

KETHC 2017

Full Scale Exercise

LTC/Ancillary/Outpatient Tornado and Evacuation Exercise

After-Action Report/Improvement Plan

November 02, 2017



Ketcoalition.org



EXERCISE OVERVIEW

Exercise Name	KETHC 2017 FSE: LTC Tornado and Evacuation Exercise
Exercise Dates	November 02, 2017
Scope	<p>This exercise is a full scale exercise planned for one day at various locations within the Knox/East TN Healthcare Coalition’s jurisdiction. Exercise play is limited to the parameters set forth within each participating organization. This Regional exercise ultimately involved many local, regional, and state organizations and resources and involved the following counties: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Sevier, Scott and Union. The exercise involved all of EMS Region 2.</p>
Mission Area(s)	Mitigation, Response and Recovery
Core Capabilities	<p>HPP Capabilities</p> <ol style="list-style-type: none">1 Foundation for Health Care and Medical Readiness2 Health Care and Medical Response Coordination3 Continuity of Health Care Services Delivery4 Medical Surge
Objectives	<p>The exercise planning team selected objectives that focus on evaluating emergency operations/ procedures, identifying areas for improvement, and achieving a collaborative attitude. This exercise focused on the following objectives:</p> <ol style="list-style-type: none">1. Assess the participating organizations’ use of the incident command system to manage the incident2. Evaluate the participant’s ability to complete a structure/facility assessment to identify staffing and supply resource needs3. Demonstrate the participating organizations’ internal/external communication systems along with the ability to coordinate with outside agencies4. Ability to operationalize clinical support activity to safely transport and place patients to an appropriate alternate care structure/facility5. Evaluate participating organization’s recovery plans to return to normal operations following the event

Threat or Hazard	Natural, tornado event damaging structure/facility forcing patient evacuation
Scenario	The local community is experiencing a line of heavy storms with possible tornadic activity. The National Weather Service issues a watch for possible tornados for the participating structure/facility's area. Later a warning is issued, forcing facilities to activate plans. Soon after, a tornado hits the structure/facility, creating enough internal damage that partial evacuation is necessary. Structure/facility must activate incident command system to manage the incident, assess patient/ resource needs, coordinate evacuation process with external partners, assess structure/facility integrity and evaluate recovery plans to return to normal operations.
Sponsor	Knox/ East Tennessee Healthcare Coalition (KET HCC) utilizing ASPR grant funding, Knox County Health Department, East Tennessee Regional Health Office
Participating Organizations	Amedisys Home Health: Harriman Harrogate Jefferson City Knoxville LaFollette Morristown Newport Oak Ridge Sevierville Sweetwater Tazewell AMR Rural Metro Anderson County Emergency Management Agency Beech Tree Manor Ben Atchley Tennessee State Veteran's Home Beverly Park Place Health and Rehab Blount Memorial Hospital Camellia Home Health Campbell County Emergency Management Agency CareAll Homecare Services Claiborne County Emergency Management Agency Claiborne County Hospital Claiborne County Hospital Nursing Home Clinch River Home Health Covenant Home Care Cumberland Village Care Genesis Healthcare

**Participating
Organizations
(continued)**

Dialysis Clinic, Inc.:
 Holston River
 Knoxville
 Maryville
 Sevierville

Diversicare of Oak Ridge
East Tennessee Children's Hospital Home Health Care
East Tennessee Regional Health Office
Fort Sanders Regional Medical Center
Fort Sanders Regional Medical Center- Transitional Care Unit
Fort Sanders Sevier Nursing Home
Fresenius Kidney Care:
 Athens
 Bradley
 Cedar Bluff
 Corporate
 Crossville
 East Knox
 Fort Sanders
 Knoxville
 LaFollette
 Loudon
 Morristown
 Newport
 New Market
 North Knox
 Oak Ridge
 Powell
 Roane County
 Skyway
 West Knox

