



Resource Resilience: A Virtual Supply Chain Exercise

After-Action Report/Improvement Plan

Exercise: October 31 and November 1, 2023

Document: November 22, 2023



The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. 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.

EXERCISE OVERVIEW

Exercise Name	Resource Resilience: A Virtual Supply Chain Exercise
Exercise Dates	October 31, 2023, at 9:00 AM ET & November 1, 2023, at 1:00 PM ET
Scope	This exercise was a virtual tabletop exercise, planned for up to 3.5 hours at each participating facility. Exercise play was limited to virtual participation via Zoom and was offered twice.
Focus Area(s)	Response
Core Capabilities	<p>FEMA Core Capabilities</p> <ul style="list-style-type: none"> Operational Communications Operational Coordination Planning Intel and Information Sharing <p>HPP Core Capabilities</p> <ul style="list-style-type: none"> Capability 2: Health Care and Medical Response Coordination <p>PHEP Core Capabilities</p> <ul style="list-style-type: none"> Capability 2: Community Recovery Capability 3: Emergency Operations Coordination Capability 6: Information Sharing
Objectives	<p>Objective 1: Discuss your organization's ability to respond effectively to a staffing shortage within the supply chain, focusing on identifying critical positions, implementing contingency plans, and maintaining operational continuity.</p> <p>Objective 2: Discuss your organization's response and recovery capabilities in the event of a supply chain disruption that leads to a pharmaceutical shortage, emphasizing the identification of critical supply chain vulnerabilities, communication with stakeholders, and timely restoration of pharmaceutical distribution.</p> <p>Objective 3: Discuss your organization's ability to manage the effects of a power grid failure while ensuring uninterrupted healthcare services, implementation of alternative power sources, and effective coordination of resources.</p>
Threat or Hazard	Supply Chain Interruptions / Crisis Standards of Care
Scenario	<p>Module 1: During the flu season, a sizable portion of your organization's staff has been impacted by a sudden and severe outbreak of the flu.</p> <p>Module 2: A severe thunderstorm has resulted in widespread power outages in your community and a damaged generator from a lightning strike.</p> <p>Module 3: A highly sophisticated cyber-attack has targeted the three largest manufacturers of insulin.</p>

Sponsor	Region 3 Healthcare Coalition Alliance
Participating Jurisdictions/	For a full list of participating organizations, please reference Appendix B.
Point of Contact	<p>Elaina Huffman, MPS, CHEC All Clear Emergency Management Group Preparedness Products Division Manager ElainaH@AllClearEMG.com</p> <p>Leigh Wilsey Northeast Florida Regional Council Healthcare Coalition Program Manager lwilsey@NEFRC.org</p>

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	PHEP Capabilities	HPP Capabilities	FEMA Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Objective 1: Discuss your organization's ability to respond effectively to a staffing shortage within the supply chain, focusing on identifying critical positions, implementing contingency plans, and maintaining operational continuity.	Capability 2: Community Recovery	Capability 2: Health Care and Medical Response Coordination	Operational Coordination		S		
Objective 2: Discuss your organization's response and recovery capabilities in the event of a supply chain disruption that leads to a pharmaceutical shortage, emphasizing the identification of critical supply chain vulnerabilities, communication with stakeholders, and timely restoration of pharmaceutical distribution.	Capability 3: Emergency Operations Coordination		Operational Communications		S		
Objective 3: Discuss your organization's ability to manage the effects of a power grid failure while ensuring uninterrupted healthcare services, implementation of alternative power sources, and effective coordination of resources.	Capability 6: Information Sharing		Intel and Information Sharing		S		

Table 1. Summary of Core Capability Performance

DEFINITION OF RATINGS

Performed without Challenges (P): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical discussions associated with the capability were completed in a manner that achieved the objective(s) and would not negatively impact the performance of other activities. Performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it was discussed as being 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 discussions associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: completion of discussed activities would have a negative impact on the performance of other activities; would contribute to additional health and/or safety risks for the public or for emergency workers; and/or was not identified as being conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical discussions associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

EXERCISE SUMMARY

The Resource Resilience tabletop exercises that were hosted by the Region 3 Healthcare Coalition Alliance were specifically designed to evaluate an organization's approach to three separate crisis standards of care scenarios. The scenarios focused on staffing shortages, pharmaceutical shortages, and the lack of availability of medical equipment. For each exercise, participants were placed into breakout groups to discuss their response to the presented scenarios with other similar organizations. Each participant was provided with a Situation Manual (SitMan) consisting of discussion questions that were covered throughout the exercise.

