

ASPR Hospital Preparedness Program Recipient Webinar

October 9, 2024

Call Transcript

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Olugbadero Yerokun: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Thank you, Gbadero.

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Jennifer Hannah: Good afternoon, everyone. Thank you for joining us today. As Gbadero said, my name is Jennifer Hannah. I am the director of ASPR's Office of Healthcare Readiness (OHCR), and before I hand it over to our first presenter I would like to provide a brief overview of what we will cover today. Next slide, please.

First, I'll provide a brief update on supplemental guidance for the hospital preparedness program or HPP. Next, Dave Csernak and Captain Kevin Sheehan will provide an overview of the fiscal year 2024 through 2028 HPP period of performance outcomes and Medical Response and Surge Exercise or MRSE requirements. Then, they will provide a summary of MRSE updates, in addition to how MRSE's flexibility can help you meet the requirements of other exercises. Finally, we will leave some time at the end to answer your questions. Next slide, please.

So now we want to spend just a few minutes talking about the HPP Notice of Funding Opportunity or NOFO supplemental guidance. ASPR has and will continue to develop supplemental guidance in the forms of additional information templates, and one pagers to support you and your healthcare coalitions. As previously mentioned, the intent of the supplemental guidance is to clarify or provide additional information that will help you and your healthcare coalitions successfully carry out HPP activities. We will not create any new requirements. Next slide, please.

All the materials listed are available on ASPR CAAMP to support you and your healthcare coalitions. We released the healthcare coalition budget template, readiness assessment template, and readiness plan template. Captain Paul Link hosted office hours in September to resolve outstanding questions about these documents. Of course, if you have any additional questions, please feel free to reach out to your FPO. Also, we recently released MRSE supplemental guidance which is now available on ASPR Camp. We will review this guidance in more detail during this webinar. Next slide, please.

Now I will pass it to Dave Cernak and Captain Sheehan to present on MRSE updates.

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David Csernak: Thank you, Jennifer, and good morning. Good afternoon, everyone, and thank you for joining us today. So, before we really get into the meat of the MRSE and all of the updates, I want to start at a high level. And then we're going to kind of work our way down from there.

So, when we talk about the MRSE, the MRSE is really an exercise and training program that allows the coalitions, and you as the recipients, to really dive into all the components of the current Notice of Funding Opportunity (NOFO) and utilize it as a tool to better prepare your jurisdictions for future responses. In the new NOFO, we laid out some high level outcomes that everybody is going to be working towards over the next 5 plus years. But before we really look at the outcomes, and how each of them tie into the MRSE, we want to look at the overall purpose of not just the program, but also the MRSE as well. And that is three major things - the first is to address the needs of your communities and your jurisdictions. Looking at your priorities, your strategic objectives, both short term and long term.

Also, it's there to build connectivity, strengthen those partnerships that currently exist at the state, local, and jurisdictional level between partners, between healthcare systems, and public health tribal communities. Build those connections that improve connectivity to allow you to have a much more coordinated response moving forward, and ultimately to save lives during a future response in your jurisdiction. So when we look at the high level objectives and outcomes of the current NOFO, and we talk about them in relationship to the MRSE, they really do sync up one to one.

When we start talking about establishing these multi-year priorities, as a recipient, you're going to be developing or continuing to refine your strategic plan, developing those multi-year priorities based on your jurisdiction's unique hazards, risks, threats, and needs. By doing that, you'll also then be able to utilize the MRSE as an opportunity to validate those plans, validate the training that you've done, identify areas for ongoing improvement, and really help better prepare your jurisdiction and your community members. Not just from year to year, but over the course of multiple years, as you continue to build off of your experiences and improvements from one year to the next.

The MRSE is also here to really help enhance and sustain health care coalition. By working closely with your health care coalitions, you can help continue to develop the capabilities that lie within those smaller coalitions. Jurisdictions help strengthen their individual core functions, and allow them to grow as an organization to help better prepare the members of their community when it comes to coordination. The MRSE is a great opportunity to not just strengthen the coordination between you as the recipient and the coalition itself, but also allow the coalition to strengthen its coordination between its members - local emergency management, ESF 8, local public health - and also be able to strengthen and coordinate partnerships with you at the state level with state emergency management, and even potentially across state lines with other partners and other organizations really trying to build a much stronger, more prepared and more ready organization.

But at the local coalition level, and then ultimately at the state level. And then, when it comes to continuity of healthcare and service, you know those plans that everyone is working on, and the strategies that you're developing to help maintain services and care in the face of an emergency or disaster. The MRSE is a great opportunity for you to validate those plans, identify areas for improvement, and continue to strengthen your healthcare systems and your ability to respond by targeting specific plans and specific areas and specific needs from one year to the next.

This way, as we move forward from year to year, you have the ability to maintain a much more resilient workforce, a much more prepared workforce, and a much more resilient public health and healthcare system across your state and jurisdictions from year to year. So, the MRSE

really is a great opportunity for you all to strive towards and build the outcomes of the entire NOFO, but also allow the coalitions to focus on the needs of their local communities all at the same time. Next slide, please.

