Confirm transportation plan/status for each identified transport-dependent patient (Staff vehicle, family, non-emergency medical transport)
 - Hospice: Higher level of care due to emergencies
- *Document any treatment plan changes communicated to and approved by ordering physician as result of emergency.
 - Hospice: communication cascade to Hospice medical director for order changes