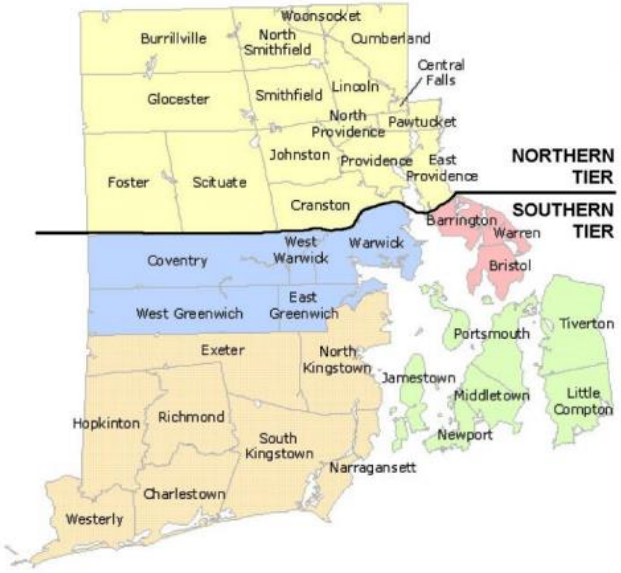
RHODE ISLAND
LONG TERM CARE MUTUAL AID PLAN
(LTC-MAP)
FULL-SCALE EXERCISES
APRIL 10 & 11, 2017



AFTER ACTION REPORT & IMPROVEMENT PLAN

July 28, 2017

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Fire and Emergency Management for Healthcare Facilities

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EXERCISE OVERVIEW

Exercise Name	**2017 Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) Regional Facility Evacuation & Resource/Asset Support Full-Scale Exercise**
Exercise Dates	**Southern Region – April 10, 2017** **Northern Region – April 11, 2017**
Scope	The focus of this full-scale exercise was to provide an opportunity for all participating LTC-MAP members to effectively practice and test their plans to be Resident Accepting Facilities (RAFs) and manage an influx of residents. To achieve this, the exercise's scenario involved the evacuation of one nursing home and one assisted living residence in each of Rhode Island's two LTC-MAP regions. A core component of this exercise included RIDOH and Long Term Care (LTC) Responders coordinating and supporting appropriate resident placement from the DSF to the RAFs. This exercise also provided an opportunity for LTC-MAP members to test their internal plans in response to escalating situations affecting their facilities.
Mission Area(s)	Response
Public Health Preparedness Capabilities and Healthcare System Preparedness Capabilities with Associated Functions	The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in March 2011, as well as the Healthcare Preparedness (HSP) Capabilities, 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 operations
Threat or Hazard	Extreme weather emergency: 70-80 MPH winds are reported in multiple communities, causing concern among officials of the potential for large-scale power outages and structural damage to infrastructure.
Scenario	High winds impact multiple nursing homes and assisted living residences, resulting in downed trees, structural damage, loss of grid power, and, at some facilities, unreliable generator power, therefore prompting the evacuation of some facilities.

Sponsor	**Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)** **Funded by: Rhode Island Department of Health (RIDOH)**

Participating Organizations

Participating Organizations
Disaster Struck Facilities (DSF)
Escalating Situation Members
Hospital Association of Rhode Island
Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs)
Resident Accepting Facilities
Rhode Island Department of Health
Rhode Island Health Care Association
Rhode Island Office of the Long-Term Care Ombudsman
Russell Phillips & Associates, LLC

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Acronyms

ALS:	Advanced Life Support
BLS:	Basic Life Support
CEPR:	Center for Emergency Preparedness and Response
DOC:	Department Operations Center
DSF:	Disaster Struck Facility
EMS:	Emergency Medical Services
ESM:	Escalating Situation Member
HARI:	Hospital Association of Rhode Island
ICS:	Incident Command System
LTC:	Long Term Care
LTC-MAP:	Long Term Care Mutual Aid Plan
RAF:	Resident Accepting Facility
RIDOH:	Rhode Island Department of Health
RPA:	Russell Phillips & Associates

EXECUTIVE SUMMARY

Major Strengths

The major strengths identified during this exercise are as follows:

- **Community partner involvement.** Members from around the State took this full-scale exercise as an opportunity to invite and work with their community partners. Local fire departments, EMS, and emergency management agency directors attended the exercise and were onsite in participating facilities' command centers to observe and support the facilities' responses.

