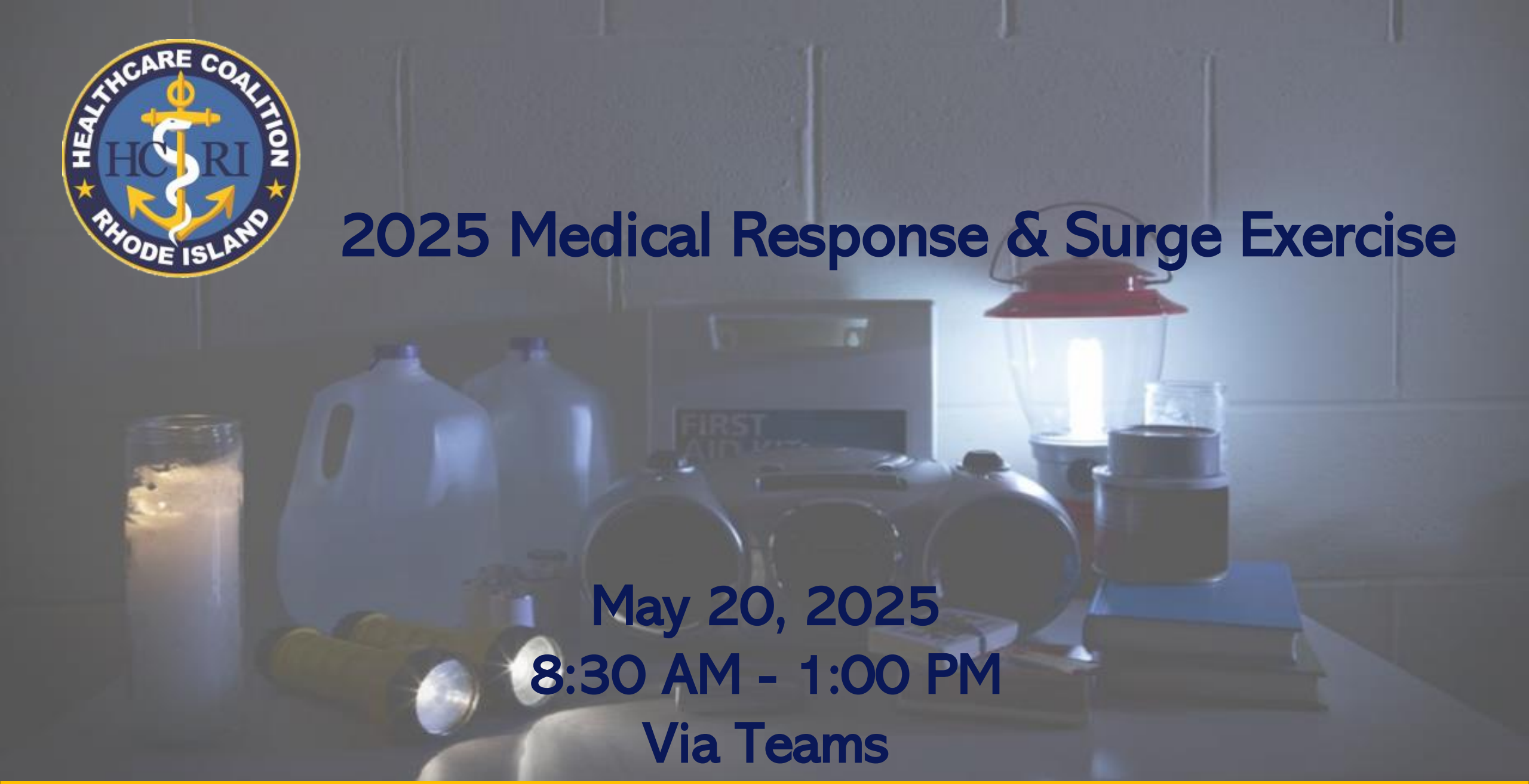
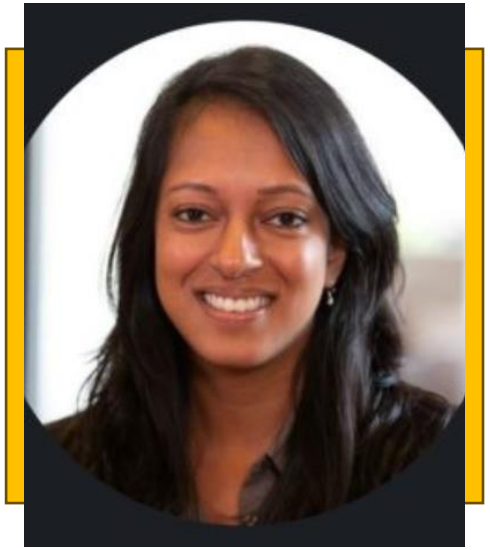


2025 Medical Response & Surge Exercise

May 20, 2025
8:30 AM - 1:00 PM
Via Teams

Exercise Facilitators



Rupsha Biswas, MPH
HCRI Co-chair

Ratha Sen, MHA
Exercise Coordinator

Center for Emergency Preparedness and Response
Rhode Island Department of Health


Thank
you!

Agenda

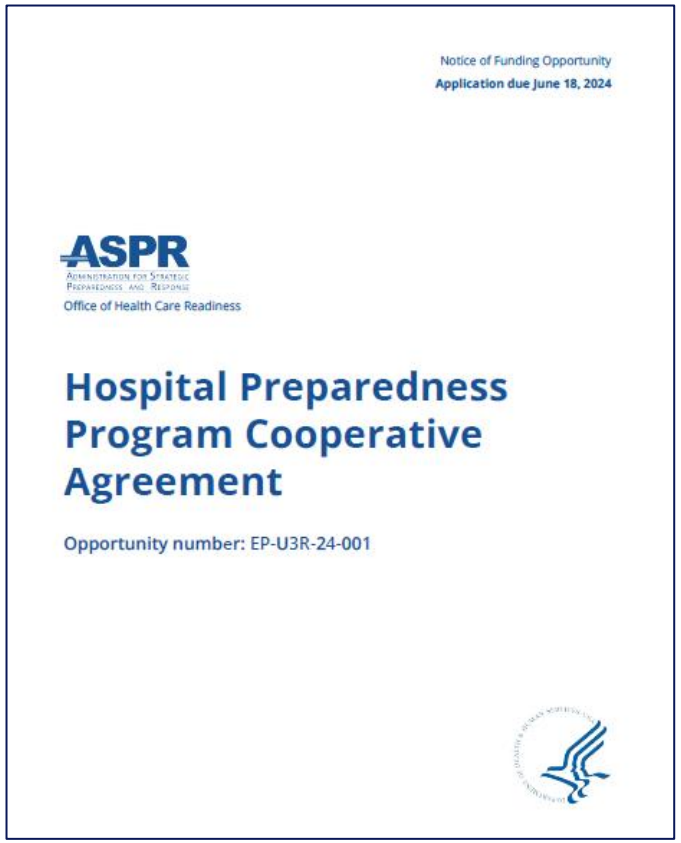
Dawn's Cell: (401) 640-2320

- 8:15 AM - 8:30 AM: Login to Zoom and needed software; conduct audio/visual check
- 8:30 AM - 10:30 AM: Conduct exercise
- 10:30 AM - 11:30 AM: Hospitals collect and submit MRSE data
- 11:30 AM - 12:30 PM: HCRI data analysis (break for participants)
- 12:30 PM - 1:00 PM: Hotwash (including hospital C-suite representative)

