Medical Surge

# Exercise Evaluation Guide:

**Capability Description:**

Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

**Capability Outcome:**

Injured or ill from the event are rapidly and appropriately cared for. Continuity of care is maintained for non-incident related illness or injury.

**Name of Exercise:** 2023 California Statewide Medical and Health Exercise

**Jurisdiction or Organization:**

**Location:**

**Date:**

**Evaluator:**

**Evaluator Contact Info:**

*Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned.*

## Activity 2: Incident Management

**Activity Description:** In response to notification of a mass casualty incident, activate the healthcare organization’s Emergency Operations Plan.

**Tasks Observed** (check those that were observed and provide comments)

Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 2.1(n/a) | Activate the health care organization’s Emergency Operations Plan (EOP).* Implement notification procedures for Hospital Incident Management Team personnel and key administrative staff
* Assign roles and responsibilities to the Hospital Incident Management Team and general staff (Incident Commander chooses from the Command Staff to the Chiefs. Each Chief chooses for their section)
* Manage incident response in accordance with Hospital Incident Command System (HICS) organizational structures, doctrine, and procedures
* The Safety Officer is to establish a safety plan for facility patients and staff using the HICS 215A form
* Implement a common communications plan
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
|  Empty | **Time to activate the organization's EOP** | **Target: Within 30 minutes of notification****Actual:** |
| 2.2(n/a) | Conduct incident action planning.* Incident Commander is to define the facility operational period
* Establish and document incident goals and objectives on the HICS 201 (By the Incident Commander) and 202 forms (By the Planning Chief) All HICS forms available at: <https://emsa.ca.gov/hospital-incident-command-system-forms-2014/>
* Each Section is to establish and document the Operational Period objectives with strategy and general tactics on the HICS 204 forms for each Section
* Develop and document support plans (e.g., decontamination plans, safety plans, contingency plans, HICS Chemical Incident Response Guide available at: <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/> )
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 2.3(n/a) | Disseminate key components of incident action plan (IAP).* Hospital Incident Management Team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters (Using HICS form 201 Incident Briefing)
* Disseminate key components of the incident action plan with external response entities during each operational period
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 2.4(n/a) | Provide emergency operations support to incident management.* Establish connectivity and coordinate requests for emergency operations support with Medical and Health Operational Area Coordinator (MHOAC)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 3: Increase Bed Surge Capacity

**Activity Description:** Increase as many staffed and resourced hospital beds as clinically appropriate.

**Tasks Observed** (check those that were observed and provide comments)
Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 3.1(n/a) | Implement bed surge capacity plans, procedures, and protocols.* Activate plans to cancel outpatient or elective procedures (if necessary)
* Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 4: Medical Surge Staffing Procedure

**Activity Description:** Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

**Tasks Observed** (check those that were observed and provide comments)
Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 4.1(n/a) | Recall clinical personnel in support of surge capacity requirements.* Implement health care organization's staff call-back procedures (including "part-time" staff)
* Activate procedures to receive, process, and manage staff throughout the incident
* Debrief clinical staff on incident parameters and how the organization is responding
* Verify credentials and issue clinical staff assignments
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 5: Decontamination

**Activity Description:** Provide mass decontamination as necessary.

**Tasks Observed** (check those that were observed and provide comments)

Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 5.1(n/a) | Provide decontamination capabilities.* - Identify location for decontamination- Implement standards for appropriate personal protective equipment (PPE)- Activate decontamination protocol- Activate protocol to address decontamination of special populations (e.g., children, Access and Functional Needs)- Coordinate decontamination activities with other health care facilities and external response partners
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 6: Receive, Evaluate, and Treat Surge Casualties

**Activity Description:** Receive mass casualties and provide appropriate evaluation and medical treatment.

**Tasks Observed** (check those that were observed and provide comments)

Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 6.1(n/a) | Establish initial reception and triage site.* Identify location(s) for initial patient reception, triage and decontamination
* Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 6.2(n/a) | Provide equipment and supplies in support of immediate medical response and decontamination operations and for restocking supplies/equipment requested.* Identify additional equipment and supplies needed to meet surge capacity requirements and request through the Medical and Health Operational Area Coordinator Program (MHOAC)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 6.3(n/a) | Institute patient tracking.* Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients
* Establish Patient Family Assistance Center if needed
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
|  Empty | **Percentage of patients tracked** | **Target: 100%****Actual:**  |
| 6.4(n/a) | Execute medical mutual aid agreements.* Identify additional needed supplies, equipment, and other resources needed to meet surge requirements
* Identify needed health care professionals
* Coordinate requests for mutual aid support through the MHOAC Program
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 7: Provide Surge Capacity for Behavioral Health Issues

**Activity Description:** Have personnel available to provide behavioral health services to patients, families, responders and staff.

