

## FACILITY AFTER ACTION REPORT / IMPROVEMENT PLAN

<b>Facility Name</b>	
<b>Exercise Name</b>	<b>2017 Regional Facility Full Scale Exercises: Evacuation &amp; Resource/Asset Support</b>
<b>Exercise Date</b>	<b>Southern Region: April 10, 2017 Northern Region: April 11, 2017</b>
<b>Scope</b>	<p>This exercise was a Full Scale Exercise that took place on April 10 (Southern Region) &amp; April 11 (Northern Region) 2017 for all Rhode Island LTC-MAP Facilities. Exercise play was limited to the scope of this exercise, as detailed in the ExPlan.</p> <p>The emphasis of this exercise was to provide the RI LTC-MAP members an opportunity to test and improve their respective plans and policies and identify areas for improvement within the LTC-MAP system, with a focus on facility evacuation, resident tracking, communication with Disaster Struck Facilities (DSFs), and the ability of Resident Accepting Facilities (RAFs) to manage an influx of residents. In addition to those at participating nursing homes and assisted living residences, activities performed during this exercise involved players in the Rhode Island Department of Health's (RIDOH's) Department Operations Center (DOC), including LTC Responder operations to support RIDOH.</p> <p>This exercise began with the simulated evacuations of two DSFs. These DSFs were each managed by a team member from Russell Phillips &amp; Associates (RPA) to drive exercise play and provide supplemental information to support the exercise scenario (type and number of residents, etc.). The DSFs will establish and maintain contact with the DOC and the RAFs to share clinical information and conduct resident hand-off discussions, relay Master Evacuation Tracking Sheets (identifying which residents are evacuating where), and deliver other information as necessary.</p> <p>With the exception of the two identified DSFs, all participating plan members acted as RAFs. These members were expected to communicate with the DSF and/or the DOC during the preparation, evacuation, and final relocation of the mock (paper) residents. RAFs received all of the necessary information on the residents and their times of arrival via Constant Contact. In addition, all DSFs were expected to use volunteers (5-10), to act as mock (live) evacuated residents who would be housed in their Holding Area. All RAFs were expected to complete an online questionnaire and a Facility After Action Report (this document) documenting their participation.</p>

	<p>All participating RI LTC-MAP members, in addition to being DSFs or RAFs, were given the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.</p>
<p><b>Mission Area(s)</b></p>	<p><b>Response</b></p>
<p><b>Public Health Preparedness and Healthcare System Preparedness Capabilities with Associated Functions</b></p>	<p>The capabilities listed below, as identified in the Public Health Preparedness Capabilities issued by the Centers for Disease Control and Prevention (CDC) in March 2011 and the Healthcare Preparedness Capabilities issued by the Assistant Secretary for Preparedness and Response (ASPR) in January 2012, provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:</p> <p><b>HSP Capability 1: Healthcare System Preparedness</b>  <u>Function 1:</u> Develop, refine or sustain Healthcare Coalitions  <u>Function 6:</u> Improve healthcare response capabilities through coordinated exercise and evaluation  <u>Function 7:</u> Coordinate with planning for at-risk individuals and those with special needs</p> <p><b>HSP Capability 3: Emergency Operations Coordination</b>  <u>Function 3:</u> Support healthcare response efforts through coordination of resources</p> <p><b>HSP Capability 6: Information Sharing</b>  <u>Function 1:</u> Provide healthcare situational awareness that contributes to the incident common operating picture (includes resident tracking)</p> <p><b>PHP Capability 6: Information Sharing</b>  <u>Function 2:</u> Develop, refine, and sustain redundant, interoperable communication systems</p> <p><b>PHP Capability 10: Medical Surge</b>  <u>Function 1:</u> The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge  <u>Function 3:</u> Provide assistance to healthcare with surge capacity and capability  <u>Function 5:</u> Provide assistance to healthcare organizations regarding evacuation and shelter in place operation.</p>

