

# Mid-South Emergency Planning Coalition

## 2023 Non-Hospital Full Scale Exercise

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### After-Action Report/Improvement Plan

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Specific to this report, the exercise objectives align with the Administration for Strategic Preparedness and Response's (ASPR) National Guidance for Healthcare Preparedness and the Hospital Preparedness Program Measures. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

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## EVENT OVERVIEW

Event Name	Mid-South Emergency Planning Coalition Non-Hospital Full Scale Exercise
Exercise Dates	October 4, 2023
Scope	This exercise is a Full-Scale Exercise, planned for multiple locations within the jurisdiction of the Mid-South Emergency Planning Coalition Region.
Mission Area(s)	Response and Recovery
Core Capabilities, and Objectives	<p><b>Hospital Preparedness Program (HPP)</b></p> <p><b>Capability 1: Foundation for Health Care and Medical Readiness</b> Objective 2: Identify Risk and Needs Objective 4: Train and Prepare the Health Care and Medical Workforce</p> <p><b>Capability 2: Health Care and Medical Coordination</b> Objective 2: Utilize Information Sharing Platforms Objective 3: Coordinate Response Strategy, Resources, and Communications</p> <p><b>Capability 3: Continuity of Health Care Service Delivery</b> Objective 1: Identify Essential Functions for Health Care Delivery Objective 2: Plan for Continuity of Operations Objective 3: Maintain Access to Non-Personnel Resources during an Emergency Objective 5: Protect Responders' Safety and Health Objective 6: Plan for a Coordinated Health Care Evacuation and Relocation</p>
Exercise Objectives	<p><b>Healthcare Coalition (HCC) Objectives</b></p> <ol style="list-style-type: none"><li>1. Assess MSEPC's capacity to support a large-scale, community-wide incident.</li><li>2. Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans, and all other relevant plans.</li></ol>

3. Evaluate MSEPC’s ability to communicate and coordinate quickly to process resource requests to find and match available assets during a large-scale incident.

**Healthcare Coalition Member Facility Objectives**

1. Evaluate facility’s ability to implement the Incident Command System (ICS) to effectively respond to an incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with appropriate response agencies.
2. Evaluate the appropriate management of the incident as it relates to facility operations during the event.
3. Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing HRTS, ReadyOp, internal communication tools, and two-way radios.
4. Effectively identify facility resource needs including personnel, medical equipment, medical supplies, food water, etc. as appropriate to each facility.
5. Effectively communicate facility resource needs to appropriate party (MSEPC, EOC, ESF-8) utilizing current communication methods.
6. Demonstrate ability to notify staff, patients, and visitors of facility status and safety information in a timely and effective manner, including any appropriate evacuation or shelter-in-place procedures.

**Response Agencies (EMS, Public Health, and Emergency Management)**

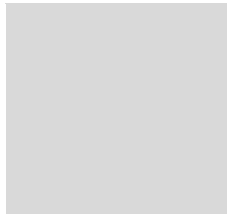
1. Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.
2. Demonstrate appropriate notification of additional personnel and appropriate equipment response.
3. Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.
4. Evaluate the ability to gather and share information as appropriate from response partners, including MSEPC, healthcare facilities, fellow activated ESF’s, etc.
5. Evaluate role in recovery and family reunification activities.

Threat or Hazard

Severe weather event impacting healthcare facilities across our region.

Scenario

Overall scenario of severe weather event, during normal temperatures, impacting our region. No specific impact to facilities has been established. At the start of the exercise, each participating healthcare facility will choose between the following:



- Severe weather present – shelter-in-place
- Structural damage – potential evacuation
- Loss of power
- Loss of water
- Limited access to the facility

Sponsor

Mid-South Emergency Planning Coalition

Participating  
Organizations

Participating organizations include non-hospital facilities, EMS, Emergency Management, and Public Health. A full list of participants is included in Appendix B.

Points of  
Contact

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## ANALYSIS OF HEALTHCARE PREPAREDNESS CAPABILITIES

Aligning exercise objectives and healthcare preparedness capabilities allows for a more consistent approach to exercise evaluation to support preparedness reporting and trend analysis. The table below includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team. The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective	HPP Capability, Objective, and Activity	Performance Rating
<b>Healthcare Coalition</b>		
Assess MSEPC’s capacity to support a large-scale, community-wide incident.	Capabilities 1, 2, and 3	S – capabilities can be limited due to staff support.
Evaluate MSEPC preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans, and all other relevant plans.	Capabilities 1, 2, and 3	S – transfer agreements are still not included or referenced directly in plans
Evaluate MSEPC’s ability to communicate and coordinate quickly to process resource requests to find and match available assets during a large-scale incident.	Capabilities 1 and 2	S – need to explore forms and educate for proper use
<b>Facilities</b>		
Evaluate facility’s ability to implement the Incident Command System (ICS) to effectively respond to an incident by quickly confirming initial alerts, timely activation and notification to staff, effective coordination with appropriate response agencies.	Capabilities 1 and 2	P – facilities activated ICS and responded to alerts appropriately.
Evaluate the appropriate management of the incident as it relates to facility operations during the event.	Capabilities 1 and 2	P – plans were activated and worked through appropriately.

Evaluate the ability to establish and maintain communications with internal partners, area response agencies, the Mid-South Emergency Planning Coalition, and others as needed, by utilizing HRTS, ReadyOp, internal communication tools, and two-way radios.	Capability 2	P – although not all facilities responded to alerts as requested, it was not an issue of receipt of alert.
Effectively identify facility resource needs including personnel, medical equipment, medical supplies, food water, etc. as appropriate to each facility.	Capabilities 1, 2, and 3	S – need to explore forms and educate for proper use
Effectively communicate facility resource needs to appropriate party (MSEPC, EOC, ESF-8) utilizing current communication methods.	Capabilities 2 and 3	S – need to explore forms and educate for proper use
Demonstrate ability to notify staff, patients, and visitors of facility status and safety information in a timely and effective manner, including any appropriate evacuation or shelter-in-place procedures.	Capabilities 2 and 3	P – facilities were able to make appropriate notifications
<b>Response Agencies</b>		
Evaluate the ability to recognize an event that taxes public safety resources and/or requires coordination of multiple response agencies.	Capabilities 1 and 2	S – exercise details were not robust enough to full exercise this objective
Demonstrate appropriate notification of additional personnel and appropriate equipment response.	Capabilities 2 and 4	P – proper notifications to participating facilities were made
Demonstrate the successful activation of the Emergency Operations Center (EOC) with appropriate notifications and staffing.	Capability 2	P – limited activation was simulated as appropriate
Evaluate the ability to gather and share information as appropriate from response partners, including MSEPC, healthcare facilities, fellow activated ESF’s, etc.	Capability 2	S – facilities submitted resource requests but not all could be addressed

Evaluate role in recovery and family reunification activities.	Capabilities 1 and 2	U – exercise scenario did not advance far enough to allow for this objective
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**Ratings Definitions:**

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a way that achieved the objective(s) and did not negatively impact other activities' performance. Performance of this activity did not contribute to additional health and/or safety risks for the public or is there for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a way that achieved the objective(s) and did not negatively impact other activities' performance. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).

## FINDINGS FOR POTENTIAL ACTION BY THE HEALTHCARE COALITION

Throughout the following evaluations, we found several issues common to most of the participating facilities. Since these items represent trends across the entire region, MSEPC considers addressing the issues in a more strategic approach to improving capabilities for all member healthcare organizations.

### Overall Strengths and Improvement Opportunities

Facilities overwhelmingly reported improved communications within the facility and with external partners. Leadership involvement continues to increase with each exercise and event, leading to increases in teamwork and proper ICS practices. Patient care remains a top priority and improved processes for information sharing and resource requests allow for more attention to remain within the facility and with patients.

Understanding the resource request forms themselves, and ensuring timely and accurate completion, remains an issue but can be improved with increased education and training. Many facilities reported issues with identifying potential sources of transportation if patients needed to be moved as well as limited resources like oxygen due to increased need and limited local vendor availability.

More specific findings are continued below.

### Incident Command

Some form of Incident Command was established and maintained throughout the exercise at all responding facilities. For most participating agencies, the flow of information from the facility incident command to the MSEPC was successful. Liaison Officers, where identified, successfully worked with external partners to process resource requests.

Facilities reported that their staff and personnel had an exceptional understanding of the emergency response plans as they were exercised. Email and other internal notification systems were used successfully to keep staff informed throughout the event.

Although the resource requests process, in general, is simple and easy to complete, internal facility processes related to information sharing regarding available resources, required paperwork, and potential vendors could be improved.

### Resources

Due to overlap of ICS and how the resource request process is handled at most facilities, most comments related to resources were shared within the context of Incident Command as well. Timely and complete responses to requests; more comprehensive vendor lists; and clearer internal processes to identify available resources were repeated as both strengths and areas of improvement.



The various weather scenarios utilized by participating facilities highlighted the need for more transportation options and other, often scarce, resources like oxygen. Although most facilities have established vendors for these resources, often multiple facilities are utilizing the same vendor for the same service that can lead to resource availability impacts. A local supply of resources, when available and appropriate, should be considered to support staff in patient care.

MSEPC is continuing to work to build a reliable vendor list that members, and non-members, can utilize when established supplier relationships are not available. Additionally, a clearer resource request form developed by the MSEPC could also improve accuracy and understanding of the form itself, which would lead to more accurate and sufficient requests.

## **External Partners**

MSEPC utilized electronic platforms such as ReadyOp to provide injects and obtain facility information throughout the exercise. Facilities responded to information requests by completing surveys and that information was displayed in a dashboard within the Emergency Operations Center. These technological advances have drastically increased MSEPC's ability to maintain more situational awareness during wide-spread events.

Overall, the exercise was a success in large part to the continued commitment of our partner agencies. Through each exercise and real-world event, our relationships and partnerships grow stronger. And yet, we can further strengthen our success by learning more about all members agencies and the different resources and services they can offer. MSEPC updates a member directory annually but will begin to include services and resources as well, to better inform our full membership.

## **Facility Feedback**

To capture individual participant feedback, the MSEPC developed a series of questions from three basic categories: Incident Command, Resources, and Partners. Facilities were also asked to summarize their overall strengths and areas of improvement. There were 60 participating entities. The individual responses to these questions are listed in this document and should provide insight into the triumphs and struggles of each participating facility.

As part of the exercise, each participating facility was expected to complete three (3) different requests for information:

- Exercise Kickoff – confirmed exercise participation and established contact information
- Facility Status – identified exercise scenarios and recapped simulated impacts of scenario on facility.
- Resource Request – identified at least one resource that would be needed to support facility based on simulated impacts of scenario.

All facility submissions received have been included. However, not all participating facilities successfully completed the three (3) requests for information. A note has been added to each facility's responses indicating their success, or lack thereof, of completing these required requests.

## Participating Facilities

## AHC Applingwood

**This facility utilized structural damage to the facility with potential evacuation and power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Facility wide w/Assistant Director of Nursing and Charge Nurse running incident command.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **use of over heading paging system**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**We did not identify any significant issues regarding access to resources as we do keep supplies on hand for at least 3 days.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests?

### PARTNERS

How did your organization utilize external partners? **We communicated with Mid-South Emergency Planning Coalition with the ReadyOp system.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **During emergency situations our facility does feel confident that if we call for assistance, we will get a response and access to resources we may need. We do understand that some resources might be outside their scope, but we have confidence that they would work by assisting us in getting in touch with the right people.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **For the most part Long-term care facilities will be self-sufficient for a short period of time. Maybe understanding what resources are accessible to facilities.**

### OVERALL STRENGTHS

- **Communication**
- **evacuation procedure**
- **Teamwork**

### **OVERALL AREAS OF IMPROVEMENT**

- Sheltering of Residents and staff
- understanding of system shut off valves (water, gas, power)
- back up EMR system

**\*This facility successfully completed all required forms during the exercise.**

## Allenbrooke Nursing and Rehabilitation

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Operations, Nursing, Dietary Maintenance**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Power was cut to the facility for 30 minutes to measure response and identify strengths and weaknesses.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**The need for outside resources (generators) for extended power outages**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Memphis OEM**

### PARTNERS

How did your organization utilize external partners? **Used the Memphis OEM for resource request.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Good support**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### OVERALL STRENGTHS

- **Immediate response**
- **Communication**
- **Activation of plan in place for power outages**

## OVERALL AREAS OF IMPROVEMENT

- Need for outside help with extended power outages.
- Presence on floor
- Coordinating with dietary

**\*This facility successfully completed all required forms during the exercise.**

## Baptist Reynolds Hospice House

This facility utilized sheltering in place as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**MSW, Chaplain, office manager, office coordinator, floor staff, maintenance, housekeeping, kitchen staff**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Verbal in person or by phone call**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**There was some difficulty contacting staff that were not already in the building. Not all of our portable O2 tanks were full. During storms, we lose our DirectTV reception, leaving staff to rely on cell phones for information.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **We were kept informed of the situation by the MSEPC by email. We were in contact with our staff either by phone or in person. Incident command was set up in the conference room with access to the phones and the weather stations.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the chance to participate in the drills as we are not familiar with all potential situations. Having the scenario set up for us was extremely helpful.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **In the past, when we have had bad weather and lost power at the Baptist Reynolds Hospice House, we have been unable to get MLGW to make us a repair priority. At this time, our generator does not run the kitchen, to cook meals, and does not run the heating/air conditioning. I have spoken with the maintenance lead at Baptist Collierville and the Collierville government with no results. I have never been in touch with anyone at MLGW;**

when I call to report an outage, it wants our account number and I do not have that information. There is a possibility of receiving a larger generator, but this has not been put in place yet. I would appreciate MLGW recognizing that we are an inpatient facility in need of return of services asap.

### **OVERALL STRENGTHS**

- teamwork
- confidence in our actions
- resources available in house

### **OVERALL AREAS OF IMPROVEMENT**

- The internal handheld phone for the Charge nurse is not reliable, needs to be repaired or replaced.
- We need to practice our disaster call tree and hopefully increase our rate of successful contacts.
- Need to begin checking O2 tanks regularly to ensure all tanks are full and ready to go
- Need to purchase weather radios that work properly.

**\*This facility only submitted the Exercise Kickoff and Facility Status forms.**



## Baptist Trinity Hospice

This facility utilized sheltering in place and power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**clinical staff and support staff**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **phone calls to staff about simulated weather emergency.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **ambulance transfers for facility and DME needs for home hospice patients.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Acadian ambulance, Life Care Ambulance, Baptist Home Medical, Integrity Home Medical**

### PARTNERS

How did your organization utilize external partners? **N/A**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **N/A**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### OVERALL STRENGTHS

- **Coordinate with Hospice house for accepting patients from home.**
- **Coordinate with inpatient hospice unit at Baptist - Memphis for accepting patients from home.**
- **Delivery of DME equipment within 2 hours of call from one of the DME companies.**

**OVERALL AREAS OF IMPROVEMENT**

- Response to calling tree and calling next person.
- delivery of O2 of other DME company.
- Ambulance transport assistance - one ambulance could not assist.

**\*This facility successfully completed all required forms during the exercise.**

## Campbell Clinic Surgery Center Germantown

**This facility utilized structural damage to the facility with potential evacuation and power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Evacuation of surgical patients and obtaining additional supplies if patients could not be evacuated.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **All coordinators and managers were in the command center and information was given to staff by their coordinators.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**We were able to access the OEC through ReadyOp without any issues.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Shelby County EOC**

### PARTNERS

How did your organization utilize external partners? **We used ReadyOp to report our status and request additional equipment. We also utilized two-way radio to contact Memphis Surgery Center and Midtown Surgery Center.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel that our external partners are available to help us in a time of emergency as well as being a source of information when needed. They are all very timely and helpful in their responses.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **None at this time.**

**OVERALL STRENGTHS**

- Rapid response to request
- Source of additional supplies and equipment
- Resource for where supplies may be obtained if not immediately available.

**OVERALL AREAS OF IMPROVEMENT**

- None

**\*This facility successfully completed all required forms during the exercise.**

## Campbell Clinic Surgery Center Midtown

**This facility utilized imminent severe weather with potential of taking shelter and power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **impacted; minor damage; assistance needed.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Used radio to contact sister facility at wolf river as well as east Memphis surgery center; used paging system to inform staff.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Unsure if we would be able to have access to resources such as diesel to run our generator (in the event that we ran out)**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

### PARTNERS

How did your organization utilize external partners? **Used two-way radios.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **present and reachable.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Not applicable**

### OVERALL STRENGTHS

- **Teamwork**
- **Communication**
- **Collaboration**

### OVERALL AREAS OF IMPROVEMENT

- **Efficiency**
- **Logistics with patients**
- **need a backup plan in the event we are unable to reach assistance in an emergency.**

**\*This facility successfully completed all required forms during the exercise.**

## Davita Galleria Home

**This facility utilized structural damage to the facility with potential evacuation as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**all teammates simulated moving patients out of the building.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **simulated by the FA**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**in our simulated having enough cell phone available if no land line service maybe needing more wheelchairs**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

### PARTNERS

How did your organization utilize external partners? **everything simulated.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **we feel supported and keep annual regular communications.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **no issues?**

### OVERALL STRENGTHS

- **all teammates have the same assignments that are posted and know their responsibilities and actions to take.**
- **very proactive teammates**
- **always helpful to step up and help others with their tasks.**
- **everyone is great to troubleshoot to improve actions and plans.**

## OVERALL AREAS OF IMPROVEMENT

- more wheel chairs.
- keeping things clean and free of clutter
- keeping new teammates educated
- being creative with scenarios

**\*This facility only submitted the Exercise Kickoff form.**

## DaVita Riverdale Home Training (PD)

This facility utilized sheltering in place as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Charge RN notified the Medical Director, Home Regional Operations Director and the AA notified MLGW of the power outage.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**PD treatment solutions and supplies weren't able to be delivered as scheduled. Due to conditions after the severe weather, deliveries were pushed back 2 weeks.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW received a request due to a power outage at the facility.**

### PARTNERS

How did your organization utilize external partners? **Emergency radio and cell phone**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We are provided with resources to share with our patients and teammates and a timely response in the event of any and all emergencies**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A. Because DaVita has always had the support of external partners**

### OVERALL STRENGTHS

- **Communicating with each teammate**
- **Each teammate knew their role without any hesitation.**  
**Contacting the Home Regional Operation Director and Medical Director ASAP**



## OVERALL AREAS OF IMPROVEMENT

- Being able to gather all the patients to the designated area in a timely manner.
- Trying to keep calm and not panic so that everything will be implemented as close to policy as possible.