- **Members appropriately handled social media injects.** Recognizing that in today's society this is a very real possibility, members were given injects that stated staff were taking photos of residents and posting them on social media outlets. Many members successfully navigated this "complication": it was identified that several members already had policies on this topic. Furthermore, many of the members who did not have a formal policy in place regarding this issue have taken swift action to create one.



- **Disaster carts.** Based on tools previously provided by the LTC-MAP, many members commenced design and implementation of "disaster carts" during this year's exercises. Facility Command Center binders, forms and general emergency preparedness equipment is a substantial amount to store and have readily available for deployment. Members are working diligently to organize their facility command centers to support an efficient response.

- **Surge areas identified and set up.** Members successfully identified and set up surge areas, which was guided by internal surge plans developed by LTC-MAP members with support from RPA.. Setting up these areas during the exercise helped members visualize how the set-up process would be performed in a true emergency. Many of the members took photos of their surge areas and placed the photos in their internal emergency operations plans.

Photo: Grace Barker – Surge Area

Primary Areas for Improvement

Throughout the exercises, several opportunities were identified to enhance the ability of the LTC-MAP members to respond and assist during an incident. The primary areas for improvement are as follows:

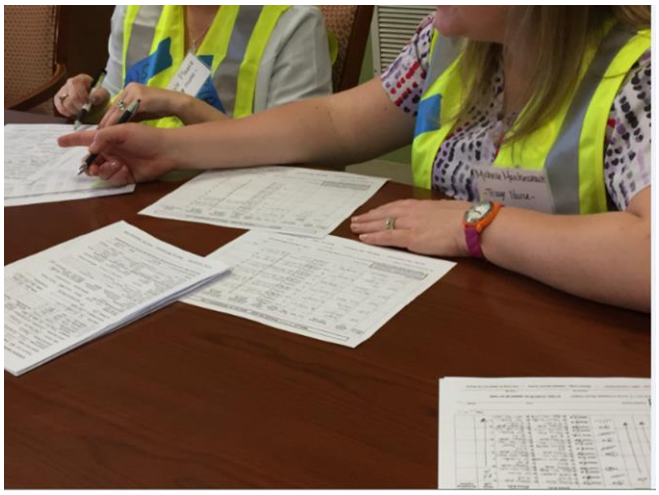
- **Reporting compliance.** There was an overall decline in reporting compliance in both regions. In 2016, 88% of the Northern Region reported by the end of the exercise. In 2017, 84% reported during the exercise. For the Southern Region, 85% of total members reported in 2017, compared to 2016, when 93% reported in the established timeframe. This decline could be attributed to leadership change, the Steering Committee "Responsibility Lists" (assigning follow-up to Committee members) not being utilized, and outdated contact information.

- **Command Center locations.** Several members reported having to move their Command Centers due to poor layout, poor location, or inadequate resources. Command Centers can be crowded and noisy, and may make it difficult to manage the emergency if they are not in a proper location. A proper Command Center should be large enough to accommodate leadership teams, have phone and internet access, and methods to communicate with their own intake and holding areas.

- **Transportation Evacuation Survey.** Many skilled nursing and assisted living communities did not complete or update their surveys as requested. Prior to the exercises, the LTC-MAP requested that all members complete an updated Transportation Evacuation Survey. This survey is used to determine transportation needs for all of the residents within the facility or community.

- **Resident tracking confusion.** Strong communication between the RIDOH Department Operations Center (DOC), the DSFs, and the RAFs must be made to ensure smooth resident placement. When two facilities are being evacuated, a challenge is ensuring the DOC and the two DSFs are not calling the same RAFs. Because the exercise required that each participating member submit a Resident Tracking Form, regardless of whether or not they received residents, to ensure they were competent in this function, facilities were confused about their receipt of these "paper residents" vs. the DSFs'

residents the DOC was attempting to place. Future exercise design will need to address this complication to avoid confusion and to allow for meaningful conversation between the DOC and the RAFs and to ensure all members are aware of how the communications would flow during a real-world emergency.



(Above: Using tracking sheets to ensure accountability of residents moved from DSFs to RAFs)

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent methodology for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

The following section provides an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

Capability 1: Healthcare Systems Preparedness

HSP Capability 1: Healthcare Systems Preparedness
Function 1: Develop, refine or sustain Healthcare Coalitions

HSP Capability 1: Healthcare Systems Preparedness
Function 7: Coordinate with planning for at-risk individuals and those with special medical needs

Associated Objectives:

- Demonstrate the ability of the LTC Responders to match evacuating residents with appropriate bed types at RAFs using the categories of care found within the RI LTC-MAP in a timely and effective manner.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Clinical placement. Throughout the exercise, representatives from the Office of Long-Term Care Ombudsman Island and the Rhode Island Health Care Association (RIHCA) helped with clinical placement of the mock residents from each DSF. Proper consideration regarding resident mobility, clinical diagnosis, and a suitable facility were some of the criteria that assisted with resident placement.