For this exercise, each agency was asked to reference their existing crisis standards of care plans to inform their discussion and responses as it related to the scenario. The purpose of this report is to analyze exercise results, identify strengths and best practices to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions. This report contains identified areas of improvement for all participants as well as agency-specific areas for improvement and corrective actions.

MAJOR STRENGTHS IDENTIFIED DURING THE EXERCISE

Strength: Participants are aware of how to leverage regional healthcare coalitions to assist in coordinating resources and sharing information

Strength: The Emergency Support Function – 8 (ESF-8) working group demonstrates a structured and coordinated approach to managing and assisting during state-level responses. This organized framework ensures a collaborative and synchronized approach to addressing health and medical challenges.

Strength: As a region, partners have found ways to leverage the special needs registry during emergencies to identify and prioritize individuals who have medical resource needs.

PRIMARY AREAS FOR IMPROVEMENT IDENTIFIED DURING THE EXERCISE

Area for Improvement: Lack of sufficient cross training to support staffing shortages. The identified area for improvement underscores the importance of improving and increasing staff cross-training to assist in addressing staff shortages.

Area for Improvement: Improved understanding of State and Federal resources and intervention strategies. One key takeaway from this exercise was the prevalent assumption that the State or Federal entities would automatically intervene.

Area for Improvement: Lack of a plan and guidance to support decision-making during crisis situations. Participants noted a lack of plan and guidance for decision-making during crisis situations which highlights a significant vulnerability in an organization's emergency preparedness.

OBJECTIVE 1: DISCUSS YOUR ORGANIZATIONS ABILITY TO RESPOND EFFECTIVELY TO A STAFFING SHORTAGE WITHIN THE SUPPLY CHAIN, FOCUSING ON IDENTIFYING CRITICAL POSITIONS, IMPLEMENTING CONTINGENCY PLANS, AND MAINTAINING OPERATIONAL CONTINUITY.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 1.1: Many organizations possess a well-defined comprehension of when and how to initiate incident command to address staffing shortages effectively.

Strength 1.2: Participants can identify key internal (i.e., residents, staff, and clients) and external partners (i.e., local emergency management and healthcare coalition) to communicate with and discussed employing optimal communication methods to interact.

Strength 1.3: Participants are aware of how to leverage regional healthcare coalitions to assist in coordinating resources and sharing information. A noted best practice included the implementation of regional healthcare coalition collaboration calls during a disaster.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 1.1: Lack of sufficient cross training to support staffing shortages.

Analysis: The identified area for improvement underscores the importance of improving and increasing staff cross-training to assist in addressing staff shortages. A lack of sufficient cross-training can result in a limited pool of skilled personnel during critical shortages, potentially impeding the organization's ability to maintain conventional or even contingency staffing structure. Cross-training is critical because it ensures that staff members possess diverse skill sets, enabling them to seamlessly transition between roles when needed.

Recommendations for Improvement:

- **Identify Critical Positions for Cross-Training:** Identify positions critical to essential functions and operational continuity. Cross-train staff in these roles to mitigate the impact of shortages in key areas.
- **Develop a Comprehensive Cross-Training Program:** Implement a structured and comprehensive cross-training program that includes just-in-time training. Ensure staff members are trained to perform tasks beyond their primary responsibilities, fostering a more resilient workforce.

Area for Improvement 1.2: Establish an understanding of how Memorandums of Understanding (MOUs) can be leveraged or updated to support staffing shortages.