**\*This facility successfully completed all required forms during the exercise.**

## East Memphis Surgery Center

This facility utilized sheltering in place and power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Department heads, Pre-op, OR, Recovery and Business Office**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **2-way radio, cell phones**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**While we could communicate with the MSEPC internal communications need to be improved**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

### PARTNERS

How did your organization utilize external partners? **Two-way radio was used as well as cell phone to communicate with MSEPC.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We knew if we needed help fire/police that we could contact MSEPC to request help.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Our organization does not feel unsupported. All external partners have been very responsive when we have had to access them.**

### OVERALL STRENGTHS

- **Communications between vendors to fix generator was great.**
- **The company that works on the generator got it up and running and stayed with it until the temporary generator was installed.**
- **Operating teams did a great job closing the patients and caring for patients who were in surgery when the power went off.**

## OVERALL AREAS OF IMPROVEMENT

- Communication amongst staff we discovered we do not have walkie talkies in pre-op the business office or recovery.
- We discovered we did not have patient closure kits in each operating room therefore the teams were scrambling to find what was needed.
- Anesthesia requested additional education and training on bagging patients when the power goes out.

**\*This facility only submitted the Facility Status form.**

## Fresenius Bartlett Home Therapies - 1533 Bonnie Ln

This facility utilized sheltering in place and power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?  
[Tornado drill involving patients in the building at the time and all staff working this day.](#)

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? [Simulated](#)

### RESOURCES

What was the most significant issue you identified regarding access to resources? [Generator](#)

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? [Yes](#)

If yes, which agencies received your requests? [MLGW](#)

### PARTNERS

How did your organization utilize external partners? [St. Francis Hospital Bartlett Acute Dialysis Unit Notified of impending dialysis emergencies.](#)

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [MSEPC has always, since becoming a clinic manager, been supportive, keeping us ready for any emergency and needs. The local Fire / EMS department always respond in a timely manner whenever we call on them. Public health is an organization that we as an organization can always count on for needs of our patients.](#)

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [We feel supported by all listed external partners above.](#)

### OVERALL STRENGTHS

- [All staff take these exercises very seriously.](#)
- [Everyone is eager to know their roles.](#)
- [Staff seems knowledgeable and willing to help new staff with what to do.](#)

## OVERALL AREAS OF IMPROVEMENT

- Alternative safe location within the facility since supplies being delivered was stored in the safe hallway.
- Not to forget to connect the landline phone.
- Make sure batteries are checked for weather radio.

**\*This facility successfully completed all required forms during the exercise.**

## Fresenius Central Memphis - 4601 Quince Rd.

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)? [Staff and patients of clinic](#)

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? [Via text message from CM](#)

### RESOURCES

What was the most significant issue you identified regarding access to resources? [N/A](#)

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? [Yes](#)

If yes, which agencies received your requests? [MLGW](#)

### PARTNERS

How did your organization utilize external partners? [Contacted rep with MLGW to notify her of power outage.](#)

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [I feel that over the years the support from and relationships with external partners has grown as far as emergency preparedness goes. There has been a lot discussed and implemented to benefit both internal and external partners.](#)

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [I still feel there is a lack of knowledge about dialysis. This spans over many different agencies. Perhaps some basic training courses on what is involved with dialysis would benefit greatly.](#)

### OVERALL STRENGTHS

- [Communication](#)
- [knowledge of take-off procedure by patients.](#)
- [Teamwork](#)

**OVERALL AREAS OF IMPROVEMENT**

- having available hand cranks for all machines
- updated transportation list.
- having preprinted flowsheets available

**\*This facility only submitted the Exercise Kickoff and Facility Status forms.**

## Fresenius East Memphis Home Therapies - 6490 Mt Moriah Rd Ext Suite 201

**This facility utilized sheltering in place as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **all clinic staff, clinic manager, area team lead, DO, RVP, and medical director, MSEPC, MLGW**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **cell phones, intercom system.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **no issues with obtaining resources, emergency kit on site and updated monthly.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **cell phones, text messaging from MSEPC.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC sends texts out for all participation exercises and allows all facilities to participate in city wide drills. These drills offer outside medical facilities to practice how they are to appropriately respond should a crisis or emergency arise. These drills allow staff to do a mock drill of how they may have to respond to these events and where they may have weaknesses and need to improve to come together during a crisis.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We feel supported and have open communication and active participation with MSEPC.**



### **OVERALL STRENGTHS**

- All clinic staff knew the meeting point for an earthquake prior to exercise and staff are tenured and able to quickly act in crisis.
- Team knows individual responsibilities and plans for all different disasters and is able to act quickly.
- Team knows who to call even when a leader is not in the building. The team knows the emergency take off procedure for all pts.
- Emergency preparedness cart checked monthly, and facility maintains adequate supplies.

### **OVERALL AREAS OF IMPROVEMENT**

- The facility is on the second floor and some questions arose about handicapped patients huddling under the conference room table.
- Remember to use weather radio for emergency broadcasts in case cellphone usage is down.
- Keep water bottle supply replenished in breakroom in case of shelter in place after earthquake.

**\* This facility only submitted the Exercise Kickoff form.**

## Fresenius Kidney Care Airways - 5484 Airways Blvd

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Clinic Manager/RN/PCT**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Hand cranks for the machines and manual BP cuffs. We don't have enough of either.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Notifying MLGW of the power outage and approximate time of restored power.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Updates on the website and emails notifying us of anything pertinent related to emergency management.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Lack of communication between MLGW or any emergency organization when there will be a potential or planned outage. There should be prior communication to businesses before any work is initiated.**

### OVERALL STRENGTHS

- **Teamwork was shown throughout the scenario.**
- **Sister clinics were prepared to accept patients that were willing to receive dialysis if power outage continued.**
- **Incident Command Structure was in place and all personnel were attentive to direction.**

## OVERALL AREAS OF IMPROVEMENT

- Educate and provide information for self-rinse back for patients in case of an emergency.
- Hand cranks must be on every machine and should be able to be used quickly and efficiently. There is difficulty using the hand cranks.
- The facility needs a generator to continue to perform in a power outage.
- New teammates must be trained on emergency procedures to be sure they understand the process.

**\*This facility only submitted the Exercise Kickoff and Facility Status forms.**

## Fresenius Kidney Care Union City - 1117 S Miles Ave

**This facility utilized power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **PCT's, RN's, RD, Clinic Manager**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **intercom system.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **knowing where resources outside of the facility are located.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **two-way radio, ReadyOp**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Fire/EMS is always very responsive to our facility when needed. We feel very supported by EMS in our area.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **no lack of support is noted.**

### OVERALL STRENGTHS

- **staff response**
- **staff knows their role.**
- **staff education to patients**

### OVERALL AREAS OF IMPROVEMENT

- **Communication**
- **resources for our area**
- **location of resources**

**This facility did not complete any required forms during the exercise.**

## Fresenius Kidney Care Bartlett - 3348 N. Germantown Rd.

This facility utilized limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Area Team Lead, Regional Vice-President, and Medical Director**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **There were no outside transportation services available.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **We use external partners such as private transportation companies.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **There were multiple means of communication with outside resources. So, if we needed to utilize outside resources, we knew how to establish contact with outside resources to make our requests known.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We did not feel unsupported.**

### OVERALL STRENGTHS

- The facility was able to establish contact with our back-up facility to re-route patients there to get their dialysis treatments.
- The facility was able to add another day to the schedule to allow patients that missed their treatments to reschedule them to reduce hospitalizations.
- The facility was able to contact every patient to verify their safety.

## OVERALL AREAS OF IMPROVEMENT

- Outside transportation companies were not willing to re-route the patients to the back-up facility.
- Some of the patients refused to be re-routed or reschedule their treatments which could lead to increased hospitalizations and burden the ERs.
- There was no outside transportation or resources available for the staff to ensure they could make their home safely and/or come to work safely.