Hamblen County Emergency Management Agency
Heritage Center of Morristown
Holston Health and Rehab
Huntsville Manor
Interim HealthCare of Morristown
Intrepid USA HealthCare Services
Island Home Park Health and Rehab
Jefferson County Emergency Management Agency
Kingston Family Practice
Knox County Emergency Management Agency
Knoxville Orthopaedic Surgery Center
LaConte Medical Center
LaFollette Medical Center:
 Baker Cancer Center
 Health and Rehab Center
 Rural Health Clinic
 Rural Health Clinic, South
 Senior Behavioral Health Unit
 Tennova Physician Services
 Wound Healing Center

**Participating
Organizations
(continued)**

Life Care Center of Morristown
Madisonville Health and Rehab
Monroe County Emergency Management Agency
National Weather Service: Morristown
Newport Health and Rehabilitation Center
Newport Medical Center
NHC Healthcare:
 Farragut
 Fort Sanders
 Knoxville
 Oak Ridge
Oneida Nursing and Rehab Center
Parkwest Surgery Center
PCET Surgery Center: Knoxville
Pigeon Forge Care and Rehabilitation Center
Roane County Emergency Management Agency
Rural Medical Services, Inc.
Scott County Emergency Management Agency
Serene Manor
Sevier County Emergency Management Agency
Sevier Health and Rehab
Smoky Mountain Home Health and Hospice:
 Corporate (Newport)
 Knoxville West
 Knoxville East
 Morristown
 Tazewell
Summit View:
 Farragut, LLC
 Rocky Top, LLC
SunCrest Home Health
Sweetwater Hospital Home Health
Tennessee Department of Health
Tennessee Valley Eye Center
The Endoscopy Center:
 Main
 North
 West
The Eye Surgery Center of East Tennessee
The Waters of Clinton
TriState Health and Rehabilitation
Turkey Creek Medical Center
U.T. Hospice
West Hills Health and Rehab
Willow Ridge Center

**Points of
Contacts**

Angela Allred
Knox County Health Department 140
Dameron Avenue
Knoxville, TN 37917
(865) 215-5098
Angela.allred@knoxcounty.org

Wanda Roberts
East TN Regional Health Office 2101
Medical Center Way Knoxville, TN 37920
(865) 549-5294
Etrhc.health@tn.gov

ANALYSIS OF Objectives/Capabilities and Domains

Aligning exercise objectives and core 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 core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Capability/ Domain	Program	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Assess the participating organizations' use of the incident command system to manage the incident	Capability 2 Healthcare and Medical Response Coordination	HPP		S		
	Domain 2 Incident Management Domain 3 Information Management	PHEP				
Evaluate their ability to complete a structure/facility assessment to identify staffing and supply resource needs	Capability 3 Continuity of Health Care Services Delivery	HPP		S		
	Domain 2 Incident Management Domain 5 Surge Management	PHEP				
Demonstrate the participating organizations' internal/external communication systems along with the ability to coordinate with outside agencies.	Capability 1 Foundation for Healthcare and Medical Readiness Capability 2 Healthcare and Medical Response Coordination	HPP		S		

	Domain 2 Incident Management Domain 3 Information Management	PHEP				
Ability to operational clinical support activity to safely transport and place patients to an appropriate alternate care structure/facility	Capability 2 Healthcare and Medical Response Coordination Capability 4 Medical Surge	HPP		S		
	Domain 2 Incident Management Domain 5 Surge Management	PHEP				
Evaluate participating organizations' recovery plans to return to normal operations following the event	Capability 3 Continuity of Health Care Services Delivery	HPP		S		
	Domain 1 Community Resilience	PHEP				

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. 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.
- Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. 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 core c manner that achieved the objective(s), but some or all of the following were observed: demonstrated perfor on the performance of other activities; contributed to additional health and/or safety risks for the public or f 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 core capability we that achieved the objective(s).

Exercise Strengths / Areas of Improvement

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

Exercise Objective	Domain	Program
1. Assess the participating organizations' use of the incident command system to manage the incident	Capability 2 Healthcare and Medical Response Coordination	HPP
	Domain 2: Incident Management	PHEP
	Domain 3: Information Management	

Strengths:

1. Incident Command and staff assignments were quickly established.
2. Staff and volunteers created a realistic environment by taking exercise roles seriously.
3. Information on the Incident Command structure was readily available and centralized for easy distribution.

Areas For Improvement:

1. Facility staff needs further training with the use of the incident command system and how it can be used in each setting during an emergency situation. Specific role training needs to be done for ICS positions. Some staff had difficulty separating managerial responsibilities with those expected under an incident command role.
2. Incident Command documentation was outdated, unorganized or incomplete.
3. Physical location of Incident Command did not provide adequate security, confidentiality, space or needed technical resources.

2. Evaluate their ability to complete a structure/facility assessment to identify staffing and supply resource needs	Capability 3 Continuity of Health Care Services Delivery	HPP
	Domain 2 :Incident Management	PHEP
	Domain 5: Surge Management	

Strengths:

1. Facilities were quickly able to contact staff for additional staffing needs. Where applicable, organized and updated employee lists made contacting employees more efficient.
2. Appropriate staff were readily relieved of immediate duties to see to facility assessments. These staff members were well trained in facility structure and damage assessments.
3. Key staff were able to quickly locate emergency supplies and assess how long the supplies would last for this particular event.

Areas For Improvement:

1. Healthcare facilities should identify neighboring facilities and community partners and ensure contact is made before an event to identify processes for support. Facilities should re-evaluate MOU's in place to ensure they are current and identify areas where additional MOUs are needed to ensure supplies will be available during an event.

3 Demonstrate the participating organizations’ internal/external communication systems along with the ability to coordinate with outside agencies.	Capability 1 Foundation for Healthcare and Medical Readiness	HPP
	Capability 2 Healthcare and Medical Response Coordination	
	Domain 2: Incident Management Domain 3: Information Management	PHEP

Strengths:

1. Facilities communicated well with outside entities for equipment/patient support.
2. Personnel were quick to identify when outside communication was needed and initiate that contact.
3. KET Coalition established a Simulation Cell operation to be used during the exercise. This proved beneficial for facilities to call for resource support. The Sim Cell was staffed by SMEs (subject matter experts) who challenged the facilities with realistic responses and used the opportunity to teach those calling in as well.

Areas For Improvement:

1. Facilities should take into consideration realistic availability of current communication systems during an actual event were to occur. Consideration should be given for redundant communication systems that would serve as a back-up when primary systems are down. Many facilities found current communication systems to be inadequate, outdated, or unusable due to lack of training. The consequences of poor communication should be considered more closely when planning and exercising.
2. Facilities should reach out to community members and create more comprehensive contact lists (example: local emergency services, Regional Hospital Coordinators, utilities, etc.) Also, alternate means of transport should be identified if EMS is unavailable or insufficient to meet event needs.

4 Ability to operational clinical support activity to safely transport and place patients to an appropriate alternate care structure/facility	Capability 2 Healthcare and Medical Response Coordination	HPP
	Capability 4 Medical Surge	
	Domain 2 :Incident Management Domain 5: Surge Management	PHEP

Strengths:

1. Staff were familiar with plans in place for emergency patient evacuation/transport for each representative facility type involved in exercise (ASC, ESRD, HHA, hospice, hospital, SNF/LTC, OPT- SLP, RHC, FQHC).
2. Facilities were aware of contacts for primary transport needs.
3. For clinical needs (for example dialysis) patient care protocols were followed to ensure safe transport to accepting facility/staging area.

Areas For Improvement:

1. Local resources may be impacted during an event, limiting expected transport services. Regional transport resources need to be identified, especially for rural areas.
2. Clinical needs for patients, including transport specific processes, triage training, documentation and alternate care site functions during a disaster needs to be clearly conveyed to all staff.
3. For home visiting services (home health, hospice), communication between agreed upon alternate care sites (SNFs, senior housing apartments, shelters, etc) needs to take place before an event to identify specifically where patient will be located within the facility, what the protocol will be for the home care provider to gain patient access and transport options from patient’s home to alternate care site.