Analysis: The current challenge revolves around the scarcity of resources, particularly in the context of staff availability. Operating at shortage levels presents a significant hurdle, and the duration of the event further complicates the existing plans. Recognizing the critical need for an adaptable and collaborative approach, exploring, and optimizing MOUs is essential. The analysis underscores the necessity to enhance strategies for staff sharing and resource allocation.

Recommendations for Improvement:

- **Engage in Collaborative Planning to Review and Revise MOUs:** Foster open communication and collaboration with partner organizations to jointly assess contingency plans to address critical shortages during prolonged events. This collaborative planning should also include a thorough review of current MOUs to identify opportunities to leverage current agreements to address staffing shortages in a crisis.
- **Identification of Scarce Staffing Resource Strategies:** Internally, organizations should identify strategies for scarce staffing resource situations. These strategies can include processes for preparation, conservation methods, substitution methods, and opportunities to adapt practices.

OBJECTIVE 2: DISCUSS YOUR ORGANIZATION'S RESPONSE AND RECOVERY CAPABILITIES IN THE EVENT OF A SUPPLY CHAIN DISRUPTION THAT LEADS TO A PHARMACEUTICAL SHORTAGE, EMPHASIZING THE IDENTIFICATION OF CRITICAL SUPPLY CHAIN VULNERABILITIES, COMMUNICATION WITH STAKEHOLDERS, AND THE TIMELY RESTORATION OF PHARMACEUTICAL DISTRIBUTION.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 2.1: Healthcare organizations discussed their strong and robust relationships with pharmacists to leverage as Subject Matter Experts in the event of a pharmaceutical shortage. No matter the shortage type, organizations should be able to leverage Subject Matter Experts to assist in decision making.

Strength 2.2: Home-based care organizations participate in proactive engagement with their clients or patients, demonstrating a focus on information sharing in the event of a resource shortage. This client-centric approach strengthens the overall healthcare continuum in the event of pharmaceutical shortages, seeking to minimize the strain on hospitals and other healthcare facilities.

Strength 2.3: The Emergency Support Function – 8 (ESF-8) working group demonstrates a structured and coordinated approach to managing and assisting during state-level responses. This organized framework ensures a collaborative and synchronized approach to addressing health and medical challenges.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 2.1: Improved understanding of State and Federal resources and intervention strategies.

Analysis: One key takeaway from this exercise was the prevalent assumption that State or Federal entities would automatically intervene. There is uncertainty regarding participants' comprehensive understanding of the processes involved and the potential duration required for a State or Federal intervention.

Recommendations for Improvement:

- **Awareness-Level Education on Roles of State and Federal Entities During a Pharmaceutical Shortage:** To address the concern of comprehension regarding State and Federal interventions, it is recommended healthcare stakeholders work with their healthcare coalition(s) to provide education and clarity on the roles, processes, and

timeframes involved in State or Federal responses, ensuring a more realistic and informed approach to emergency incidents.

Area for Improvement 2.2: Investigate establishing a supply chain group in the State Emergency Operations Center (EOP) to assist with resource identification and forecasting.

Analysis: This exercise shed light on the need for a dedicated supply chain group within the State EOC which would assist in the strategic coordination and management of essential medical resources during a shortage or other crisis. Establishing such a group would enhance the State's ability to forecast needs, identify critical resource requirements, and develop alternative solutions for procurement. This concept underscores the importance of a proactive and specialized approach to address challenges related to medical resource availability during emergencies.

Recommendations for Improvement:

- **Investigate Supply Chain Task Forces:** To begin this process, start by researching specialized task forces within State EOC's responsible for supply chain management during emergencies. It is recommended that the healthcare coalition leads, and ESF-8 partners engage in discussion to lead this project if interest and value exists.

OBJECTIVE 3: DISCUSS YOUR ORGANIZATION'S ABILITY TO MANAGE THE EFFECTS OF A POWER GRID FAILURE WHILE ENSURING UNINTERRUPTED HEALTHCARE SERVICES, IMPLEMENTATION OF ALTERNATIVE POWER SOURCES AND EFFECTIVE COORDINATION OF RESOURCES.

