



Western RHCC 2023 MRSE Functional Exercise

After Action Report/Improvement Plan February 15, 2023



This After Action Report and Improvement Plan are based on national guidance including the National Preparedness Goal, Core Capabilities and related frameworks. It captures information required by federal and state agencies for reporting, trend analysis and improvement planning.

Prepared by:



Regional Healthcare Coalitions (RHCC)

After Action Report/Improvement Plan
(AAR/IP)

Western RHCC 2023 MRSE
Functional Exercise

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INTRODUCTION

The Western RHCC 2023 MRSE Functional Exercise was sponsored and hosted by the Regional Healthcare Coalitions (RHCC), with guidance from the Montana Hospital Association (MHA and Montana Department of Health & Human Services (DPHHS). The exercise was developed, presented and moderated by Spartan Consulting with the help of 373 Consulting. The MRSE exercises were developed to test participating agencies' *Healthcare & Medical Response Coordination, Continuity of Healthcare Service Delivery*, and, *Medical Surge* capabilities in response to a medical surge event in their Healthcare Coalition Region and are a mandatory activity for the Healthcare Coalitions.

The *ASPR 2017-2022 Healthcare Preparedness & Response Capabilities (Nov 2016)*, *ASPR MRSE Evaluation Plan (Sep 2021)*, *ASPR MRSE Exercise Planning & Evaluation Tool (Sep 2021)*, *CDC's Public Health Preparedness & Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health Planning (Jan 2019)* and the *Montana Regional HealthCare Coalition Response Plans (2021)* were all used to develop exercise materials and guide evaluation. This report is based on the formats suggested by the HSEEP, Montana Disaster & Emergency Services (DES), and the Montana Department of Public Health and Human Services (DPHHS) for exercise AARs.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions. The suggested actions in this report should be viewed as recommendations only. In some cases, participants may identify alternative solutions that are more effective or efficient. Each agency should review the recommendations and complete actions in alignment with internal strategies, current program objectives, local, state, and national goals and related frameworks and guidance.

Handling Instructions

The information gathered in this AAR-IP is *For Official Use Only*. Reproduction of this document, in whole or in part, without prior approval from the Regional Healthcare Coalitions (RHCC) is prohibited.

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Regional Healthcare Coalitions (RHCC)

After Action Report/Improvement Plan
(AAR/IP)Western RHCC 2023 MRSE
Functional Exercise**EXERCISE OVERVIEW**

Exercise Name	Western RHCC 2023 MRSE Functional Exercise	
Exercise Date	February 15, 2023	
Scope	Western RHCC 2023 MRSE was a Functional exercise, planned for 4 hours virtually via the MS Teams platform. The exercise emphasized the role of the regional health care coalitions in supporting local hospitals and agencies responding to an emergency.	
Mission Area(s)	Response, Recovery	
Core Capabilities	Healthcare & Medical Response Coordination, (C2) Continuity of Healthcare Service Delivery, (C3) Medical Surge, (C4)	
Objectives¹	<p>Objective 1: Coordinate Response Strategy, Resources, and Communications (C2).</p> <p>Objective 2: Plan for and Coordinate Health Care Evacuation and Relocation (C3).</p> <p>Objective 3: Plan for a Medical Surge (C4).</p> <p>Objective 4: Respond to a Medical Surge (C4)</p>	
Threat/Hazard	Medical Surge created by a hospital evacuation from a disaster area.	
Scenario	A disaster impacted hospital must evacuate all of its patients immediately. There is no estimated repatriation date at this time so receiving facilities need to be prepared to keep the patients for several weeks, perhaps permanently through their recovery or treatment.	
Sponsor(s)	Regional Healthcare Coalitions (RHCC), MTDPHHS, Montana Hospital Association (MHA)	
Participating Organizations	MTDPHHS MHA Western Montana College Lincoln County DES Missoula County DES Missoula City County Health Dept. Ravalli County DES	Logan Health St. James Healthcare Granite County Medical Center Clark Fork Valley Hospital St Patrick's Hospital Community Hospital, Anaconda St. Joseph Hospital St. Luke's Hospital
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¹ Objectives are taken from the [ASPR Medical Response & Surge Exercise \(MRSE\) Planning & Evaluation Tool](#) to support the selected capabilities.

