

Supply Scarcity: A Virtual Tabletop Exercise

After-Action Report/Improvement Plan

April 14, 2022

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.

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Throughout this document, you will find grey boxes that include instructions for completing this After-Action Report/Improvement Plan for your organization. Delete the grey boxes when you complete the After-Action Report.

Throughout this document you will also find **highlighted** text. This **highlighted** text should be replaced with information specific to your facility.

EXERCISE OVERVIEW

Exercise Name	Supply Scarcity: A Virtual Tabletop Exercise
Exercise Dates	March 25, 2022 March 30, 2022 April 5, 2022
Scope	This was a live video, discussion-based, healthcare community specific exercise held using the Zoom virtual meeting platform. The exercise was limited to four hours of play. The exercise was offered three times to maximize healthcare participation in the Region 3 Healthcare Coalition Alliance.
Focus Area(s)	Response
Capabilities	Capability 1: Foundation for Health Care and Medical Readiness Capability 2: Health Care and Medical Response Coordination
Objectives	<ol style="list-style-type: none"> 1. Discuss your organization's Emergency Operations Plan (EOP) activation process in relation to a crisis standards of care incident. 2. Determine how your organization would prioritize scarce resources. 3. Discuss the process your organization would utilize when requesting scarce resources from the coalition and other entities.
Threat or Hazard	Staff shortage, supply shortage
Scenario	Due to a combination of an unknown illness and supply chain issues, there is currently a shortage of staff and supplies for your organization.
Sponsor	Region 3 Healthcare Coalition Alliance
Participating Organizations	Multiple Healthcare organizations within the Northeast Florida Healthcare Coalition. For a full list of participating organizations, please reference Appendix C .

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ANALYSIS OF CAPABILITIES

Table 1 includes the exercise objectives, aligned Hospital Preparedness Program (HPP) capabilities, and performance ratings for each core capability as observed during the exercise.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Discuss your organization’s Emergency Operations Plan activation process in relation to a crisis standards of care incident.	Capability 1: Foundation for Health Care and Medical Readiness		S		
Determine how your organization would prioritize scarce resources.	Capability 2: Health Care and Medical Response Coordination		S		
Discuss the process your organization would utilize when requesting scarce resources from the coalition and other entities	Capability 2: Health Care and Medical Response Coordination	P			

Table 1. Summary of Core Capability Performance

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

Performed with Some Challenges (S): The targets and discussions associated with the core capabilities were completed in a manner that achieved the objective(s) and would not negatively impact the

performance of other activities. Discussed performance of this activity would not contribute to additional health and/or safety risks for the public or for emergency workers, and it would be 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 discussions associated with the core capabilities were completed in a manner that achieved the objective(s), but some or all of the following were observed: discussed performance 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 would not be conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Observed (U): The targets and discussions associated with the core capabilities were unable to be observed during this exercise.

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 Supply Scarcity virtual tabletop exercise was a risk-based exercise that was sponsored by the Region 3 Healthcare Coalition Alliance in Florida and was designed and facilitated by All Clear Emergency Management Group, LLC. For the exercise, participants were engaged in a large group discussion which was moderated by an experienced facilitator. Each participant was provided a Situation Manual consisting of discussion questions that were covered throughout the exercise.

This exercise focused on the individual response efforts of the respective agencies to a Crisis Standards of Care scenario. This scenario was designed to assess current practices, policies, and procedures of participating organizations. Each agency was asked to reference existing organizational Emergency Operations Plans and Crisis Standards of Care concepts to inform their responses.

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 potential areas for improvement for all participants ([Appendix A](#)) as well as agency-specific areas for improvement ([Appendix B](#)).

Major Strengths

- As a result of the COVID-19 pandemic, most organizations had sound mitigation strategies, policies and procedures as it relates to staffing shortages.
- All participants were able to identify who within their organization had authority to activate their Emergency Operations Plan.

Major Areas for Improvement

- Crisis Standards of Care Planning: In the event of scarce or limited medical resources, healthcare organizations may need to adjust their operations and standards of care to preserve and effectively allocated limited resources.
- Development or Updates to a Continuity of Operations (COOP) Plan: Continuity of Operations Planning (COOP) is a term used to define a process for identifying mitigation strategies that allow healthcare services to continue in the event of a disaster or emergency.