<p>5 Evaluate participating organizations' recovery plans to return to normal operations following the event</p> <p>Strengths:</p>	<p>Capability 3 Continuity of Health Care Services Delivery</p>	<p>HPP</p>
	<p>Domain 1 :Community Resilience</p>	<p>PHEP</p>

1. Many facilities have electronic patient records or remote office capability that allow access from other sites and speeds up the recovery effort towards normal operations.
2. Facilities had clear plans in place to address steps needed to operate for an extended period during an event.

Areas For Improvement:

1. Facilities should have plans in place to identify the need for mental health services for patients and staff during and after an event. Mental Health assistance should be readily available if needed.
2. Facilities should periodically check vendor list to ensure equipment, contractor and supply requests are current.
3. Staff are not familiar with recovery plans or the plans are not detailed to sufficiently cover all operations. Additional staff need to be trained on assessing a facility for safety, generator usage and overall facility knowledge. Current staff trained for this, in many cases, is one person who may/may not be present during an event.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Knox/East Tennessee (KET) Healthcare Coalition as a result of LTC/Ancillary/Outpatient Tornado and Evacuation Exercise conducted on 11/02/2017.

Capability Domain	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Completion Date	
						Start Date	End Date
Capability 1: Foundation for Healthcare and Medical Readiness Domain 1: Community Resilience	Facilities should have plans in place to identify the need for mental health services for staff during and after an event. Mental health assistance should be readily available if needed.	Policies should be established to address mental health needs (including recognition and services) during and after an event. Facilities should locate corporate or community providers that can be available if needed during an event for patients or staff.	Planning	Facility/ServiceSpecific	Management	12/01/17	12/01/18
	Outdated vendor (contractor/equipment/supply) lists.	Facilities should establish specific dates to check accuracy of all vendor lists.	Planning	Facility/ServiceSpecific	Management	12/01/17	12/01/18
	Staff are not familiar with recovery plans or the plans are not detailed to sufficiently cover all operation.	Staff should be provided training on plan specifics and where plans are kept	Planning	Facility/ServiceSpecific	Management	12/01/17	12/01/18

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Domain Capability	Issue/Area for Improvement	Corrective Action	Capability Element ²	Primary Responsible Organization	Organization POC	Completion Date	
						Start Date	Completion Date
Capability 2: Healthcare and Medical Response Coordination Domain 2 Incident	Facility staff needs further training with the use of the incident command system and how it can be used in each setting during an emergency situation. Specific role training needs to be done for ICS positions. Some staff had difficulty separating managerial responsibilities with those expected under an incident command role.	Staff should participate in training and exercise opportunities.	Training Exercise	Knoxville/East Tennessee Healthcare Coalition Facility/Service Specific	Wanda Roberts Charity Menefee	11/15/17	10/31/17
	Physical location of Incident Command did not provide adequate security, confidentiality, space or needed technical resources.	Incident command locality should be reassessed to assure it addresses security, confidentiality and spacial needs. If needed, technical upgrades should be considered.	Planning Equipment	Facility/Service Specific	Management	12/01/17	12/01/18
	Information not readily available for home visiting services on patient transfer and care protocols	For home visiting services (home health, hospice), communication between agreed upon alternate care sites (SNFs, senior housing apartments, shelters, etc) needs to take place before an event to identify specifically where patient will be located within the facility, what the protocol will be for the home care provider to gain patient access and transport options from patient's home to alternate care site.	Planning	Facility/Service Specific	Management	12/01/17	12/01/18
Capability 3 Continuity of Health Care Services Delivery	Facilities should re-evaluate MOU's in place to ensure they are current and identify areas where additional MOUs are needed to ensure supplies will be available during an event. Additional facility training should be provided.	Facilities/services should identify neighboring facilities and community partners and ensure contact is made before an event to identify processes for support. Train more staff on facility info.	Training Planning	Facility/Service Specific	Management	12/01/17	12/01/18