EXERCISE SUMMARY

The exercise was presented virtually via MS TEAMS and was introduced by the Moderator using the following slides.

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

MHA MONTANA HOSPITAL ASSOCIATION

Medical Response & Surge Exercise (MRSE)

Functional Exercise
February 15, 2023

Presented by: SPARTAN CONSULTING

MRSE FNX - 2023 1

Welcome & Introductions

MRSE FNX - 2023 2

Exercise Overview

- Four-hour continuous interactive exercise
- The VFNX consists of:
 - Introductions
 - Three Modules
- Participant engagement encouraged both locally and cross-community.
- Time awareness during questions, brief outs, etc.

MRSE FNX - 2023 3

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

- Module 1: Activation, Notification & Mobilization
- Module 2: Patient Assessment & Resource Coordination
- Module 3: Patient Movement & Tracking

Each module comprised of:

- Situation updates
- Group collaboration to achieve functional tasks
- Time limit

MRSE FNX - 2023 4

Scope

- The exercise emphasizes the **operational** role of the regional health care coalitions in supporting local hospitals and agencies responding to an emergency.
- This is a **"functional exercise"** in that it will require you to not only discuss strategies and tasks, but to **actually carry them out**.

MRSE FNX - 2023 5

Objectives

- **Objective 1:** Coordinate Response Strategy, Resources, and Communications (C2).
- **Objective 2:** Plan for and Coordinate Health Care Evacuation and Relocation (C3).
- **Objective 3:** Plan for a Medical Surge (C4).
- **Objective 4:** Respond to a Medical Surge (C4)

MRSE FNX - 2023 6

Guidelines

- Free, open exchange of information & ideas
 - There are no right or wrong answers
 - Varying viewpoints are expected!
 - Be open minded to new ideas
 - Not all issues must be resolved
- Slow Paced Problem Solving
 - Responses based on current capabilities
 - Discuss your agency's potential response
 - Identify Strengths and Weaknesses
 - Identify Areas for Improvement
 - Develop "Action Items" lists

*This is a no fault, low
threat environment*



MRSE FNX - 2023

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Assumptions and Artificialities

- The scenario is plausible and events occur as they are presented, (*don't fight the scenario!*)
- There is no "hidden agenda," nor any trick questions
- All players receive information at the same time
- *You are not expected to complete all tasks in the time given.*

"We are ready for any unforeseen event that may or may not occur."

-Dan Quayle



MRSE FNX - 2023

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Once all the exercise groundwork was laid and it was made clear to the participants that this would be a "functional", rather than a tabletop exercise, the moderator moved on to Module 1 and the first set of activities.

MODULE 1: ACTIVATION, NOTIFICATION & MOBILIZATION

**MODULE 1:
Activation & Initial Response**

*"When the time to perform arrives, the time to prepare has passed."
-Anonymous*

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Scenario

Today

- *Exercise, exercise, exercise...*
- Approximately 30 minutes ago you were notified of a disaster in your neighboring healthcare coalition region that has severely damaged their hospital.
- You have been asked to assist them with a full hospital evacuation. Our regional coordinator has set up this Teams meeting to coordinate our efforts.

Cont.

MRSE FNX - 2023 11

At this point, the Moderator showed the above slides and then read the following statement to the participants:

"Thank you everyone for joining us to help. As you know, about 30 minutes ago a significant (Earthquake) hit Helena and they have to evacuate St. Peter's hospital immediately. We have been asked to assist with the evacuation by helping them place their patients elsewhere.

So, all of you gathered today are now part of our Regional Patient Evacuation Task Force and it will be our job to organize ourselves and work together to help support this incident.

They have sent me a list of the patients they need placement for on a spreadsheet which I will share with everyone soon. Our job will be to assess each patient's needs and find the most appropriate placement we can for them."

The following slide was then shown and the participants were referred to their SitMan and participant worksheets to address the deliverables for Module 1, which can be found on the following page.