Emergency Response Breakdown

- Module 1: Disaster Struck Facility
- Module 2: Fire, EMS, and EMA
- Module 3: Receiving Hospital

Hospital Preparedness Program Requirement



Notice of Funding Opportunity

Application due June 18, 2024

ASPR

Administration for Strategic Preparedness and Response

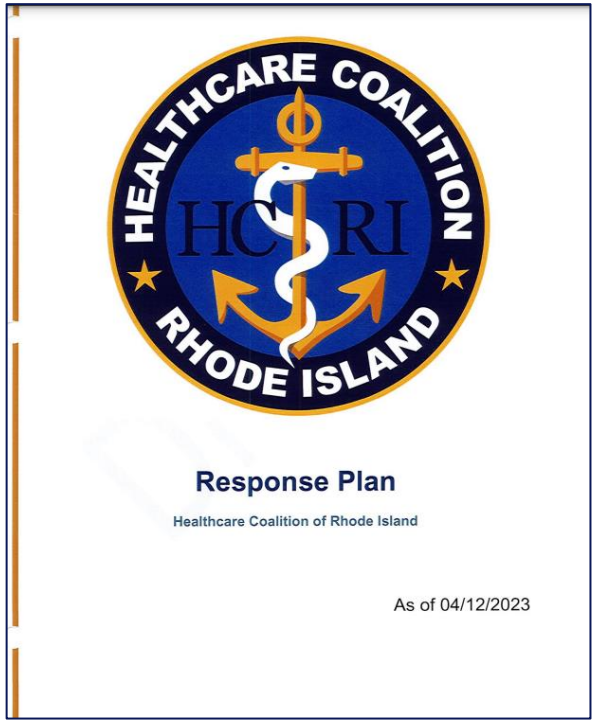
Office of Health Care Readiness

Hospital Preparedness Program Cooperative Agreement

Opportunity number: EP-U3R-24-001

4. Exercise and improve [28]	
4.1 Medical Response and Surge Exercise (MRSE)	Complete the exercise and submit the MRSE Exercise Reporting Tool by June 30 of each BP.
4.2 Patient Movement Exercise	Complete once, within one year of submitting the Patient Movement Plan.
4.3 Federal Patient Movement Exercise	If applicable, complete once every three years, or as required by other cooperative agreements/programs.
4.4 Cybersecurity Exercise	Complete once by June 30, 2027 (BP3).
4.5 Non-Cyber Extended Downtime Exercise	Complete once between BP3-BP5.
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	Complete once in the five-year period of performance.
4.7 Statewide Exercise	Complete once in the five-year period of performance.

Plans



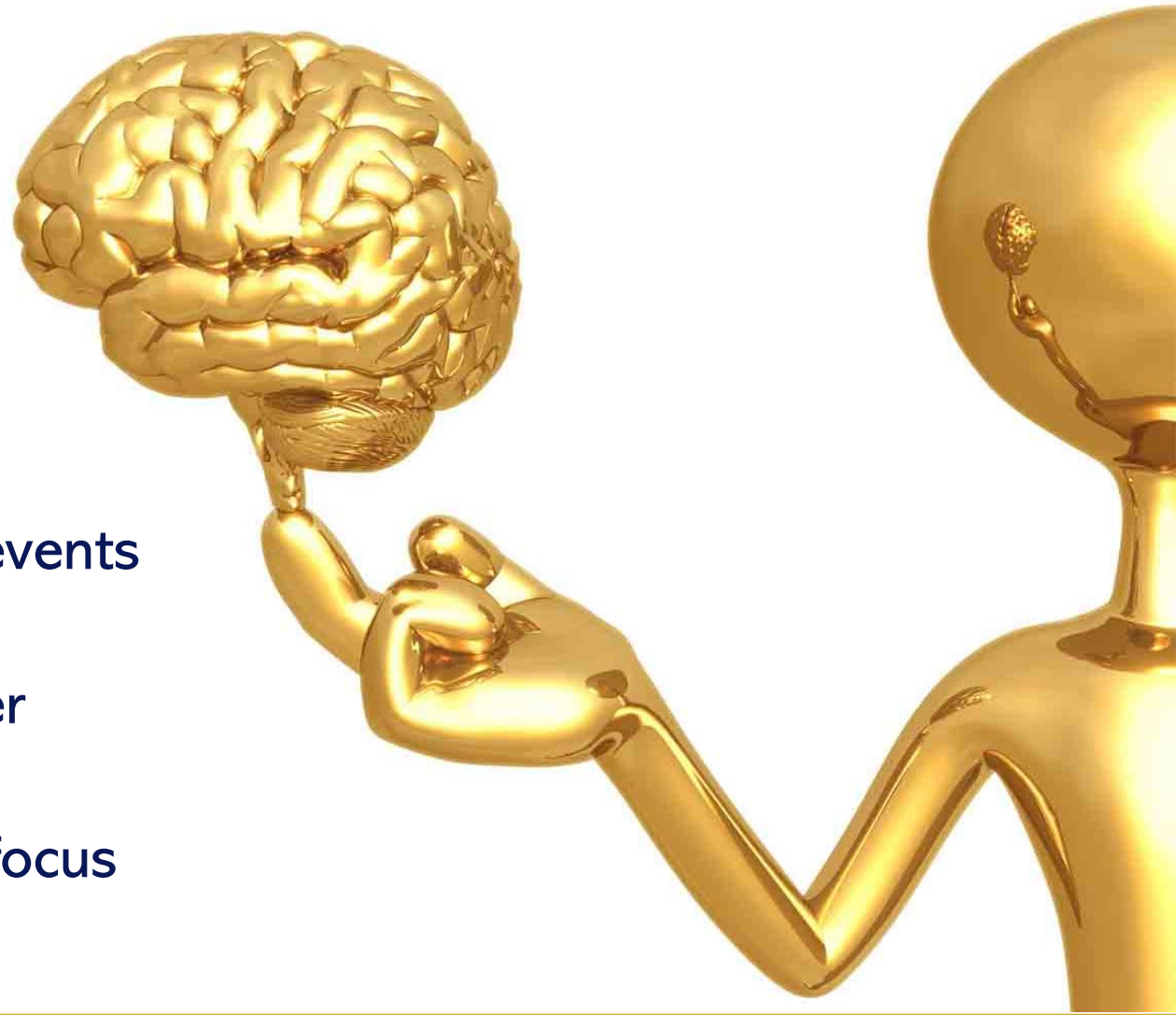
https://myhcri.org/mrse2025/

Objectives

1. HCRI demonstrates effective notification of HCC health care partners of an incident and facilitates ongoing information sharing during a community-wide emergency or disaster.
2. HCRI demonstrates its ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.
3. HCRI demonstrates its ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.
4. HCRI health care partners and their executives participate in the exercise and the After-Action Review within the HPP budget period.