Strength 2: Standing up the plan. When calling the representative for the Center for Emergency Preparedness and Response (CEPR) to inform them of the disaster and have them stand-up the LTC-MAP, the DSFs effectively communicated and described what their immediate needs were as well as the name and number for the CEPR to call back.

Area for Improvement 1: **Adding depth to LTC Responders.** LTC Responders are frequently called upon by RIDOH during disasters and real-world emergencies to assist in ensuring reporting compliance; however, the capacity of LTC Responders in this exercise was limited, both in number and professional backgrounds.

Reference: DOC Controller

Analysis: LTC Responders serve an important support role in LTC-MAP responses. Drawn from the LTC-MAP Steering Committee, the LTC Responders often provide RIDOH with valuable insight into facility operations and resident care. Traditionally, however, the number of LTC Responders has been limited, as has the variety of professional backgrounds. Future recruiting efforts should focus not only on increasing the number of available LTC Responders, but also on broadening the subject-matter expertise that these individuals bring to a response.

Area for Improvement 2: **Categories of Care identified in the LTC-MAP website.**

Reference: DOC Controller / DSF Controller

Analysis: There were multiple occasions where RIDOH was trying to place residents, and when cross-checking the Categories of Care between the DSF and RAF, it was noted the potential RAF did not have their Categories of Care completely filled out. (*See Appendix I* for a quick reference guide on updating Categories of Care.) There was also a request from a DSF (Assisted Living) that had five (5) residents who needed to be placed and had pets. The LTC-MAP Categories of Care selection does not identify facilities that could accept residents with pets.

Capability 3: Emergency Operations Coordination

HSP Capability 3: Emergency Operations Coordination
Function 3: Support healthcare response efforts through coordination of resources

Associated Objectives:

Demonstrate effective response and evacuation coordination by DOC, DSF, and RAF personnel through the use of ICS.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Incident Command Vests. It was noted that many of the members have purchased and properly used Incident Command System vests. The vest position titles mirror the facility's Incident Command System and appropriate leadership staff assumed correct roles within the Incident Command System. Within the Incident Command System, leadership had appropriate level of span of control and properly managed the roles of each member.

Strength 2: Key Contacts have been consistently updated. In previous years, many members expressed concern that they did not receive alerts from the Rhode Island Health Notification System. In this year's exercises, only three individuals expressed this concern. This success is due to members continually updating their key contacts throughout the year. The success may also be attributed to lines of communication between RIDOH's Center for Health Facilities Regulation, CEPR, and RPA that have been made more efficient for sharing information related to facility administrator changes.

Areas for Improvement

Area for Improvement 1: Communication to residents and families post-evacuation. DSFs should establish and maintain ongoing communication with residents and families after the evacuation.

Reference: DSF Controllers

Analysis: During an evacuation, DSF Command Centers focus on the safety of the residents while supporting their transport to appropriate RAFs. After residents have been moved, DSF leadership should contact each RAF to request sending DSF nurses and staff out to the RAFs as soon as possible to reestablish communication and care with relocated residents. Each DSF Command Center should develop a list of which RAFs its residents were sent to.

During the exercises, the DSFs did not have a clear plan on when and who would contact families and inform them of the current situation and the locations to which residents had been transferred. The lack of established processes to support this effort was further highlighted by exercise injects that simulated family members contacting DSFs to seek information regarding the location of residents.

Area for Improvement 2: Command Center layout. Proper set-up was lacking in members' DSF Command Centers.

Reference: Hotwash Conference Call / DSF Controllers

Analysis: During the exercise, Command Centers failed to address how communication both internally and externally would be handled. Furthermore, many Command Centers did not internet or fax access within room. Command Centers should assist leadership to stay on task and focus on ensuring the facility's response runs smoothly. Phone calls, resident placement decisions, resident tracking, and general management of the emergency is conducted from the Command Centers. Members should have a checklist of items regarding how to set up and operate their internal Command Center.

Capability 6: Information Sharing

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

Associated Objectives:

- Ensure that 100% of activate LTC-MAP members complete Emergency Reporting within the timeline established.
- Ensure that evacuated DSFs and RAFs perform clinical hand-offs of mock residents.
- Ensure that LTC-MAP members provide ongoing information and situational reports to the DOC as their internal situations escalate. Ensure ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2- way communications, and LTC-MAP website).