Module 1 Deliverables: **15 minutes**

- **Activation & Notification & Mobilization**
 - ☑ Given an opportunity to participate in a regional MRSE exercise, **sign up** for the exercise and invite the appropriate staff and partners to participate with you. **Participate** in the exercise on the appropriate date for your region.
- **Organize your team efficiently to accomplish assigned tasks**
 - Given an ad hoc team of participants participating virtually, **organize into a working Task Force** to accomplish the assigned tasks and deliverables. Ensure that **each participant** is assigned a role and knows their assignment

MRSE FNX - 2023 15

MODULE 1: DELIVERABLES

Tasks: (**BOLD** are MRSE Planning tool priorities)

X	1. Activation & Notification & Mobilization.
	2. Organize your team efficiently to accomplish assigned tasks.

Conditions:

- ✓ HCC response participants will be located at their respective facility and participating virtually through the exercise web platform.
- ✓ Breakout rooms will be provided by the facilitator as needed.
- ✓ Exercise injects will be via the exercise facilitator.
- ✓ Participants may use any plans, policies, references, laptops, internet or other resource they have brought with them or have access to, including non-participating staff, partners or facilities.
- ✓ Information and documentation will be injected by the exercise facilitator when requested or as appropriate.

Standards:

1. Given an opportunity to participate in a regional MRSE exercise, **sign up** for the exercise and invite the appropriate staff and partners to participate with you. **Participate** in the exercise on the appropriate date for your region. (*Task 1*).
2. Given an ad hoc team of participants participating virtually, **organize into a working Task Force** to accomplish the assigned tasks and deliverables. Ensure that **each participant** is assigned a role and knows their assignment. (*Task 2*).

All tasks complete and documented no later than (NLT) **00:00 Hours**

MODULE 1: ANALYSIS

Strengths

The following strengths related to this objective were observed during the exercise:

Strength 1: *Participation* – Participation was excellent from the Region, with a great cross section of agencies and participants .

Strength 2: *Engagement* – Participants seemed eager and engaged to participate in something more activity based than a traditional TTX .

Areas for Improvement

The following areas for improvement may help to achieve an even greater capability level:

Area for Improvement 1: *Regional Response Team Organization*

Analysis: Participants struggled to organize themselves into an effective structure. It was as if either they were uncomfortable taking control at a regional level or could not envision how best to organize the players into functional elements. A structure, or structures, for Regional response needs to be developed to include key positions and position responsibilities. Note: One recommendation is to utilize an ICS “Group” concept which will allow for greater expansion and organization than a “task force”. Regardless, it seems it is expected of the RHCC leadership to either fill this role or develop it. Using a “Group” as the regional element of choice could establish a foundation for developing other teams, e.g. for this exercise we needed an Evacuation or “Relocation” Group. If we took on Family Reunification, however, we could use the same idea for organizing into a functional group. This would allow for participating entities to fill key leadership positions while also incorporating volunteers at the local level .

Recommendations/Corrective Actions:

1. Put together a planning team (subcommittee) to develop a regional response team structure.
2. Identify key positions, e.g. Team leader, with described roles and responsibilities. Keep it simple and generic enough to be applied to multiple types of incidents or mission, if possible.
3. Conduct future, and regular, trainings and exercises to practice and fine tune the Regional response team organizational concepts and functions.

MODULE 2: PATIENT ASSESSMENT & RESOURCE COORDINATION

Module 2 started off with a short explanation of the TRAIN triage tool and how it can be used to prioritize patients during an evacuation.

Triage by Resource Allocation for Inpatients (TRAIN™) Tool Goals

- Be able to quickly assess and accurately request the right resources from the emergency operations center.
- Streamline communication with a common code for regional disaster coordination.
- Implement a standardized and automated inpatient hospital evacuation triage system with minimal impact to workflow.
- Increase awareness and disaster preparedness across the institution and region.



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What is the TRAIN Tool?