Exercise Assumptions

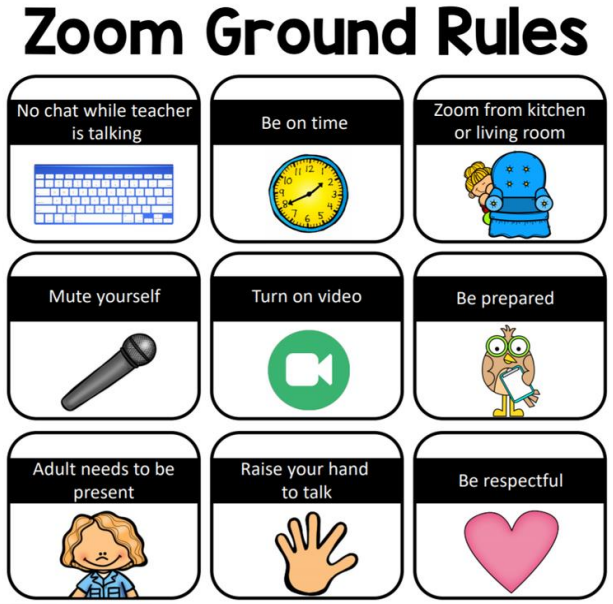
- The exercise is conducted in a no-fault learning environment.
- This exercise scenario is plausible, and events occur as they are presented.
- Do not assume response actions of other agencies not present.
- Healthcare system surge is the primary focus of this exercise.



Exercise Artificialities

- To expedite the pace of the exercise, timelines for events may be faster than in real life.
- All players receive information at the same time.
- Other response functions outside HCRI's scope are occurring simultaneously.

Exercise Play Etiquette

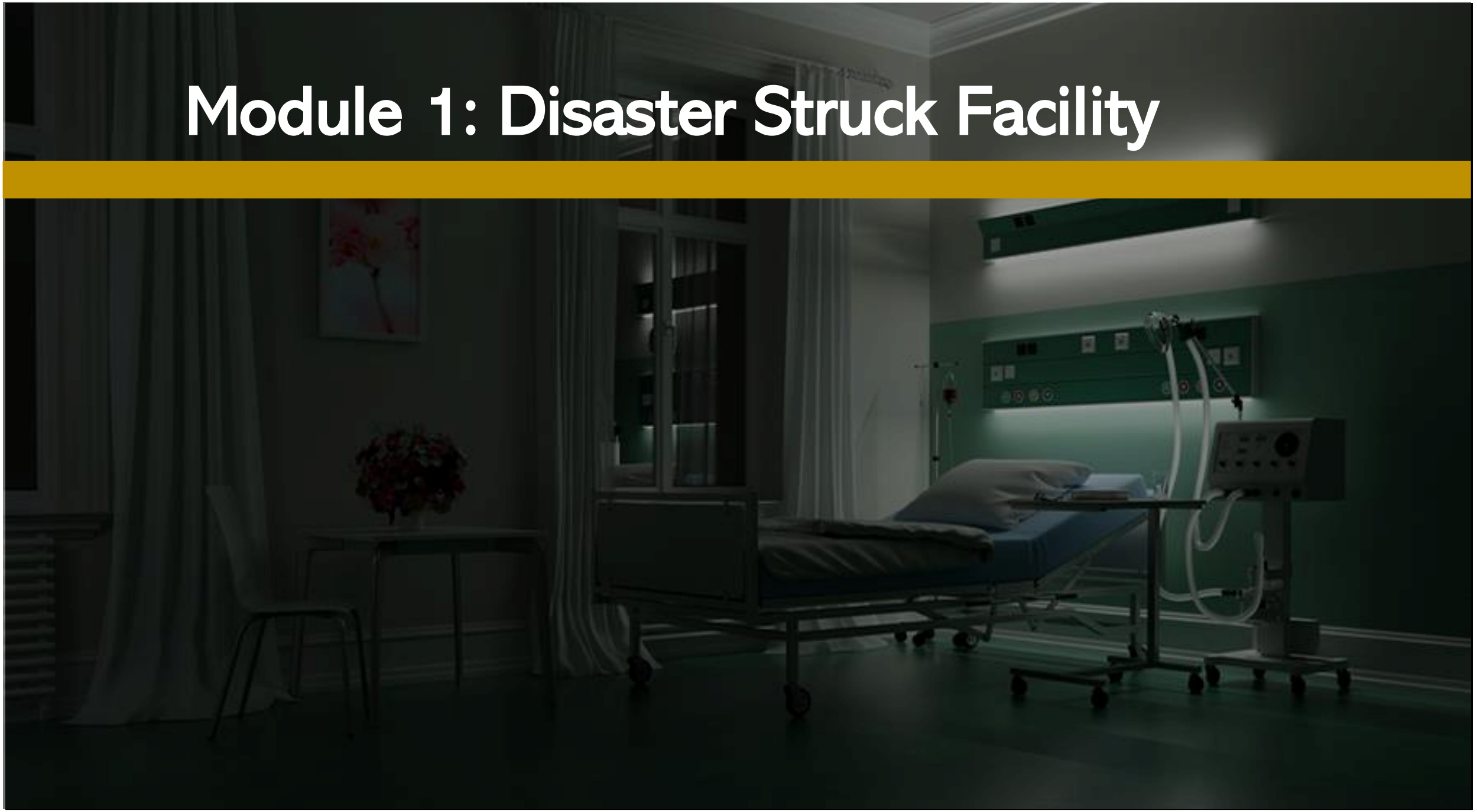


- Please respect the opinions and concerns of all participants.
- Please mute when not actively speaking.
- Please “raise hand” for questions or responses.
- Please turn on your camera.
- Feel free to use the chat for questions.

STARTEX

ARE YOU
READY?