**\*This facility successfully completed all required forms during the exercise.**

## Fresenius Kidney Care Germantown - 7640 Wolf River Circle

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Nurses, technicians, ancillary staff**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **verbally in person, phone.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **FKC cannot support generators at all locations.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **only by contact with MLGW.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Able to receive notifications.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **did not feel lack any of support.**

### OVERALL STRENGTHS

- ability to notify patients by having reachable phone numbers.
- ability to use MLGW power outage app.  
working together to prepare for possible delay or rescheduled treatments.

### OVERALL AREAS OF IMPROVEMENT

- Need for a generator, but we do have back up clinics that have them.
- informing patients of alternate routes to clinic to avoid problematic traffic areas.
- maintain correct home and cell phone numbers for staff and patients.

**\*This facility successfully completed all required forms during the exercise.**

## Fresenius Kidney Care North - 3850 Austin Pey Highway Ste 10

**This facility utilized power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Area Team Lead, Regional Vice-President, and Medical Director**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulate**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **There were issues with outside private transportation services re-routing the patients to the back-up facility.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW**

### PARTNERS

How did your organization utilize external partners? **We utilized MLGW for updates on power restoration.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We were able to establish contact with MLGW and received updates on power restoration.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The organization did not feel unsupported.**

### OVERALL STRENGTHS

- **They received information about the power loss early enough to prepare for the power loss by calling patients the day before to re-route the patient to a back-up clinic.**
- **Established contact with MLGW and remained in constant communication with MLGW for updates.**
- **Transpiration was provided to patients via Uber/Lyft to back-up facility.**



## OVERALL AREAS OF IMPROVEMENT

- Outside transportation companies were not willing to re-route the patients to the back-up facility.
- The facility has no back-up generator. But the organization has ordered multiple generators to be delivered and stored to the mid-south area in response to this disaster.
- More education needs to be provided to the patients on the importance of rescheduling treatments.

**\* This facility only submitted the Exercise Kickoff form.**

## Fresenius Kidney Care Summer - 4569 Summer Ave

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Area Team Lead, Regional Vice-President, and Medical Director**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **There were no significant issues with outside resources.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Reached out to MLGW for updates on power restoration.**

### PARTNERS

How did your organization utilize external partners? **Our organization worked with MLGW for updates on power restoration.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We had a contact person within MLGW who kept the facility updated of when the power will be restored.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We did not feel unsupported.**

### OVERALL STRENGTHS

- **All staff including ancillary staff came together to help rinse the patients back and assisted in ending the treatments safely.**
- **They were able to establish contact with MLGW.**
- **Several patients are refusing to reschedule their treatments.**

## OVERALL AREAS OF IMPROVEMENT

- The facility did not have enough operating flashlights.
- The facility does not have a backup generator.
- More education needs to be provided to the patients on the importance of rescheduling treatments.

**\*This facility only submitted the Exercise Kickoff and Facility Status forms.**

## Fresenius Kidney Care Whitehaven - 4115 South Plaza Dr.

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Area Team Lead, Regional Vice-President, and Medical Director**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Verbal communication and simulation**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **There were issues with outside private transportation services re-routing the patients to the back-up facility.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **The facility established contact with MLGW and remained in constant communication with MLGW.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The facility stayed in constant communication with MLGW and received updates of power restoration.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The organization did not feel unsupported.**

### OVERALL STRENGTHS

- **They received information about the power loss early enough to prepare for the power loss by calling patients the day before to re-route the patient to a back-up clinic.**
- **Established contact with MLGW and remained in constant communication with MLGW for updates.**
- **They were able to re-route several patients to a back-up clinic for treatment.**

## OVERALL AREAS OF IMPROVEMENT

- Outside transportation companies were not willing to re-route the patients to the back-up facility.
- The facility has no back-up generator. But the organization has ordered multiple generators to be delivered and stored to the mid-south area in response to this disaster.
- The facility needs to improve on ensuring patient contact information is current and accurate.

**\*This facility successfully completed all required forms during the exercise.**

## Fresenius Kidney Raleigh-Bartlett - 5020 English Towne Dr.

This facility utilized limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Area Team Lead, Regional Vice-President, and Medical Director**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Verbal communication and simulation**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **There were issues with outside private transportation services re-routing the patients to the back-up facility.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **We utilized MLGW for updates on power restoration.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Our facility was able to stay in constant communication with MLGW for updates with power restoration.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The organization did not feel unsupported.**

### OVERALL STRENGTHS

- **The facility was able to establish contact with our back-up facility to re-route patients there to get their dialysis treatments.**
- **Established contact with MLGW and remained in constant communication with MLGW for updates.**
- **Transpiration was provided to patients via Uber/Lyft to back-up facility.**

## OVERALL AREAS OF IMPROVEMENT

- Outside transportation companies were not willing to re-route the patients to the back-up facility.
- The facility has no back-up generator. But the organization has ordered multiple generators to be delivered and stored to the mid-south area in response to this disaster.
- Provide more education to patients regarding the importance of rescheduling treatments.

**\*This facility only the Exercise Kickoff and Facility Status forms.**

## Fresenius Medical Care Graceland - 1200 Farrow Road

**This facility utilized power loss and limited access to or from the facility as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Confirmation of Initial Alerts.; Contact with the EOC and outside vendors, Controllers and observers were in place to evaluate.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Information was disseminated via CM's cell phone and word of mouth from Charge Nurse, Bio Med, and Clinical Manager. The facility was able to utilize the Emergency Binder Pt Contact List to contact patients of the status facility status.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Availability and access to resources due to high demand from the community.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW, Shelby County EOC, Generator Facility**

### PARTNERS

How did your organization utilize external partners? **We were able to communicate with outside vendors via cell phone and respond to email via cell phone. Facility has battery pack for cell phone.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The outside vendors were accessible with prompt response to identify needs and resources. They were able to provide assistance as requested. Yet, delayed delivery of resources due to high demand and environmental challenges (tress blocking roads and power lines down) related to the loss of power.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The facility does not feel unsupported. However, what are additional procedures/process when there are high demands for certain resources within the community.**



### **OVERALL STRENGTHS**

- Great Take off Procedures
- Effective Communication with Directors, Patients, Outside Vendors
- Staff/Patient knowledge of Power Failure Procedures
- Staff Teamwork

### **OVERALL AREAS OF IMPROVEMENT**

- Functional Paging System Throughout the Facility
- Lack of Analog Phone Within the Facility
- Lack of on hand food and water
- Lack of facility Generator

**\*This facility successfully completed all required forms during the exercise.**

## Fresenius Medical Care Ridgeway - 6055 PRIMACY PARKWAY

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **DO and medical director.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Phone calls and text messages**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **We did not have bottled water on hand.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW**

### PARTNERS

How did your organization utilize external partners? **We were able to successfully communicate all our needs.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **They respond to our needs quickly and professionally.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We felt there was not enough communication coming into the clinic from outside agencies.**

### OVERALL STRENGTHS

- **Communicating with the patients about the drill and what they need to do.**
- **We were able to evacuate the building in a timely manner.**
- **Communication between staff members was good.**

## OVERALL AREAS OF IMPROVEMENT

- Being more organized so that everyone knows their role before a hazard occurs.
- Having enough water and food on hand in case of a lock down.
- Communicating with the family members who are calling in to check on their loved ones.

**\*This facility only submitted Exercise Kickoff and Facility Status forms.**

## Fresenius Medical Care Millington - 7840 Church St

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Staff and patient notification of plan**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **By phone.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **No power.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW**

### PARTNERS

How did your organization utilize external partners? **The local hospital notified patients that were unable to receive dialysis possibly coming in for dialysis treatment.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Hospital staff are willing to accept patients for emergency dialysis treatments as needed.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The utility company could have been more forthcoming with details as to when power would be restored. Could have responded faster to the needs of medical facilities needing power restored for patient's well-being.**

### OVERALL STRENGTHS

- **Communication from management about plan of action.**
- **Staff involvement and willingness to implement plan of action.**
- **Atom quick response time.**

## OVERALL AREAS OF IMPROVEMENT

- An emergency generator would be ideal for this type of emergency.
- Contact information could have been more accurate for a few patients.
- The clinic needs emergency phones that do not require electricity.