- Disaster triage tool designed for hospitalized patient movement
- Based on resource needs of patient to determine appropriate level of transport for evacuation
- Created by expert opinion and aligned with local EMS protocols for transport



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Transport	Blue/Car	Green/EMS	Yellow/ALS	Orange/ERT	Red/Specialized	
Life Support	Stable	Stable +	Minimal	Moderate	Maximal	
Mobility	Car/Carseat	Wheelchair or Stretcher	Wheelchair or Stretcher	Stretcher	Incubator or Immobile	
Nutrition	All PO	Intermittent Enteral	Continuous Enteral or Partial Parenteral	TPN Dependent		
Pharmacy	PO Meds	IV Intermittent meds	IV Fluids	IV Drip x1	IV Drip x2	
Life Support	Stable + =	Low flow oxygen				
	Minimal =	Oxygen hood, chest tube, etc.				
	Moderate =	CPAP/BIPAP/Hi-Flow, Conventional Ventilator, Peritoneal Dialysis, Externally paced, continuous nebulizer treatments, etc.				
	Maximal =	Highly specialized equip., e.g., Neonatal Ventilator, HFOV, ECMO, INO, CVVH, Berlin Heart, wt ≤ 1.5 kg, specialized medical personnel, etc.				
Mobility	Car/Carseat =	Able to ride in automobile with age-appropriate restraints				
	Incubator =	Transport incubator with equipment for connecting to ambulance				
	Immobile =	Unsafe to move without special equipment e.g., neurosurgical/bariatric				



Give patient list link here.

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It was then explained that the evacuating hospital had already done this step and provided us with a spreadsheet of the 50 patients that they need to relocate. Next, the following statement was read to the participants by the Moderator.

“Now that we are organized and have the patient list, it is up to us to assess each patient and determine what resources are needed for each patient such as bed type, staff, transportation needs, pharmacy needs, special equipment needs, etc. We then need to determine where, based on these needs the patient should go, i.e. which nearby hospital might be able to take them.”

- Allotted Time: 75 minutes

Next, the Deliverables for this Module were explained to the participants, and they again were referred to their documentation, which included the following slides and worksheet.

Module 2 Deliverables: **75 minutes**

- **Patient Assessment**
 - Review the Patient list to get familiar with the patients needing placement and their individual conditions and resource needs
- **Resource Coordination**
 - Given a list of patients, **identify the specific resource types and number** needed to support safe movement of each patient to a receiving facility and **indicate appropriately on the Master Patient List spreadsheet**
 - *Resources are listed on your Patient Worksheets and the Master Patient List*

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Module 2 Deliverables: **75 minutes**

- **Patient Tracking Plan**
 - Given a Patient List with identified resource needs, **identify a potential receiving hospital** for each patient that could meet the patient's unique needs and **list the potential receiving facility on the Master Patient List spreadsheet appropriately.**
- **Public Information Strategy (Optional)**
 - (OPTIONAL) Develop a **written Public Information Strategy** (Key strategies to help ensure efficiency, transparency and successful application of developed strategies and tactics)

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MODULE 2: DELIVERABLES

Tasks: (**BOLD** are MRSE Planning tool priorities)

	3. Information Sharing/Gathering:
	3.1. Patient Assessment 3.1.1. Review the Patient list to get familiar with the patients needing placement and their individual conditions and resource needs.
	4. Resource Coordination - Logistics/Resources Needs: Type/Number of the following for <i>each</i> patient 4.1.1. Bed (PM 19) 4.1.2. Transportation (EMS Ground, Air?) (PM18) 4.1.3. Personnel (PM 16) 4.1.4. Resources (meds, equipment, etc.) (PM 17)
	5. Patient Tracking Plan (PM 19) – Determine where each patient will (may) go.
	6. Public Information Strategy?? – Identify strategies to help ensure efficiency, transparency and successful application of developed strategies and tactics.

Conditions:

- ✓ Same as previous Module.

Standards:

3. Given a list of patients, **identify the specific resource types and number** needed to support safe movement of each patient to a receiving facility and **indicate appropriately on the Master Patient List spreadsheet**. (*Tasks 3&4*)
4. Given a Patient List with identified resource needs, **identify a potential receiving hospital** for each patient that could meet the patient's unique needs and **list the potential receiving facility on the Master Patient List spreadsheet appropriately**. (*Task 5*)
5. (OPTIONAL) Develop a **written Public Information Strategy** (*Key strategies to help ensure efficiency, transparency and successful application of developed strategies and tactics*). (*Task 6*)

All tasks complete and documented no later than (NLT) **00:00 Hours**

END OF MODULE 2

MODULE 2: ANALYSIS

Strengths

The following strengths related to this objective were observed during the exercise:

Strength 3: *Engagement* – One of the smaller hospitals recognized that they would not be as busy getting or moving patients, so they volunteered to be the “lead coordinating team”. This was one of many examples of players trying to find a “niche” to participate and help and really speaks to the commitment of all who did participate to try and improve and work together .