One of the big changes that we had for this year, and we rolled this out a little bit earlier in July, was that while the MRSE is really a health care coalition driven activity, there are still some requirements that we wanted to put out there for recipients, to ensure that the exercise and the program everything kind of works together. You improve that coordination, you improve that collaboration, you're providing the necessary support to the health care coalitions because we know not every health care coalition is the same. Some are very capable, and have some very strong capabilities and very strong core functions, while others are much younger, underdeveloped, and continuing to grow and strengthen from year to year, and may require some additional assistance and support along the way. Additionally, not every coalition has the necessary training and resources from day one to be able to put together a large scale exercise and be able to evaluate it effectively, and develop those corrective action plans. So, being able to leverage the expertise at your level, the recipient-level, to assist health care coalitions and help them develop those internal capabilities is key.

We're doing that by putting in place five overarching requirements for the recipient when it comes to the MRSE requirement. For this part of the NOFO, the first one is to provide that needed support - work with the coalition, identify where they may need assistance when it comes to the planning, the execution, and evaluation of the exercise. Provide whatever is needed and appropriate from your level, to allow them to be successful at their level, and not feel that they may be operating in a silo or a bubble.

Next, is recipients provide the targeted number of patients for each health care coalition. We got a lot of feedback from coalitions. They spent, in some cases, an excessive amount of time trying to determine what that surge number or that surge target is going to look like or should look like for their jurisdiction. We simplified and tried to streamline that process a little bit, for this year moving forward. But what we want to really do is get you, as the recipient, engaged at this level. You will pull that number together and be able to provide that information to the coalition upfront, so they know what the expectation is, and they don't have to spend an excessive amount of time trying to get that number on their own. So, this is part of that working together and supporting piece.

Next, is making sure that the coalition scenarios align with their HVAs, their local jurisdictional priorities, but also and just as equally as important, your state priorities, your strategic plans, your high level priorities, and the requirements that you have set forth at the state level. We want to make sure that the exercise is maximizing or the benefit is there, and the value is being maximized with the MRSE. So this way, the exercise that they're performing is something that is realistic and appropriate for the jurisdiction - a nexus to verify.

We get questions about specific roles of participation. There are some coalitions out there that still struggle with understanding what their true role is during a response. As the recipient, it's on your shoulders to help them identify that or provide that, and say, "here's your role, here's the expectation we have of you as a coalition for what you need to do during a response." So, making sure that you have that communication with them, you're providing that information to them, and they're clear as to what that expectation is, and what the roles and expectations are

at the state level, so if they do require assistance, they know that they can turn to you for that additional assistance during the planning, execution, and evaluation of the exercise.

And then, lastly, comes the recipient review guide, and this is really a quality assurance piece. This is to allow you to work with the coalition side-by-side throughout the entire process and make sure that the work that they're doing, the information they're gathering, and the data they're collecting is accurate to the best of your knowledge and their knowledge, that it is appropriate and that it's complete, and before the tool is submitted at the very end that you had the opportunity to look at it, verify it, validate that it's as accurate as you can make and then submit it.

We had some quality assurance issues last year and this is a great step that we're putting in place to help both improve that coordination and collaboration, but also conduct quality assurance checks along the way. We can get into some of these topics a little bit more as we move into the presentation. But from here we'll go to the next slide, and I will be turning it over to Captain Sheehan to get into a little bit more of the summary of the specific updates. Thank you.

00:12:06.050 --> 00:17:29.719

Kevin Sheehan: Good day, everybody. It's great to be on a webinar talking about the MRSE again. I know some folks have already conducted their MRSE somewhere in the middle of a real world response. And so we're here today to give you some updates on the MRSE, and Gbadero, if you can go the next slide that would be great.

Before we provide an overall update, we'll first talk about the process that was used to make these updates. The main goal of the latest round of the MRSE updates was to streamline data reporting requirements to reduce burden on the coalitions. The MRSE support team gathered feedback through our MRSE participant feedback form, which was in the actual reporting tool, from our numerous office hour calls this past couple of years, and from our national conference presentations. We received feedback in the conference halls, and even in the hallways, and obviously with some of our FPO's talking to their recipients and their coalition members throughout the last couple of years.

The MRSE support team also developed additional guidance and instructions based on requirements for the next period of performance. Next slide, please.

Now we'll discuss the updates made across the exercise guide, the evaluation plan and the reporting tool. So for the exercise guide, which was previously known as the Situation manual, includes the recipient and HCC-level requirements that we went over earlier. The surge targets been reduced from 20 percent of staff beds to 10 percent of the general medical surge beds. We also updated language throughout the exercise guide to match the terminology used in the new NOFO.

The Exercise Guide can be found in CAAMP and on the MRSE web page, but we're a little bit delayed on getting it on the MRSE web page. We will have it up shortly. The Evaluation plan- we updated the evaluation plan to now include 9 performance measures tied to the MRSE per requirements for the period of performance. Specifically, we update the language based on draft changes to the HPP performance measures. And we've incorporated performance measure 12 to address the use of redundant communications during the exercise, as you know, we used to

have you provide information on redundant communications within the cat tool. But we're no longer gonna be using the cat tool this next period of performance. So again, the evaluation plan is in CAAMP as well as it'll be up on the MRSE web web page.

The reporting tool, previously known as the exercise planning and evaluation tool, or the excel spreadsheet, has been streamlined to help reduce burden of data reporting. The exercise objectives have been reduced from 6 to 4. Our objectives are still participation, notification and information sharing support, resource needs and then patient movement, during a medical search event. The reporting tool will be located in CAAMP only, and finally, the real world reporting and evaluation tool has been discontinued. Next slide, please.

