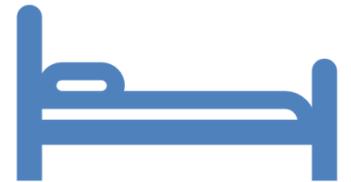




No Beds, No Transport

Regional Healthcare Gridlock
Tabletop Exercise

Feb 12, 2026





Purpose of Today's Exercise

- Examine decision-making during system-wide healthcare saturation
- Explore interdependencies across hospitals, EMS, PH, LTC, and EM
- Identify policy gaps, authority seams, and escalation thresholds
- Discuss who absorbs risk when the system is full



Exercise Ground Rules

- This is a no-fault environment
 - Speak from your real role and authority
 - Assume realistic constraints
 - There may be no good options
- Focus on decisions, not tactics
- 

Participating Sectors

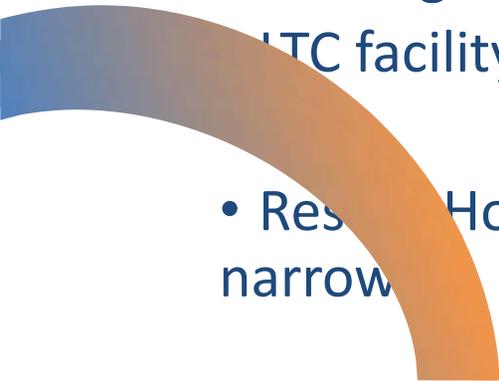
- Hospitals
- EMS
- Emergency Management
- Public Health
- Long-Term Care / Skilled Nursing Facilities



Scenario Overview

A prolonged regional heat emergency coincides with:

- Power disruptions
- Seasonal respiratory illness surge
- Staffing shortages
- LTC facility infrastructure failures



- Result: Hospitals saturate. EMS cannot offload. Transport options narrow



The disaster is not the event — it is deciding who absorbs risk when the system is full.

The Core Conflict



Exercise Assumptions

- No immediate federal surge resources
- Mutual aid is limited or exhausted
- Staffing shortages persist
- Public attention and media scrutiny increase

Day 1–3 Snapshot

- Heat index remains extreme
- Respiratory admissions continue to rise
- EMS call volume elevated
- LTC facilities begin reporting infrastructure strain



