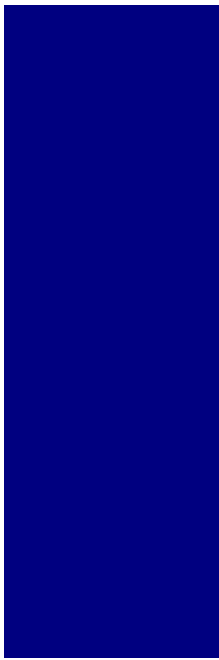


FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	
Exercise Name	2018 Full Scale Exercises: All Members Exercised as Disaster Struck Facilities (DSFs)
Exercise Date	June _____, 2018
Scope	<p>These Full-Scale Exercises are planned for June 20 & 21, 2018 for all Long-Term Care Mutual Aid Plan (LTC-MAP) Facilities. Exercise play is limited to the scope of this exercise.</p> <p>In this year's exercise, all LTC-MAP members participated as Disaster-Struck Facilities that were impacted by a natural disaster. Resident Accepting Facilities were simulated by the exercise facilitator ahead of the start of the exercises. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans, as well. Components of LTC-MAP and internal plans that will be tested include:</p> <ul style="list-style-type: none">• Activation of facility command centers;• Reporting operational status;• Virtual activation of LTC Responders;• Completion of Transportation Evacuation Surveys;• Activation and setup of internal holding areas;• Matching residents to available Resident Accepting Facility beds;• Submission of the "Resident/Medical Record/Staff/Equipment" tracking sheet to the Rhode Island Department of Health (RIDOH) / RPA <p>While evacuation of the Disaster-Struck Facilities (DSFs) generally will be notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current censuses. Members also were asked to simulate the evacuation of their floors using at least two of their staff members or other volunteers to act as mock residents.</p>



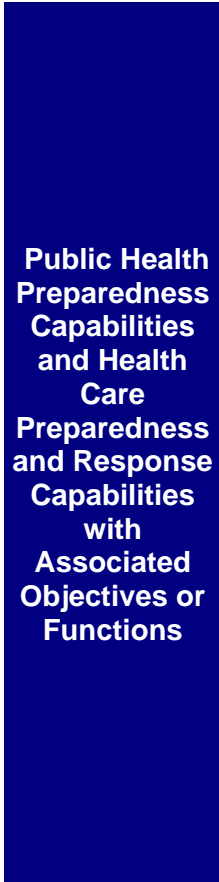
During this year's exercises LTC Responders were activated remotely to follow up with non-responding facilities as well as other issues that arose during exercises play. Personnel who normally operate in the DOC, specifically RIDOH and Healthcare Coalition of Rhode Island (HCRI) personnel, were able to visit a number of facilities during the exercise to observe their internal responses and identify best practices and potential areas for improvement.

To ensure overall compliance with the exercise, LTC-MAP members were asked to submit completed Resident/Medical Record/Staff/Equipment tracking sheet to RPA/RIDOH, after matching evacuating residents with available beds at simulated Resident Accepting Facilities. Information on available beds was provided to participants at the time of the exercise by Exercise Facilitator.

All participating plan members had an opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.

Mission Area(s)

Response



Public Health Preparedness Capabilities and Health Care Preparedness and Response Capabilities with Associated Objectives or 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 2011, as well as the Health Care Preparedness and Response (HCPR) Capabilities, National Guidance for Healthcare System Preparedness, published in November 2016, 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:

HCPR Capability 1: Foundation for Health Care and Medical Readiness
Objective 2, Activity 2: Assess Regional Health Care Resources