Strength 4: *Patient Assessment* – The participants did a great job of assessing the spreadsheet and prioritizing and planning where to place patients. It is clear that the hospitals have a great deal of experience in transferring patients and even though this activity involved more than most incidents, the skills they have were still applicable. .

Strength 5: *Resource Coordination* – It was also clear that most hospitals have a pretty good understanding of each other’s capabilities and limitations, so they were able to select the most appropriate facility for each patient with very little need to discuss whether or not that facility had the right capabilities or resources .

Strength 6: *Patient Tracking Plan* – *The players did a pretty good job of filling in the patient worksheet in detail and given the limitations of the exercise, had a pretty good plan for where each patient would go, how they would get there and what equipment, staff was needed to support them .*

Strength 7: *Shared Folder & Documents* – It was noted that the shared patient list document was a fantastic resource and all agreed that it was very helpful to be able to collaborate on it in real time. This type of cloud collaboration will be crucial to regional response in the future and should be part of future planning and exercises. .

Areas for Improvement

The following areas for improvement may help to achieve an even greater capability level:

Area for Improvement 2: *Defined Roles or Functions for Regional Response Teams*

Analysis: While having one hospital step up to be the lead coordinating team was encouraging, the lack of organizational structure led to many participants cherry picking tasks they felt most comfortable with. And while this did help achieve the objectives, it was clunky, inefficient and suboptimal for ideal “Regional Coordination”. If the RHCC’s are going to be effective response or coordinating elements, they must find a way to organize and work together that can be somewhat standardized and easily replicated or modified for future responses .

Recommendations/Corrective Actions:

4. See recommendations 1-3 above.

Area for Improvement 3: *Hospital Staffing*

Analysis: While many facilities were appropriately identified for each patient, it was quickly determined that the limiting factors would not be *capability*, but rather *capacity*. Most hospitals are both overfilled and understaffed with very high census counts and significant staff shortages that would have seriously limited their ability to take on extra patients, despite having all the right capabilities and equipment to do so under normal circumstances. While staffing issues and high

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patient census are ongoing issues with no clear solutions at this point, they can be accounted for in response plans and procedures as well as in situation assessment. To do so, response and surge plans (as well as coop plans) should be reviewed and modified to account for such limitations and impacting factors .

Recommendations/Corrective Actions:

5. Review/update plans, policies and procedures to account for ongoing staff shortages and other factors that limit hospital capability and capacity.

Area for Improvement 4: *Public Information Management*

Analysis: While the public information deliverable was optional and not part of the ASPR deliverables, it was hoped that the players would recognize its importance and attempt it anyway. Some did, but they never really were able to come up with a collective, or appropriate messaging strategy to identify the regional team's efforts. This was likely due at least in part to the lack of organization of the players into a true, ICS-based structure. Having well defined functional teams and positions would have made it easier to identify those with expertise to take on the PIO objectives. Also, it will be crucial for any RHCC response element to be aware of the need for public information management with regard to their roles, if for no other reason than to clarify their role versus the role(s) of the on-scene incident command team(s) .

Recommendations/Corrective Actions:

6. Make sure that Public Information is incorporated into the Regional Response Team planning, training and exercising to adequately support RGHCC response missions. Ensure that the focus is not on managing information regarding the incident as much as managing information around what the RHCC's are doing in response to the incident and to support incident management efforts in the locally impacted community(s).

