

FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

| | |
|------------------------|---|
| Facility Name | |
| Exercise Name | 2017 Regional Facility Evacuation & Resource / Asset Support Full Scale Exercises: |
| Exercise Date | |
| Scope | <p>This exercise was a Full-Scale Exercise that took place the week of May 8, 2017 (May 19 for Region 4) for all MassMAP Facilities. Exercise play is limited to the scope of this exercise.</p> <p>The emphasis of this exercise was to implement the Massachusetts Long Term Care Mutual Aid (MassMAP) and to provide practice, as well as opportunity to improve the plan, with a focus on resident evacuation, tracking, and communication with Disaster Struck Facilities (DSFs) and the ability of Resident Accepting Facilities (RAFs) to manage an influx of residents. This includes the LTC Coordinating Center / RMCC operations to support the event.</p> <p>This exercise began with the necessary evacuation of two simulated Disaster Struck Facilities (DSFs). These DSFs were managed by RPA to drive exercise play and provide manufactured information to suit the exercise needs (types, number of residents, etc.). The DSFs provided real-time information to the LTC Coordinating Center / RMCC and the Resident Accepting Facilities (RAFs), including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying what residents are evacuating where), and other information as necessary. With the exception of the two identified DSFs, all participating plan members acted as RAFs. These members communicated with the DSF and/or the LTC Coordinating Center / RMCC during the preparation, evacuation and final relocation of the mock (paper) residents. RAFs received, via Constant Contact message, all the necessary information on the residents and when they arrived. In addition, all DSF's used volunteers (5-10), to act as mock (live) evacuated residents housed in their Holding Area. All RAFs were expected to complete an on-line questionnaire and a Facility After Exercise Report documenting their participation.</p> <p>All participating plan members, in addition to being DSF or RAFs, had the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.</p> |
| Mission Area(s) | Response |

Healthcare System Preparedness Capabilities with Associated Functions

The capabilities listed below, as identified in the Healthcare Preparedness Capacities, National Guidance for Healthcare System Preparedness, published 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:

HSP Capability 1: Healthcare System Preparedness

Function 1: Develop, refine or sustain Healthcare Coalitions

Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation

Function 7: Coordinate with planning for at-risk individuals and those with special needs

HSP Capability 3: Emergency Operations Coordination

Function 3: Support healthcare response efforts through coordination of resources

HSP Capability 6: Information Sharing

Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture (includes resident tracking)

PHP Capability 6: Information Sharing

Function 2: Develop, refine, and sustain redundant, interoperable communication systems

PHP Capability 10: Medical Surge

Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge

Function 3: Provide assistance to healthcare with surge capacity and capability

Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operation.

Threat or Hazard

Extreme weather emergency: 70-80 MPH winds in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.

Scenarios

High winds impacted multiple Nursing Home and Assisted Living Residences resulting in full evacuations of some facilities. The evacuation of multiple facilities will take place in each region. "Mock Paper Residents" will be evacuated to other facilities due to building structural damage, unreliable generators, and loss of normal power.

Sponsor

**Massachusetts Long Term Care Mutual Aid Plan (MassMAP)
Funded by: Massachusetts Department of Public Health**

| | |
|------------------------------------|--|
| Participating Organizations | Region 1 LTC Coordinating Center - Jewish Geriatric Services, Longmeadow |
| | Region 2 Regional Medical Coordinating Center (RMCC) – Central Mass EMS Corporation (CMED), Holden |
| | Region 3 LTC Coordinating Center – Aviv Centers for Living, Peabody |
| | Region 4 LTC Coordinating Center – Hebrew Rehabilitation Center, Roslindale |
| | Region 5 LTC Coordinating Center – Sarah Brayton Nursing Center, Fall River |
| | Resident Accepting Facilities (identified in After Action Report) |
| | Massachusetts Department of Public Health – Emergency Preparedness & Health Care Quality |
| | Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs) |
| | Regional Health and Medical Coordinating Coalitions (HMCC) |
| | Russell Phillips & Associates, LLC |
| Points of Contact | <p>Massachusetts Senior Care Association POC: Helen Magliozzi, RN, BSN Director of Regulatory Affairs Massachusetts Senior Care 800 South Street, Suite 280 Watermill Center, Waltham, MA 02453 (617) 558-0202 ext. 228 hmagliozzi@maseniorcare.org</p> |
| | <p>Russell Phillips & Associates, LLC POC (Exercise Support): Jim Garrow Fire & Emergency Management Consultant Russell Phillips & Associates, LLC 31 Cooke Street Plainville, CT 06062 (860) 793-8600 jgarrow@phillipsllc.com</p> |

ANALYSIS OF CORE 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.*

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

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

| | |
|--|------------------------|
| (DSF & RAF) Command Center Operations: (HSP Capability 3: Emergency Operations Coordination) | |
| 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: | |

| | |
|--|------------------------|
| RAF Intake Area (PHP Capability 10: Medical Surge) | |
| Where did you set up an Intake Area? | |
| 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: | |
| | |

| | |
|--|-----------------------|
| RAF Influx / Surge Area: (PHP Capability 10: Medical Surge) | |
| Where did you set up an Influx / Surge area? Describe the area. | |
| Explain the process you would need to follow if you needed to surge over your licensed beds: | |
| Is your surge plan readily available? | Yes No |
| Are the surge areas listed on the MassMAP website under the bed types? | Yes No |
| Strengths: | Areas of Improvement: |
| Other Comments: | |

| | |
|---|-----------------------|
| DSF Coordination / Communication with the LTC Coordinating Center / RMCC (HSP Capability 3: Emergency Operations Coordination) | |
| Describe the communication flow with the LTC Coordinating Center / RMCC: | |
| Did LTC Coordinating Center / RMCC provide you bed and transportation availability in a timely manner? | Yes No |
| Was the process to track patients followed? | Yes No |
| 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: |
| EXAMPLE: Our mass notification system worked well for communicating with staff and family. |
| |
| |
| |
| |
| |
| |

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" |
|--|--|-------------------------|----------------------------|
| EXAMPLE: We determined that we don't have heat in 100% of our building while on Generator. | 1. Develop options to add heat to our alternate power source. 2. Develop contingency plans. | Director of Maintenance | 7/1/17 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |