CVHC 2019 Exercise Series

AAR Post-It Notes: February 26/27/28

**UP(s)**

* well-formed EOP
* MOU with sister facilities
* communication resiliency
* transfer agreements
* notification systems in place
* resources - generators
* annexed high heat plan
* job aids
* shelter annex/plan
* evac/relocation plans
* comms plan
* shelter in place plan
* internal comms
* staff and patients
* ttx collaboration of alternate org types
* have emergency contacts resources list
* EOP is available to all
* pt. education and outreach
* schedule adaptation
* water trucks on standby
* back up / transfer locations
* education plans for patient and staffing
* fuel topped off
* redundant contacts/resources for fuel
* early - preplanned dialysis plans
* continuity of ops: self-reliant able to provide care and services, despite emergency event
* enterprise / corporate support
* patient communication
* 4-day supply on hand
* command center set up
* staff alerting
* 100% covered by generator/emergency power
* 4-6 days of fuel
* good with VHASS
* strong networking
* 72-96 charts are good
* adaptation
* knowledge of plan
* staffing levels
* communication with clients
* corporate ICS
* all registered and updated in VHASS
* whole building generators
* MOUs
* food and water always adequately stocked
* pre-planning of early notice event
* sharing information
* heat stress specific plan
* mous
* staffing levels
* big campus allows for movement areas
* sit reps
* website for documents availability
* corporate support

**Down(s)**

* need more agreement plans
* staffing
* mass communication
* emergency medication plans
* ems transport for dialysis patients to acute care hospital or other dialysis centers
* communication redundancies
* haven’t tested MOUs/ agreements
* no specific annex on heat
* need firm temperature measurement to place in evac plan
* access to Hics forms / job aids
* practice and plan of delegation of incident command
* resources on the units / in the stations
* patient transportation
* bio waste / waste management
* lack of leadership staff for extended events
* HICS familiarization
* comms plan needs improved
* "off shift" plan if event occurs after business hours
* VHASS update of bio
* staffing location / arrival to facility plan
* don’t know how to obtain dialysis kits
* leadership ICS training
* staffing protocols
* external comms plan
* build three levels of leadership to EOP
* shorthanded staffing
* resource allocation and delivery
* comms plan needs improved
* knowing and communicating with transport services
* staff personal readiness plans, esp those with children
* transportation logistics
* need agreement/relationship with facilities who can take high level acuity
* redundant locations
* need generator
* practice pt. schedule changes
* gen staff communication not just leadership
* external contacts to vendors and back up vendors
* knowing who has what in the event of a supply shortage
* inadequate resource depth for ics
* more vendors
* educating on the plans written
* are all the EOPs the same in our facilities
* hepatitis B status of dialysis
* 3 deep in chain of command
* all facilities need back up electricity, is this noted in EOP
* knowing what resources are available
* home health and hospice communication
* continuous staff training on the EOP
* who gets shared resources first?
* school bus use?
* visual emergency flip book
* patient tracking needs practiced and improved
* transportation logistics
* generators only in some facilities
* inlet water temp
* heat pump
* child care for staff
* practice with emergency equipment
* need more drills
* storage space for supplies
* staff transportation plan
* evacuation plan and exercise
* can’t sustain 96\*
* need to update P&P manual
* evac plans needs more specifics
* how to increase staff up and down / what parameters
* increasing and decreasing ICS
* need to add RHCC 1-800 # to comms plan
* need dominion power contact list in comms plan
* list of emergency contacts (DME)
* having list of account numbers/vendors/contacts
* need a high heat plan
* no reserve staff