Noted Best Practice

- After every response, no matter the size or scale, organizations should complete a debrief and update their response plans as needed.
- During the initial stages of a resource shortage, it is a best practice for organizations to complete a resource analysis and identify a burn rate for the identified scarce resources.

Objective One: Discuss your organization's Emergency Operations Plan activation process in relation to a crisis standards of care incident.

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

Capability 1: Foundation for Health Care and Medical Readiness Strengths

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

Strength 1: All participants were able to identify who within their organization had authority to activate their Emergency Operations Plan. It was also noted that this process was thoroughly documented within plans for most participants and that executive leadership was actively engaged in the activation process and command of the emergency.

Strength 2: Participating organizations noted that they have correct contact information listed in their Emergency Operations Plans for their medical resource suppliers and other vendors.

Strength 3: A majority of participants were able to identify their process for sharing information both internally and externally. While the process differed slightly between participants, all methods were documented as being functional with minimal areas for improvement identified.

If you have additional strengths to note, please add lines and supporting information as needed.

Areas for Improvement

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

Area for Improvement 1: Emergency Operations Plan Update: Resource Management

Analysis: While most participants identified a resource management section within their Emergency Operations Plan, it was noted that this section only pertained to food and water. It is recommended that each organization expand their resource management section to include a framework for the management of scarce medical resources and a process for leveraging regional resources. Once an organization's plan has been updated, it is the next recommended step to educate and train staff on the changes.

Best Practices and Resources:

- Form a collaborative planning team to review the status of your organization's current Emergency Operations Plan as it relates to scarce resource management.
- During the initial stages of a resource shortage, it is a best practice for organizations to complete a resource analysis and identify a burn rate for the identified scarce resources. Specific to Personal Protective Equipment, the Centers for Disease Control and Prevention has developed a [Burn Rate Calculator](#). The Assistant Secretary of Preparedness and Response has also compiled a [technical assistance letter for Generator Fuel Calculators](#).

Area for Improvement 2: Development or Updates to a Continuity of Operations (COOP) Plan

Analysis: Continuity of Operations Planning (COOP) is a term used to define a process for identifying mitigation strategies that allow healthcare services to continue in the event of a disaster or emergency. Most participants during the exercise were able to quickly identify a wide range of essential function

that must continue in the event of a staffing or resource shortage. However, the process for keeping these services functioning or for recovering from stalled or ended services was not documented. Therefore, it is the recommendation that each healthcare organization begin the continuity planning process by identifying essential services and applications (both IT and non-IT supported). From there, evaluate the risks that pose the greatest threat to those essential functions and make decisions on how to reduce those risks.

Best Practices and Resources:

- The Federal Emergency Management Agency has developed a [Continuity Resource Toolkit](#) to assist your organization in implementing the concepts in the [Continuity Guidance Circular \(CGC\)](#) and to develop and maintain a successful continuity program and plan.
- In the event of a staffing shortage, most organizations discussed cancelling or postponing elective surgeries or shutting down non-essential functions.
- Engage in a multidisciplinary stakeholder effort to share information and resource during a crisis.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

Objective Two: Determine how your organization would prioritize scarce resources.

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

Capability 2: Health Care and Medical Response Coordination

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

Strength 1: While not always documented thoroughly, participants were able to identify variable mitigation strategies that could be used to address staffing shortages including the modification of daily services.

Best Practices:

- Most organizations discussed providing Incentives for staffing including raises, bonuses, and gift cards to ensure staff stay motivated and in good spirits.

Strength 2: Participants were able to communicate with staff the necessary conservation strategies clearly and efficiently as it related to medical resources.

If you have additional strengths to note, please add lines and supporting information as needed.

Areas for Improvement

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

Area for Improvement 1: Identification of Secondary and Tertiary Vendors for Medical Supplies

Analysis: If medical resources are scarce or limited, it is important for healthcare organizations to have access to secondary and tertiary vendors. While these vendors may not be needed during normal operations, planning for and identifying additional avenues to order resources is instrumental for sustaining your operations.