Module 1: Disaster Struck Facility

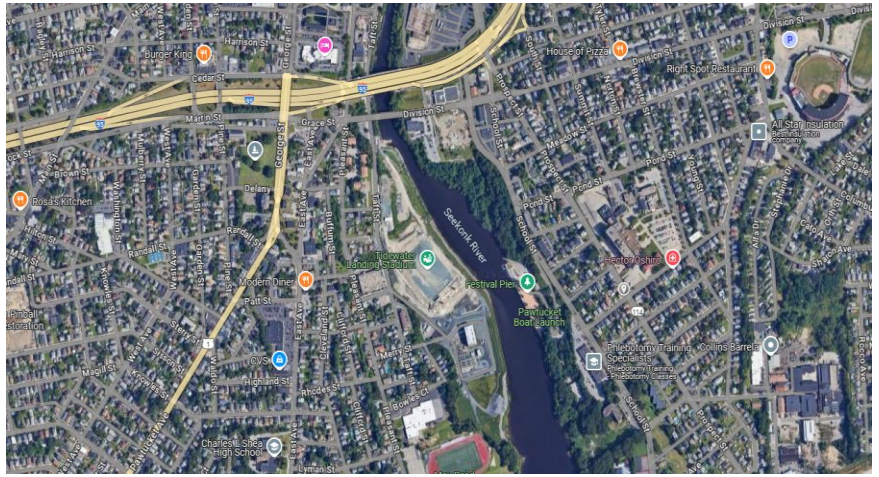


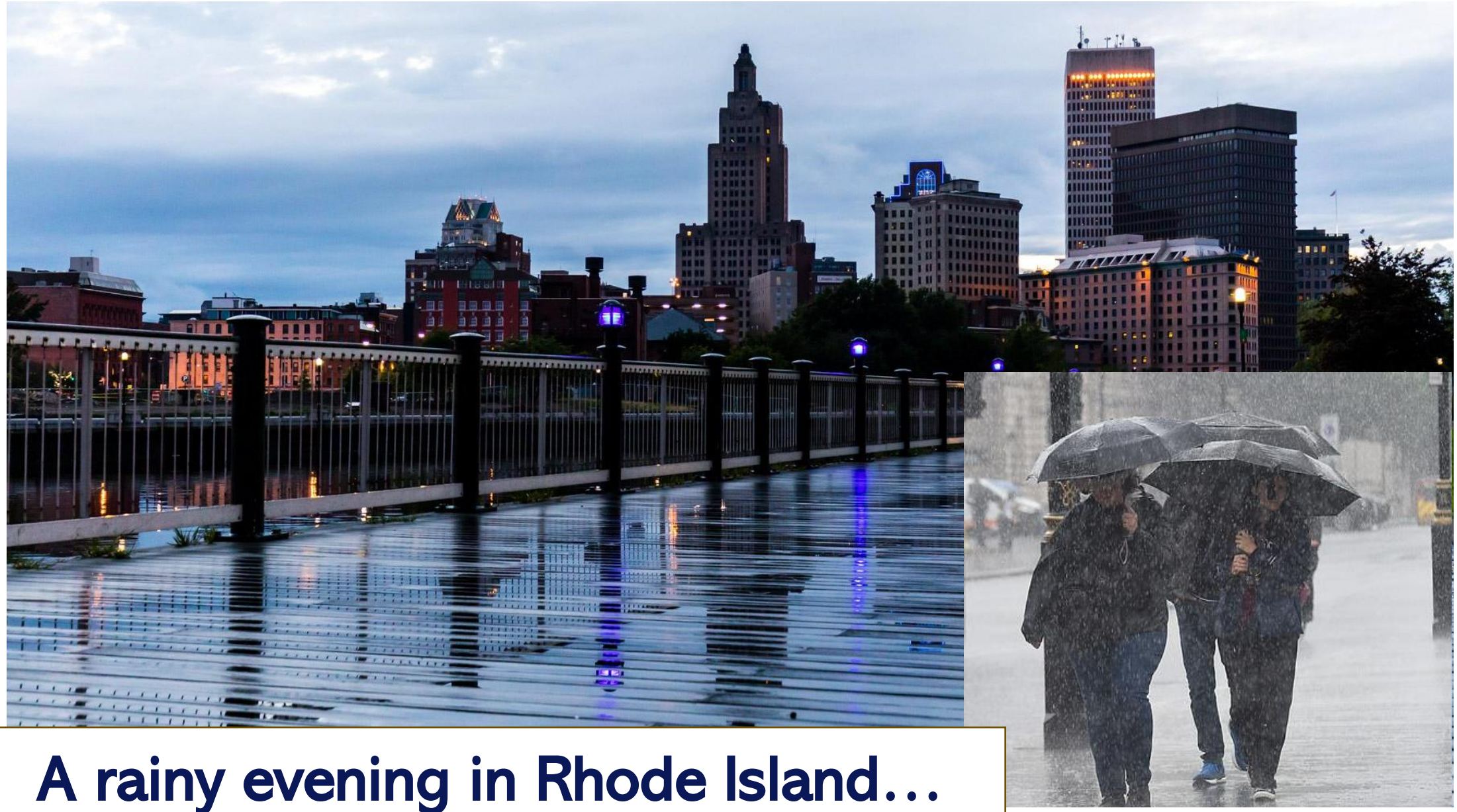
Notional

Hospital Profile: Pawtucket General Hospital

Location: 1 Main Street, Pawtucket, RI 02860
Type: Acute Care Community Hospital

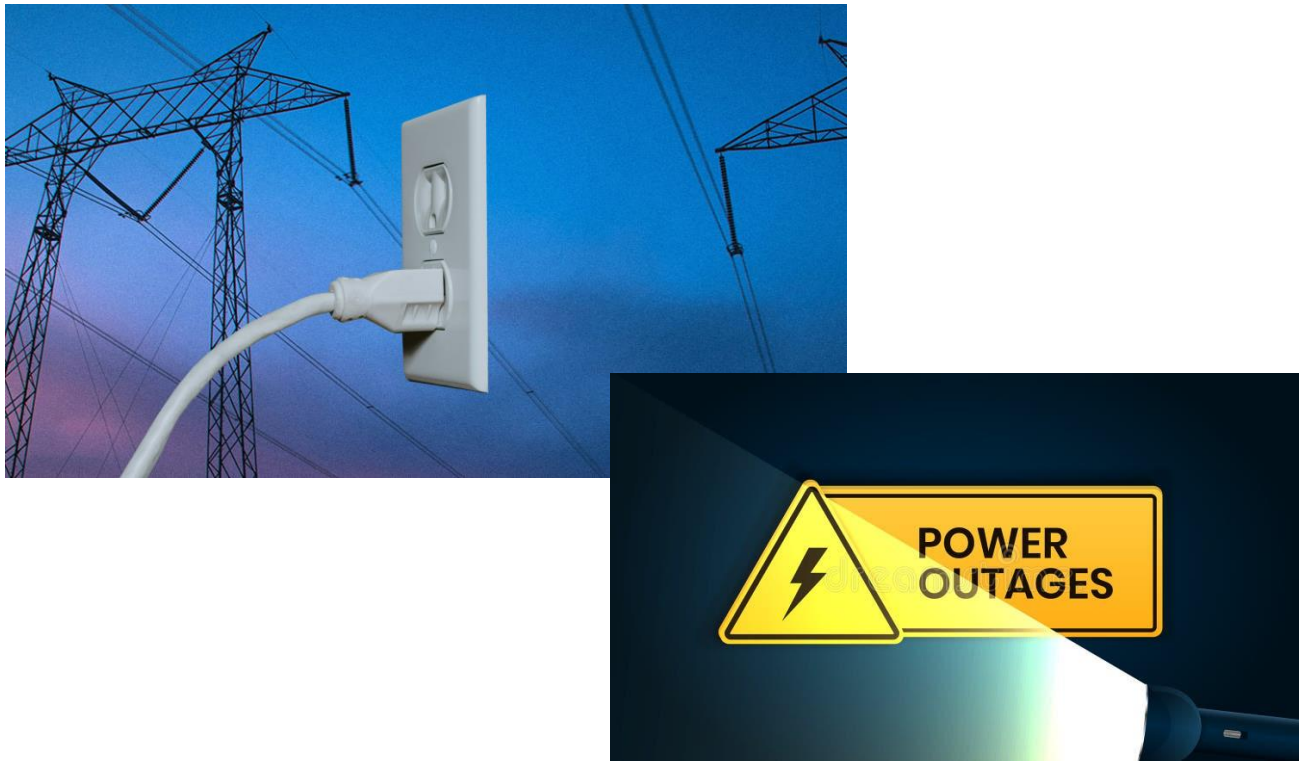
Licensed Beds: 280 Current Census: 273





A rainy evening in Rhode Island…

Power Failure: Grid power off, generator power on!



Questions: Hospitals

1. How do staff know when the hospital is on generator power?

2. How does your staff know what can operate when on generator power?

3. If the hospital is on generator power, what actions are you taking?