- All plan members will coordinate a response to social media being inappropriately used by staff.
- All plan members to complete a facility based After Action Improvement Plan utilizing the template provided by the Mutual Aid Plan.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Social media. Many LTC-MAP members have policies on social media usage as well as cell phone usage while working within the facility or community. LTC-MAP members took proactive approaches on how to handle staff posting on social media sites. These policies and responses were sent to RPA during the exercises.
Strength 2: Clinical handoff. Several of the RAFs mentioned that the DSF nursing staff did a great job explaining each resident's emergency evacuation form over the phone. This gave each RAF an idea of exactly how to care for the incoming residents as well as how to better prepare the staff and the building for their arrival.

Strength 3: Family involvement. Many of the plan members informed residents and families that they would be participating in this statewide exercise . This was a chance for residents and families to see how the facility or community would handle such an event. The LTC-MAP members that had families onsite during the exercise to observe operations first-hand should be commended for their efforts.

CMS requirements specify that facilities must have a plan for how they will communicate with families in a disaster. This exercise provided a good opportunity for DSFs to develop these plans and provide details on how those communications will take place and by what means.

Areas for Improvement

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

Area for Improvement 1: Media press statements. 125 members failed to provide press statements.

Reference: RAF Inject Responses

Analysis: During a disaster, the media will inevitably request information. In some cases, RAFs gave too much information to the media, which could be damaging to the DSF, residents, or their families. In other cases, RAFs either provided little information or no information at all. Members should have a Press Statement template that could be easily filled out to help capture information pertaining to the disaster. (*See Appendix E*)

Area for Improvement 2: MAP website enhancement. RIDOH provided a list of potential enhancements to make it easier for users to find information.

Reference: RIDOH

Analysis: RPA and RIDOH continue to work together to further enhance the web-based management system on the MAP website. Monitoring a number of reports and incoming "live" data is a lot for one to take in and manage, so RIDOH continues to provide feedback on products that could make the work more efficient. A list of items has been provided to the RPA Tech Division and ongoing discussions will continue about whether or not certain requests can be accommodated.

Area for Improvement 3: LTC-MAP member Emergency Reporting response rate. The number of LTC-MAP members that reported in this year's exercise was lower than 2016's exercise.

Reference: Review of Participation Reports

Analysis: When disasters occur, it is important to capture critical information pertaining to open beds, operational issues, and available transportation within the region/state. This year, a total of 121 of 143 members (85%) completed their emergency reporting, short of our goal of 90%. See Appendix C for details of members that reported within 30 minutes, within 2.5 hours (the exercise time-frame), and which members did not participate.

LTC-MAP Members Completing Emergency Reporting						
2016				2017		
Northern	72/81	88%		Northern	69/82	84%
Southern	55/59	93%		Southern	52/61	85%

Of note, during the most recent storm in February 2017, 95% of assisted living communities and 100% of nursing homes reported, so some lag in reporting may be due to exercise artificiality.

Area for Improvement 4: LTC-MAP member participation in all elements of the exercise.

Reference: Review of Participation Reports

Analysis: Many of the LTC-MAP members did not adequately completed the benchmarks outlined within the scope of this full-scale exercise. Other benchmarks evaluated during the exercises included LTC-MAP member participation in the following:

- Providing photos of their activities during the exercises (e.g., command centers, holding areas, surge areas)
- Creating various media statements when requested
- Participation in the "hotwash" conference call
- Updating their transportation evacuation requirements online
- Completion of the online questionnaire

In order to meet the requirements for one of the CMS EPP exercises, all LTC-MAP members were reminded that they need to complete and provide the "Facility After Action Report / IP" to the survey agencies. *See Appendix C* for the regional compliance report. *See Appendix H* for directions on how to complete your Transportation Evacuation Survey.

Area for Improvement 5: Resident tracking inconsistencies.

Reference: DOC, DSF Controllers and Evaluators

Analysis: Due to exercise artificialities and the condensed timeframe of the exercise, an initial request for members to submit Resident Tracking Forms to the DOC prior to the movement or receipt of any "paper residents". This created an influx of Resident Tracking Forms that were difficult to separate from the Resident Tracking Forms later submitted by RAFs, following their receipt of "paper residents". Care should be taken in future exercise design to avoid similar occurrences.

Capability 10: Medical Surge

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: Assist healthcare organizations with surge capacity and capability
Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations

Associated Objectives

- Demonstrate the ability of the DOC to receive and fill resource requests from DSFs and RAFs by coordinating with LTC-MAP members and the broader Healthcare Coalition of Rhode Island.