We've heard what you said, and we reduced the burden with regards to the surge target requirements. As a result, we found a way to reduce this requirement for HCCs. The MRSE no longer requires mandatory calculation of the 5 different staffed bed types, or requires coalitions to survey the current operating capacities of their facilities. The recipient is responsible for providing each coalition with a total number of licensed general medical and surgical beds within their jurisdiction. In the reporting tool, coalitions will now enter the total number of licensed general and medical surgical beds within their jurisdiction, as requested from the recipient.

The reporting tool will automatically calculate the target number of surge patients required for the exercise based on the number of licensed general medical and surgical beds in the coalition. We're hopeful these changes will relieve some of the pressures faced by HCCs when they were required to calculate 20 percent of their staffed beds for the exercise. Next slide, please.

We revised this patient distribution table and simplified it quite a bit. The number of columns in the table have been reduced to allow for a more streamlined data collection. Coalitions will triage their patients into green, yellow, red, and black categories. HCCs can indicate the number of patients that were cleared at the scene and did not require emergency medical service transportation, and data collected in this table will be used to calculate performance measure 19. Next slide.

This slide provides a high level overview of the universal language changes that have been made across all MRSE documents to match the language we've used in the FY 2024-2028 HPP cooperative agreement NOFO. Next slide.

Now I'll turn it over back to Mr. David Cernak to discuss MRSE flexibilities back to you, David.

00:17:31.000 --> 00:26:00.999

David Cernak: Excellent thanks, Kevin. So we continue to get a lot of questions about the MRSE, about flexibilities, about the requirements and how jurisdictions can best get these requirements. To work based on their current capabilities, the current training and exercise level of the coalitions, as well as in addition to all the other requirements that are laid out there in the current HPP NOFO. So the name of the game here really is flexibility and looking for opportunities that will make your lives easier, will make the the lives of your coalition members easier, reduce the overall burden of trying to plan and execute and evaluate an exercise from the from the ground up all on your own and build, and, like, I said, build and strengthen those partnerships.

Improve collaboration with other organizations in your communities, in your jurisdictions that have similar requirements and maybe looking for similar opportunities in order to meet their needs and fulfill objectives and address areas of improvement that they may have. So, looking for opportunities to work together, in order to plan, execute, and evaluate the MRSE. That doesn't mean, though, that the requirements of the MRSE are necessarily all that flexible, but means that the way that you go about completing the exercise, that's where the flexibility comes in. So, just as a real quick kind of recap, in the new NOFO, In addition to the 6 slash 7 exercises that we've laid out to be completed over the next 5 years. There are a couple of high level kind of requirements that need to be in place, across the board. The first one is, we're now looking at the use of HSEEP. This was a big request that came in from many coalitions and state health departments when it came to exercises. Utilization of HSEEP makes it a lot easier for coalitions and recipients to exercise with other organizations, especially emergency management. So utilization of HSEEP across the board should help improve that coordination and collaboration.

One of the other things we want to make sure is that we're always looking to address the needs of our communities and looking to address the needs of those at risk populations, those communities most at risk during disasters, incorporating some elements in there. So this way, we're making sure that the exercises that we're doing and the training that we're doing leading up to those exercises is meaningful and will help support the actual execution and the overall readiness of the coalition, the jurisdictions, and the individual partners.

We're also kind of looking to make sure that as part of the HSEEP process, we're doing good quality after action reports and improvement plans to identify those areas of improvement, build those corrective actions and be able to move forward. So, how do we do that across the board and support these other exercise requirements.

When we we've reached out and spoke to our partners over at CDC and DLSR, we talked about the PHEP cooperative agreement. I know they have more exercises out there, but there are a lot of a lot of intersections between our exercises and their exercises, and especially the MRSE where you can utilize the MRSE to meet multiple exercise requirements. Same thing when we looked at some of the CRI and CMS requirements, even with the national special pathogen system and the RESPTC's, they've all got exercise requirements.

The coalition can use the MRSE to address all those different requirements by combining together, laying out all the objectives for each of the individual requirements and making sure they're incorporated into one exercise. Just within the HPP requirements alone, if we just look at our exercises right while the MRSE has very specific objectives that we've laid out, and some specific reporting requirements that tie back to performance measures, the other exercises that we've required at the jurisdiction and local level over the course of the next 5 years, they're a lot more flexible. You're going to be developing, you're doing assessments, understanding what your needs are. In writing a plan you're going to be looking at ways to better equip your organizations and your jurisdictions to support that plan, doing necessary training and then exercising it.

You can incorporate some of those different exercises and the MRSE at the same time. If you develop a MRSE exercise, it's focused heavily on patient movement. You can meet that patient movement requirement by exercising your patient movement plan, your statewide patient movement plan as part of the MRSE exercise, same thing. If you incorporate an extended downtime event, you can also exercise and validate that plan through the MRSE exercise, by

developing an additional objective incorporating that into the overall exercise plan, conducting it, evaluating it, and including it in the AAR, and meeting multiple requirements at the same time. Same type of process would apply for like, I said, for PHEP exercises as well as other exercise programs.