HCPR Capability 2: Health Care and Medical Response Coordination
Objective 2, Activity 3: Utilize Communications Systems and Platforms
Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency
Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Threat or Hazard	<p>HCPR Capability 3: Continuity of Health Care Services Delivery <u>Objective 6, Activity 1:</u> Develop and Implement Evacuation and Relocation Plans <u>Objective 6, Activity 2:</u> Develop and Implement Evacuation Transportation Plans</p> <p>HCPR Capability 4: Medical Surge <u>Objective 2, Activity 2:</u> Implement Out-of-Hospital Medical Surge Response</p> <p>PHP Capability 6: Information Sharing <u>Function 3:</u> Exchange information to determine a common operating picture</p> <p>PHP Capability 10: Medical Surge <u>Function 1:</u> Assess the nature and scope of the incident</p>								
Scenario	<p>Tropical Storm</p> <p>A tropical storm has caused localized flooding, power outages, and structural damage to all nursing homes and assisted living communities in Rhode Island. With the threat of another tropical storm coming up the coast in the next 72 hours, all LTC-MAP members are forced to evacuate their facilities or communities.</p>								
Sponsor	<p>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)</p> <p>Funded by: Rhode Island Department of Health (RIDOH) through the Public Health Emergency Preparedness Cooperative Agreement provided by the Centers for Disease Control and Prevention and CMS Civil Monetary Penalty Funds provided by the RI Executive Office of Health and Human Services</p>								
Participating Organizations	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])</td> </tr> <tr> <td>All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td>Local fire departments, EMS, and emergency management officials</td> </tr> <tr> <td>Russell Phillips & Associates, LLC</td> </tr> <tr> <td>Rhode Island Assisted Living Association</td> </tr> <tr> <td>LeadingAge Rhode Island</td> </tr> <tr> <td>Rhode Island Health Care Association</td> </tr> <tr> <td>Rhode Island Long-Term Care Ombudsman</td> </tr> </table>	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])	All long-term care facilities and assisted living communities in Rhode Island	Local fire departments, EMS, and emergency management officials	Russell Phillips & Associates, LLC	Rhode Island Assisted Living Association	LeadingAge Rhode Island	Rhode Island Health Care Association	Rhode Island Long-Term Care Ombudsman
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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>H CPR Capability 2, Objective 2, Activity 2</u>	
Did your leadership team receive notification of the LTC-MAP activation via the Rhode Island Health Notification System?	
Upon plan activation, what internal actions did the person in charge to take?	
Strengths:	Areas for Improvement:
Other Comments:	

HCPR Capability 3, Objective 6 Activity 2	
Did you use the Incident Command System within your organization and coordinate involvement with community partners?	
Did your facility experience any trouble while completing the Rhode Island Emergency Evacuation Forms as well as determine proper placement for the mock resident via mock Resident Accepting Facilities (RAFs)?	
Was the Resident/MR/Staff/Equipment Tracking Sheet Form properly filled out by staff?	
Strengths:	Areas for Improvement:
Other Comments:	

PHP Capability 6, Function 2 / HCPR Capability 2, Objective 2, Activity 3	
<ul style="list-style-type: none">• What redundant communication system did you use to maintain ongoing communication throughout the exercise? • Who conducted the online emergency report and what other members within the facility know how to conduct online emergency report should the primary person not be available?	
Strengths:	Areas for Improvement:
Other Comments:	

PHP Capability 10, Function 1 / PHP Capability 6. Function 2	
Where did you set up an internal holding area? Describe the area and why you chose it.	
How did you notify the Command Center every time a group of residents departed the facility? Were there any challenges faced?	
What is your process to manage sending their medical records? (e.g. electronic chart vs paper chart)	
Strengths:	Areas for Improvement:
Other Comments:	

HCPR Capability 3, Objective 6	
Did the facility implement the Incident Action Plan (IAP) as directed by the Command Center as it relates to Holding Area operations?	
Was there a process established to coordinate the evacuation, tracking and continuity of resident care? If yes, Please describe this process?	
Strengths:	Areas of Improvement:
Other Comments:	

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 air conditioning in 100% of our building while on Generator.</i>	<ol style="list-style-type: none"> 1. Develop options to add air conditioning to our alternate power source. 2. Develop contingency plans. 	<i>Director of Maintenance</i>	<i>8/1/18</i>

Primary Areas for Improvement identified during this exercise	Action Plan for Improvement:	Responsible	Projected Completion Date"