MODULE 1 — HOSPITAL IMPACTS

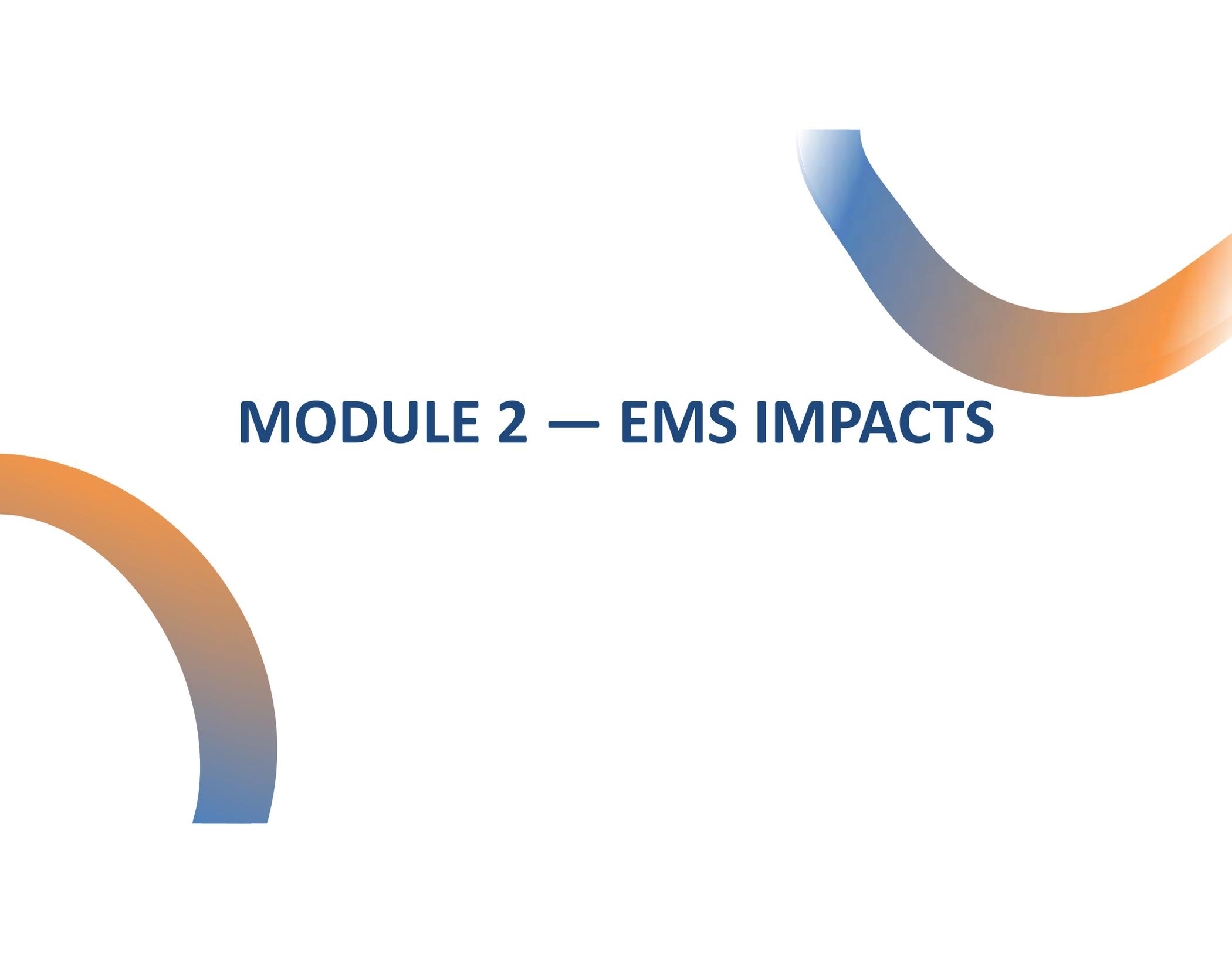
Hospital Status

- ED boarding exceeds safe thresholds
- ICU capacity >100%
- Staffing ratios deteriorating
- Power instability impacts cooling & diagnostics



Hospital Injects

- ICU census at 105%
- HVAC failure closes a med-surg unit
- Leadership disagreement over elective procedure suspension
- Regulatory inquiry on diversion decisions

The slide features two decorative curved lines. One is a thick blue line that curves from the top right towards the center. The other is a thick orange line that curves from the bottom left towards the center. Both lines have a slight gradient and a soft shadow effect.