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

STRENGTHS

The partial capability level can be attributed to the following strengths:

Strength 3.1: Participating organizations exhibited operational resilience through the implementation of redundant power systems, ensuring continuous and reliable power supply. This strategic approach enhances system availability, minimizes downtime, and fortifies the organization's ability to maintain critical functions even in the face of unexpected power disruptions or failures.

Strength 3.2: As a region, partners have found ways to leverage the special needs registry during emergencies to identify and prioritize individuals who have medical resource needs. By identifying resource needs proactively, it is the intent to minimize the strain on the healthcare system while also committing to providing a more resilient and equitable emergency management strategy.

AREAS FOR IMPROVEMENT

The following areas require improvement to achieve the full capability level:

Area for Improvement 3.1: Identification and implementation of an organizational ethics committee to assist in decision-making.

Analysis: This exercise identified a critical gap in the current decision-making framework during crisis situations that impact standards of care. The absence of an established ethics committee leaves decision-makers without a dedicated forum for addressing ethical dilemmas that may arise. In high-stakes scenarios, it becomes a priority to have a structured and interdisciplinary approach to navigate complex ethical considerations, ensuring that patient care remains at the forefront. The establishment of an ethics committee is essential to provide guidance, uphold ethical standards, and enhance the decision-making process during crises.

Recommendations for Improvement:

- **Identify Key Stakeholders:** Identify key stakeholders within the organization who should be part of an ethics committee. For those organizations which already have ethics committees, review your current model to ensure necessary representation is included. As a best practice, it is recommended to build a decision-making network by identifying state associations that could be leveraged during a crisis standards of care emergency or during the planning process.

- **Define Committee Objectives:** Clearly define the objectives and scope of the ethics committee. Be sure to specify its role in crisis situations, outlining the types of ethical dilemmas it will address and the decision-making processes it will guide.
- **Identify Ethical Guidelines:** Develop a set of ethical guidelines and principles that will guide decision-making. These guidelines should align with the organization's values and standards of care. Consider incorporating existing ethical frameworks and principles relevant to healthcare. For those organizations which already have a set of guidelines and principles, review those standards, and identify any gaps or concerns.

Area for Improvement 3.2: Engage leadership in crisis standards of care conversations to clarify expectations.

Analysis: It was identified there is a potential to engage leadership in the crisis standards of care conversations to establish clear expectations and ensure alignment with emergency preparedness objectives. The absence of active involvement from leadership in these conversations may lead to ambiguity in decision-making processes. Clarifying expectations through leadership engagement is essential for fostering a unified approach and effective communication within the organization during critical situations.

Recommendations for Improvement:

- **Complete Crisis Standards of Care Discussion-Based Exercise with Leadership:** Completing a discussion-based exercise is a strategic and comprehensive approach to kickstarting the plan development process. Such an exercise will enhance awareness of the challenges associated with crisis standards of care and will help to discuss and address issues before they arise.

Area for Improvement 3.3: Additional education on how to triage within care levels.

Analysis: There is a recognized need for improvement in providing more detailed information and guidance on how to triage within care levels. This involves developing a more refined and nuanced approach to patient prioritization within different care levels during crises.

Recommendations for Improvement:

- **Conduct an Internal Comprehensive Triage Assessment:** Begin by conducting a thorough assessment of the current triage protocols within care levels. Identify specific areas that lack detailed information and nuanced guidance. This evaluation should involve input from frontline healthcare professionals, ethicists, and other relevant stakeholders.
- **Review Best Practice Guidelines for Triage:** Investigate and incorporate best practices and guidelines from reputable healthcare organizations and institutions. Utilize evidence-based approaches to inform the development of more refined and nuanced triage protocols.

Area for Improvement 3.4: Lack of a plan and guidance to support decision-making during crisis situations.

Analysis: Participants noted a lack of plan and guidance for decision-making during crisis situations which highlights a significant vulnerability in an organization's emergency preparedness. The absence of a structured plan leaves decision-makers without a clear framework, potentially leading to delays, inconsistencies, and suboptimal responses during critical events. Moreover, the lack of identification of thresholds and understanding of maximum tolerable downtime exacerbates this challenge, as it hampers the organization's ability to prioritize actions and allocate resources effectively.