**\*This facility did not submit any required forms.**

## Fresenius Medical Care Community – 6460 Mt. Moriah

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Director of Operations, Biomed Team, Regional Technical Manager**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **In person and via text message.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Delays in our ability to get pts rescheduled for treatment at our sister facility due to their census.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **For this drill we did not require external assistance as this clinic is in a complex with other dialysis facilities with needed resources.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Unfortunately, we have had numerous actual emergencies in addition to our annual drills. FKC has relied on MSEPC multiple times throughout the past several years for support with a variety of things such as water support, etc. Heather Fortner and Nina with MLGW have both become excellent and valued partners who we could not have made it without!**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### OVERALL STRENGTHS

- **Quickly able to establish and obtain needed resources.**
- **Good communication with necessary parties**
- **Staff were well prepared and knowledgeable of steps to follow.**

## OVERALL AREAS OF IMPROVEMENT

- Struggle with assistance from transportation providers for rescheduling pt treatments
- A few pt phone numbers had changed and were not up to date.
- Long wait time to get pt treatments rescheduled at a sister facility due to their own pt load.

**\* This facility only submitted the Exercise Kickoff and Facility Status forms.**

## Fresenius Medical Care East Memphis - 6490 Mt Moriah Suite 100

On the day of the exercise this facility experienced a real-life active shooter event. The responses below are an indication of how the facility responded to that event.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?  
[Director of Operations, Biomed Team, Regional Technical Manager](#)

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? [In person and via telephone](#)

### RESOURCES

What was the most significant issue you identified regarding access to resources? [Unable to effectively communicate with other facilities on the campus of the active shooter.](#)

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? [Yes](#)

If yes, which agencies received your requests? [Memphis Police Department](#)

### PARTNERS

How did your organization utilize external partners? [MPD was called for this actual near miss event.](#)

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [We feel very supported by MSEPC and MLGW. For this incident.](#)

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [We called 911 MPD who took about 20 minutes to arrive despite getting a call of a potential shooter entering a facility on our campus.](#)

### OVERALL STRENGTHS

- [Staff in building impacted remained calm and handled the shooter/victim very calmly and professionally.](#)
- [Security guard did a good job of securing the facility and notifying necessary parties in that facility of the situation outside.](#)



- Staff in our building stayed alert to the situation while awaiting MPD while also staying a safe distance.

**OVERALL AREAS OF IMPROVEMENT**

- Security Guard was unable to notify all pts and employees on campus in a timely manner to prevent loss of life.
- Shooter/victim had easy access to the facility as all doors remain open for customer service purposes. No one at front desk.
- No system to lock down all buildings.

## Fresenius Medical Care Memphis Midtown Dialysis - 2225 Union Ave

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**BioMedical Team, Medical Director, Director of Operations**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Verbal communication, phone calls, and emails.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**Getting the generator delivered hard wired to the clinic.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **MLGW and Shelby County Emergency contact, Heather Fortner**

### PARTNERS

How did your organization utilize external partners? **We use MLGW to hard wire generator to clinic.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC, Heather Fortner, and MLGW are always ready to assist us in any way possible when it comes to power outages that affect our clinic's ability to treat patients. I feel we are one phone call away from getting the support we need with external partners that are willing to go above and beyond to help get the clinic up and running so we can get our patients treated.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **No identifiable issues noted at this time.**

### OVERALL STRENGTHS

- **Our team is dedicated to patient safety**
- **The generator was delivered quickly**
- **Communication between staff and patients got patients rescheduled promptly.**

## OVERALL AREAS OF IMPROVEMENT

- Getting the necessary electrical switches installed to prevent the need for a generator to be hard wired to the clinic.
- Better communication between neighboring clinics
- Improved communication between patients to get them to understand the importance of rescheduling missed treatments.

**\*This facility only submitted the Facility Status form.**

## Fresenius Wolf River Home Therapies - 8040 Wolf River Blvd, Suite 101

**This facility utilized sheltering in place as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **All staff members present in the clinic that day along with 2 pts, Program Manager and Area Team Lead**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated - scenario given to all present and then drill was verbal but actual steps clinic would take if real event, patients in for lab draw, so could be easily moved to secure areas.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **We were able to pull crash cart and emergency rolling carts into safe areas. SW and RD available to help with resources for patients such as food, places that would be available for temporary shelter. Because of staffing shortages, no biomed present.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **The clinic had access to other Fresenius clinics and also Mid-South Emergency Planning Coalition available.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC was available and ready if any questions or support was needed as well as updates through TNHAN.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Clinic had support needed to be a successful drill.**

### **OVERALL STRENGTHS**

- All staff and patients had cell phones and were available to reach out along with battery powered radios.
- Crash carts and emergency rolling carts both fully stocked with no supplies expired.
- All the team worked together, all knew chain of command and how to report and receive updates.

### **OVERALL AREAS OF IMPROVEMENT**

- Because of the land-lord's situation in the building with other tenants, we do not know where any electrical, water, gas turnoffs are located, depending on their staff.
- More safe zones had to be reviewed with staff besides just under tables.
- One patient not as engaged, had to encourage patient to participate, leaving clinic not an option.

**\* This facility only submitted the Exercise Kickoff form.**

## Fresenius Medical Care Tunica - 1821 Hwy 61 N

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?  
[No power](#)

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? [Simulated](#)

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
[Panic](#)

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? [Yes](#)

If yes, which agencies received your requests? [local EMA](#)

### PARTNERS

How did your organization utilize external partners? [Fresenius medical care Senatobia](#)

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [I did this in both Senatobia clinic100889 and Tunica 4765](#)

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [N/A](#)

### OVERALL STRENGTHS

- [Teamwork](#)
- [Knowledge](#)
- [Experience](#)

## OVERALL AREAS OF IMPROVEMENT

- Panic
- organization as a group
- educating pt

**\*This facility only submitted the Exercise Kickoff and Facility Status forms.**

## Graceland Rehab and Nursing

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Command Center, walkie talkies, flashlights, cell phones**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **in person, walkie talkies, cell phones**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**Needing to have more available resources on hand.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Internal communication including cell phones and walkie talkies**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Very supported**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Very supported**

### OVERALL STRENGTHS

- **Preparedness**
- **Goods on hand**
- **Communication**



## OVERALL AREAS OF IMPROVEMENT

- Increase amounts of goods for longer period of times
- More chargers being adequately charged.
- More batteries for flashlights

**\*This facility successfully completed all required forms during the exercise.**

## Memphis Jewish Home and Rehab

This facility utilized structural damage with the potential of evacuation, water loss, and limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Incident Commander, Operations Section Chief, Logistics Section Chief, Labor Pool Unit Leader, Planning Section Chief, Public Information Officer, Safety, Finance Section Chief**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **We had a face-to-face meeting early morning that we followed with mass electronic communication.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Prompt delivery of diesel for the generator**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **HRTS- we reported available beds to the coalition, MSEPC- reported request for resources.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **In situations where large geographical disasters occur, our local vendors may not be able to supply us. MSEPC, SFA, OEM provide us with the ability to obtain resources outside of the disaster effected area.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We are concerned about nursing home priority in these large-scale events that may require transportation for evacuation or other resources in that would be in high demand.**

### OVERALL STRENGTHS

- **Eagerness to understand and fill incident command roles.**
- **Emergency preparedness training**
- **Communication to families**

## OVERALL AREAS OF IMPROVEMENT

- We need to incorporate more of the front-line staff.
- Engage residents in other activities to occupy them during displacement (in this case, while they were sheltered in the hallway)
- No mass communication system was in place at the time of the event so that we could communicate with all staff who were off duty, we are switching from Makeshift to on shift communication system to correct this issue.

**\*This facility successfully completed all required forms during the exercise.**

## Memphis Surgery Center

This facility utilized sheltering in place, water and power loss, and limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **triage and treatment, assembly area for patients and staff, incident commands with leads**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Through word of mouth we had no cell service.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Not having enough water and food for a situation of this magnitude**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Memphis OEM**

### PARTNERS

How did your organization utilize external partners? **readyOp and 2-way radios.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Yes**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **I don't feel that we felt unsupported nothing was asked for that didn't get recognition.**

### OVERALL STRENGTHS

- **Organization**
- **Communication**
- **dedicated workers**

## OVERALL AREAS OF IMPROVEMENT

- more ways to communicate without cell service to employees not present or policy of understanding during those situations.
- more food and water on hand
- need to take a roster of everyone present.

**\*This facility successfully completed all required forms during the exercise.**

## Methodist Affiliated - Alliance Health Services, Inc.

This facility utilized sheltering in place, power and water loss, and structural damage to the facility with the potential of evacuation as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **All the groups were present.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Staff safety, making sure patients were taken care of (supplies, etc).**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Did not utilize external partners.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **To tell the truth, Affiliated/Alliance always been the "left out" child of the Methodist system. They mainly focus on the hospitals and forget about the Ambulatory side of the business (Home Health/Hospice/Medical Equipment/ Minor Meds/Surgery Centers.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **see above. Methodist needs to remember that our staff are "scattered" and not in one building. We have so many different components.**

### OVERALL STRENGTHS

- Ability to come together quickly for the safety of our staff and patients.
- Well supplied.
- Ability to quickly get word out in an emergency via Tiger Text.

### OVERALL AREAS OF IMPROVEMENT

- Knowing your duty in an emergency. A few had no clue.
- making sure contacts lists are kept up to date - (all updated)
- Oxygen - getting patients to safe places.