MODULE 2 — EMS IMPACTS

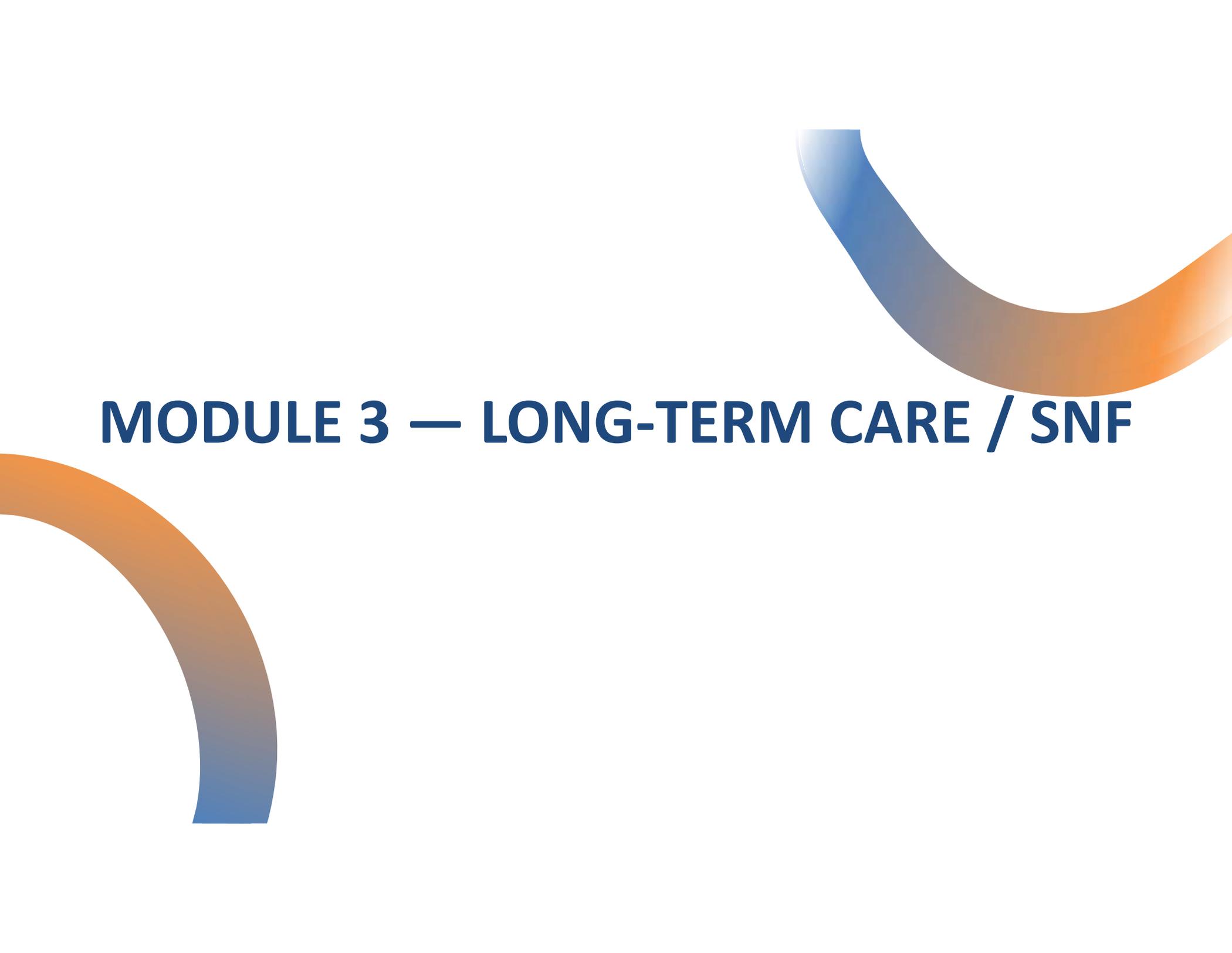
EMS System Status

- Ambulance offload delays >90 minutes
- Fleet availability reduced by 30%
- Mutual aid partners unavailable
- High-acuity patients waiting for destination acceptance



EMS Injects

- Protocol deviations authorized
- Mutual aid exhaustion
- Patient deterioration during offload delay
- Media coverage of ambulance stacking

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MODULE 3 — LONG-TERM CARE / SNF