<b>Threat or Hazard</b>	Extreme weather emergency: 70-80 MPH winds are being experienced in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.																						
<b>Scenarios</b>	High winds impacted multiple nursing homes and assisted living residences, resulting in full evacuations of some facilities. The evacuation of multiple facilities took place in each region. Mock "paper" residents were evacuated to other facilities due to building structural damage, unreliable generators, and loss of normal power.																						
<b>Sponsor</b>	Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) Funded by: Rhode Island Department of Health (RIDOH)																						
<b>Participating Organizations</b>	<table border="1"> <thead> <tr> <th colspan="2">Participating Organizations</th> </tr> </thead> <tbody> <tr> <td>Resident Accepting Facilities (identified in After Action Report)</td> <td></td> </tr> <tr> <td>Escalating Situation Members (identified in After Action Report)</td> <td></td> </tr> <tr> <td>Rhode Island Department of Public Health – Center for Emergency Preparedness and Response</td> <td></td> </tr> <tr> <td>Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSF)</td> <td></td> </tr> <tr> <td>Russell Phillips &amp; Associates, LLC</td> <td></td> </tr> <tr> <td>Hospital Association of Rhode Island</td> <td></td> </tr> <tr> <td>Rhode Island Assisted Living Association</td> <td></td> </tr> <tr> <td>LeadingAge Rhode Island</td> <td></td> </tr> <tr> <td>Rhode Island Health Care Association</td> <td></td> </tr> <tr> <td>Office of the Rhode Island Long-Term Care Ombudsman</td> <td></td> </tr> </tbody> </table>	Participating Organizations		Resident Accepting Facilities (identified in After Action Report)		Escalating Situation Members (identified in After Action Report)		Rhode Island Department of Public Health – Center for Emergency Preparedness and Response		Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSF)		Russell Phillips & Associates, LLC		Hospital Association of Rhode Island		Rhode Island Assisted Living Association		LeadingAge Rhode Island		Rhode Island Health Care Association		Office of the Rhode Island Long-Term Care Ombudsman	
Participating Organizations																							
Resident Accepting Facilities (identified in After Action Report)																							
Escalating Situation Members (identified in After Action Report)																							
Rhode Island Department of Public Health – Center for Emergency Preparedness and Response																							
Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSF)																							
Russell Phillips & Associates, LLC																							
Hospital Association of Rhode Island																							
Rhode Island Assisted Living Association																							
LeadingAge Rhode Island																							
Rhode Island Health Care Association																							
Office of the Rhode Island Long-Term Care Ombudsman																							
<b>Points of Contact</b>	<p>Alysia Mihalakos, MPH Chief Center for Emergency Preparedness and Response (CEPR) Rhode Island Department of Health (RIDOH) 3 Capitol Hill Providence, RI 02908 (401) 222-8035 <a href="mailto:Alysia.Mihalakos@health.ri.gov">Alysia.Mihalakos@health.ri.gov</a></p> <p>Darren J Osleger Fire &amp; Emergency Management Consultant Russell Phillips &amp; Associates, LLC 31 Cooke Street Plainville, CT 06062 (860) 793-8600 <a href="mailto:Dosleger@phillipsllc.com">Dosleger@phillipsllc.com</a></p>																						

## ANALYSIS OF CAPABILITIES

The following section provides an overview of the performance related to each exercise and an opportunity to highlight strengths and areas for improvement. **Instructions to participant:** *Please complete the following tables with the appropriate information requested.*

<u>(DSF &amp; RAF) Activation (HSP Capability 6: Information Sharing)</u>	
Did your leadership team receive notification of the LTC-MAP activation?	
Yes	
No	
Upon plan activation, what internal actions did the person in charge take?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>(DSF &amp; RAF) Communications (Facility Staff, Families, Community Partners)</b> <b>(PHP Capability 6: Information Sharing)</b>	
Does your Communication Plan include communications with: Residents' families - How and what would you communicate with residents' families?	
Community partners – With which community partners would you or did you communicate?	
Were all of your communication devices in working order?	
Yes No	
Do you have a plan that addresses the loss of communication devices? (e.g. phones, internet, call bells)	
Strengths:	Areas for Improvement:
Other Comments:	

<b>(DSF &amp; RAF) Command Center Operations: (HSP Capability 3: Emergency Operations Coordination)</b>	
Did you activate your Command Center?	Yes No
If yes, was the room compatible for your needs? (e.g. enough phones, fax nearby)	
Did you utilize the Incident Command System (ICS) to support your operations?	Yes No
If yes, what positions / Sections did you fill (e.g. Incident Commander, Operations, Logistics)?	
Did you have any community partners present?	Yes No
If so, what advice did they offer?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>RAF Intake Area (PHP Capability 10: Medical Surge)</b>	
Where did you set up an Intake Area?	
On- and off-duty staff - What communication did you have with off duty staff (e.g. staff call backs)?	
Did you have enough supplies and staffing to manage the area? (If No, enter additional needs below)	
Yes No	
What is your process to manage incoming residents' medical records (e.g. start a new paper or electronic chart)?	
Strengths:	Areas for Improvement:
Other Comments:	





DSF Coordination / Communication with the RIDOH DOC (HSP Capability 3: Emergency Operations Coordination)	
Describe the communication flow with RIDOH:	
<p>Did RIDOH provide you bed and transportation availability in a timely manner?</p> <p style="text-align: right;">Yes No</p>	
<p>Did you complete and send your Resident Tracking Sheets to the RAFs and the RIDOH DOC for patient tracking?</p> <p style="text-align: right;">Yes No</p>	
Strengths:	Areas of Improvement:
Other Comments:	

General Comments / Observations on any other areas of your facility's execution of the exercise objectives

## EXECUTIVE SUMMARY / IMPROVEMENT PLAN

### Major Strengths

**Instructions to participant:** At the end of the exercise, summarize at least 3-5 items identified as major strengths in your planning, procedures and response.

The major strengths identified during this exercise are as follows:
<i>EXAMPLE: Our mass notification system worked well for communicating with staff and family.</i>

**Primary Areas for Improvement**

**Instructions to participant:** At the end of the exercise, prioritize the top 3-5 issues identified as primary areas for improvement in your planning, procedures and response, and develop an action plan for improvement.

Primary Areas for Improvement identified during this exercise	Action Plan for Improvement:	Responsible	Projected Completion Date"
<i>EXAMPLE: We determined that we don't have heat in 100% of our building while on Generator.</i>	<ol style="list-style-type: none"> <li>1. Develop options to add heat to our alternate power source.</li> <li>2. Develop contingency plans.</li> </ol>	<i>Director of Maintenance</i>	<i>7/1/17</i>