Recommendations for Improvement:

- **Develop a Crisis Standards of Care Guideline:** Initiate the development of a detailed crisis standards of care guideline that sets thresholds that trigger actions. These thresholds are critical as they serve as an early warning indicator, allowing the organization to respond before a situation escalates. It is also recommended to incorporate assessments of maximum tolerable downtime for critical systems and processes into the guidance. This understanding helps prioritize response efforts and resource allocation based on the urgency and impact of each component.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan was developed based on the results of the Chemical Catastrophe Tabletop Exercises which were held on September 14th and 21st, 2023. The Improvement Plan is the section of the AAR/IP that outlines the steps your organization can take to improve on the overarching Areas for Improvement identified during the exercise.

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
Objective 1: Discuss your organization's ability to respond effectively to a staffing shortage within the supply chain, focusing on identifying critical positions, implementing contingency plans, and maintaining operational continuity.	Area for Improvement 1.1: Lack of sufficient cross training to support staffing shortages	Identify Critical Positions for Cross-Training	Planning	Partner Facilities	ASAP	December 2023
		Develop a Comprehensive Cross-Training Program	Planning / Training	Partner Facilities	ASAP	June 2024
	Area for Improvement 1.2: Establish an understanding of how Memorandums of Understanding (MOUs) can be leveraged or updated to support staffing shortages.	Engage in Collaborative Planning to Review and Revise MOUs	Planning	Partner Facilities	ASAP	June 2024
		Identification of Scarce Staffing Resource Strategies	Planning	Partner Facilities	ASAP	June 2024

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
<p>Objective 2: Discuss your organization's response and recovery capabilities in the event of a supply chain disruption that leads to a pharmaceutical shortage, emphasizing the identification of critical supply chain vulnerabilities, communication with stakeholders, and timely restoration of pharmaceutical distribution.</p>	<p>Area for Improvement 2.1: Improved understanding of State and Federal resources and intervention strategies.</p>	<p>Awareness-Level Education on Roles of State and Federal Entities During a Pharmaceutical Shortage</p>	<p>Training</p>	<p>HCC</p>	<p>January 2024</p>	<p>June 2024</p>
	<p>Area for Improvement 2.2: Investigate establishing a supply chain group in the State Emergency Operations Center (EOP) to assist with resource identification and forecasting.</p>	<p>Investigate Supply Chain Task Forces</p>	<p>Planning</p>	<p>HCC</p>	<p>January 2024</p>	<p>June 2024</p>

Exercise Objective	Issue/Area for Improvement	Corrective Actions	Capability Element	Assigned To	Start Date	Target Completion Date
Objective 3: Discuss your organization's ability to manage the effects of a power grid failure while ensuring uninterrupted healthcare services, implementation of alternative power sources, and effective coordination of resources.	Area for Improvement 3.1: Identification and implementation of an organizational ethics committee to assist in decision-making.	Identify Key Stakeholders	Organize	Partner Facilities	December 2023	June 2024
		Define Committee Objectives	Plan	Partner Facilities	January 2024	June 2024
		Identify Ethical Guidelines	Plan	Partner Facilities	January 2024	August 2024
	Area for Improvement 3.2: Engage leadership in crisis standards of care conversations to clarify expectations.	Complete Crisis Standards of Care Discussion-Based Exercise with Leadership	Exercise	Partner Facilities	April 2024	December 2024
	Area for Improvement 3.3: Additional education on how to triage within care levels.	Conduct an Internal Comprehensive Triage Assessment	Planning	Partner Facilities	ASAP	June 2024
		Review Best Practice Guidelines for Triage	Training	Partner Facilities	ASAP	June 2024
	Area for Improvement 3.4: Lack of a plan and guidance to support decision-making during crisis situations.	Develop a Crisis Standards of Care Guideline	Planning	Partner Facilities	ASAP	June 2024