MODULE 3: PATIENT MOVEMENT & TRACKING

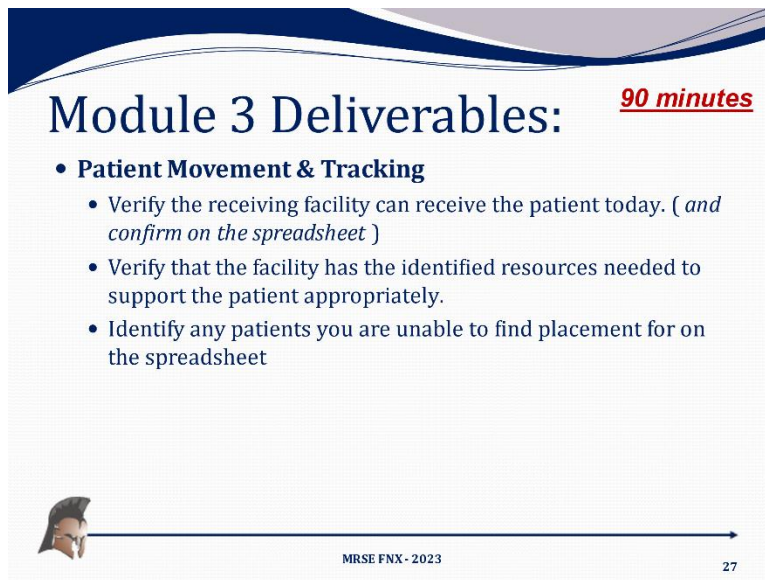
We then move on to Module 3 and the following statement was read to the participants.

“Now that we have identified the necessary resources and potential receiving facilities for each of our patients, we need to get them placed. Our tasks now are to find transportation and verify whether our identified facilities can in fact take these patients today and if they have the needed staff, equipment, and other resources to support them.”

Let’s start by looking at your own facilities and seeing how many of these patients we can place amongst ourselves. Next, we can use EM resource to determine the status of any other hospitals in our region as much as possible. And finally, we can contact other facilities, either in our out of our region to see if we can get the remainder of patients placed and supported.”

- *NOTE: Make sure to tell any facilities or personnel you contact that this is an EXERCISE before making any requests”*
- *Allotted Time: 90 minutes*

Participants were then shown the following deliverables slide and once again referred to their documentation for guidance on the activities for this module.



Module 3 Deliverables: 90 minutes

- **Patient Movement & Tracking**
 - Verify the receiving facility can receive the patient today. (*and confirm on the spreadsheet*)
 - Verify that the facility has the identified resources needed to support the patient appropriately.
 - Identify any patients you are unable to find placement for on the spreadsheet

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MODULE 3: DELIVERABLES

Tasks: (***BOLD** are MRSE Planning tool priorities*)

	<p>7. Patient Movement & Tracking for <i>each</i> patient:</p> <p>7.1. Verify the receiving facility can receive the patient today.</p> <p>7.2. Verify that the facility has the identified resources needed to support the patient appropriately.</p> <p>7.3. Identify any patients you are unable to find placement for.</p>
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Conditions:

- ✓ Same as previous Module.

Standards:

6. Using either confirmable personal knowledge, EM Resource or via direct contact, verify the receiving facility can take the patient today. (*Task 7.1*).
7. Using either confirmable personal knowledge, EM Resource or via direct contact, verify facility has the identified resources needed to support the patient appropriately. (*Task 7.2*)
8. Document on the Master Patient List any patients you are unable to find placement for. (*Task 7.3*)

All tasks complete and documented no later than (NLT) **00:00 Hours**

END OF MODULE 3

MODULE 3: ANALYSIS

Strengths

The following strengths related to this objective were observed during the Incident:

Strength 8: *Patient Placement* – *participating hospitals had the real time ability or knowledge to identify which patients they could take and manage. This helped cut down on the number of patients that had to be placed elsewhere or outside of the region.*

Areas for Improvement

The following areas for improvement may help to achieve an even greater capability level:

Area for Improvement 5: *Hospital Evacuation & Patient Relocation*

Analysis: It was well understood that any hospital in Montana, no matter how large, would be hard pressed to accomplish a full facility evacuation and patient relocation without significant help. This, like Family Reunification, is one of those perfect areas where the RHCC's could help by pulling together a response team of unaffected facilities, perhaps in a different Region, and jump in to assist. It is also recognized that a set of procedures should be established for hospitals to request such assistance, for the RHCC's to mobilize an ad hoc response team and for such a team to know how, and where, to come together and what roles they will each play .

Recommendations/Corrective Actions:

7. Ensure that RHCC response plans address how regional help will/should be requested and mobilized.
8. Ensure that hospitals are aware of the process and incorporate it into their own plans and SOPs.
9. Consider having regular (monthly?) webinars on topics of interest, such as this one.