Domain 3 Information Management	Incident command documentation was outdated, unorganized or incomplete.	Each facility should organize Incident Command documentation so that it is current, easily accessible and complete for each incident command position.	Planning	Facility/Service Specific	Management	12/01/17	12/01/18
	Facilities should take into consideration realistic availability of current communication systems during an actual event were to occur. Many facilities found current communication systems to be inadequate, outdated, or unusable due to lack of training (radio). The consequences of poor communication should be considered more closely when planning and exercising.	Consideration should be given for redundant communication systems that would serve as a back-up when primary systems are down. For example, HAM radios, hand held radios for internal communications, cache of cell phones, etc. Routine training on current communication systems should be done to ensure staff are familiar with the system(s).	Training Planning Equipment	Facility/Service Specific	Management	12/01/17	12/01/18
Capability 4 Medical Surge Domain 5 Medical Surge	Local resources may be impacted during an event, limiting expected transport services. Regional transport resources need to be identified, especially for rural areas.	Facilities/services should identify regional resources and ensure contact is made before an event to identify processes for support. Contact information on how to reach these services should be maintained and kept in the plan for quick access.	Planning	Facility/Service Specific	Management	12/01/17	12/01/18
	Clinical needs for patients not clearly defined	Clinical needs for patients, including transport specific processes, triage documentation and alternate care site functions during a disaster needs to be addressed with community partners before an event and those processes need to be clearly conveyed to all staff.	Planning Training	Knoxville/East TN Healthcare Coalition Facility/Service Specific	Wanda Roberts Charity Menefee Management	12/01/17	12/01/18

² Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Federal
National Weather Service: Morristown
State
East Tennessee Regional Health Office
Tennessee Department of Health- Central Office
Region II EMS
County
Anderson County Emergency Management Agency
AMR Rural Metro
Campbell County Emergency Management Agency
Claiborne County Emergency Management Agency
Hamblen County Emergency Management Agency
Jefferson County Emergency Management Agency
Knox County Health Department
Knoxville/Knox County Emergency Management Agency
Monroe County Emergency Management Agency
Roane County Emergency Management Agency
Scott County Emergency Management Agency
Sevier County Emergency Management Agency
Healthcare Community
Ambulatory Surgical Center (ASC)
Knoxville Orthopaedic Surgery Center
LaFollette Medical Center: Wound Healing Center
Parkwest Surgery Center
PCET Surgery Center
Tennessee Valley Eye Center
The Endoscopy Center: Main
The Endoscopy Center: North
The Endoscopy Center: West
The Eye Surgery Center of East Tennessee
Dialysis
Dialysis Clinic, Inc: Holston River
Dialysis Clinic, Inc: Knoxville
Dialysis Clinic, Inc: Maryville

Dialysis Clinic, Inc: Sevierville
Fresenius Kidney Care: Athens
Fresenius Kidney Care: Bradley
Fresenius Kidney Care: Cedar Bluff
Fresenius Kidney Care: Corporate
Fresenius Kidney Care: Crossville
Fresenius Kidney Care: East Knox
Fresenius Kidney Care: Fort Sanders
Fresenius Kidney Care: Knoxville
Fresenius Kidney Care: LaFollette
Fresenius Kidney Care: Loudon
Fresenius Kidney Care: Morristown
Fresenius Kidney Care: New Market
Fresenius Kidney Care: Newport
Fresenius Kidney Care: North Knoxville
Fresenius Kidney Care: Oak Ridge
Fresenius Kidney Care: Powell
Fresenius Kidney Care: Roane County
Fresenius Kidney Care: Skyway
Fresenius Kidney Care: West Knox
Home Health (HHA)
Amedisys Home Health: Harriman
Amedisys Home Health: Harrogate
Amedisys Home Health: Jefferson City
Amedisys Home Health: Knoxville
Amedisys Home Health: LaFollette
Amedisys Home Health: Morristown
Amedisys Home Health: Newport
Amedisys Home Health: Oak Ridge
Amedisys Home Health: Sevierville
Amedisys Home Health: Sweetwater
Amedisys Home Health: Tazewell
Camillia Home Health
CareAll Homecare Services
Covenant Home Care
Clinch River Home Health
East Tennessee Children’s Hospital Home Health Care
Interim Healthcare of Morristown
Intrepid USA Healthcare Services
NHC Home Care: Knoxville
SunCrest Home Health

