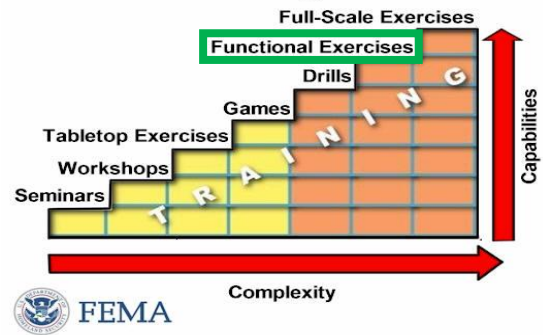


The Medical Response and Surge Exercise

The Medical Response and Surge Exercise (MRSE) is a **functional exercise** to test a Health Care Coalition (HCC) and its members' capacity to accommodate a surge of patients equal to at least 20 percent of the HCC's staffed bed capacity.

- *Required bed types* for all exercises include the emergency department, general medical, intensive care, post critical care, and surgical units.
- *Optional bed types* are based on the type of surge and may include the labor and delivery, psychiatric, general pediatric, pediatric, and neonatal intensive care, and oncology units.

Building-Block Approach to Exercise Scheduling



Purpose:

The exercise works to build a national system for health care preparedness by challenging HCC members' ongoing situation awareness, information sharing, resource coordination, and patient tracking. Results are used for future program direction, initiatives, and activities. Identification and exchange of available resources, which will affect a facility's ability to accept patients, will be used for performance measurement and gap identification for improvement planning.



Frequency and Alignment:

A MRSE is an annual Hospital Preparedness Program (HPP) requirement for all HCCs (not required in 2022-23 due to COVID response), aligns with the Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP) guidelines, and meets Center for Medicare and Medicaid Services (CMS) exercise requirements.

Process:

Specific scenarios for the MRSE are defined by the HCC and participating members. The exercise contains at least six objectives (additional objectives can be added):

1. Assess the HCC's capacity to support a large-scale, community-wide medical surge incident.
2. Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and all other relevant plans.
3. Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident.
4. Assist HCCs and their members with improvement planning based on MRSE outcomes.

5. Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement.
6. Provide a flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs.

Note: Exercise no-notice and time limit components have been eliminated.

Real-world incidents can also be used in lieu of the MRSE if they meet the following requirements:

- Must impact greater than or equal to 20 percent of staffed beds by bed type.
- At least one of each of the HCC core members must participate. Core members include:
 - Public Health
 - Hospitals
 - Emergency Management
 - EMS
- An After-Action Report (AAR) and Improvement Plan (IP) must be submitted.
 - At least one core-member executive must participate in the AAR process.
- The MRSE Real-world Incident Reporting Tool must be used to document the MRSE performance measure data.
- Incident lasts/lasted no more than one week (cannot be a slow build up to surge).



Additional Benefits:

HCC members benefit from a MRSE because it:

- Helps to satisfy a regulatory demand.
- Is recognized by and meets CMS exercise requirements.
- Reduces the administrative burden of the exercise.
 - HCC coordinators conduct the exercise and complete the required AAR/IP.
- Is a force multiplier for planning and carrying out an exercise.
- Encourages incorporation of members' planned exercises when possible.
- Further enhances the incorporation of medical facilities into the responder community.