



# Knox/East Tennessee Healthcare Coalition 2022 Tabletop Exercise: Pediatric/Burn Surge

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After-Action Report/Improvement Plan  
05/26/2022

## Table of Contents

<b>Event Overview</b> .....	<b>3</b>
<b>EXERCISE NOTABLE OUTCOMES (Summary)</b> .....	<b>5</b>
<b>EXERCISE AREAS FOR IMPROVEMENT (Summary)</b> .....	<b>5</b>
<b>Event Objectives and Core Capabilities and analysis of performance rating</b> ..	<b>6</b>
Table 1.....	8
Event Objectives and Associated Core Capabilities .....	8
<b>Objectives/Core Capabilities/Performance</b> .....	<b>10</b>
Exercise Objective 2:.....	11
Exercise Objective 3:.....	11
Exercise Objective 4:.....	12
Exercise Objective 5:.....	13
Exercise Objective 6:.....	14
Exercise Objective 7:.....	15
Event Objective 8:.....	16
<b>Improvement Plan</b> .....	<b>18</b>
<b>Appendix A: Participating Organizations</b> .....	<b>24</b>
<b>Appendix B: Acronyms</b> .....	<b>25</b>

## EVENT OVERVIEW

<b>Event Name</b>	Knoxville/East Tennessee Healthcare Coalition (KETHC) 2022 Functional/Tabletop Exercise: Pediatric/Burn Surge Event
<b>Event Dates</b>	May 10, 2022
<b>Scope</b>	This combined functional/ tabletop exercise occurred within the Knox/East Tennessee Healthcare Coalition’s jurisdiction. Participation was limited to the parameters set forth within each participating organization, facility impact and response.
<b>Mission Area(s)</b>	Response and Recovery
<b>Healthcare Preparedness Capabilities</b>	Hospital Preparedness Program (HPP) Capabilities: <ol style="list-style-type: none"> <li>1 Foundation for Health Care and Medical Readiness</li> <li>2 Health Care and Medical Response Coordination</li> <li>3 Continuity of Health Care Service Delivery</li> <li>4 Medical Surge</li> </ol>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Improve preparedness for a response to a burn and pediatric mass casualty event</li> <li>• Validate the draft Knox/East Tennessee HCC Burn annex for the region</li> <li>• Validate the current KETHC Pediatric plan</li> <li>• Examine use of burn and pediatric healthcare resources</li> <li>• Evaluate a hospital’s capability to effectively receive, treat, and transfer a burn and pediatric patient at the facility and identify surge capacity</li> <li>• Assess external and internal communications</li> <li>• Discuss the capabilities and capacities required to respond to a prolonged pediatric burn surge event (24-48 hours)</li> <li>• Assess planning issues for a mass casualty incident (MCI) with adult and pediatric patients including triage, surge capacity, surge supplies, specialty training, behavioral health, and decedent management</li> </ul>

	<ul style="list-style-type: none"> <li>Identify planning gaps and make recommendations for improvement to the pediatric and burn surge annexes</li> </ul>		
<p><b>Threat or Hazard</b></p>	<p>Fire, Explosion, Trauma</p>		
<p><b>Event Overview</b></p>	<p>On May 10, 2022, a fire and subsequent propane explosion occurred at a county fair with 2000 attendees. This event generated a large number of patients, triggering a burn surge event with both pediatric and adult victims.</p> <p>Many facilities participated in a functional exercise using this scenario prior to the tabletop.</p>		
<p><b>Participating Organizations</b></p>	<p>Knoxville/East Tennessee (KET) Coalition members including: Emergency Medical Services, hospitals, public health, other healthcare organizations, forensic center, Emergency Management Agency (EMA), District II Homeland Security, RMCC, Tennessee Federation of Fire Chaplains, the City of Knoxville Fire Department, Comprehensive Regional Pediatric Center (CRPC)</p>		
<p><b>Point of Contacts</b></p>	<table border="0"> <tr> <td data-bbox="440 1220 911 1501"> <p>John Brinkley Knox County Health Department KETHC Advisory Board 140 Dameron Avenue Knoxville, TN 37917 (865) 215-5098 John.brinkley@knoxcounty.org</p> </td> <td data-bbox="911 1220 1417 1501"> <p>Wanda Roberts East TN Regional Health Office KETHC Advisory Board 2101 Medical Center Way Knoxville, TN 37920 (865) 549-5294 Etrhc.health@tn.gov</p> </td> </tr> </table>	<p>John Brinkley Knox County Health Department KETHC Advisory Board 140 Dameron Avenue Knoxville, TN 37917 (865) 215-5098 John.brinkley@knoxcounty.org</p>	<p>Wanda Roberts East TN Regional Health Office KETHC Advisory Board 2101 Medical Center Way Knoxville, TN 37920 (865) 549-5294 Etrhc.health@tn.gov</p>
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## **EXERCISE NOTABLE OUTCOMES (SUMMARY)**