But also think outside the box. If you can reach out to your emergency managers at the state and local level, they may also have exercises that they're looking at conducting. Incorporating objectives or your objectives into their exercises, allowing them to take potentially the lead on the overarching exercise, but still being able to incorporate MRSE objectives into it will allow the coalitions to meet the MRSE requirement, as well as participate in potentially a much larger exercise with more partners, again, building more connectivity, strengthening those community partnerships, and improving that overarching ESF-8 coordinated response, by playing with some of these non-traditional coalition partners.

Additionally, a good example may also be the airports and FAA mass casualty exercises. This is a great opportunity for the coalitions to work with those partners and leverage another exercise requirement out there that manages and supports a mass casualty or a patient surge event, and being able to bring it all together, building stronger connectivity at the community level and completing and meeting everyone else's requirements along the way.

Joint Commission, for example, lots of requirements they put at the facility level, not necessarily coalition, but a facility level coalition can look to incorporate some of those facility level objectives into the overarching MRSE, allow facilities to play, doing some expanded play within their own organization, but leveraging the MRSE to kind of run the overall scenario and provide some of those additional exercise injects and input will help and assist the individual facilities with meeting those individual facility and accreditation type of exercise requirements. So there's plenty of ways out there. The key thing is, although this slide shows everything in its own box. The key here is, think outside the box.

The exercise requirements may be neatly written up, packaged, and bulletized for you to just kind of look at and understand what has to happen. But when it comes to planning, executing, and evaluating, think outside that box, look for those ways, to connect the dots between all those boxes, between those other requirements and between your other partners. And that should help you reduce the overall amount of exercises that you need to perform each year, and over the course of 5 years. It should also help reduce the amount of burden and planning and execution effort that goes into it by bringing more players to the table and sharing that responsibility and sharing those roles and efforts between each other, and kind of again, strengthening partnerships and building a much more resilient community and healthcare system along the way.

With that I want to turn over to Kevin. Here he's got some other good examples that we've talked about in the past as well for ways to, like I said, work together and find flexibilities, and meet these requirements as as effectively as possible.

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Kevin Sheehan: Thanks, Dave. Yes, there's just a couple of thoughts. We're going to talk about this. We do hold office hours quite frequently, and I encourage recipients and coalitions, especially to come on those office hours. We get a lot of information from coalitions about the things that they're doing, and I encourage the states and the recipients to hold calls for your

coalition so that they can come together as a state and talk about their MRSE activities and their MRSE planning efforts. And we are always encouraging coalitions that it's okay if you have a desire to do a regional exercise with other coalitions in your area. Talk through that, get your Field Project Officer involved, and really consider some options for doing that and how that will work best in your jurisdictions. If you're brand new to HPP, we do get into some turnover, and you're not really sure where to start, you can always reach out to the MRSE team and your project officer, at mrse@hhs.gov, that email will be up on a screen in a few minutes. Reach out and say, "Hey, I'm new. I'm not sure where to start. How? What do you all think? How can you help me get there?"

One of the questions we hear is, you know, and we're interested specifically in this year is, how you address health equity in your exercises, and I've heard some really good examples. I was at a coalition meeting in a rural coalition, and the hospice, the person who oversaw the 70 hospice patients as they had in this rural area. She was interested in how the coalition could help her walk through and participate in the MRSE exercise and address some of the health equity issues associated with the population. As we know, in the hospice community, it was well received. The coalition is going to be working on bringing that population and those challenges into their MRSE this year, along with their EMS agency and their emergency management. So there are some opportunities here to, perhaps on the health equity side, to engage some other types of health care partners that you haven't worked with in the past, and I think that as we still work through this throughout the year, during office hours and hearing from coalitions, very interested in how you're bringing in some of our some of our other populations in into the MRSE. I think it will be a way for us not only to learn nationally about what you're doing, but to share those expertise and those plans and other things that you may have learned with other coalitions. So that's all I have, Dave, for that. Thanks, sir.

00:29:11.030 --> 00:33:38.019

David Csernak: Thanks, Kevin. So while while Kevin was presenting there, I kind of took a quick look over in the chat just to kind of see what was coming up, and I did see one of the questions that was in there really kind of asked about or mentions coalitions are out there moving patients or EMS is out there moving patients every day, providing that interface with the scene of an incident to the hospital. And I just want to throw it out there that the MRSE does not have to be focused on purely, that EMS to hospital patient movement and admitting of patients into hospitals. That is only one aspect or one way that you can approach the MRSE, but it doesn't have to be the only way.

This is where it comes down to, as the recipient, as a coalition having those conversations as far as what are your needs? What are your highest risks and threats? What are the areas of focus? What are the core functions, really, that you want to work on strengthening during the exercise that year, unlike the other exercises that are listed out in the HPP. The MRSE is a great opportunity for the coalitions to demonstrate and validate the work that they have done in the previous year, and maybe in the preceding year, and can show how you know the areas that they've continued to grow and strengthen and develop from year to year. They do all this work, you know, to develop capabilities, strengthen core functions. And then they put it to the test.