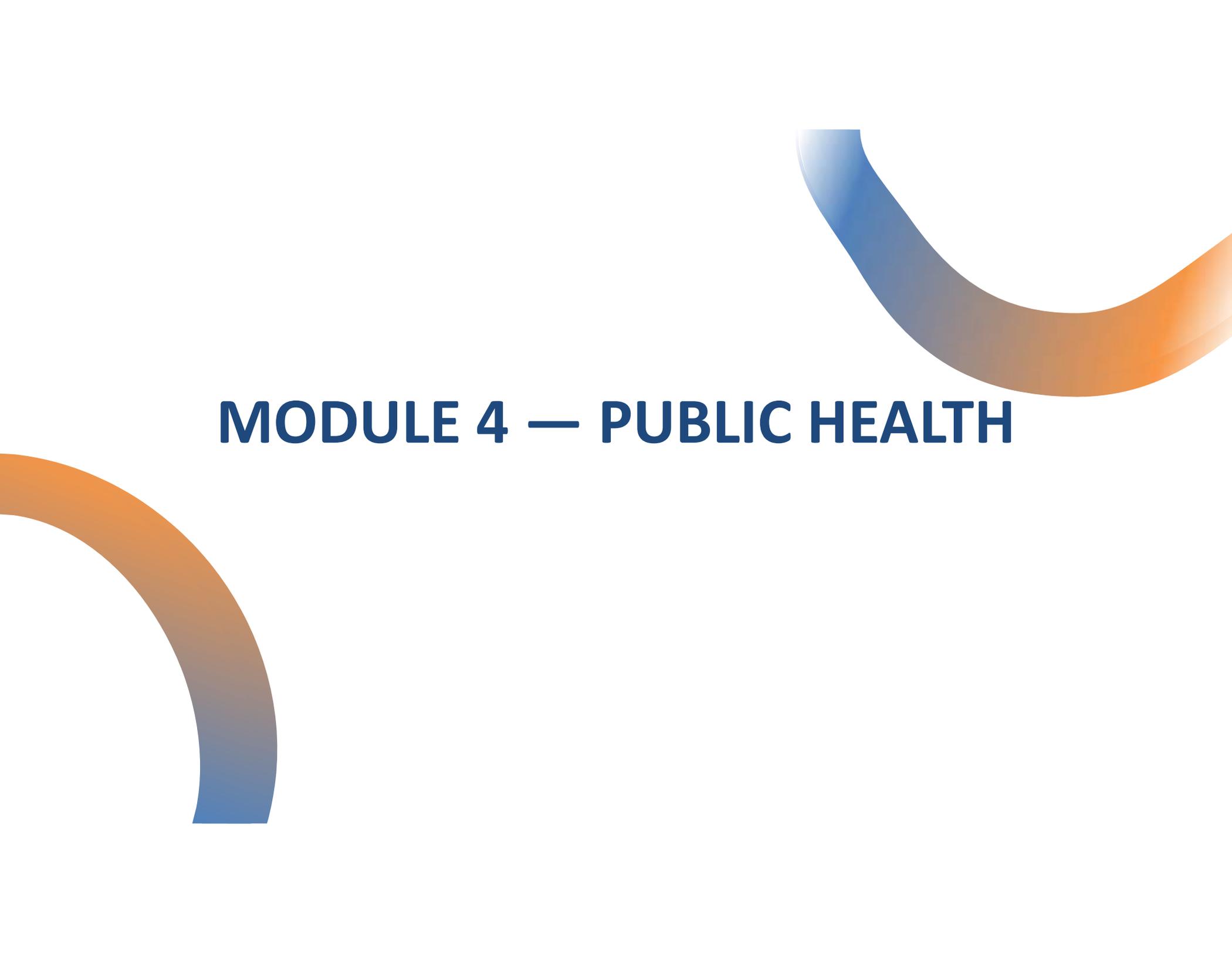
LTC / SNF Status

- HVAC and power failures
- Staffing shortages
- Limited transport availability
- Hospitals declining admissions



LTC Injects

- Generator fuel limited to 18 hours
- EMS unavailable for non-emergent transport
- Family pressure for relocation
- Regulatory compliance concerns