4. For clinical staff: what actions do you take?

The generator fails after 20 minutes.

Questions: Hospitals

1. If this were your facility, what would you do if your backup generator(s) failed, and the hospital did not have any power? Who would you call?

2. In the event of a catastrophic power failure, what needs to occur to keep power-dependent patients alive?

Manual Interventions

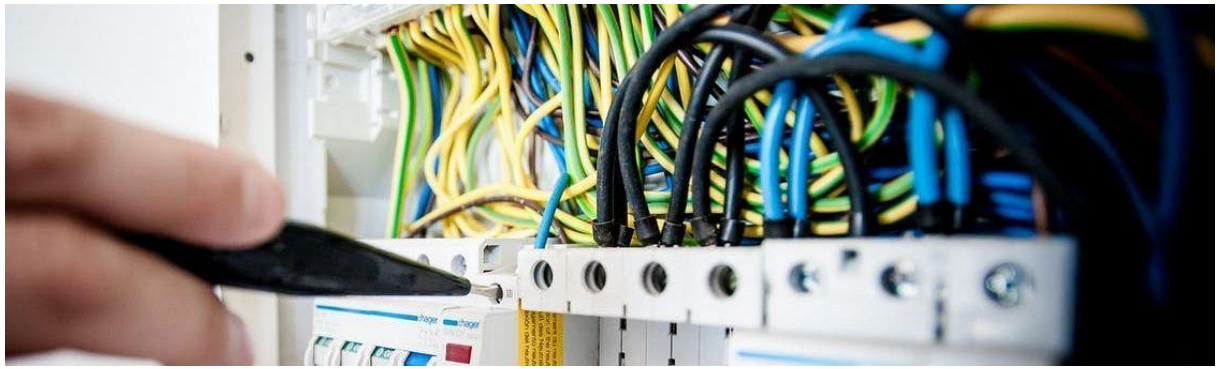
Calls for Help

Questions: CHFR and HCRI

1. CHFR: If you received this call, what would you do?

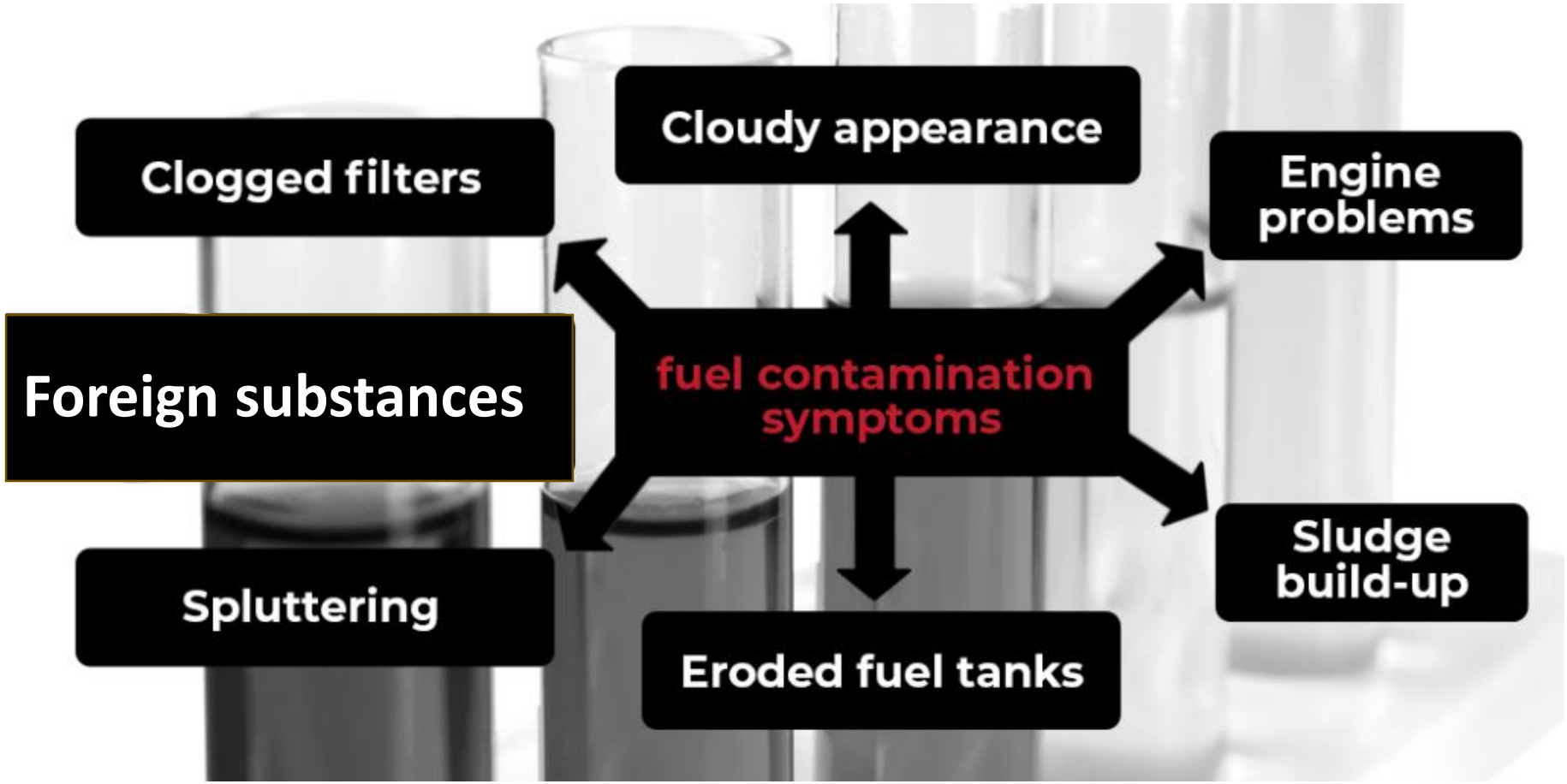
2. HCRI: If you received this call, what would you do?