Best Practices

- Consider non-conventional vendors or alternative methods for accessing scarce medical resources. As an example, producers around the globe shifted their manufacturing process to develop items such as masks and hand sanitizers which were considered scarce resources.
- Healthcare coalitions around the country have convened multidisciplinary stakeholder groups to develop a regional supply chain integrity assessment. This assessment is intended to analyze the ability of vendors to manufacture, distribute, store, and transport necessary equipment and supplies.
- Work with your designated ethics committee or team to develop and review conservation strategies to assist in maintaining adequate levels of scarce resources.

Area for Improvement 2: Crisis Standards of Care Planning

Analysis: In the event of scarce or limited medical resources, healthcare organizations may need to adjust their operations and standards of care to preserve and effectively allocated limited resources. It was overwhelmingly clear that participating healthcare organizations were unable to speak to their Crisis Standards of Care policies or procedures during the exercise. Therefore, it is the recommendation that advanced planning for alterations in response procedures and in the allocation of resources occur at the organizational, local, regional, and state level.

Best Practices:

- Organizations, local partners, regional partners, and state level partners have driven working groups that focus on the general, legal, and ethical considerations as it relates to Crisis Standards of Care planning.
- Within Crisis Standards of Care working groups, it has been a best practice to ensure that there is an ethical and legal representative present during all phases of planning. All planning should comply with the laws and regulation in respective jurisdictions and all decisions should adhere to core ethical principles.

If you have additional Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

Objective Three: Discuss the process your organization would utilize when requesting scarce resources from the coalition and other entities.

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

Capability 2: Health Care and Medical Response Coordination

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

Strength 1: Previously, when there was a resource shortage, the regional healthcare coalition was able to share information with ancillary care partners regarding vendors and access to additional resources.

Best Practices:

- Use of a staffing resource report which was developed by the regional healthcare coalition.

Strength 2: In the event of a medical resource shortage, most participating organizations have Memorandums of Agreement or Understanding in place with other healthcare partners.

Strength 3: Overall, it was evident that organizations were clear on how to request resources through ESF-8, their healthcare coalition, and through other like entities.

If you have additional strengths to note, please add lines and supporting information as needed.

If you have Areas for Improvement to note, please add lines and supporting information as needed. Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for your organization in the following section.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan was developed based on the results of Supply Scarcity virtual tabletop exercise in 2022. 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. **The highlighted sections are to be completed by each participating agency.**

- **Column 1: Exercise Objectives** - List all of the Objectives from the exercise.
- **Column 2: Issue \ Area for Improvement** – These Areas for Improvement are populated based on the analysis section above.
- **Column 3: Corrective Action(s)** - For each Area for Improvement, the actions needed to address the Area for Improvement are listed.
- **Column 4: Assigned To** - List here who is tasked with the corrective actions.
- **Column 5: Start Date** - List the date that work will begin.
- **Column 6: Target Completion Date** - List the date in which you plan to have the corrective actions completed.

Tips and Tricks:

- This Improvement Plan was developed based on the cumulative results of the exercise. Not all Areas for Improvement may be applicable to your organization. Please feel free to delete items as needed. [Appendix B](#) is where you can add in your own organization specific Improvement Plan action items.
- It is a *GOOD THING* to have areas for improvement in every exercise you conduct. Nothing will go perfectly – this is your opportunity to dig in and look for ways to improve.

Exercise Objective	Issue/Area for Improvement	Corrective Action(s)	Assigned To	Start Date	Target Completion Date
Discuss your organization's Emergency Operations Plan activation process in relation to a crisis standards of care incident.	Emergency Operations Plan Update: Resource Management	Form a collaborative planning team to review the status of your organization's Emergency Operations Plan as it relates to scarce resource management.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Complete any identified updates to your organization's EOP within your identified timeframe.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Educate and train staff on any changes to your plans, policies, or procedures.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization

Exercise Objective	Issue/Area for Improvement	Corrective Action(s)	Assigned To	Start Date	Target Completion Date
Discuss your organization’s Emergency Operations Plan activation process in relation to a crisis standards of care incident.	Development or Updates to a Continuity of Operations (COOP) Plan	Identify essential functions for your organizations.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Analyze the risks that could impact your organizations essential functions.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Engage in discussion to develop a plan for mitigating or responding to those risks.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
Determine how your organization would prioritize scarce resources. Crisis Standards of Care Planning	Identification of Secondary and Tertiary Vendors for Medical Supplies	Work with your purchasing department to identify secondary and tertiary vendors for medical supplies.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
		Update your organizations Emergency Operations Plan to include contact information for the identified secondary and tertiary vendors.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
	Crisis Standards of Care Planning	Establish a working group with both legal and ethical representation to begin developing a Crisis Standards of Care framework.	To be completed by participating organization	To be completed by participating organization	To be completed by participating organization
Discuss the process your organization would utilize when requesting scarce resources from the coalition and other entities.	None to Note	None to Note	None to Note	None to Note	None to Note

APPENDIX B: ORGANIZATION SPECIFIC IMPROVEMENT PLAN

This Improvement Plan was developed specifically for **Organization Name** based on the results of the Supply Scarcity virtual tabletop exercise. **The highlighted sections are to be completed by each participating agency.**

- **Column 1: Exercise Objectives** - List all of the Objectives from the exercise.
- **Column 2: Issue \ Area for Improvement** - Copy each Area for Improvement above and move into this form. Ensure that each Area for Improvement is aligned with the correct Exercise Objective.
- **Column 3: Corrective Action(s)** - For each Area for Improvement, list the actions needed to address the Area for Improvement. For example, if a contact list was outdated, corrective actions would be to update the list and develop a process to regularly review the list.
- **Column 4: Assigned To** - List here who is tasked with the corrective actions.
- **Column 5: Start Date** - List the date that work will begin.
- **Column 6: Target Completion Date** - List the date in which you plan to have the corrective actions completed.

Tips and Tricks:

- Add or remove lines from this chart as needed.
- THIS is the most important part of the exercise – your “to do” list! Your surveyors would like to see that you have identified areas for improvement AND are working to address them. Come back to this often to update progress and dates.
- It is a *GOOD THING* to have areas for improvement in every exercise you conduct. Nothing will go perfectly – this is your opportunity to dig in and look for ways to improve.

Exercise Objective	Issue/Area for Improvement	Corrective Action(s)	Assigned To	Start Date	Target Completion Date
Discuss your organization’s Emergency Operations Plan activation process in relation to a crisis standards of care incident.	To be completed by participating organization				
	To be completed by participating organization				

Exercise Objective	Issue/Area for Improvement	Corrective Action(s)	Assigned To	Start Date	Target Completion Date
Determine how your organization would prioritize scarce resources.	To be completed by participating organization				
	To be completed by participating organization				
Discuss the process your organization would utilize when requesting scarce resources from the coalition and other entities.	To be completed by participating organization				
	To be completed by participating organization				

APPENDIX C: EXERCISE PARTICIPANTS

March 25, 2022
Organization
Baptist Beaches
Baptist Health
Care Centers of Nassau
DaVita Dialysis
Langley Health Services
Mayo Clinic
Moosehaven
Nassau County Emergency Management
Northeast Florida Regional Council
Northeast Florida Regional Council
Vicars Landing
Westminster St. Augustine

March 30, 2022
Organization
Baptist Health System
Baptist Jacksonville
Baptist Medical Center
Fresenius Kidney Care - Lake City West
Hospice of Marion County
Jacksonville Center for Endoscopy-Southside
Lake Centre Home Care
Mederi Caretenders Home Health Care
MHRC
Mid Florida Endoscopy and Surgery Center
Moultrie Creek Nursing and Rehab
Munroe Regional HomeCare
NEFTC
Northeast Florida Regional Council
Promedica\Heartland Hospice

March 30, 2022
Organization
River Garden
Riverwood Center
SJC DOH
Wolfson Children's Hospital

April 5, 2022
Organization
Baptist Health
Baptist Health - BMCJ/WCH
Baptist Medical Center Beaches
BCMS-W. Frank Wells Nursing Home
Fernandina Beach Rehab and nursing center
HealthTrust Performance Group
Jacksonville Nursing and Rehabilitation
Lafayette Nursing & Rehab
North Florida Regional Medical Center
Northeast Florida Regional Council
Orange Park Medical Center
UF Health Jacksonville
Wolfson Children's Hospital

APPENDIX D: CMS SURVEY INFORMATION

The following information was compiled to assist during a CMS Emergency Preparedness Survey.