**\*This facility successfully completed all required forms during the exercise.**

## Millington Healthcare Center

This facility utilized structural damage to the facility with potential evacuation as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
Facility activated the Emergency response plan, Incident Command System, Shelter in Place and Evacuation to another area of the building. Interdisciplinary Team, Nursing, housekeeping, dietary, and all available staff assisted with addressing the emergency.

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
Facility did not have squeegees or floor machine to remove water in house.

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Shelby County EOC**

### PARTNERS

How did your organization utilize external partners? **The facility called the local emergency representatives, and they contacted Shelby County EOC.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Shelby County EOC came to the facility to assess the situation and ascertain what services they could help with. We requested dehumidifiers and tree-cutting services.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **Our facility was fully supported by our community emergency management partners.**

### OVERALL STRENGTHS

- Facility has sufficient staff to address the emergency.
- The facility had sufficient blankets to absorb and reduce the flow of water.
- Teamwork



## OVERALL AREAS OF IMPROVEMENT

- Not enough squeegees to help remove water.
- Not floor machine to remove water.

**\*This facility successfully completed all required forms during the exercise.**

## NHC Healthcare Somerville

**This facility utilized sheltering in place as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**IC and backup, Operations Section Chief, Planning Section Chief, Documentation recorder, Finance Section Chief, and Safety/Security/Liaison Officer**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Yes, simulated.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**For the multi-day shelter in place, we realized we don't always keep enough formula for our tube fed patients to sustain for multiple days.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Request was made to MSEPC as needed for medical supply.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We work extremely well and are very supported by our local Fire/EMS, EMA and city/county officials.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### OVERALL STRENGTHS

- **Our home office is located in Middle TN, which is helpful in case of disaster locally in West TN. Resources via our corporate office would be a tremendous asset during a true local disaster.**

- Familiarity with our Disaster Plan and what leader would assume which role is established and known.
- Relationship with our local EMA officials who respond quickly to our needs

**OVERALL AREAS OF IMPROVEMENT**

- Additional supply of formula for tube fed patients for emergency use
- Accountability of all people in our building in case of disaster. Currently we know partners and patients but no tracking method for visitors.
- Use of HAMN radio education

**\*This facility successfully completed all required forms during the exercise.**

## No Place Like Home

**This facility utilized structural damage to the facility with potential evacuation, power loss, and limited access to or from the facility as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Incident Command**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Call Down Tree was activated, and mass email was sent.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **No issues noted with the resources that we requested. However, we did realize after the fact that we could have requested additional assistance with computers, and structure.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **We reported our situation and requested supplies needed for patients.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel supported in the fact that we have access to these organizations. We do feel that we failed to utilize them as much as we could have in this scenario.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We feel like the majority of all the exercises lean toward facilities that have patients, of some type, on the premises, and understandably so. We are a staffed office with no patients. All our patients are in their own homes and spread over three counties. I don't feel that there is a way to change the situation since, as healthcare providers, patients are our main concern.**

### **OVERALL STRENGTHS**

- We were able to contact the director (she was off premises that day) and she was able to handle the incident remotely.
- The three people working remotely that day were able to handle contacting patients and staff without difficulty while those on the premises were trapped.
- We have the ability to work remotely so even though our structure was damaged once we all get home and have computer access, we can work!

### **OVERALL AREAS OF IMPROVEMENT**

- We need to think outside of patients when there is an emergency. We could have contacted MLGW, EMS, requested structural assistance, computers. We only looked at resources needed at the patient's home.
- Ensure that every office employee knows how to open and read the patient listing report sent out weekly.
- Ensure that patient priority level is entered at the time of admission. This will print on the patient listing report and determine the order in which patients are contacted.
- Review with all employees 'what to do/where to go' when there is a tornado warning.

**\*This facility successfully completed all required forms during the exercise.**

## OrthoSouth Surgery Center - Germantown

This facility utilized water loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Activated the Command Post and internal disaster policy.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated via phone calls, email, and text, as well as in person and virtual meetings.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **The ability to obtain safe water in amounts adequate for proper flushing of lines and sterilization of instrumentation.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **State of Tennessee Department of Health, Bulk Water Tennessee.**

### PARTNERS

How did your organization utilize external partners? **For communication updates initially, for regulatory guidance throughout, and then for equipment specific remediation before returning to business.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The City of Germantown used multiple pathways of communication via social media, news outlets, and mass texting.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The frequency and depth of communication from the City of Germantown needs improvement. At the very least, medical healthcare facilities should receive a separate mass text with more specific and timely information.**

### **OVERALL STRENGTHS**

- Patient safety remained the focus during this event.
- Command center communication was thorough and frequent.
- Involvement of the entire team in remediation so all aspects of returning to patient care were thoroughly evaluated and planned.

### **OVERALL AREAS OF IMPROVEMENT**

- Need a more adequate line of communication between healthcare facilities and local government during disasters.
- Internal mass text option for disasters would have been helpful.
- Maintaining extra resources on hand, i.e. water filters for equipment, extra drinking water, and filters for water osmosis system.

**\*This facility successfully completed all required forms during the exercise.**

## Parkway Health & Rehab Center

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? [Yes](#)

Which components of incident were activated (i.e. which positions/groups were named)?  
[Incident Command System, Nursing, Maintenance, Administration, Dietary and Activity](#)

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? [Updates provided through texts and our automated communication system called Clinic Onex.](#)

### RESOURCES

What was the most significant issue you identified regarding access to resources? [Personnel](#)

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? [Yes](#)

If yes, which agencies received your requests? [The Simulators/Control staff did a role play with staff to notify Memphis Office of Emergency Management and Mid-South Emergency Planning Coalition.](#)

### PARTNERS

How did your organization utilize external partners? [Memphis OEC kept us abreast of the severe tornado and our decision to shelter in place. MSEPC worked on providing us with more staff.](#)

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? [Our facility is located right next door to a fire station, and we had three firemen to volunteer their time to assist us with making informed decisions during this full-scale exercise. MSEPC is great for helping us to learn and be prepared in the event of a real disaster or emergency as evidenced by their annual calendar. We are very comfortable in reaching out to Heather Fortner regarding recommendations for resources during an emergency, and she is great about getting back with you.](#)

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [My facility has not encountered this issue.](#)



### **OVERALL STRENGTHS**

- Nurses were observed checking the oxygen concentrators for those residents who require oxygen.
- The Maintenance Director talked to the new maintenance assistant via cell phone on how to ensure the generator comes on load within 15 seconds.
- Wandering residents were monitored closely and assigned individual aides to prevent elopement.
- Dietary improvised and utilized the food from their emergency 3-day food supply shelf to provide meals for staff, residents, and visitors.

### **OVERALL AREAS OF IMPROVEMENT**

- The two controllers were not clear of their roles and did not direct the pace of the exercise or provide key information when needed.
- Incident Commander (Administrator) failed to make the participants aware of the roles of the external partners (local firemen)
- No one was assigned to provide emotional support to the visitor who was afraid of the facility being pitched dark and exhibited a panic attack.

**\*This facility successfully completed all required forms during the exercise.**

## Radiosurgical Center of Memphis

This facility utilized limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Incident Command, back up IC, Operations, PIO, Logistics**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Real, verbal in the center. and simulated radio with all agencies.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**They wait for equipment to move debris.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **OEM**

### PARTNERS

How did your organization utilize external partners? **MSEPC, two-way radio**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have the ability to communicate with all the above through Radio or phone. We also have communications within our hospital.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We have the ability to communicate with all the above through Radio or phone. We also have communications within our hospital. The hospital communications are always an issue due to the severity of the experience within internal support and plain communication issues.**

### OVERALL STRENGTHS

- **Coordination**
- **Communication within our center.**
- **Everyone understands assignments they are given.**

## OVERALL AREAS OF IMPROVEMENT

- In the event one of us is not at work that day can cause an issue with overall precision of understanding.
- Communication throughout the hospital.
- Remembering to document accountability throughout event.

**\*This facility successfully completed all required forms during the exercise.**

## Regional One Health Subacute Care

This facility utilized sheltering in place, power loss, and structural damage to the facility with the potential of evacuation as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Leadership group and nursing group / Director of Safety and EM**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Information was disseminated real for staff and simulated for patients throughout the unit.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **staff for shelter in place.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Mid-South Emergency Planning Coalition was accessible to facility to provide guidance for needed support. Requests for updates were received timely throughout the process.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **Facility is confident that in the event of an actual emergency the guidance and support needed from our external partners will be available. Through continued collaboration and engagement identifying possible barriers and outliers. Educational sessions and preparation for events allow the facility the opportunity to build needed connections.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### **OVERALL STRENGTHS**

- Staff very knowledgeable about weather alerts and issues
- Staff immediately knew who needed to be contacted to address facility needs.
- Leadership able to articulate the needs that would need to be addressed staffing, supplies and recovery to stabilize back to normal operations.