And then they look for ways to make it better. And it doesn't always have to just focus on patient movement Yes, this is a surge exercise, but it can surge in different ways. So not every patient has to get transported to a hospital right like Kevin mentioned. And like we previously talked

about, the focus could be on the skilled nursing facility, right? And the scenario, if it's a realistic scenario, say, it's a hurricane or a wildfire, something that's driving a high threat into an area, and we need to get people out of harm's way. Those patients may not necessarily need to go to a hospital, but they may need to be relocated. It's also a good opportunity and ways to potentially look at increasing or getting yourself closer or meeting that surge threshold by getting these other populations involved.

So do we need to just necessarily facilitate a patient movement or an evacuation? Do some patients need to go to the hospital and surge. If that is what some of the players need for other requirements absolutely throw it in there, right? But if the focus, maybe the focus of your MRSE is really going to be around communications and coordination. And that's where your additional objectives are going to lie, based on a certain threat or a certain risk in your jurisdiction, then that should be the biggest focus. The other pieces can come in secondary.

If you're exercising some of your other specialty surge plans, look at what those populations are. Look at what those needs are, how you can sync that up with ,again, what your jurisdictional needs and requirements are, and put the focus of the exercise there. So not every MRSE has to just be like - you know, we've got X number of patients at an incident scene. Now we're moving them to a hospital with EMS. Do we have enough EMS? And then can we get them in hospital? Do we have enough beds? Okay, end of exercise? Let's evaluate focus on those specific plans that you've been working on to help strengthen your core capabilities across the board and really kind of dive in and like, I said, each year the MRSE can be completely different from from previous years. And by doing that you're targeting, you're focusing, you're looking for ways to improve those priority areas across each of your jurisdictions. So, this is where we can have these conversations during monthly office hours. We can help you all come up with other ideas. But again, think outside the box when you're putting these things together and leverage the MRSE as an opportunity to have your coalitions demonstrate the work that you're having them do throughout the year.

Put those plans to the test. Put those those partnerships to the test and look for ways to strengthen them as you move forward.

We can turn it back over to Jennifer, or go to the next slide.

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Jennifer Hannah: I believe that actually we should be going to a different slide. We should be going to the one for the next steps, so if we could move to that.

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David Csernak: There we go. So, really quick before we get to the Q and A. Thanks, Jennifer. So next steps. Just so everyone is aware tomorrow's webinar is going to be really focused a little bit more at the coalition level. But then next week, on Tuesday, Wednesday, and Thursday, we're going to be hosting those office hours which will allow you all to come back with some very targeted or specific questions. Make sure you go back, take the time to read through the materials and we'll be happy to address some of those additional questions, and walk through scenarios and ideas that you may have next week. So, I challenge you all to bring some good topics for discussion. And we look forward to getting into those topics with you all next week. Okay, now, back to you, Jennifer. Thanks.

00:34:36.420 --> 00:35:32.990

Jennifer Hannah: Right. Thanks Dave and Kevin, I think now we have some time before the top of the hour to open the line for questions. Of course we want to start or prioritize questions related to the MRSE presentation, or questions you may have regarding the execution of the MRSE, and then we will move to some of the more general questions. And Gbadero, would you mind reminding folks. Never mind, it's here on the screen, apologies. In order to ask a question, you can please submit a written question. Select the the chat icon, and enter your question there. To ask a question verbally select participants, icon, and then raise your hand. I believe we have a few questions. Specifically related to MRSE.

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Olugbadero Yerokun: Yes, Dave and Kevin, I will highlight a couple for you for us to get kicked off. So, the first question, well, actually, I'll start with a comment. The comment says - our hospitals have been poked and prodded repeatedly with these kinds of required activities. And I think that's the exercise activities. So moving patients from a scene into an emergency department is something that happens in varying scales every day. Coalitions need comparable stress tests for engaging all our non-hospital providers before those patients and clients become those that get moved by EMS to an emergency department. So, just wanted to read that comment. There's an opportunity to come off mute if you'd like to speak more to this comment. But Dave and Kevin, any thoughts on this initial comment.

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Kevin Sheehan: Whoever it is that made the comment, if they could come off mute to give us more detail, I think that'd be great. I'm not quite sure I can get your thoughts on how to address it as well. Dave, you have any other thing, because I don't know who that was.

00:36:44.570 --> 00:38:00.030

David Csernak: No. I mean, really, this is kind of what it kind of leads into, that looking for those other opportunities and ways to kind of develop a plan to execute the MRSE and look at those other objectives trying to look for ways of building out an exercise that's gonna challenge the coalition. That's gonna allow them to validate and really test those other core functions that are not just supporting EMS response, patient movement to the hospital emergency department, emergency department to hospital bed, and back into service at the end of day. It's looking to build a MRSE around the other plans, including those other challenges, and allowing coalitions to test those specific areas during the exercise communications, logistics, and resource management for targeted specialty surge scenarios, high risk or at risk populations and communities within your jurisdiction and focus the exercise there. At the same time, managing patients within that sphere, and not just, you know, thinking about the patients that go to a hospital only, right?

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00:38:02.900 --> 00:38:06.369

Olugbadero Yerokun: I'll go into the next question. Oh, I'm sorry. Go ahead.

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David Csernak: Go ahead, Gbadero. Next question.

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Olugbadero Yerokun: Okay.

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Kevin Sheehan: So did that person have an opportunity to come off a mute? Whoever?

00:38:14.680 --> 00:38:16.920

Olugbadero Yerokun: No, I did not see them come off.

00:38:16.920 --> 00:38:18.819

Kevin Sheehan: Okay. Great.