Area for Improvement 6: *HIPPA & Other Patient Issues*

Analysis: Several people were unsure of how, or if, HIPPA and Standards of Care rules and laws would hinder such efforts to relocate patients, in some case obviously, to a lower capability/standard of care facility. While there are concessions made for emergencies and disasters, many charge nurses or even hospital CEOs or EM's are not completely sure on if, when, or how these concessions can be made. This is a universal issue that should be addressed by the RHCC's so that in the vent of an emergency, the answers and the alternatives are clear to the affected facilities .

Recommendations/Corrective Actions:

10. Ensure that HIPPA, Standards of Care, and other patient and pertinent issues are specifically addressed in regional response plans to prevent these concerns from being "show stoppers" during a response by people who don't know if they can do what they are being asked to do.
11. Consider having technical specialist(s) in these areas on or available to the RHCC response team(s) so any concerns can be addressed in real time as they come up.
12. Ensure that these issues, and any tech specialists, are part of future trainings and exercises.

Regional Healthcare Coalitions (RHCC)

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Analysis: It was discovered very quickly that many hospitals have not updated their status in Juvare on a regular basis. This made the tool much less useful and much less reliable for this situation than it could or should have been. Being able to quickly check EM resource and having it up to date would have made the work of the players much easier and more efficient. The result would have been to get the patients placed much more quickly in the real world. We need to reinforce how Juvare and its tools can be used in emergencies and how other facilities, not just the State or Feds, and ultimately the patients can benefit from keeping it up to date. It was noted that many people don't work in it often enough to feel proficient, or competent and so avoid it somewhat. Perhaps offering refresher trainings or workshops could help .

Recommendations/Corrective Actions:

13. Continue to educate the hospitals on the need for and the value of keeping Juvare/EM Resource updated daily.
14. Have a designated Juvare specialist on RHCC response teams. This might be a good role for the Coordinators.
15. Consider regular (Monthly?) webinars to train/refresh people's ability to use the platform.

Area for Improvement 8: Use of TEAMS/ZOOM For Collaboration

Analysis: While the TEAMS platform did work fairly well, it was noted that there was a lot of crosstalk when too many people were in the same "room" and that when groups go into breakout rooms, nobody else knows what they are talking about. It is clear that the platform, and those like it (e.g. Zoom) can be very helpful and will likely be crucial for Regional response where our team will be spread out too far to meet/collaborate in person. Therefore, it might be helpful to develop an SOP, or at least some "best practices" for using the platform to coordinate team efforts virtually. It may also be helpful to see if there is another platform(s) that might work better for response communication and collaboration .

Recommendations/Corrective Actions:

16. Develop SOPs or 'best practices" document to guide use of communications platforms, like TEAMS, for Regional response team collaboration.
17. One best practice is to use the Chat box function to minimize talk over and with the added benefit that it automatically creates a written communications log.
18. Research online platforms/tools to see if better alternatives exist for incident response collaboration.

CONCLUSION:

The Western RHCC 2023 MRSE Functional Exercise was developed to provide participants with an opportunity to discuss and evaluate current concepts, plans, and capabilities for a regional response to a hospital evacuation in a neighboring jurisdiction/region.

For the first time ever doing a MRSE exercise in this way, it was felt that the exercise was a great success. The use of TEAMS allowed us to reach a wider audience than we could have with an “in-person” event and was much more convenient and realistic given the new normal of today’s collaboration practices.

Participants completed all planned exercise objectives, and, while the objectives were dictated to us by ASPR, they were relevant to what we wanted to find out and gave us a great framework for our exercise that was conducive to identifying a wide variety of areas for improvement. Perhaps the most important of which was the realization that we need to develop some guiding principles and documents at the RHCC level to determine how help should be requested, how it should mobilize, how it should be organized, and what roles and responsibilities team members should have.

Several strengths were also identified, not the least of which were the great participation, attitudes, engagement and technical expertise of the players in response to this type of disaster. Several areas for sustainment were also identified as were some great recommendations to address the areas of improvement.

Participants can use the results of this exercise to further refine plans, procedures and future capabilities-based training and exercises addressing critical components of the overall response.

All specific exercise issues and recommendations are outlined in the Improvement Plan (IP) in [Appendix C](#).