### **OVERALL AREAS OF IMPROVEMENT**

- Charge nurse not fully able to identify shelter in place needs.
- Charge nurse needed guidance on next steps to secure additional staff and supplies.
- Accommodation for staff in the event of a shelter in place - area of opportunity identified during exercise.

**\*This facility successfully completed all required forms during the exercise.**

## Saint Francis Surgery Center

This facility utilized sheltering in place as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Incident Commander, Communications Officer, Patient Tracking Officer, Damage Control Officer, Safety Officer, Material/supply Officer,**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Simulated**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Resource inventory revealed insufficient stores of potable water.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Attempts to coordinate with Saint Francis Hospital Engineering Department weren't successful. Attempted via phone and email.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC - consistently responds to all requests in a timely manner and provides educational opportunities. Emergency Management - USPI corporate maintain dedicated team to assist with "disasters" as well as providing all employees training on "reporting up" to initiate assistance. Local Fire/EMS have historically responded in a timely manner. Public Health.....no experience with public health**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **The only lack of support identified was support from Saint Francis Hospital. Plant Operations Director was recently replaced. There was no coordination/communication between surgery center and hospital. We share a campus and hospital is our landlord.**

### **OVERALL STRENGTHS**

- Established Disaster Manual provides planning and job duty guidelines.
- Teamwork. staff worked together and supported each other.
- Knowledge. assigned tasks executed with efficiency.

### **OVERALL AREAS OF IMPROVEMENT**

- Build relationship with Hospital Plant Operations Director to improve communications.
- Clarify methods of requesting resources from outside sources, example water
- Educate staff on radio usage.

**\*This facility successfully completed all required forms during the exercise.**

## Signature Healthcare of Memphis

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Notification to staff of power outage**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Mass text to all staff and mass text messages to families informing of facility power outage. Facility Staff Huddle meetings**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**The need for more emergency electrical red plug outlets to keep residents' oxygen, mattresses and other equipment in use**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Technology- need for additional computers, WIFI access to access residents' electronic medical records, more two-way radios**

### PARTNERS

How did your organization utilize external partners? **Emails, we do have two-way radios also but only used internally**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **The organization feels supported as we were in contact with MSEPC during the exercise period. We feel that all our needs would have been promptly met or responded to by MSEPC, Emergency Management and local Fire/EMS.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **N/A**

### OVERALL STRENGTHS

- **Teamwork among staff**
- **Effective communication including staff and resident notification.**
- **Organized, uniformed effort with use of IC center at facility.**



## OVERALL AREAS OF IMPROVEMENT

- identification for more red electrical outlets
- Need more fans for staff areas to provide comfort to staff also in break areas.
- Identification and need for upgraded facility generator.

**\*This facility successfully completed all required forms during the exercise.**

## St. Jude Children's Research Hospital

**This facility utilized structural damage to the facility with the potential of evacuation and limited access to or from the facility as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **Incident Commander, PIO, Safety Officer, Liaison Officer, Legal, Medical Care Section, Operations Section, Planning Section, Logistics Section, and Research Section.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The SJ Alert mass notification system was utilized to communicate both the Tornado Warning and the All-Clear announcements to staff. PBX Overhead paging was utilized to inform patients of the Tornado Warning and All Clear announcement.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **Discovered that, due to the increasing size of the campus, a second cache of emergency response supplies is needed, ideally on the west side of campus.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **For communications with external partners, HRTS/ReadyOp requests were completed online. For internal communications, telephones, cell phones, 2-way radios and Mass Alert System were utilized.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **MSEPC is a great resource for all area healthcare organizations to cooperate and collaborate BEFORE an actual emergency force us all to have to work together. So much better to have already forged relationships and put faces with names & organizations BEFORE a disaster strikes rather than after. The combined Hazard Vulnerability Analyses (HVA's) are an important document generated annually by the MSEPC and in the past has been very helpful in informing St. Jude's own HVA. The ESF8 component is one of the most important aspects of the local EMA command structure, as it should be, since hospitals and healthcare organizations will be impacted first by most every emergency that may occur in this community/region. This drill is just one more way that St. Jude feels supported by its external partners.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? [St. Jude has not experienced any lack of support by its external partners.](#)

### OVERALL STRENGTHS

- New members of Incident Command Team (ICT) were experiencing their first exercise and commented on how helpful it was to see the team together (not just on paper) and to understand the resources that are available to the organization and their group.
- Many second and third in command were able to attend this exercise and gained valuable experience in the operation of the ICT. Considering using only seconds in command in the next exercise with primaries acting as evaluators.
- After patients and families are evacuated, the new Domino's Village facility could be utilized to house staff in extended emergencies.

### OVERALL AREAS OF IMPROVEMENT

- The current Incident Commander (IC) selection process was not very effective and wasted much time in deciding who would be the IC. Must develop and implement a more efficient process.
- The IS technology component is currently not well defined in the Emergency Operations Plan (EOP). Must incorporate a better-defined technology component in the next revision of the institutional EOP.
- Position groups tended to operate in silos during the group breakouts. This does not happen in activation as due to actual events so is likely a function of this being a drill/exercise. In future drills, we must craft injects that force groups to collaborate.

**\*This facility successfully completed all required forms during the exercise.**

## The Kings Daughters and Sons Home

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Incident Commander, Liaison, Safety Officer**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **Call Multiplier and Staff Runners**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**We had access to all the resources necessary. We realized that we could have additional areas on our facility generator.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Stayed in contact with MLGW regarding the return of our power.**

### PARTNERS

How did your organization utilize external partners? **We kept in contact with MLGW during this time. Updated our needs and resources on HRTS.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We feel we are in a community that can provide continuity of care across a disaster scenario and react to the medical needs of the community due to the continuous training on best practices for utilizing community-based organizations in emergency response operations.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We do not feel unsupported in any way.**

### OVERALL STRENGTHS

- **Adaptivity**
- **Quick Thinking**
- **Preparedness**

## OVERALL AREAS OF IMPROVEMENT

- Communication
- Administrative Resources
- Training

**\*This facility successfully completed all required forms during the exercise.**

## The Village at Germantown

**This facility utilized structural damage with evacuation potential as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Tornado Impact (Incident Commander / Operations Section Chief / Liaison Officer / Safety Officer / Public Information Officer / Planning Section Chief / Logistics Chief / Admin Section Chief.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **We did a combination of real and simulated. We notified nurses, CNAs, caregivers, and all parties by sounding the alarm and calling out over the radios.**

### RESOURCES

What was the most significant issue you identified regarding access to resources? **We were able to engage our resources and get simulated responses.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Simulated request for GFD and Mid-South Emergency Planning Coalition.**

### PARTNERS

How did your organization utilize external partners? **We requested simulated support.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have great support by our local fire department (GFD), Emergency management, and key established vendors.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **We feel the biggest gap is always MLGW response and flow of up-to-date information. We feel MLGW needs to do better at prioritizing and checking in on their Healthcare / medical customers during events and outages. In past incidents we have to beg for pertinent information.**

### **OVERALL STRENGTHS**

- Teamwork within the organization
- Local fire department support is always top notch.
- Mid-South Emergency Planning Coalition response to questions and answers. We feel we can reach out for additional resources when necessary.

### **OVERALL AREAS OF IMPROVEMENT**

- Print out more copies of Incident forms such as Activity logs, we feel we could have used more to pass out to sub-groups for tracking.
- Improve and reach out for better relations with our MLGW Key account representative.
- "ReadyOp" submission follow-ups. We need to call or email to verify items were received by Mid-South Emergency Planning Coalition

**\*This facility successfully completed all required forms during the exercise.**

## Trezevant Episcopal Home - Allen Morgan Health and Rehabilitation Center

**This facility utilized power loss as part of this exercise scenario.**

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)?  
**Incident Commander, Liaison Officer, Medical Specialist, Operations, Dining, Medical Records, Social Services, Central Supply**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **email, overhead announcements, direct communication to staff.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**We need to revamp our emergency food and water supply storage, trash removal/garbage disposal.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **Yes**

If yes, which agencies received your requests? **Memphis OEM**

### PARTNERS

How did your organization utilize external partners? **Facility contacted our external vendors to validate contact information is still valid,**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We have good relationships with the local Fire/EMS, EOM, MSEPC, and our vendors. They helped to ensure that our processes were working and validated our approach.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **MLGW does not understand that we are a licensed health care facility, and we have power coming onto the campus from multiple locations. They need to have a better understanding of the layout and what are the expectations to get power back up to licensed healthcare entities as a priority over other types of businesses.**



### **OVERALL STRENGTHS**

- Communication to staff
- Everyone stayed calmed, knew what to do and followed procedure.
- Reliable vendor network

### **OVERALL AREAS OF IMPROVEMENT**

- Limited on emergency power; not optimal - only essentials are powered.
- Need more two-way radios to facilitate communication between buildings.
- Utilization of storage space for emergency supplies

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 11443 Arlington Woods Cove

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of ReadyOp-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 11455 Arlington Woods Cove

This facility utilized sheltering in place, water and power loss and limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 11456 Arlington Woods Cove

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 11005 Highway 70

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**



### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 7405 Osborn town Road

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 10926 Liubov Road

This facility utilized power loss as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 95 Oak Hollow

This facility utilized sheltering in place, power loss, and structural damage to the facility with potential evacuation as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as Ready Op and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 230 Oak Hill

This facility utilized sheltering in place, power loss, and limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as ReadyOp and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**



### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## West Tennessee Homes - 11444 Arlington Woods Cove

This facility utilized sheltering in place, power loss, and limited access to or from the facility as part of this exercise scenario.