00:38:20.560 --> 00:38:45.060

Olugbadero Yerokun: Yep, so I'll move to the next question. So, to work the objectives of the other required exercises into the MRSE - I think they mean to incorporate the other exercise objectives into the MRSE- we need to have completed the plans first, in order to complete those required plans. We need the templates. When can we expect those, and will we get a template for each required plan?

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David Csernak: So I can take a stab at this first question. From a recipient and a coalition perspective, over the past years, or last multiple cooperative agreements, we've been working towards developing response plans, communications plans, and medical surge support plans. The last 5 years we looked at all the specialty care annexes, so there are and should be plenty of plans out there that you've already developed.

The MRSE is not just about testing and evaluating the brand new items, the ones that we haven't developed yet, but it's continuing to test, validate, and improve all of those existing plans that you currently have out there, putting them to the test and coming up with ways to make them better.

Continuing to update those HVA's and those risk assessments, making sure that those exercises are reflective of those highest risk areas...those greatest threats, and that your plans are up to date and currently support those types of responses. So, you should have a really good, strong base already to start with at both the state and the local coalition level.

As far as the other plans and templates go, we'll continue to put out additional guidance. We're going to continue to develop some tools and templates along the way and continue to provide some materials that I think Jennifer even spoke to in the beginning for some of the upcoming additional requirements across the course of this NOFO, but that shouldn't stop you or preclude you from looking at the plans that you already have, and continuing to test them and identify areas of improvement in each of those plans. Basically, because that's what's focusing on your jurisdictions needs what your current capabilities are. Strengthen those capabilities, strengthen

those core functions, update those plans, and then retest them and look for ways to make them even better. Kevin, I don't know if you have anything else to add.

00:40:54.070 --> 00:42:06.899

Kevin Sheehan: No, I mean, this is recipient call. So I mean, that's focused on, you know, recipient level plans, how coalitions would respond in work with you during an exercise. If there's things like commute, you know, calls that you have, or Sit Reps that they asked to send up, or how you're organized within your jurisdiction. Those are expected that the coalitions will exercise as they would on game day. So any interaction with the recipients in terms of if it's a shared software platform that they provide information to allow them to test that out or providing Sit Reps, or even coordination calls or helping those things. These things are all very beneficial, especially for a lot of new folks who come in and never really even been in a response. And just going through those types of which very experienced people may consider like low hanging fruit. This sets up the coordination calls or resource request, but for some, a lot of new people that may be the first time that they've ever even seen that process.

00:42:07.840 --> 00:43:51.779

David Csernak: And, Kevin, you make a really good point. This is a recipient kind of driven audience, So making sure that coming out of the covid roles and responsibilities of many coalitions changed within their jurisdictions, right? The expectations that states had for their coalitions, and how those coalitions are going to best support a response. Whether it's a pandemic type of response, whether it's a you know, no notice, or natural disaster. But the roles for coalitions have changed across the board and the expectations that both the state and the local partners and community have for those coalitions have all changed. So, making sure that all of your plans reflect what those current roles and responsibilities are that you have for your coalitions. Make sure that it's current making sure it's up to date, and that it's understood by the coalitions that they know what their new roles are, what the expectations are that you have for them, so that way they can use that to update their plans.

And then, when you exercise, It's an opportunity for you to evaluate their ability to perform those roles, and not every one of your coalitions may have the same roles and responsibilities, right? You make that determination as the recipient of what you expect from each individual coalition, but making sure they know it, and making sure that when they exercise that they're actually meeting your expectations and doing what you want them to do during a response. I mean, long gone is the day that coalitions can come back and say we don't respond. I mean, it was shown during Covid that all coalitions had some sort of role in a response based on what was communicated to them by their recipients. So this is that chance for you all to test them and see what you do to help them get better.

00:43:52.610 --> 00:44:04.230

Kevin Sheehan: Hey, Darren Pruitt. I don't mean to call you out, but you have a really good point that you typed into chat. Do you want to come off mute and kind of elaborate on that a bit? Maybe we could talk through that for for a minute or so.

00:44:04.480 --> 00:45:10.730

Darrin Pruitt: Sure. Thank you both for this this webinar. It's very helpful. I understand that we would always for us, it would be a natural thing to work in other plans that we've already

developed for this exercise, for the MRSE, and try to make it wrap around those things we're constantly trying to realize economies of scale. What I'm concerned with is certain other exercises now being new, but not knowing what the content of that needs to be, because we don't have the templates for either the assessment or the plan. Sometimes there's a whole series of things, and sometimes there's just a plan and then an exercise that we'll go ahead and plan our MRSE, but not know how to work in these other exercises and save us time and realize economies of scale. So the question comes back to, when can we get the templates for these things, so that we have the knowledge in order to make the exercise as robust as possible?

00:45:11.775 --> 00:45:27.760

Kevin Sheehan: Okay, got it. And they kind of answered that we will be producing those over the next several months, and I don't have an exact timeline. Maybe, Dave, do you have a more definitive timeline for there?

00:45:28.260 --> 00:49:32.890

David Csernak: So I think a lot of the the templates are gonna be coming out. They're gonna be kind of rolling out in the order that a lot of the requirements are going to be coming due in the NOFO. So you know, the cyber security extended downtime assessments are going to be coming out first. Then, some of the resources to help support the plan development for those will be coming out afterwards. Some of the additional, you know, templates and guidance surrounding some of the other requirements like supply chain workforce recovery, things like that, they'll all be coming out in time.