<p>Exercise Type</p>	<p>CMS defines the testing exercises required under the emergency preparedness regulations in two categories. Specifically, 1) full-scale, functional and individual-facility based exercises as the “required” exercises; and 2) mock disaster drills, tabletop exercises, or workshops, as the “exercises of choice”, which could also include the full-scale functional and individual-facility based exercises. CMS further defines the exercises as follows:</p> <p>Table-top Exercise (TTX) (Exercise of Choice Only): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.</p> <p>“Community Based” - Various inpatient and outpatient healthcare agencies including, Long Term Care, Hospitals, Home Health and Skilled Nursing Facilities. For a full list of participants, please see Appendix E.</p>
<p>CMS Exercise Requirements (As of 6.21.2021)</p>	<p>For providers of inpatient services: The testing exercises were expanded to include workshops as an exercise of choice. However, these providers are still required to conduct two emergency preparedness testing exercises annually.</p> <p>For providers of outpatient services: These providers must continue to test their program annually, by participating in a community-based full-scale exercise (if available) or conduct an individual facility-based functional exercise every other year. In the opposite years off the full-scale exercise, the providers are required to conduct a testing exercise of their choice, which may include either a community-based full-scale exercise (if available), an individual, facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.</p>
<p>After-Action Reviews</p>	<p>Each facility is responsible for documenting their compliance and ensuring that this information is available for review at any time for a period of no less than three (3) years. Facilities should also document the lessons learned following their tabletop and full-scale exercises and real-life emergencies, and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program.</p> <p>Facilities may complete an after-action review process to help them develop an actionable after-action report (AAR). The process includes a roundtable discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR. <u>The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement.</u></p> <p>Lastly, facilities that are a part of a healthcare system, can elect to participate in their system’s integrated and unified emergency preparedness program and exercises. However, those that do will still be responsible for documenting and demonstrating their individual facility’s compliance with the exercise and training requirements.</p>

APPENDIX E: EXERCISE SCHEDULE

DATE	March 25, 2022
11:50 AM	Log into Virtual Exercise
12:00 PM	Welcome, Introductions, And Exercise Overview
12:30 PM	Module 1: Breakout Group Discussion
1:00 PM	Module 1: Large Group Discussion
1:20 PM	Break
1:30 PM	Module 2: Breakout Group Discussion
2:00 PM	Module 2: Large Group Discussion
2:20 PM	Module 3: Breakout Group Discussion
2:50 PM	Module 3: Large Group Discussion
3:10 PM	Hot Wash / Closing Comments

Date	March 30, 2022
9:50 AM	Log into Virtual Exercise
10:00 AM	Welcome, Introductions, And Exercise Overview
10:30 AM	Module 1: Breakout Group Discussion
11:00 AM	Module 1: Large Group Discussion
11:20 AM	Break
11:30 AM	Module 2: Breakout Group Discussion
12:00 PM	Module 2: Large Group Discussion
12:20 PM	Module 3: Breakout Group Discussion
12:50 PM	Module 3: Large Group Discussion
1:10 PM	Hot Wash / Closing Comments

Date	April 5, 2022
9:50 AM	Log into Virtual Exercise
10:00 AM	Welcome, Introductions, And Exercise Overview
10:30 AM	Module 1: Breakout Group Discussion
11:00 AM	Module 1: Large Group Discussion
11:20 AM	Break
11:30 AM	Module 2: Breakout Group Discussion

12:00 PM	Module 2: Large Group Discussion
12:20 PM	Module 3: Breakout Group Discussion
12:50 PM	Module 3: Large Group Discussion
1:10 PM	Hot Wash / Closing Comments

APPENDIX F: TERMS

Acronym	Term
AAR/IP	After-Action Report/Improvement Plan
ASCs	Ambulatory Surgical Centers
CMS	Centers for Medicare & Medicaid Services
CORFs	Comprehensive Outpatient Rehabilitation Facilities
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HHAs	Home Health Agencies
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICFs/IIDs	Intermediate Care Facilities for Individuals with Intellectual Disabilities
LTCs	Long Term Care
PACE	Program for the All-Inclusive Care for the Elderly
PRTFs	Psychiatric Residential Treatment Facilities
SitMan	Situation Manual
TTX	Tabletop Exercise