APPENDIX A: ACRONYM LIST

Acronym	Meaning
AAR/IP	After Action Report/Improvement Plan
ASPR	(Office of the) Assistant Secretary for Preparedness and Response
DES	Disaster & Emergency Services
DPHHS	Department of Public Health & Human Services
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise & Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
IP	Improvement Plan
MCI	Mass Casualty Incident
MHA	Montana Hospital Association
MRSE	Medical Response & Surge Exercise
NGO	Non-Governmental Organization
NIMS	National Incident Management System
PIO	Public Information Officer
POC	Point Of Contact
RHCC	Regional Healthcare Coalition
AAR/IP	After Action Report/Improvement Plan
SOP	Standard Operating Procedure

APPENDIX B: EXERCISE SCHEDULE

Time	Activity
00:00 (T)	STARTEX: Welcome, Introductions and Opening Remarks
T+00:10	Module 1: Activation, Notification & Mobilization (15 minutes)
T+00:25	Module 2: Patient Assessment & Info Gathering (75 minutes)
T+01:40	Module 3: Patient Movement & Tracking (90 minutes)
T+03:10	Hot Wash
T+03:40	Closing Comments
T+04:00	ENDEX

APPENDIX C: IMPROVEMENT PLAN

This IP has been developed specifically by Spartan Consulting as a result of the Western RHCC 2023 MRSE Functional exercise conducted on February 15, 2023.

Table B.1 Improvement Plan Matrix

Area For Improvement	Recommendation	Responsible Party	Start Date	Finish Date
	1.			
	2.			
	3.			
	4.			
3. Hospital Staffing	5. Review/update plans, policies and procedures to account for ongoing staff shortages and other factors that limit hospital capability and capacity. Ensure facilities have access to CORES.	HCC Coordinators	May 2, 2023	December 31, 2023
4. Public Information Management	6. Make sure that Public Information is incorporated into the Regional Response Team planning, training and exercising to adequately support RGHCC response missions. Ensure that the focus is not on managing information regarding the incident as much as managing information around what the RHCC's are doing in response to the incident and to support incident management efforts in the locally impacted community(s)	HCC Coordinators	May 2, 2023	December 31, 2023
5. Hospital Evacuation & Patient Relocation	7. Ensure that RHCC response plans address how regional help will/should be requested and mobilized	HCC Coordinators	May 2, 2023	December 31, 2023
	8. Ensure that hospitals are aware of the process and incorporate it into their own plans and SOPs	HCC Coordinators	May 2, 2023	December 31, 2023
	9. Consider having regular (monthly?) webinars on topics of interest, such as this one	HCC Coordinators	May 2, 2023	December 31, 2023

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Regional Healthcare Coalitions (RHCC)

After Action Report/Improvement Plan
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Western RHCC 2023 MRSE
 Functional Exercise

Area For Improvement	Recommendation	Responsible Party	Start Date	Finish Date
6. HIPPA & Other Patient Issues	10. Ensure that HIPPA, Standards of Care, and other patient and pertinent issues are specifically addressed in regional response plans to prevent these concerns from being “show stoppers” during a response by people who don’t know if they can do what they are being asked to do	HCC Coordinators	May 2, 2023	December 31, 2023
	11. Consider having technical specialist(s) in these areas on or available to the RHCC response team(s) so any concerns can be addressed in real time as they come up	HCC Coordinators	May 2, 2023	December 31, 2023
	12. Ensure that these issues, and any tech specialists, are part of future trainings and exercises	HCC Coordinators	May 2, 2023	December 31, 2023
7. Use of Juvare/EM Resource	13. Continue to educate the hospitals on the need for and the value of keeping Juvare/EM Resource updated daily	HCC Coordinators	May 2, 2023	December 31, 2023
	14. Have a designated Juvare specialist on RHCC response team	HCC Coordinators	complete	complete
	15. Consider regular (Monthly?) webinars to train/refresh people’s ability to use the platform	HCC Coordinators	May 2, 2023	December 31, 2023
8. Use of TEAMS/ZOOM For Collaboration	16.	Click here to enter text.	Click Here to enter date	Click Here to enter date
	17.	Click here to enter text.	Click Here to enter date	Click Here to enter date
	18. Research online platforms/tools to see if better alternatives exist for incident response collaboration	HCC Coordinators	May 2, 2023	December 31, 2023

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