**Tasks Observed** (check those that were observed and provide comments)

Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 7.1(n/a) | Institute strategy to address behavioral health issues.* Implement strategy to meet behavioral health needs of staff (including Hospital Incident Management Team) as well as patients and their family members
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 7.2(n/a) | Provide behavioral health support.* Identify personnel required to assist with counseling and behavioral health support
* Implement the organization's behavioral plan for emergency response
* Coordinate with community leaders (e.g., religious community, American Red Cross)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 7.3(n/a) | Provide family support services.* Identify Federal, State, local and support agencies to assist with family support services
* Identify available resources
* Coordinate with families to ensure they know where/how to receive support
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

## Activity 8: Demobilize

**Activity Description:** Prepare facility and staff to return to normal operations.

**Tasks Observed** (check those that were observed and provide comments)

Note: Asterisks (\*) denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure

|  Empty | **Task /**Observation Keys | **Time of Observation/ Task Completion** |
| --- | --- | --- |
| 8.1(n/a) | Coordinate decision to demobilize with overall incident management.* Notify health care personnel and external response entities that medical surge is demobilized
* Conduct demobilization activities under Hospital Incident Management structure
* Establish decontamination plan for Decontamination Team and facility
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 8.2(n/a) | Provide a staff debriefing.* Determine Critical Incident Stress Management (CISM) needs
* Transition to normal operations and normal staff scheduling
* Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |
| 8.3(n/a) | Reconstitute medical supply, equipment inventory.* Complete inventories of medical supplies, pharmaceuticals, and equipment
* Account for all costs incurred by the health care organization as a result of the incident response
* Apply for financial remuneration of those costs
* Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response
 | Time:Task Completed?     Fully [     ]     Partially [    ]     Not [     ]     N/A [     ]      |

# Exercise Evaluation Guide Analysis Sheets

The purpose of this section is to provide a narrative of what was observed by the evaluator/evaluation team for inclusion within the draft After Action Report/Improvement Plan. This section includes a chronological summary of what occurred during the exercise for the observed activities. This section also requests the evaluator provide key observations (strengths or areas for improvement) to provide feedback to the exercise participants to support sharing of lessons learned and best practices as well as identification of corrective actions to improve overall preparedness.

**Observations Summary**

Write a general chronological narrative of responder actions based on your observations during the exercise. Provide an overview of what you witnessed and, specifically, discuss how this particular Capability was carried out during the exercise, referencing specific Tasks where applicable. The narrative provided will be used in developing the exercise After-Action Report (AAR)/Improvement Plan (IP).

[Insert text electronically or on separate pages]

**Evaluator Observations:** Record your key observations using the structure provided below. Please try to provide a minimum of three observations for each section. There is no maximum (three templates are provided for each section; reproduce these as necessary for additional observations). Use these sections to discuss strengths and any areas requiring improvement. Please provide as much detail as possible, including references to specific Activities and/or Tasks. Document your observations with reference to plans, procedures, exercise logs, and other resources. Describe and analyze what you observed and, if applicable, make specific recommendations. Please be thorough, clear, and comprehensive, as these sections will feed directly into the drafting of the After-Action Report (AAR). Complete electronically if possible, or on separate pages if necessary.

## Strengths

**Observation 1:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:** (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.) | Empty |
| **2) References:** (Include references to plans, policies, and procedures relevant to the observation)  | Empty |
| **3) Recommendation:** (Even though you have identified this issue as a strength, please identify any recommendations you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.) | Empty |

**Observation 2:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:**  | Empty |
| **2) References:**  | Empty |
| **3) Recommendation:** | Empty |

**Observation 3:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:** | Empty |
| **2) References:** | Empty |
| **3) Recommendation:** | Empty |

## Areas for Improvement

**Observation 1:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:** (Include a **discussion** of what happened. When? Where? How? Who was involved? Also describe the **root cause** of the observation, including contributing factors and what led to the strength. Finally, if applicable, describe the positive **consequences** of the actions observed.) | Empty |
| **2) References:** (Include references to plans, policies, and procedures relevant to the observation)  | Empty |
| **3) Recommendation:** (Even though you have identified this issue as a strength, please identify any recommendations you may have for enhancing performance further, or for how this strength may be institutionalized or shared with others.) | Empty |

**Observation 2:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:** | Empty |
| **2) References:** | Empty |
| **3) Recommendation:** | Empty |

**Observation 3:**

| **Observation Title:** | Empty |
| --- | --- |
| **Related Activity:** | Empty |
| **Record for Lesson Learned?** | (Check the box that applies) Yes \_\_\_ No \_\_\_  |
| **1) Analysis:** | Empty |
| **2) References:** | Empty |
| **3) Recommendation:** | Empty |