- Collaboration between all partners
- Past pediatric preparedness efforts/equipment
- Robust pediatric training plan in place with CRPC and UT Trauma Center
- Familiarity with current state information systems (HRTS, TNHAN)
- Many facilities pre-empted tabletop exercise with functional exercise on site

## **EXERCISE AREAS FOR IMPROVEMENT (SUMMARY)**

- Education/Training, especially new staff (HICS, TNHAN, HRTS)
- Lack of supplies and/or lack of knowledge of where to obtain available resources for both pediatric and burn surge
- Information sharing
- Family Assistance Center logistics

## EVENT OBJECTIVES AND CORE CAPABILITIES AND ANALYSIS OF PERFORMANCE RATING

The following objectives in Table 1 describe the anticipated outcomes for the event. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by the course of the event.

Aligning event objectives and healthcare preparedness capabilities provides a consistent taxonomy for evaluation supports preparedness reporting and trend analysis. Table 1 includes the event objectives, aligned core capabilities, and performance ratings for each core capability as observed during the event and determined by the evaluation team.

Event Objective	Core Capability	Performance Rating
Improve preparedness for a response to a burn and pediatric mass casualty event	<p><b>Capability 4: Medical Surge</b></p> <p>Objective 2: Respond to a Medical Surge</p> <p>Activity 1: Implement Emergency Department and Inpatient Medical Surge Response</p> <p>Activity 4: Provide Pediatric Care During a Medical Surge Response</p> <p>Activity 6: Provide Burn Care During a Burn Surge Response</p> <p>Activity 7: Provide Trauma Care During a Medical Surge Response</p>	
Validate the draft Knox/East Tennessee HCC Burn annex for the region	<p><b>Capability 2: Healthcare and Medical Response Coordination</b></p> <p>Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans</p> <p>Objective 3: Coordinate Response Strategy, Resources, and Communication</p>	S

Event Objective	Core Capability	Performance Rating
Validate the current KETHC Pediatric plan	<p><b>Capability 2: Healthcare and Medical Response Coordination</b></p> <p>Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans</p> <p>Objective 3: Coordinate Response Strategy, Resources, and Communication</p>	S
Examine use of burn and pediatric healthcare resources	<p><b>Capability 1: Foundation for Health</b></p> <p>Objective 2: Identify Risk And Needs</p> <p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>	M
Evaluate a hospital's capability to effectively receive, treat, and transfer a burn and pediatric patient at the facility and identify surge capacity	<p><b>Capability 4: Medical Surge</b></p> <p>Objective 2: Respond to a Medical Surge</p>	M
Assess external and internal communications	<p><b>Capability 2: Healthcare and Medical Response Coordination</b></p> <p>Objective 2: Utilize Information Sharing Procedures and Platforms</p>	S

Event Objective	Core Capability	Performance Rating
<p>Discuss the capabilities and capacities required to respond to a prolonged pediatric burn surge event (24-48 hours)</p>	<p><b>Capability 4: Medical Surge</b></p> <p>Objective 2: Respond to a Medical Surge</p>	<p>M</p>
<p>Assess planning issues for a mass casualty incident (MCI) with adult and pediatric patients including triage, surge capacity, surge supplies, specialty training, behavioral health, and decedent management</p>	<p><b>Capability 4: Medical Surge</b></p> <p>Objective 2: Respond to a Medical Surge</p>	<p>M</p>

**Table 1**  
**Event Objectives and Associated Core Capabilities**



**Ratings Definitions:**

- Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness 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 healthcare preparedness 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 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).