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MODULE 4 — PUBLIC HEALTH

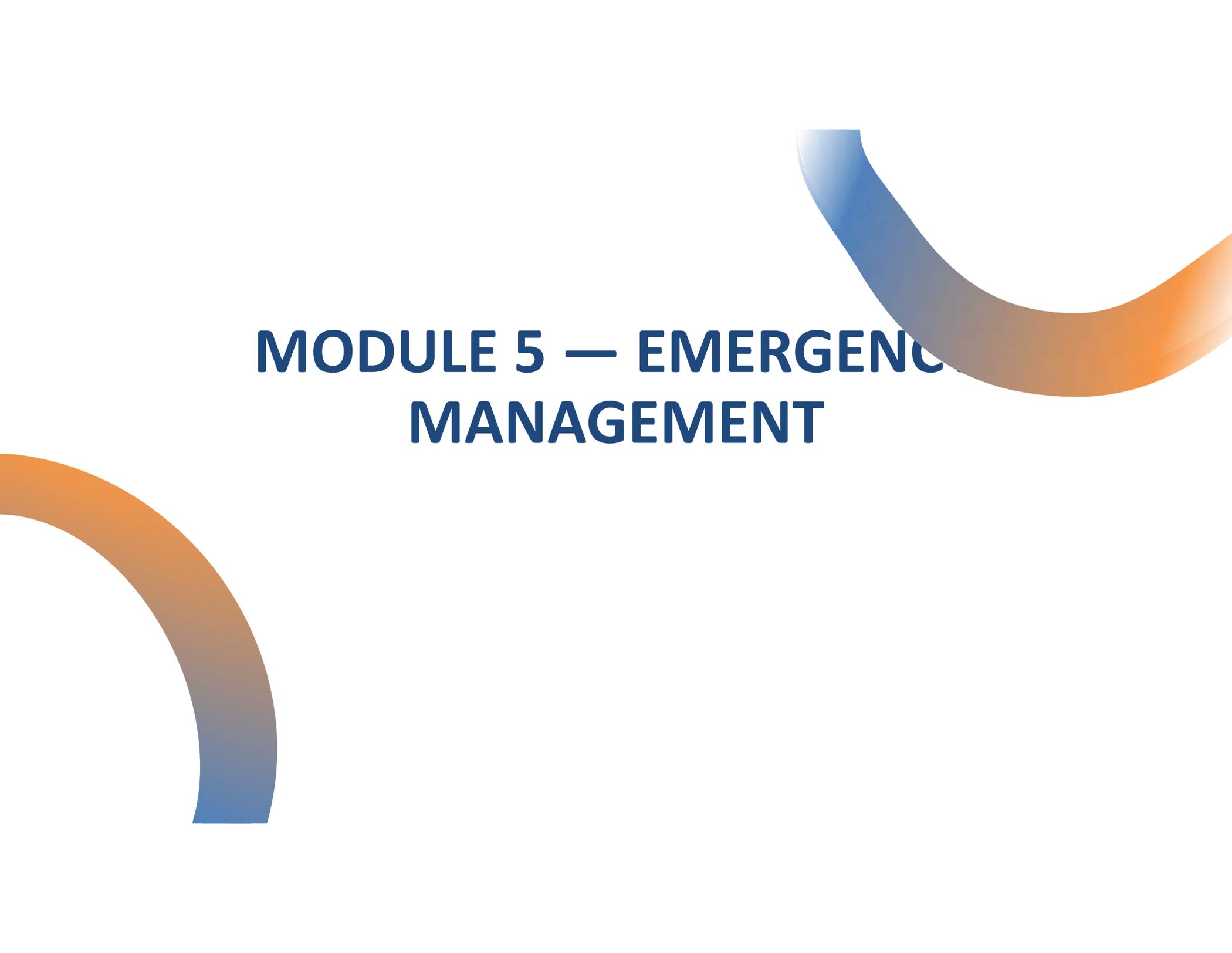
Public Health Status

- Surveillance shows illness surge continuing
- Incomplete situational awareness
- Requests for waivers and altered standards
- Growing public anxiety



Public Health Injects

- LTC cohorting waiver requests
- Hospital requests for altered triage guidance
- Legal counsel advises caution
- PH tasked with public messaging

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MODULE 5 — EMERGENCY MANAGEMENT

Emergency Management Status

- Competing resource requests
- No immediately available assets
- Political pressure intensifies
- MAC Group activation considered



EM Injects

- Governor's briefing request
- Media claims of system failure
- MAC Group prioritization decision
- Conflicting sector demands

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CROSS-SECTOR DISCUSSION

Cross-Sector Discussion

- Who has authority to declare “no transport”?
- When does regional coordination override autonomy?
- What decisions are being made by default?
- Who absorbs risk today—and is that acceptable?



Public Messaging Challenges

- Delayed EMS response times
- Limited hospital acceptance
- LTC relocation constraints
- Maintaining public trust

What Did We Learn?

- Decision thresholds
- Authority gaps
- Coordination breakdowns
- Unspoken risk transfers



After-Action Priorities

- Policy & authority clarification
- EMS destination protocols
- LTC ↔ hospital coordination
- PH waiver processes
- MAC activation triggers



Final Thought

- If the system is full, choosing not to decide is still a decision.