Sweetwater Hospital Home Health
Hospices
Amedisys Hospice: Knoxville
Amedisys Hospice: Sweetwater
Smoky Mountain Home Health and Hospice Corporate (Newport)
Smoky Mountain Home Health and Hospice: Knoxville West
Smoky Mountain Home Health and Hospice: Knoxville East
Smoky Mountain Home Health and Hospice: Morristown
Smoky Mountain Home Health and Hospice: Tazewell
U.T. Hospice
Hospital
Blount Memorial Hospital
Claiborne County Hospital
Fort Sanders Regional Medical Center
LeConte Medical Center
Turkey Creek Medical Center
LaFollette Medical Center
LaFollette Medical Center: Senior Behavioral Health Unit
Newport Medical Center
Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID)
Fort Sanders Regional Medical Center- Transitional Care Unit
Skilled Nursing Facility/Long-Term Care Center (SNF/LTC)
Beech Tree Manor
Ben Atchley Tennessee State Veterans Home
Beverly Park Place
Claiborne County Hospital Nursing Home
Cumberland Village Care Genesis Healthcare
Diversicare of Oak Ridge
Fort Sanders Sevier Nursing Home
Heritage Center of Morristown
Holston Health and Rehab
Huntsville Manor
Island Home Park Health and Rehab
LaFollette Medical Center: Health and Rehab Center
Life Care Center of Morristown
Madisonville Health and Rehab
Newport Health and Rehab Center
NHC Healthcare: Farragut
NHC Healthcare: Fort Sanders

NHC Healthcare: Knoxville
NHC Healthcare: Oak Ridge
Norris Health and Rehab
NHC Healthcare: Farragut
Oneida Nursing and Rehab Center
Pigeon Forge Care and Rehab Center
The Waters of Clinton
Serene Manor
Sevier Health and Rehab
Summit View: Farragut, LLC
Summit View: Rocky Top, LLC
The Waters of Clinton
West Hills Health and Rehab
Westmoreland Health and Rehab
Willow Ridge Center
Rehabilitation Agencies, Clinics and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (OPT-SLP)
LaFollette Medical Center: Baker Cancer Center
TriState Health and Rehabilitation
Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC)
Rural Medical Services, Inc.
Kingston Family Practice
LaFollette Medical Center: Rural Health Clinic
LaFollette Medical Center: Rural Health Clinic South
LaFollette Medical Center: Tennova Physician Services

Appendix C: Acronyms

Acronym	Term
AAR	After Action Report
ALT	Assisted Living Facility
ASC	Ambulatory Surgical Center
ASPR	Assistant Secretary for Preparedness and Response
DHS	U.S. Department of Homeland Security
EMA	Emergency Management Agency
EMS	Emergency Medical Services
ETRO	East TN Regional Office (Tennessee Department of Health)
FQHC	Federally Qualified Health Center
FSE	Full Scale Exercise
HHA	Home Health
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disability
ICS	Incident Command System
IP	Improvement Plan
KCHD	Knox County Health Department
KETHC	Knox/East TN Healthcare Coalition
LTC	Long Term Care
OPT-SLP	Rehabilitation Agencies, Clinics and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
SIMCELL	Simulation Cell
SME	Subject Matter Expert
SNF	Skilled Nursing Facility
SNF/LTC	Skilled Nursing Facility/Long Term Care