# OBJECTIVES/CORE CAPABILITIES/PERFORMANCE

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

## Exercise Objective 1:

Improve preparedness for a response to a burn and pediatric mass casualty event

### Capability 4 Medical Surge

#### Objective 2 Respond to a medical surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care During a Medical Surge Response

Activity 6: Provide Burn Care During a Burn Surge Response

Activity 7: Provide Trauma Care During a Medical Surge Response

#### Strengths

- KETHC had regional plans in place to address both response and pediatrics.
- The healthcare community showed initiative and cooperation in assisting with surge process.
- CRPC staff currently have a robust pediatric training plan
- In 2022, District II Homeland Security sponsored ABLS training for 60 people within the region

#### Areas for Improvement

- Facilities should ensure all staff are aware of the regional pediatric plan already finalized and updated annually. Additionally, when regional burn plan is finalized, the plan needs to be shared with all staff.
- Few, if any, facilities have facility specific pediatric or burn plans for a surge event
- Additional training needs to be provided for both pediatric and burn surge
- Family Assistance procedures need to be updated and exercised routinely to identify gaps, particularly for pediatric planning.

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**Exercise Objective 2:**

Validate the draft Knox/East Tennessee HCC Burn annex for the region

**Capability 2** Health Care and Medical Response Coordination

Objective 1 Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Objective 3 Coordinate Response Strategy, Resources, and Communication

Strengths	<ul style="list-style-type: none"> <li>Many facilities participated in a functional exercise before the tabletop, allowing for identification of issues that could later be resolved in the tabletop portion of the exercise.</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>Staff were unfamiliar with the draft burn plan.</li> </ul>

**Exercise Objective 3:**

Validate the current KETHC Pediatric plan

**Capability 2** Health Care and Medical Response Coordination

Objective 1 Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Objective 3 Coordinate Response Strategy, Resources, and Communication

Strengths	<ul style="list-style-type: none"> <li>• KETHC has a robust Pediatric plan which is updated annually, or as needed based on HVA, events/exercises, or identified gaps.</li> <li>• KETHC completed a comprehensive Pediatric project in 2016 that supplied pediatric trauma supplies to every ED, pediatric evacuation and training, provided pediatric dosing charts and tourniquets to each EMS unit, and a pediatric simulator that is used for both EMS and ED staff by CRPC staff. Annual training reports are provided to the coalition and additional support for training will be provided by UT Trauma staff with an additional simulation manikin.</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Not all staff were aware of the current Regional Pediatric plan</li> <li>• Facilities should consider an individualized Pediatric plan to address facility specific areas of concern and provide guidance for a pediatric surge event.</li> </ul>

### Exercise Objective 4:

Examine use of burn and pediatric healthcare resources

#### Capability 1 Foundation for Health

Objective 2 Identify Risk And Needs

Objective 4 Train and Prepare the Health Care and Medical Workforce

Strengths	<ul style="list-style-type: none"> <li>• Facilities and staff were familiar with the Regional Medical Communications Center (RMCC) and the role of the Regional Hospital Coordinator (RHC) when surge resources are needed.</li> </ul>
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Areas for Improvement	<ul style="list-style-type: none"> <li>• Pediatric supplies at some facilities had been moved, had expired or staff were unaware they had access to on site supplies.</li> <li>• There are very limited resources for burn surge, and facilities are unprepared with both supplies and training to adequately respond to a burn surge event.</li> </ul>
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**Capability 2** Health Care and Medical Response Coordination

Objective 3 Coordinate Response Strategy, Resources, and Communications

Strengths	<ul style="list-style-type: none"> <li>• Healthcare facilities are familiar with both the role of the RMCC and the RHC for resource coordination</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</li> </ul>