Electrical Technician Situation Assessment



Transfer Switch/Electrical Panel

Likely Fuel Contamination



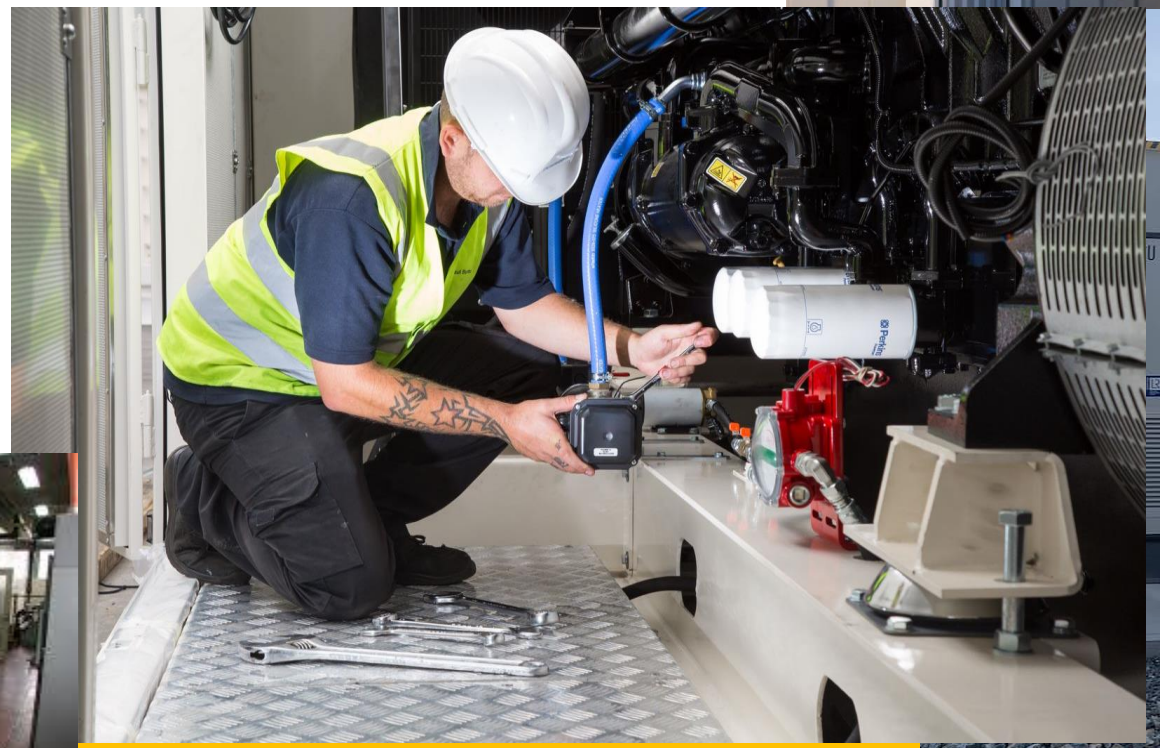
Question: Hospitals

What would you do if you were in this situation?

Question: EMAs

What would you do if you received a call for this situation?

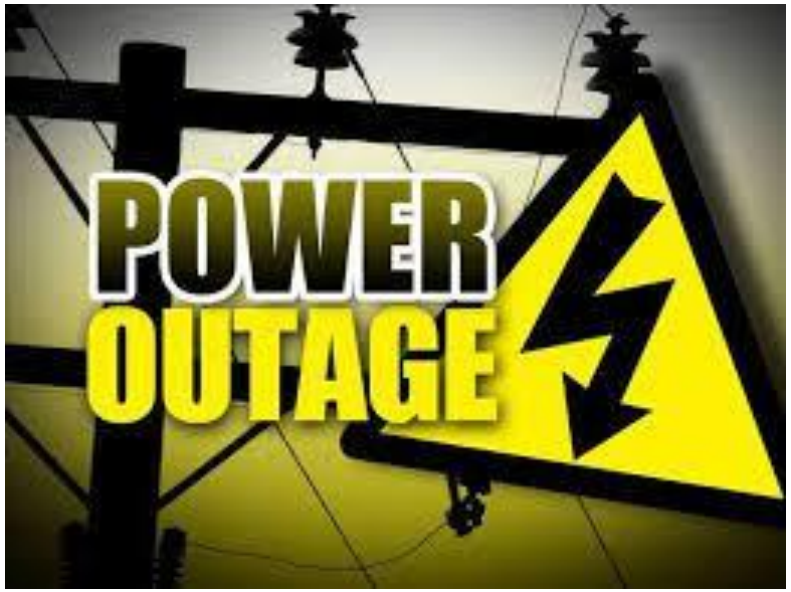
RHODE ISLAND
RIEMA
EMERGENCY MANAGEMENT
AGENCY



Call in the Pros- and Hope They Bring a Flashlight!

Rhode Island Energy™

Current Situation



- No grid or generator power.

- No reasonable expectation that the power will be restored quickly.

The Great Escape: Hospital Edition

Question: HCRI

What is HCRI's role in a hospital evacuation?

Questions: Hospitals

1. What criteria are you using to prioritize which patients evacuate first?

2. For patients who cannot get discharged home, where are you sending these patients?

Question: Hospitals

What are the expected interactions and information that need to be exchanged between the evacuating hospital and receiving facilities?

Data Submission - What We Need From You

- Bed availability – 

- Hospital-specific Patient List – https://myhcri.org/mrse2025/ (submit to hariepcoor@gmail.com)

