

FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	_____
Exercise Name	2018 Full Scale Exercises: LTC Coordinating Centers Cross-Regional Response
Exercise Date	June _____, 2018
Scope	<p>These Full-Scale Exercises are planned for the week of June 12, 2018 (June 18 and 19 for Regions 4 and 5) for all MassMAP Facilities. Exercise play is limited to the scope of this exercise.</p> <p>The emphasis of this exercise will be to implement the 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 neighboring regions LTC Coordinating Center operations to support the event.</p> <p>This exercise will begin with the evacuation of two DSFs. These DSF's will be controlled by a RPA, a JENSEN HUGHES Company, team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSFs will provide real-time information to the LTC Coordinating Center and the RAFs, including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying which residents are evacuating and where), and other information as necessary. All plan members participating will therefore, act as RAFs other than the two identified DSFs. These members will be expected to communicate with the DSFs and/or the LTC Coordinating Center during the preparation, evacuation and final relocation of the mock residents. RAFs will receive, via a Constant Contact message, all the necessary information on the residents and when they arrive. In addition, all DSFs will be expected to use volunteers (5-10), to act as mock (live) evacuated residents that will be housed in their Holding Area. All DSFs and RAFs will be expected to complete a Facility After Exercise Report and Improvement Plan documenting their participation.</p> <p>All participating plan members, in addition to being DSFs or RAFs, will have the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.</p>

Mission Area(s)	Response
<p>Healthcare System Preparedness Capabilities with Associated Functions</p>	<p>The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capacities, published by the Office of the Assistant Secretary for Preparedness and Response 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:</p> <p>HCP&R Capability 2: Health Care and Medical Response Coordination <u>Objective 2:</u> Utilize Information Sharing Procedures and Platforms <u>Objective 3:</u> Coordinate Response Strategy, Resources, and Communications</p> <p>HCP&R Capability 3: Continuity of Health Care Service Delivery <u>Objective 3:</u> Maintain Access to Non-Personnel Resources during an Emergency <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation <u>Objective 7:</u> Coordinate Health Care Delivery System Recovery</p> <p>HCP&R Capability 4: Medical Surge <u>Objective 2:</u> Respond to a Medical Surge</p>
<p>Threat or Hazard</p>	<p>Severe Weather Emergency: Thunderstorms with spin off microbursts, mesocyclones and EF1 and EF2 tornados are being experienced in multiple communities resulting in downed trees and power lines, structural damage, loss of normal power, unreliable generator power and loss of other mission critical systems with some facilities.</p>
<p>Scenarios</p>	<p>Severe thunderstorms, mesocyclones and microbursts will impact the MassMAP regions with resulting EF1 and EF2 tornado activity directly impacting two facilities in each region. The facilities will experience structural damages, infrastructure disruption in addition to multiple staff and resident injuries. 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, loss of normal power, unreliable generators, and loss of other mission critical systems.</p>
<p>Sponsor</p>	<p>Massachusetts Long Term Care Mutual Aid Plan (MassMAP) Funded by: Massachusetts Department of Public Health</p>

Participating Organizations

Region 1 LTC Coordinating Center - Jewish Geriatric Services, Longmeadow. Standing up for Region 2 exercise on 6/13/2018.
Region 2 LTC Coordinating Center - Central Mass EMS Corporation (CMED), Holden. Standing up for Region 1 exercise on 6/12/2018.
Region 3 LTC Coordinating Center - Aviv Centers for Living, Peabody. Standing up for Region 5 exercise on 6/19/2018.
Region 4 LTC Coordinating Center - Hebrew Rehabilitation Center, Roslindale. Standing up for Region 3 exercise on 6/14/2018.
Region 5 LTC Coordinating Center - Sarah Brayton Nursing Center, Fall River. Standing up for Region 4 A/B exercise on 6/18/2018.
Region 1 DSF (NH): Williamstown Commons, Williamstown
Region 1 DSF (NH): Mont Marie Rehabilitation and Healthcare Center, Holyoke
Region 2 DSF (AL): Brookdale Eddy Pond East, Auburn
Region 2 DSF (AL): Briarwood Continuing Care Comm. – The Elms, Worcester
Region 3 DSF (NH): Wingate at Haverhill Rehab & Skilled Nursing, Haverhill
Region 3 DSF (NH): Care One at Essex Park, Beverly
Region 4 DSF (AL): Heritage at Framingham Assisted Living, Framingham
Region 4 DSF (NH): Dwyer Home, Weymouth
Region 5 DSF (AL): All American Assisted Living, Hanson
Region 5 DSF (NH): Southeast Rehab and Skilled Care Center, North Easton
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 (HMCCs)
Russell Phillips & Associates (RPA, a JENSEN HUGHES Company)

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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>(DSF & RAF) Activation (HCP & R Capability 2, Objective 2, Activity 3)</u>	
Did your leadership team receive notification of the MassMAP activation via the HHAN?	
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>(HCP & R Capability 2, Objective 3 Activity 1 & 2)</u></p>	
<p>Does your Communication Plan include communications with:</p> <ul style="list-style-type: none"> • On and off duty staff - What communication did you have with off duty staff? (e.g. staff call backs) • Resident Families - How and what would you communicate with resident's families? • Community Partners – What Community partner would you or did you communicate with? 	
<p>Were all your communication devices in working order?</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>	

<p>(DSF & RAF) Command Center Operations: (HCP & R Capability 2 Objective 3 Activity 2: Coordinate Incident Action Planning)</p>	
<ul style="list-style-type: none"> • Did you activate your Command Center? • What positions / sections did you fill? (e.g. Incident Commander, Operations, Logistics) 	
<p>Was the room compatible for your needs? (e.g. enough phones, printing capability, fax nearby)</p>	
<p>Did you have any community partners present?</p> <p>If so what advice did, they offer?</p> <p>Did they complete an Exercise Evaluation?</p>	
<p>Strengths:</p>	<p>Areas for Improvement:</p>
<p>Other Comments:</p>	

RAF Intake Area (HCP & R Capability 3: Medical Surge, Objective 2 Activity 2)	
Where did you set up an Intake area?	
Did you have enough supplies and staffing to manage the area	
What is your process to manage their medical records? (e.g. start a new paper or electronic chart)	
Strengths:	Areas for Improvement:
Other Comments:	

RAF Influx / Surge Area: (HCP & R Capability 3: Medical Surge, Objective 2 Activity 2)	
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 and are the surge areas listed on the MassMAP website under the bed types?	
Strengths:	Areas of Improvement:
Other Comments:	

<p>DSF Coordination / Communication with the LTC Coordinating Center / DSFs (HCP & R Capability 2, Objective 3 Activity 3: Emergency Operations Coordination)</p>	
<p>Describe the communication flow with the LTC Coordinating Center / RMCC:</p>	
<p>Did LTC Coordinating Center / RMCC provide you bed and transportation availability in a timely manner?</p>	
<p>Was the process to track patients followed?</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 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>