- Demonstrate the ability of DSFs to prepare and coordinate evacuations using the Incident Command System, in coordination with local authorities, and through the establishment of an appropriate holding / evacuation area.
- Ensure that RAFs properly implement influx of resident's procedures, including establishing an influx / surge area and utilizing the LTCMAP tools to document the arrival of residents.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: New charts. Upon receiving the mock residents, many of the RAFs created a new chart for each resident based on the Resident Emergency Evacuation Form provided. This proved to be beneficial to the RAFs as it made it easier for them to place the resident into a room and immediately commence a Care Plan.

Strength 2: Staff call-backs. It was noted that many of the RAFs had their off-shift leadership involved in the exercise. These LTC-MAP members are commended for this level of involvement and training, as many disasters occur during on off-shifts and weekends.

Areas for Improvement

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

Area for Improvement 1: Holding Area setup. DSFs lacked the knowledge and tools to effectively operationalize an internal holding area.

Reference: DSF Controllers

Analysis: A key component of a "Full Building Evacuation Plan" is to establish a Holding Area within the facility to stage and care for residents who have been brought from the clinical units to await transport to the RAF. (*See Appendix F)*

In order for this area to be successful, it needs to be clinically staffed, have medical supplies available, and a process that will track when residents enter and leave the Holding Area.

Area for Improvement 2: Stop-over points' awareness of selection by LTC-MAP members. Several listed stop-over points were unaware they had been chosen by LTC-MAP members.

Reference: HARI

Analysis: During the exercises, several stop-over points that were hospitals were contacted to verify they knew that certain LTC-MAP members had them designated as preferred stop-over points. None of the stop-over points contacted were aware that they had been chosen. Additional follow-up by LTC-MAP members should be made to ensure that stop-over point agreements are in place so that documentation exists about the expectations of each party. (To obtain a sample stop-over point agreement, please visit www.mutualaidplan.org/ri and under Plan Documents (type: stop-over)).

CONCLUSION

Each year, LTC-MAP offers training, drills, and exercises to ensure all LTC-MAP members are aware of how to handle an internal or external disaster that may require resident relocation. Many important strengths were identified in this year's LTC-MAP exercises, highlighting the continued maturation of Rhode Island's ability to respond through the LTC-MAP.

During this year's exercises, observers and evaluators noticed stronger community partner involvement in the DSF Command Centers, as well as corporate entities becoming more involved with their members' overall level of preparedness. Members did an excellent job engaging key leadership when the plan is activated by ensuring that their contact information is appropriately entered into the LTC-MAP website.

Furthermore, many of the members utilized the Nursing Home Incident Command System in some form to coordinate their internal responses (e.g., wearing vests, establishing positions within the Incident Command System, using the 202 form).

The LTC-MAP continues to see areas of potential improvement. Reaching a goal of 100% emergency reporting compliance continues to be a challenge. RIDOH, Steering Committee members, along with HARI, RIHCA, LeadingAge Rhode Island, and RIALA, as well as RPA, will continue to work together to achieve the emergency reporting goal in a timely manner. Along with reporting compliance, the LTC-MAP will continue to focus on resident tracking and consistent communication between DSFs and RIDOH. It is understood that during disasters there are many unique challenges that DSFs, RAFs, and RIDOH may encounter. However, regular briefings can assist all parties to remain on the same page and direct the response to reach a common goal.

Another tool valuable in ensuring a coordinated response is the development of an Incident Action Plan (IAP). Typically accomplished by the Facility Incident Command Team, the IAP drives the decision-making and actions for any operational period. Having the IAP "front and center" (e.g., displayed on a white board, formal form, or other method) throughout a disaster will keep the team on track and focused. RPA has provided a guide to assist in developing IAPs. *(See Appendix G NHICS 201 Incident Action Plan Guide).* It is recommended for each facility to incorporate this tool into the facility Emergency Operations Plan.

This year, to assist LTC-MAP Members comply with the new Centers for Medicare & Medicaid Services (CMS) regulations, RPA developed a Facility After-Action Report and Improvement Plan. If properly completed and documented by the facility, this will meet facilities' requirement to participate in a full-scale exercise. The Facility After-Action Improvement Plan is a tool to document facility participation and prioritizing the items identified by facilities as areas for improvement.

The LTC-MAP will continue to build off of each year's exercises with the goal of strengthening members' collective ability to effectively manage such a disaster. Disasters can happen at any time, and members must remain in a constant state of readiness.