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations for October 31, 2023	
Organization Name	Organization Type
AdventHealth Palm Coast	Hospital
AdventHealth Wesley Chapel	Hospital
Alachua County Emergency Management	Emergency Management
Alachua County EMS	EMS
Apalachee Center Inc	Community Mental Health Centers (CMHC)
ARC Dialysis, LLC	End Stage Renal Disease (ESRD)
Ariza Quality Medical Services, Inc	Home Health Agency
Ascension Transport	EMS
Care-strong, LLC	Long Term Care (LTC)
Coral Ridge Outpatient Center	Ambulatory Surgical Center (ASC)
Covenant Village Care Center	Skilled Nursing Facility (SNF)
Davita	Dialysis
Davita Ocala Regional Kidney Center West	Dialysis
Devereux	Long Term Care (LTC)
Encompass Health	Hospital
Florida Department of Health	Public Health
Florida Department of Health Clay County	Public Health
Florida Emergency Medical Services for Children	Public Health
Florida Homecare Specialists	Home Health Agency
Fresenius Medical Care	Dialysis
Haven Hospice	Hospice
HCA Florida Kendall Hospital	Hospital
HCA Florida North Florida Hospital	Hospital
Hillsborough County Emergency Management	Emergency Management
Jefferson County Emergency Management	Emergency Management
Joyal Health Care Services Inc	Home Health Agency

Participating Organizations for October 31, 2023	
Lake Center Home Care	Home Health Agency
Lake Endoscopy Center	Ambulatory Surgical Center (ASC)
Marianna Health and Rehab	Skilled Nursing Facility (SNF)
Park Meadows	Skilled Nursing Facility (SNF)
Premier Care Homecare. LLC	Home Health and Hospice
River Garden Hebrew Home, Senior Service	Skilled Nursing Facility (SNF)
Seminole State College of Florida	Other
South Health District	Healthcare Coalition
Tampa Family Health Centers	Federally Qualified Health Center (FQHC)
UF Health	Hospital
Westminster St. Augustine	Skilled Nursing Facility (SNF)

Participating Organizations for November 1, 2023	
Organization Name	Organization Type
Access Health Care Physicians	Other
Adventhealth	Emergency Management
Ascension St. Vincent's Southside	Hospital
Central Florida Disaster Medical Reserve	Other
Central Florida Eye Institute	Ambulatory Surgical Center (ASC)
Coastal Surgery Center	Ambulatory Surgical Center (ASC)
Enhabit	Home Health Agency
Florida Department of Law Enforcement	Other
Fort Lauderdale Behavioral Health	Hospital
Fresenius Medical Care	Dialysis
Fresenius Medical Care - Lake City Home Therapies	Dialysis
HCA Florida Putnam Hospital	Hospital
Hillsborough County Office of Emergency Management	Emergency Management
Park Ridge Nursing & Rehab Center	Long Term Care (LTC)

Participating Organizations for November 1, 2023	
South Health District 8-1	Public Health
Southeastern Outpatient Surgery Center	Ambulatory Surgical Center (ASC)
Tampa Family Health Centers	Federally Qualified Health Center (FQHC)
The Palace at Home	Home Health Agency
Treasure Coast Hospice	Hospice
Vicar's Landing	Long Term Care (LTC)

APPENDIX D: ACRONYMS

Acronym	Term
AAR/IP	After Action Report / Improvement Plan
ASCs	Ambulatory Surgical Centers
ASPR	Administration for Strategic Preparedness & Response
CMS	Centers for Medicare & Medicaid Services
COOP	Continuity of Operations
CORFs	Comprehensive Outpatient Rehabilitation Facilities
DHS	Department of Health and Human Services
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HHAs	Home Health Agencies
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICFs/IIDs	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ICS	Incident Command System
LTCs	Long Term Care
MOU	Memorandum of Understanding
PACE	Program for the All-Inclusive Care for the Elderly
PRTFs	Psychiatric Residential Treatment Facilities
SME	Subject Matter Expert
TRACIE	Technical Resources, Assistance Center, and Information Exchange
TTX	Tabletop Exercise