But also keep in mind some of those plans already exist in some capacity or another based on previous NOFO requirements, so the templates and tools that will come out will help you all, maybe further develop them or make them more robust. But some of those plans are probably already in place to some degree. But we're doing our best to get them developed with subject matter experts across, not just ASPR, the interagency, and the private sector, state level, etc., to get you the best products and best guidance as possible.

Darrin, I also saw you had an additional secondary question there about the bed piece, right? And the licensed beds, and the denominator versus staff beds. So when we looked at these two things, this actually came with a lot of feedback from HCCs and other state folks. When we looked at some major metropolitan areas, and we looked at the licensing data which a lot of is actually publicly available online. We broke it down, and rather than going for those five staffed bed types, we reduced it to just that one specific type of bed and then looked at the licensed numbers versus the staffed bed numbers for more consistency, and repeatability at the state level.

But understanding that the numbers themselves were high with those search targets. That's what also forced us to drive, or helped us to make the decision to drive it down. Bring it down to 10 percent. So I'd be curious to have this as a one-on-one conversation, we could follow up email or on the phone.

To know what the current number of licensed beds are in New York City, for just that one bed type and then take 10 percent of that and then kind of look, maybe retroactively back at what the coalition utilizes as their numbers in the previous years, and see where that lines up and what we found is when we kind of compared it - I don't know what was it, Kevin, maybe that I

think it was around 6 to 8 at least different major responses across the country. In different geographic areas and different types of responses, right? - The 10 percent of licensed bed numbers actually came really close to what these real world responses were reporting in their in their AARs, and this is everything, from wildfires to mass shooting to mass casualty events to, I can't remember some of the other scenarios we looked at, but the numbers that were coming up were very, very close or somewhat higher. Some were lower than what jurisdictions were previously. Additionally, when we looked at previous year's numbers of the licensed beds, it's more than a staffed bed number, but also with that 10 percent piece we saw in some of the major metropolitan areas when we were calculating them out. I mean a reduction of almost 50 percent, if not in some places over 50 percent of what the coalitions were using in previous years as their search target. So you know, a jurisdiction that reported 1,200 patients, their calculation came up as down now to only 500, and it was like it was a huge reduction, and it brought them a much more manageable and realistic number. So we can have that conversation with you, or any other jurisdiction, if you need to moving forward. But I encourage you to crunch those numbers and actually see what they look like first and then how we can work with it from there.

00:49:34.240 --> 00:49:47.680

Darrin Pruitt: Thank you. But we do already know that we would never use licensed beds as a planning number because they don't exist. If there's a hundred licensed beds, and there are 80 staffed beds, those other 20 beds don't exist anywhere.

00:49:49.650 --> 00:51:34.980

David Csernak: I understand that. That's why we're using this, as I said, as a planning component for establishing a surge target number for an exercise. But it doesn't like, I said, the exercise doesn't necessarily have to reflect on current bed availability or things in a hospital or anything like that. So it is just a way to standardize a surge target number using a number that's much easier to attain than having to go out and survey every facility and ask them how many beds are currently in operational status in each of their facilities based on each of these multiple bed types, and then taking 20 percent of that number.

The states being the licensing agency, you can much more easily find those licensed bed numbers, right? Because that's the licensed bed number of beds that a state is authorizing a facility to operate, whether that facility operates them or not. But it's a much more consistent number, easier to attain and does require all this individual facility by facility survey.

And then, just looking at that breakdown, because many facilities have licensed beds. They have all these subcategories in there as well. Just that one general medical/ surgical bed type based on what you've licensed your facilities at. And then taking 10 percent of that number and using that as a standardized baseline calculation for determining that search target for the exercise. So, we listened. Happy to have ongoing conversations about it, or if you need any additional clarification. But hopefully it makes everyone's lives a little easier.

00:51:35.660 --> 00:52:00.490

Kevin Sheehan: Yeah, Darrin, if you want to come back, if you want to have one-on-one with us as the MRSE team and talk about it, and we maybe bring Sharon, your project officer in. We'd love to talk about it and get your thoughts and look at what works for you. You have a big,

complex city with a lot going on, and we obviously want to work with you, sir. So let's set that up. We'll make that happen.

00:52:02.130 --> 00:52:03.090

David Csernak: Hi! Gbadero!

00:52:03.090 --> 00:52:14.199

Olugbadero Yerokun: Right. So, I quickly want to acknowledge that David Ben had his hand raised. So just want to open it up for David Benn. If he has a question.

00:52:16.830 --> 00:52:21.208

David Benn: I feel like it'll be more appropriate on the healthcare coalitions tomorrow instead of today.

00:52:22.250 --> 00:52:24.170

Olugbadero Yerokun: Sounds good. Thank you.

00:52:24.560 --> 00:52:25.529

David Csernak: We'll talk to you tomorrow.

00:52:26.170 --> 00:52:48.739

Olugbadero Yerokun: Okay. So if we don't have any more questions specifically about the MRSE, I think we can go into more of the general questions which I'll direct to Jennifer. I'll just pause here for a couple seconds, just to see if anybody else has any questions about the MRSE.

