

## EXERCISE EVALUATION GUIDE (EEG)

<p><b>Exercise Name:</b> The Massachusetts Long Term Care Mutual Aid Plan (MassMAP) Full Scale Exercise</p> <p><b>Exercise Date:</b> _____</p>	<p><b>Organization:</b> Massachusetts Long Term Care Mutual Aid Plan (MassMAP)</p>	<p><b>Location Evaluated:</b></p> <p><b>Resident Accepting Facility:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Facility Name</p>
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### Health Care Preparedness and Response Capabilities

The Preparedness and Response capabilities listed below provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

**HCP&R Capability 2:** Health Care and Medical Response Coordination

Objective 2: Utilize Information Sharing Procedures and Platforms

Objective 3: Coordinate Response Strategy, Resources, and Communications

**HCP&R Capability 3:** Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Emergency

**HCP&R Capability 4:** Medical Surge

Objective 2: Respond to a Medical Surge

**HCP&R Capability 2:** Health Care and Medical Response Coordination

Objective 2: Utilize Information Sharing Procedures and Platforms

Objective 3: Coordinate Response Strategy, Resources, and Communications

**Activity 3:** Utilize Communications Systems and Platforms

**Critical Tasks:**

- Ensure that 100% of MassMAP activated members provide Emergency Reporting within the established timeframe.
- Ensure ongoing communication capability throughout the disaster (exercise) by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and MassMAP website).

**HCP&R Capability 2:** Health Care and Medical Response Coordination

Objective 3: Coordinate Response Strategy, Resources, and Communications.

**Activity 3:** Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

- Selected RAFs to receive clinical hand-offs from the DSFs, on their actual mock residents who are being evacuated

- Plan members to perform a staff recall, to identify the types and number of staff that would be available to respond to the facility to assist in the emergency.

**HCP&R Capability 3:** Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Emergency

**Activity 2:** Assess and Address Equipment, Supply, and Pharmaceutical Requirements

**Critical Tasks:**

- DSFs and RAFs leverage their vendors to support ongoing emergency operations supply and equipment needs and communicate additional needs to the neighboring regions LTC Coordinating Centers.

**HCP&R Capability 4: Medical Surge**

Objective 2: Respond to a Medical Surge

**Activity 2:** Implement Out-of-Hospital Medical Surge Response

**Critical Tasks:**

- Ensure that RAFs properly implement their influx of resident's plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival of residents.
- RAFs obtain a waiver from the Department of Public Health in order to surge 10% above their licensed beds.

Homeland Security Exercise and Evaluation Program (HSEEP)

Resident Accepting Facility (RAF) EEG  
(RAF EEG)

Massachusetts Long Term Care Mutual Aid Plan (MassMAP)  
Full Scale Exercise

Capability Objective	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
<p><b>HCP&amp;R Capability 2:</b> Health Care and Medical Response Coordination</p> <p><b>Objective 3:</b> <b>Activity 1:</b> Demonstrate the ability of the neighboring regions LTC Coordinating Centers Responders to match evacuating residents with appropriate bed types at RAFs using the categories of care found within MassMAP in a timely and effective manner.</p>	<ul style="list-style-type: none"> <li>• Did the RAF receive residents to their level of care? (Did the LTC Coordinating Center) correctly identify / match residents to RAFS utilizing the Category of Care Report?</li> <li>• RAFs receive clinical hand offs from the DSF, on all residents that are being evacuated.</li> </ul>		
<p><b>HCP&amp;R Capability 2:</b> Health Care and Medical Response Coordination</p> <p><b>Objective 3</b> <b>Activity 2:</b> Demonstrate effective response and evacuation coordination by the neighboring regions LTC Coordinating Centers, DSFs and RAFs personnel through the use of the Incident Command System.</p>	<ul style="list-style-type: none"> <li>• Did the RAF establish a Command Center (if yes)</li> <li>• Was the Command Center functional? (e.g. enough phones, fax machine, computer and printer nearby)</li> <li>• Was the Incident Command System used to organize the disaster and influx response</li> <li>• Were key positions such as Incident Commander, Operations, Planning, Logistics Section Chiefs and a Public Information Officer established?</li> </ul>		

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<p><b>HCP&amp;R Capability 2:</b> Health Care and Medical Response Coordination <b>Objective 2:</b> <b>Activity 3:</b> Utilize Communications Systems and Platforms</p>	<ul style="list-style-type: none"> <li>Members provided Emergency Reporting within the timeline established</li> <li>Were there any communication failures with any of the communication devices throughout the exercises (e.g. telephone, cellular, e-mail, fax, and MassMAP website).</li> </ul>		
<p><b>HCP&amp;R Capability 4:</b> Medical Surge <b>Objective 2:</b> <b>Activity 2:</b></p> <ul style="list-style-type: none"> <li>Ensure that RAFs properly implement their influx of resident's plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival of residents.</li> <li>RAF's obtain a waiver from the Department of Public Health in order to surge 10% above their licensed beds</li> </ul>	<ul style="list-style-type: none"> <li>Did RAFs request from the LTC Coordinating Center assistance with resource requests</li> <li>Did RAF conduct Patient Tracking with the DSF or LTC Coordinating Center by completing an Influx Form and faxing it to the LTC Coordinating Center and or calling them to close the loop</li> <li>Did RAFs properly implement their influx of resident's plans</li> <li>Did they establish an Intake area, Influx /surge area</li> <li>Did the RAF document their involvement by taking photographs / creating press release and sending them to <a href="mailto:photos@mututalaid.org">photos@mututalaid.org</a></li> </ul>		

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**Final Core Capability Rating**

Any suggestions for LTC-MAP plan improvements:

Any Exercise Suggestions:

Other Disaster Struck Facility Command Center Comments:

Evaluator Name \_\_\_\_\_

Evaluator E-mail \_\_\_\_\_

Phone \_\_\_\_\_

**Ratings Key**

- P – Performed without Challenges
- S – Performed with Some Challenges
- M – Performed with Major Challenges
- U – Unable to be Performed

**PLEASE FAX COMPLETED EEG TO 860-793-4880 or e-mail to [lcheever@phillipsllc.com](mailto:lcheever@phillipsllc.com)  
By: June 22, 2018**

### Ratings Definitions

<p><b>Performed without Challenges (P)</b></p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p>
<p><b>Performed with Some Challenges (S)</b></p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</p>
<p><b>Performed with Major Challenges (M)</b></p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p>
<p><b>Unable to be Performed (U)</b></p>	<p>The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</p>