- Resources/staffing – 

- Sign-in Sheet

Dawn's Cell: (401) 640-2320

Data Submission #1 – Bed Availability

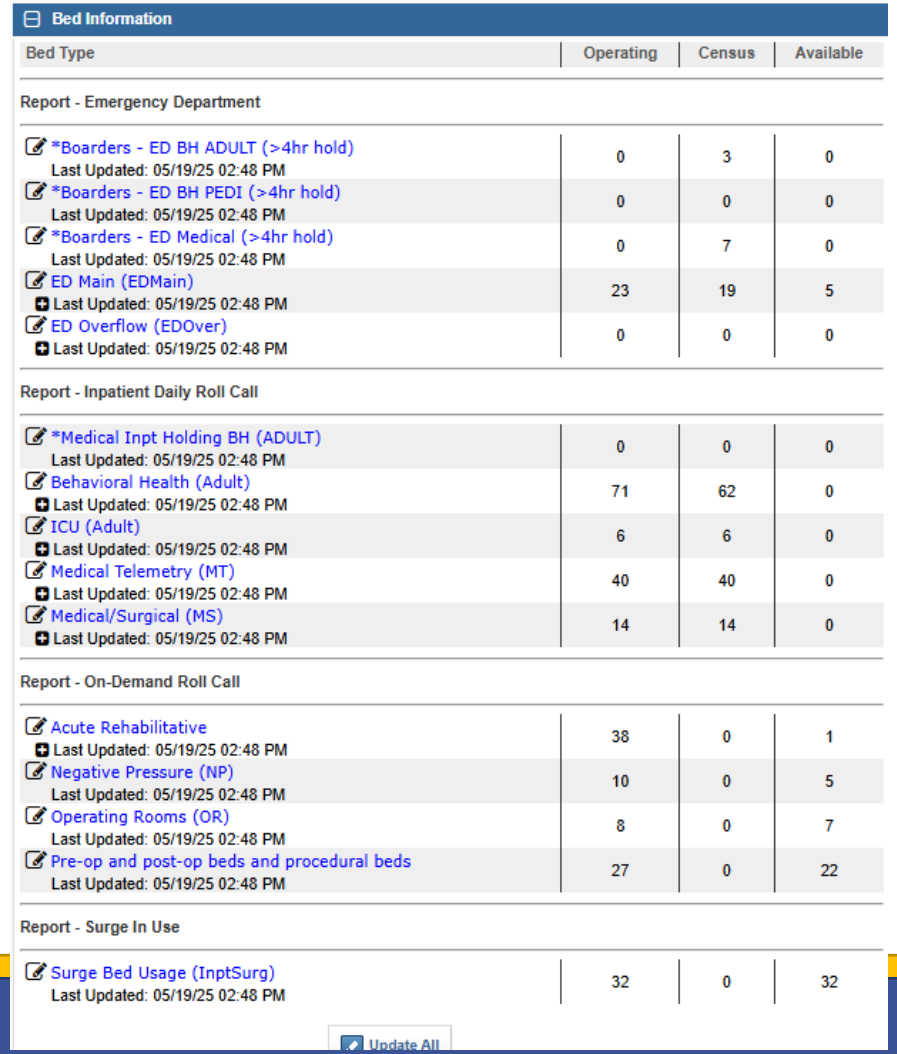
Total number of available BEDS that could be used to receive patients								
Hospital Bed Type *	Current Patient Census	Operating Beds**	Current Empty Beds	# of Patients Able to be Transferred OUT to another Facility@	# of Patients Able to be Discharged@	Available Beds**	# of Surge Beds that can be opened immediately***	Total # of Beds

ACCESS SOFTWARE and DOCUMENTS:

A. Go to https://rhodeisland.imagetrendresourcebridge.com
B. Go to Document Hub…Forms…MRSE 2025 to download worksheet titled "2025 BED Availability Reporting Worksheet for MRSE for players".
C. Use worksheet to identify bed information

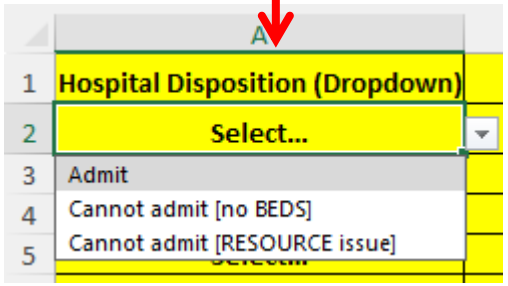
STEPS TO REPORTING:

1. Access Agency Summary Page
2. Click Bed Information Widget
3. Click the Update All button
4. Crosswalk the Worksheet and the Bed Information Widget to enter the Operating Beds, Census, and Available fields of Resource Bridge.
   a) *Note: Enter # from column B into the Census column*
   b) *Note: Enter #s from columns C into the Operating column*
   c) *Note: Enters #s from G into the Available column*
   d) *Note: Enter #s from column H into the bed surge widget*
5. Enter data into all fields until completed
6. Click Save All button



Data Submission #2 - Patients

Hospital Disposition (Dropdown)	If "admit", enter location:	Patient Name (Last, First)	PGH Patient Number	PGH Medical Record Number	RF Assigned #
Admit	312A	Harris, Jamie	163	60803159046	1

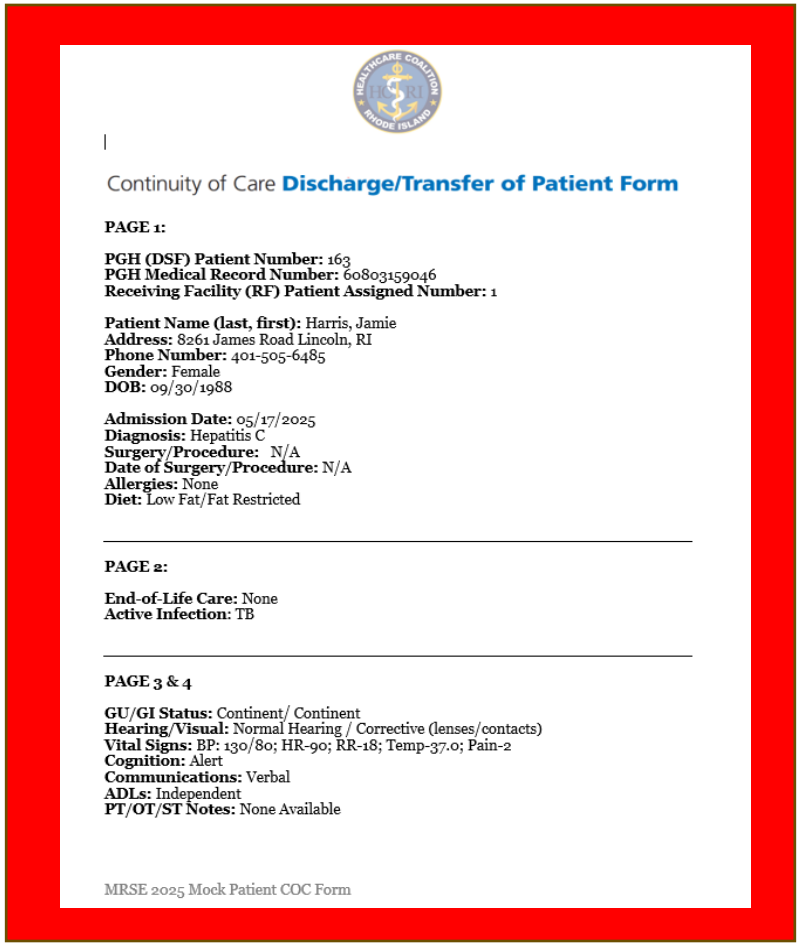


OBTAIN DOCUMENTS:

A. Go to myhcri.org
B. Locate the Medical Response Surge Exercise (MRSE)
C. Download your CoC Forms (pdf) and Patient List (Excel)

STEPS TO DOCUMENTS:

1. Review COC Forms
2. Determine if the hospital has an inpatient or surge bed for each patient
3. Open the Patient List, then indicate Hospital Disposition
   a) If Admit is selected as Hospital Disposition, assign a room and bed number
4. Repeat steps 1-4 for each patient then submit the MS Excel document to hariepcoor@gmail.com



