

FACILITY AFTER ACTION REPORT / IMPROVEMENT PLAN

Facility Name	
Exercise Name	2017 Regional Facility Evacuation & Resource / Asset Support Full Scale Exercises
Exercise Date	<p>Region 1 – Monday, October 2, 2017, 12:00 PM to 3:45 PM</p> <p>Region 2 – Tuesday, October 3, 2017, 9:00 AM to 12:45 PM</p> <p>Region 3 – Wednesday, October 4, 2017, 9:00 AM to 12:45 PM</p> <p>Region 4 – Thursday, October 5, 2017, 9:00 AM to 12:45 PM</p> <p>Region 5 – Friday, October 6, 2017, 9:00 AM to 12:45 PM</p>
Scope	<p>This exercise was a Full-Scale Exercise that took place the week of October 2, 2017 for all Connecticut LTC-MAP Facilities. Exercise play is limited to the scope of this exercise.</p> <p>The emphasis of this exercise will be to implement the Connecticut Long Term Care Mutual Aid (LTC-MAP) 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 operations to support the event.</p> <p>This exercise began with the necessary evacuation of two Disaster Struck Facilities (DSF's). These DSF's were managed by a RPA team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSF's provided real-time information to the LTC Coordinating Center and the Resident Accepting Facilities (RAFs), including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying what residents were evacuating and to where), and other information as necessary. All plan members participating acted as RAFs other than the two identified DSF's in each region. These members communicated with the DSF and/or the LTC Coordinating Center during the preparation, evacuation and final relocation of the mock (paper) residents. RAFs received, via a 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 that will be housed in their Holding Area. All RAFs were expected to complete an on-line questionnaire</p>

and a Facility After Action Report documenting their participation.

All participating plan members, in addition to being DSFs or RAFs, had the opportunity, through exercise provided injects, to test their internal plans due to escalating situations affecting their facilities.

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

	<p>resulting in downed trees, structural damage and loss of normal power.</p>										
<p>Scenarios</p>	<p>High winds impacted multiple Nursing Homes and Assisted Living Communities resulting in 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.</p>										
<p>Sponsor</p>	<p>Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Funded by: Connecticut Department of Public Health</p>										
<p>Participating Organizations</p>	<table border="1"> <tr> <td>Region 1 LTC Coordinating Center – Lord Chamberlain, Stratford</td> </tr> <tr> <td>Region 2 LTC Coordinating Center – Whitney Center, Hamden</td> </tr> <tr> <td>Region 3 LTC Coordinating Center – Regional Coordinating Center, Manchester</td> </tr> <tr> <td>Region 4 LTC Coordinating Center – Harrington Court, Colchester</td> </tr> <tr> <td>Region 5 LTC Coordinating Center – Masonicare at Newtown, Sandy Hook</td> </tr> <tr> <td>Resident Accepting Facilities (identified in After Action Report)</td> </tr> <tr> <td>Connecticut Department of Public Health – Facility Licensing & Investigations Section (DPH-FLIS)</td> </tr> <tr> <td>Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs)</td> </tr> <tr> <td>Regional Healthcare Coalitions / ESF#8’s</td> </tr> <tr> <td>Russell Phillips & Associates, LLC</td> </tr> </table>	Region 1 LTC Coordinating Center – Lord Chamberlain, Stratford	Region 2 LTC Coordinating Center – Whitney Center, Hamden	Region 3 LTC Coordinating Center – Regional Coordinating Center, Manchester	Region 4 LTC Coordinating Center – Harrington Court, Colchester	Region 5 LTC Coordinating Center – Masonicare at Newtown, Sandy Hook	Resident Accepting Facilities (identified in After Action Report)	Connecticut Department of Public Health – Facility Licensing & Investigations Section (DPH-FLIS)	Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs)	Regional Healthcare Coalitions / ESF#8’s	Russell Phillips & Associates, LLC
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Russell Phillips & Associates, LLC											
<p>Points of Contact</p>	<p>Connecticut Association of Healthcare Facilities (CAHCF) POC: Matthew Barrett Executive Vice President CT Association of Health Care Facilities 213 Court Street Middletown, CT 06457 (860) 290-9424 mbarrett@cahcf.com</p> <p>Russell Phillips & Associates, LLC POC (Exercise Support): Andrew McGuire Fire & Emergency Management Consultant Russell Phillips & Associates, LLC 31 Cooke Street Plainville, CT 06062 (860) 793-8600 amcguire@phillipsllc.com</p>										

ANALYSIS OF CORE CAPABILITIES

The following section provides an overview of the performance related to each exercise operational period and an opportunity to highlight strengths and areas for improvement.

<u>(DSF & 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 to 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>Resident Families - How and what would you communicate with resident's families?</p>	
<p>Community Partners – What Community partner would you or did you communicate with?</p>	
<p>Were all your communication devices in working order?</p> <p style="text-align: right;">Yes No</p>	
<p>Do you have a plan that addresses the loss of communication devices? (e.g. phones, internet, call bells)</p> <p style="text-align: right;">Yes No</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, what positions / sections did you fill? (e.g. Incident Commander, Operations, Logistics)	
Was the room compatible for your needs? (e.g. enough phones, fax nearby)	
Yes	
No	
Did you have any community partners present?	
Yes	
No	
If yes, who were they and what feedback 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?	
Yes	
No	
What is your process to manage 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 LTC-MAP website under the bed types?	
Yes No	
Strengths:	Areas of Improvement:
Other Comments:	

<p>DSF Coordination / Communication with the LTC Coordinating Center (HSP Capability 3: Emergency Operations Coordination)</p>	
<p>Describe the communication flow with the LTC Coordinating Center:</p>	
<p>Did LTC Coordinating Center provide you bed and transportation availability in a timely manner?</p> <p style="text-align: right;">Yes No</p>	
<p>Was the process to track patients followed?</p> <p style="text-align: right;">Yes No</p>	
<p>Strengths:</p>	<p>Areas of Improvement:</p>
<p>Other Comments:</p>	

General Comments / Observations

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>E.g. 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 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"> 1. Develop options to add heat to our alternate power source. 2. Develop contingency plans. 	<i>Director of Maintenance</i>	<i>12/1/17</i>