**Exercise Objective 5:**

Evaluate a hospital's capability to effectively receive, treat, and transfer a burn and pediatric patient at the facility and identify surge capacity

**Capability 4** Medical Surge

Objective 2 Respond to a medical surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care During a Medical Surge Response

Activity 6: Provide Burn Care During a Burn Surge Response

Activity 7: Provide Trauma Care During a Medical Surge Response

Strengths	<ul style="list-style-type: none"> <li>• Hospitals and other community healthcare partners quickly established internal ICS facilitating quick response and plan activation.</li> </ul>
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	<ul style="list-style-type: none"> <li>• KETHC had regional plans in place to address both response and pediatrics.</li> <li>• The healthcare community showed initiative and cooperation in assisting with surge process.</li> <li>• CRPC staff currently have a robust pediatric training plan</li> <li>• In 2022, District II Homeland Security sponsored ABLS training for 60 people within the region</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</li> <li>• Training opportunities should be explored for both burn and pediatric surge</li> <li>• Moving forward, continual training will be needed to ensure rotating staff are familiar with ICS roles.</li> </ul>

### Exercise Objective 6:

Assess external and internal communications

### Capability 2 Health Care and Medical Response Coordination

Objective 2 Utilize Information Sharing Procedures and Platforms

Strengths	<ul style="list-style-type: none"> <li>• Healthcare facilities in the region are familiar and routinely use both the HRTS and TNHAN systems so that information can be shared in a expeditious manner</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Chain of communication within facilities should be provided so that all staff are aware of plans, and event updates as it pertains to their role.</li> </ul>

- Facilities should consider alternative ways to share regional plans so that all staff are provided the information, taking into consideration rotation of new staff.

### Exercise Objective 7:

Discuss the capabilities and capacities required to respond to a prolonged pediatric burn surge event (24-48 hours)

### Capability 4 Medical Surge

Objective 2 Respond to a medical surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care During a Medical Surge Response

Activity 6: Provide Burn Care During a Burn Surge Response

Activity 7: Provide Trauma Care During a Medical Surge Response

Strengths	<ul style="list-style-type: none"> <li>• Hospitals and other community healthcare partners quickly established internal ICS facilitating quick response and plan activation.</li> <li>• KETHC had regional plans in place to address both response and pediatrics.</li> <li>• The healthcare community showed initiative and cooperation in assisting with surge process.</li> <li>• CRPC staff currently have a robust pediatric training plan</li> <li>• In 2022, District II Homeland Security sponsored ABLS training for 60 people within the region</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</li> </ul>

	<ul style="list-style-type: none"> <li>• Training opportunities should be explored for both burn and pediatric surge</li> <li>• Moving forward, continual training will be needed to ensure rotating staff are familiar with ICS roles.</li> </ul>
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**Event Objective 8:**

Assess planning issues for a mass casualty incident (MCI) with adult and pediatric patients including triage, surge capacity, surge supplies, specialty training, behavioral health, and decedent management

**Capability 4** Medical Surge

Objective 2 Respond to a medical surge

Activity 1: Implement Emergency Department and Inpatient Medical Surge Response

Activity 4: Provide Pediatric Care During a Medical Surge Response

Activity 6: Provide Burn Care During a Burn Surge Response

Activity 7: Provide Trauma Care During a Medical Surge Response

Strengths	<ul style="list-style-type: none"> <li>• Hospitals and other community healthcare partners quickly established internal ICS facilitating quick response and plan activation.</li> <li>• KETHC had regional plans in place to address both response and pediatrics.</li> <li>• The healthcare community showed initiative and cooperation in assisting with surge process.</li> <li>• CRPC staff currently have a robust pediatric training plan</li> <li>• In 2022, District II Homeland Security sponsored ABLS training for 60 people within the region</li> </ul>
Areas for Improvement	<ul style="list-style-type: none"> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional</li> </ul>



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	<p>level to ensure all hospitals have improved capability.</p> <ul style="list-style-type: none"><li>• Training opportunities should be explored for both burn and pediatric surge</li><li>• Moving forward, continual training will be needed to ensure rotating staff are familiar with ICS roles.</li></ul>
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## IMPROVEMENT PLAN

This IP has been developed specifically for the Knox/East TN (KETHC) Healthcare Coalition as a result of KETHC 2022 Tabletop Exercise: Pediatric/Burn Surge Event.

Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Start Date	Completion Date
<b>Core Capability 1: Foundation of Healthcare and Medical Readiness</b>				
<ul style="list-style-type: none"> <li>Pediatric supplies at some facilities had been moved, expired, or staff were unaware they had access to on site supplies.</li> <li>There are very limited resources for burn surge, and facilities are unprepared with both supplies and training to adequately respond to a burn surge event.</li> <li>Chain of communication within facilities should be provided so that all staff are aware of plans, and event</li> </ul>	<ul style="list-style-type: none"> <li>KETHC and healthcare facilities should identify specific gaps in equipment, training, and supplies as part of the HVA, Gap Analysis, and consideration to real world events/exercises, referencing clinical subject matter experts within the hospital or regional burn center.</li> <li>With identified action steps, plan to meet those gaps, inclusive of funding availability through the coalition.</li> <li>Facilities should include rotation plans to ensure sustainability of supplies/equipment once used or outdated.</li> <li>The KETHC should increase training opportunities working with regional and</li> </ul>	Equipment Planning Training Exercise	07/01/2022	06/30/2024

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

<p>updates as it pertains to their role.</p> <ul style="list-style-type: none"> <li>Facilities should consider alternative ways to share regional plans so that all staff are provided the information, taking into consideration rotation of new staff.</li> <li>Family Assistance procedures need to be updated and exercised routinely to identify gaps, particularly for pediatric planning.</li> <li></li> </ul>	<p>state partners, specifically for pediatric and burn surge.</p> <ul style="list-style-type: none"> <li>Facilities should utilize training programs in place with CRPC and UT Trauma Center with the use of simulation manikins.</li> </ul>			
<p><b>Core Capability 2: Healthcare and Medical Response Coordination</b></p>				
<ul style="list-style-type: none"> <li>Staff were unfamiliar with the draft burn plan.</li> <li>Not all staff were aware of the current Regional Pediatric plan</li> <li>Facilities should consider an individualized Pediatric plan to address facility specific areas of concern and provide</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination of plans needs to be revised to ensure all staff are aware of plans, and able to contribute annually or following an exercise/event to keep plans relevant and current, taking into consideration best practices and lessons learned.</li> <li>KETHC should offer more opportunities and access to plans, including easy web</li> </ul>	<p>Equipment Planning Training Exercise</p>	<p>07/01/2022</p>	<p>06/30/2024</p>