Continuity of Care **Discharge/Transfer of Patient Form**

PAGE 1:

PGH (DSF) Patient Number: 163
PGH Medical Record Number: 60803159046
Receiving Facility (RF) Patient Assigned Number: 1

Patient Name (last, first): Harris, Jamie
Address: 8261 James Road Lincoln, RI
Phone Number: 401-505-6485
Gender: Female
DOB: 09/30/1988

Admission Date: 05/17/2025
Diagnosis: Hepatitis C
Surgery/Procedure: N/A
Date of Surgery/Procedure: N/A
Allergies: None
Diet: Low Fat/Fat Restricted

PAGE 2:

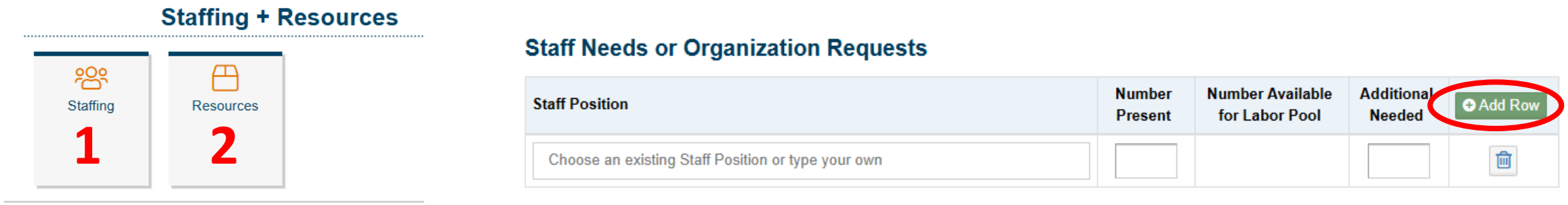
End-of-Life Care: None
Active Infection: TB

PAGE 3 & 4

GU/GI Status: Continent/ Continent
Hearing/Visual: Normal Hearing / Corrective (lenses/contacts)
Vital Signs: BP: 130/80; HR-90; RR-18; Temp-37.0; Pain-2
Cognition: Alert
Communications: Verbal
ADLs: Independent
PT/OT/ST Notes: None Available

MRSE 2025 Mock Patient COC Form

Data Submission #3 – Staffing and Resources



ACCESS SOFTWARE and DOCUMENTS:

A. Go to https://www.protectadvisr.com
B. Download or review the "How to Guide - Entering Staffing and Resource Availability" located in Document Library… HCRI Exercises…

STEPS TO RPEORTING:

1. Click the Reporting Status tile and proceed to the Report Status board
2. Click the first tile of interest (Staffing or Resources). *Note: Complete steps 3-7, return to the second tile, and repeat steps 3-7.*
3. Click the Add Row button
4. Use the drop list or type in item
5. Enter a number into the Number Present and Additional Needed fields
6. Repeat until completed
7. Click Save

Module 2: Fire Department/EMS and EMA

Pawtucket Fire Department/EMS

Questions: Fire/EMS

1. What are the next steps that EMS should take?

2. Could you walk us through what would happen in a scenario like this?

3. What are your concerns?

Current Census: Pawtucket General Hospital

Occupied Beds: 273

- Medical/Surgical: 189
- Intensive Care Unit: 22
  - Adult: 21
  - Pediatric: 1
- Labor & Delivery: 11
- Behavioral Health: 41
  - Adult: 31
  - Pediatric: 10
- Pediatric: 10

Question: Fire/EMS

What is the incident command structure for coordinating the evacuation? Who is the Incident Commander?

Question: EMS

How will EMS communicate with hospital staff, other EMS, and receiving hospitals during the evacuation?

Question: EMS

Do you have concerns or challenges with the way the hospital is prioritizing patients for the evacuation? And if so, how would you overcome them?

Limited Transportation

Questions: EMS

1. How are EMS resources allocated to manage the transport of 240 patients?

2. How will EMS handle ventilator-dependent or ICU level patients during transport?

Question: EMS

Beyond ambulances, what other transportation would you consider for these hospitalized patients?

Question: EMA

What role does a local EMA play in a hospital evacuation (if any)?

Question: RIEMA

Is EMAC an option? If so, how would that process be initiated?

Question: EMS

How will EMS track patient movement and confirm successful transfers?

Module 3: Receiving Hospitals

Questions: Hospitals

1. Upon hearing that a hospital needs to evacuate, but prior to receiving any patients, how do you prepare your hospital for a surge of incoming patients?

2. How would the preparation be different for a stable patient vs a critical care patient?

3. How would preparation be different for a pediatric patient who is stable vs. in critical care?

Question: Hospitals

How would your staff assist patients with the following needs:

- patients who have limited English proficiency
- patients who are uninsured/underinsured
- patients who have other social determinants of health needs

Question: Hospitals

What measures can your facility take to maximize the number of patients you can receive from PGH?

Not All Ambulances Are Equal

Patients are being transported via municipal and private ambulances.

Questions: Hospitals

1. What are the expected interactions and information that need to be exchanged between the receiving hospital and EMS?

2. How might the interactions be different between the two ambulance types?

Questions: Hospitals

1. How do you determine to which floors/departments the patients from the evacuating hospital go? Who is responsible for the bed/room assignments?

2. How do you manage the increased demand in staffing, medication, wraparound services, etc.?

Question: Hospitals

1. How do you communicate if you are running short on certain supplies (e.g., linens, medical supplies)?

Question: All

Are there any other considerations that were not raised for this type of hospital evacuation?


WAREHAM
EMS
AMBULANCE
62
WAREHAM
EMS
AMBULANCE
61
WAREHAM
EMS
AMBULANCE
DIAL
9-1-1


AMBULANCE


AMBULANCE
AMBULANCE


AMBULANCE
RIVER ROAD
RESCUE SQUAD

END EX

It's Over!

Next Steps

- Submission of required data by 11:30 AM
- 11:30 AM -12:30 PM: Break for hospitals/HCRI data aggregation and preliminary analysis
- 12:30 PM: Hotwash

QUESTIONS?

Call Dawn at
(401) 640-2320

Dawn's Cell: (401) 640-2320

What We Need From You

- Bed availability – IMAGETREND RESOURCE BRIDGE
- Hospital-specific Patient List – https://myhcri.org/mrse2025/ (submit to hariepcoor@gmail.com)
- Resources/staffing – PROTECTADVISR


Week
Report Out

HOTWASH

Hospital's Strengths/Improvements/Needs

1. Please give us one strength and/or one area for improvement you identified about your organization/discipline's play in the MRSE 2025.

2. What do you need in your organization to be better prepared for emergencies/disasters? (e.g., equipment, resources, situational awareness, trainings)

Participant Feedback Survey

REDCap
Research Electronic Data Capture

https://redcap.link/p8nprcbn

Exercise Design Team:

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