### INCIDENT COMMAND

Did you need to activate your facility's incident command or emergency plan? **Yes**

Which components of incident were activated (i.e. which positions/groups were named)? **The agency contacted the Incident Commander, and she redirected them to provide further details.**

How was information disseminated (real or simulated) throughout the organization to keep staff and patients informed of the situation? **The agency used either the state-issued cell phones or their personal cell phones.**

### RESOURCES

What was the most significant issue you identified regarding access to resources?  
**A significant issue we face is the inability to reach the City of Memphis for tree limb and debris pickup.**

Did your organization make a resource request to an outside agency in addition to the request that was made as part of this exercise (MLGW, Shelby County EOC, Memphis OEM, etc)? **No**

If yes, which agencies received your requests? **N/A**

### PARTNERS

How did your organization utilize external partners? **Our agency utilized external providers such as Ready Op and televisions.**

In what ways, if any, did you feel supported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? **We appreciate the support from the Emergency Preparedness Coalition through their frequent emails, which help us stay informed and better prepared.**

In what ways, if any, did you feel unsupported by external partners (MSEPC, Emergency Management, local Fire/EMS, public health)? What suggestions would you make to address any lack of support you experience? **To shorten the duration of power outages and debris removal, additional contractors will assist Memphis Lights Gas and Water during outages.**

### **OVERALL STRENGTHS**

- One great strength is keeping our organization informed via email about any and all relevant information.
- The 2nd strength is the ongoing of Ready Op-Alerts.
- The third strength is following up after any exercise by email and/or Zoom meeting. It helps ensure that everyone is on the same page and can address any questions or concerns that may have arisen during the exercise or meeting.

### **OVERALL AREAS OF IMPROVEMENT**

- To ensure that all the participants receive the alert.
- There is a need for more training on how to complete the requested documentation for the Emergency Preparedness Coalition.
- Follow-up on how the agency can improve their emergency plan.

**\*This facility successfully completed all required forms during the exercise.**

## APPENDIX A: ACRONYMS

Acronym	Term
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
C/E	Controller/Evaluator
CDC	Centers for Disease Control and Prevention
CEO	Chief Operating Officer
CMS	Centers for Medicare and Medicaid Service
DHS	U.S. Department of Homeland Security
DMAT	Disaster Medical Assistance Team
EEG	Exercise Evaluation Guide
EI	Essential Elements of Information
EMR	Electronic Medical Record
EMS-RC	Emergency Medical Services Regional Consultant (TDH)
ENDEX	End Exercise
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function (ESF-8 is Health and Medical)
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
HHS	Health and Human Services
HPP	Hospital Preparedness Program
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA/TA	Hazard/Vulnerability Analysis/Threat Assessment
ICS	Incident Command System
MOA	Memorandum of Understanding
PHEP	Public Health Emergency Preparedness Program
RHC	Regional Hospital Coordinator
RMCC	Regional Medical Communications Center
SCOP	Shelby County Office of Preparedness
SEOC	State Emergency Operations Center
SimCell	Simulation Cell (acts on behalf of non-participating agencies)
SME	Subject Matter Expert
START	Simple Triage and Rapid Treatment
STARTEX	Start Exercise
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency
TNHAN	Tennessee Health Alert Network

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
<b>Healthcare Coalitions</b>
Mid-South Emergency Planning Coalition
<b>Public Health</b>
Shelby County Health Department
<b>Emergency Management</b>
City of Memphis Office of Emergency Management
Shelby County Homeland Security and Emergency Management
<b>Emergency Medical Service (EMS)</b>
Bartlett Fire Department
Germantown Fire Department
Memphis Fire Department
<b>None-Hospital Facilities</b>
AHC Applingwood
Allenbrooke Nursing and Rehabilitation
Baptist Reynolds Hospice House
Baptist Trinity Hospice
Campbell Clinic Surgery Center Germantown
Campbell Clinic Surgery Center Midtown
Davita Galleria Home
DaVita Riverdale Home Training (PD)
East Memphis Surgery Center
Fresenius Bartlett Home Therapies - 1533 Bonnie Ln
Fresenius Central Memphis - 4601 Quince Rd.
Fresenius East Memphis Home Therapies - 6490 Mt Moriah Rd Ext Suite 201
Fresenius Kidney Care Airways - 5484 Airways Blvd
Fresenius Kidney Care Union City - 1117 S Miles Ave
Fresenius Kidney Care Bartlett - 3348 N. Germantown Rd.
Fresenius Kidney Care Germantown - 7640 Wolf River Circle
Fresenius Kidney Care North - 3850 Austin Pey Highway Ste 10
Fresenius Kidney Care Summer - 4569 Summer Ave
Fresenius Kidney Care Whitehaven - 4115 South Plaza Dr
Fresenius Kidney Raleigh-Bartlett - 5020 English Towne Dr
Fresenius Medical Care Graceland - 1200 Farrow Road
Fresenius Medical Care Ridgeway – 6055 Primacy Parkway
Fresenius Medical Care Millington- 7840 Church St
Fresenius Medical Care Community - 6460 Mt Moriah Ext Suite 101
Fresenius Medical Care East Memphis - 6490 Mt Moriah Suite 100

Fresenius Medical Care Memphis Midtown Dialysis - 2225 Union Ave
Fresenius Wolf River Home Therapies - 8040 Wolf River Blvd, Suite 101
Fresenius Medical Care Tunica - 1821 Hwy 61 N
Graceland Rehab and Nursing
Memphis Jewish Home and Rehab
Memphis surgery center
Methodist Affiliated - Alliance Health Services, Inc.
Millington Healthcare Center
NHC Healthcare Somerville
No Place Like Home
OrthoSouth Surgery Center-Germantown
Parkway Health & Rehab Center
Radiosurgical Center of Memphis
Regional One Health Subacute Care
Saint Francis Surgery Center
Signature Healthcare of Memphis
St. Jude Children's Research Hospital
The Kings Daughters and Sons Home
The Village at Germantown
Trezevant Episcopal Home - Allen Morgan Health and Rehabilitation Center
West Tennessee Homes - 11443 Arlington Woods Cove
West Tennessee Homes - 11455 Arlington Woods Cove
West Tennessee Homes - 11456 Arlington Woods Cove
West Tennessee Homes - 11005 Highway 70
West Tennessee Homes - 7405 Osborn town Road
West Tennessee Homes - 10926 Lubov Road
West Tennessee Homes - 95 Oak Hollow
West Tennessee Homes - 230 Oak Hill
West Tennessee Homes - 11444 Arlington Woods Cove

## APPENDIX C: IMPROVEMENT PLAN

This IP was developed specifically for the Mid-South Emergency Planning Coalition as part of 2023 Non-Hospital Full Scale Exercise conducted on October 4, 2023. MSEPC accepts responsibility for assuring that the improvement plan issues identified will be integrated into an exercise in the next budget period.

Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Start Date	Completion Date
<b>Incident Command</b>				
Increase availability to ICS courses throughout MSEPC membership.	MSEPC will establish a training schedule to include introductory and refresher courses to review basics of HICS and offer more in-depth overviews of specific aspects of HICS.	Training	FY25	On-going. Offered quarterly.
<b>Resources</b>				
Lack of understanding of resource request form.	MSEPC to evaluate form components and clarify or change language for increased understanding and interpretation. Continue to utilize forms during exercise play.	Organization, Training, Exercise	March 1, 2024	Updated Form completed by 4/25/2024. May be edited as needed.
Lack of extensive vendor directories to support supply chain issues.	MSEPC to continue to work with vendors and other resource providers to establish a directory of potential vendors utilized by healthcare facilities.	Organization, Equipment	March 1, 2024	Ongoing. Updated with new vendors as information is received.
<b>External Partners</b>				
Facilities expressed interest and necessity in knowing more about fellow member facility contacts and services.	MSEPC to collect information and develop directory to include all member facility contacts and services provided. Distribution list to be posted online.	Organization	Ongoing	Ongoing. Updated with new facility information as it is received,

<sup>1</sup>Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.