<p>guidance for a pediatric surge event.</p> <ul style="list-style-type: none"> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</li> <li>• Chain of communication within facilities should be provided so that all staff are aware of plans, and event updates as it pertains to their role.</li> <li>• Facilities should consider alternative ways to share regional plans so that all staff are provided the information,</li> </ul>	<p>access to download, sharing with administrative staff as well as clinical, and continuing annual updates with coalition input.</p> <ul style="list-style-type: none"> <li>• Finalized regional burn plan should be shared with all disciplines within the hospital/coalition partners to ensure clear visibility in the event of a surge event.</li> <li>• Planning (including funding opportunities, training, and exercises) and plans should include consideration for critical shortage for both pediatric and burn specialist and supplies.</li> <li>• Although fluidity and change are expected in any event, there should be expectation of consistency when possible. When trying to coordinate with federal, State, and local partners, efforts should be made to minimize communication gaps.</li> <li>• Exercise AAR, best practices, and lessons learned should be shared with staff following any event/exercise.</li> </ul>			
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<p>taking into consideration rotation of new staff.</p>				
<p><b>Core Capability 4: Medical Surge</b></p>				
<ul style="list-style-type: none"> <li>• Facilities should ensure all staff are aware of the regional pediatric plan already finalized and updated annually. Additionally, when regional burn plan is finalized, the plan needs to be shared with all staff.</li> <li>• Few, if any, facilities have facility specific pediatric or burn plans for a surge event</li> <li>• Additional training needs to be provided for both pediatric and burn surge</li> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to</li> </ul>	<ul style="list-style-type: none"> <li>• KETHC should increase training opportunities working with regional and state partners, specifically for pediatric and burn surge.</li> <li>• Facilities should utilize training programs in place with CRPC and UT Trauma Center with the use of simulation manikins.</li> <li>• KETHC will continue to offer regional HICS training for hospitals and other healthcare, first responder agencies and test during exercises. This will be based on need, with consideration for needs of new staff and turnover rates.</li> <li>• Planning (including funding opportunities, training, and exercises) and plans should include consideration for critical shortage for both pediatric and burn specialist and supplies.</li> <li>• Dissemination of plans needs to be revised to ensure all staff are aware of plans, and able to contribute annually or following an exercise/event to keep plans relevant and current, taking into</li> </ul>	<p>Planning Training Equipment</p>	<p>07/01/2022</p>	<p>06/30/2024</p>

<p>sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</p> <ul style="list-style-type: none"> <li>• Training opportunities should be explored for both burn and pediatric surge</li> <li>• Moving forward, continual training will be needed to ensure rotating staff are familiar with ICS roles.</li> <li>• Equipment supplies should be considered moving forward to make opportunities for fast deployment possible or on site if available.</li> <li>• Resources are limited for both pediatric and burn surge and supplies/equipment to sustain a 24-48 hour surge should be considered at a regional level to ensure all hospitals have improved capability.</li> </ul>	<p>consideration best practices and lessons learned.</p> <ul style="list-style-type: none"> <li>• Facilities should utilize training programs in place with CRPC and UT Trauma Center with the use of simulation manikins.</li> <li>• Facilities should incorporate Family Assistance planning, particularly focusing on pediatrics into all plans, and this should be incorporated into each exercise.</li> </ul>			
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- ☒ KET HCC accepts responsibility for assuring that the improvement plan issues identified will be integrated into an exercise in this or the next budget period.

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## APPENDIX A: PARTICIPATING ORGANIZATIONS

		Number of Representatives
State Partners	Tennessee Department of Health	3
Hospitals	Big South Fork Medical Center	1
	Blount Memorial Hospital	1
	Claiborne Community Hospital	2
	Covenant Health- Corporate	1
	East Tennessee Children’s Hospital	5
	Fort Loudon Medical Center	3
	Fort Sanders Regional Medical Center	4
	LeConte Medical Center	2
	Methodist Medical Center of Oak Ridge	2
	Morristown Hamblen Healthcare	1
	Newport Medical Center	1
	North Knox Medical Center	2
	Parkwest Medical Center	4
	Roane Medical Center	4
	Select Specialty Hospital	1
	Sweetwater Hospital Association	1
	Turkey Creek Medical Center	5
	University of Tennessee Medical Center	6
Coalition Members	Knox County Health Department	3
	East Tennessee Regional Health Office	3



	Smoky Mountain Home Health and Hospice	1
	AMR Knoxville	3
	District II Homeland Security	1
	Knox County Emergency Management Agency	3
	Ridgeview Behavioral Health	1
	Knox County Regional Forensic Center	2
	REAC/TS	1
	RMCC	1
Other		
	Kentucky Department of Public Health	2

## APPENDIX B: ACRONYMS

Acronym	Term
AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
CRPC	Comprehensive Regional Pediatric Center
EMA	Emergency Management Agency
HICS	Hospital Incident Command System
HRTS	Healthcare Resource Tracking System
KET	Knox/East Tennessee
KETHC	Knox/East Tennessee Healthcare Coalition
MCI	Mass Casualty Incident
RHC	Regional Hospital Coordinator
RMCC	Regional Medical Communications Center
TNHAN	Tennessee Health Alert Network