Oh, and, Carolyn, your hand is raised. Please go ahead.

00:52:54.370 --> 00:53:42.749

Carolyn Elliott: Oh, this is Eileen with Colorado. I must be under Carolyn's name. We must be sharing advice too much. So sorry about that. So, my question is if we are trying to align with exercises that meet our hospital needs, our hospitals have requirements for exercises, but those are on every other year basis with joint commission. Could we assign bed numbers every 2 years for our healthcare coalitions? So whenever facilities have a joint commission exercise that year, include those facilities and then do the other group of facilities as the minimum requirement kind of in every other year. That's a really weird ask, I know, and I don't know if it even makes sense.

00:53:42.750 --> 00:55:32.440

David Csernak: You can plan and execute the exercise. However, you need to meet what is best needed for those coalition members, right? If a hospital is saying, you know what we you know, we really don't need to have a big surge of patients during this this year's exercise right? Then they can put those patients elsewhere right? Or it gives you an opportunity to change the focus of the exercise a little bit and maybe not have so much of the exercise focused on moving patients into that hospital. But maybe the exercise focus then that year becomes on supporting, maybe the needs of long-term care, or hospice or dialysis, or another group within the

community where there may be patients impacted by a type of response, right? There are jurisdictions have asked about mass casualty events and mass fatality management, right? Those patients that unfortunately don't require transport to a facility because they don't require additional care because they're now deceased. There's still a management component that many jurisdictions, especially at the State level, have for managing mass fatalities. Those are still patients that would need to be cared for, appropriately based on their status, and that could be a focus of an exercise on those off years where your hospitals may not necessarily need the influx, but it gives you a chance now to exercise other plans and move those and make those patients, you know, more appropriate for those other players and other communities. So whatever works best for you, based on your needs and your requirements you've got maximum flexibility there. It's just all about making sure that you address the individual objectives of the MRSE and really try and hit that target. You want to hit that target number of patients. But I said, those patients don't all have to go to a hospital.

00:55:35.510 --> 00:55:44.300

Olugbadero Yerokun: Darren Verrette, you have your hand raised. Please go ahead.

00:55:44.300 --> 00:55:45.880

Darren Verrette: Yes. Hi, can you hear me? Okay.

00:55:47.450 --> 00:55:47.909

David Csernak: Loud and clear.

00:55:47.910 --> 00:56:25.609

Darren Verrette: Okay, great, thank you. Thank you for the clarification on how to identify your 10 percent target number. That was, that was very helpful. Thank you. Previously with the 5 bed types, there was a series of questions around the 5 bed types prior to a surge with some of the performance measures data that you were requiring. So moving forward, is it correct, then, that we're now going to use triage categories to the green, the yellow, the red, the black? So we need to obtain that data to report in the tool.

00:56:27.920 --> 00:56:28.430

David Csernak: Kevin.

00:56:29.360 --> 00:57:27.420

Kevin Sheehan: Yeah, Darren, I mean during our presentation we mentioned that in our reporting tool, the patient tracking tables have been simplified a bit. So if you get a chance, you go in there. But it's part of your exercise number of patients or your surge target is with the numbers, and then how you you determine yourselves, or who you're working with- your clinical advisor, depending on the scenario and those types of things with your patients.

The makeup is regard to green, yellow, red, and black. And so we are asking those questions in the table. And then we only have one performance measure, PM19, that's linked to patient tracking. And so how we calculate, it's a little bit more streamlined than we had in the past. Is that helpful, sir?

00:57:30.700 --> 00:57:32.090

Darren Verrette: Yes, thank you.

00:57:32.930 --> 00:57:49.570

Kevin Sheehan: If you have any questions on the table, once you get a good look at it, we're here next week for office hours, or send us a note to the MRSE inbox, and we'll get back to you. If we want to talk one-on-one more, we can do that as well. So we're always open for that.

00:57:50.720 --> 00:57:52.609

Darren Verrette: I appreciate that. Thank you very much.

00:57:57.340 --> 00:58:21.060

Olugbadero Yerokun: Thank you all so much. So we've come to the end of the call. I'll just help wrap up Q and A, here. We'll answer all your questions that are in the chat, so we'll be sure to take those questions back, put them in a document and then send back out the responses to you. So, just quickly checking Jennifer, can I quickly hand over to you for the wrap up?

00:58:21.480 --> 00:59:29.149

Jennifer Hannah: Yes, and for those that had their hands up, and had their questions unanswered as well, please feel free to send your questions, any of your MRSE questions to the MRSE Mailbox, which was always previously dropped into the chat. Just want to thank our presenters today, Kevin and Dave, and also want to thank all of you for your active participation and for the great questions during today's meeting. Just as a reminder, we invite you to share your stories regarding how you or your health care coalitions are using funding to make a positive impact on your communities. If you have a story to share, please fill out our stories from the field submission form or reach out to your Field Project Officer. For more information, and a member of our team will drop the story from the field submission form link in the chat for easy reference.

We look forward to hearing about all of the great work that you are doing. As I said, you know we are 1 minute over now at the top of the hour. Just want to thank everyone for attending today, and we hope that all of you have a great day. Thanks so much.

00:59:32.850 --> 00:59:34.030

Olugbadero Yerokun: Thank you, Jennifer.