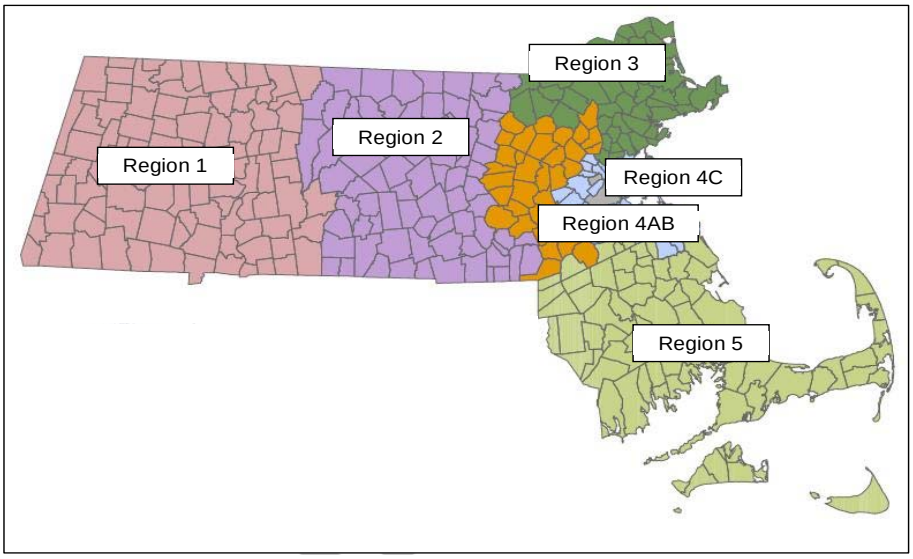
MASSACHUSETTS LONG TERM CARE MUTUAL AID PLAN (MASSMAP)



AFTER ACTION REPORT & IMPROVEMENT PLAN

LTC COORDINATING CENTERS CROSS-REGIONAL RESPONSE EXERCISES

June 2018

Report Prepared By:

RPA
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EXERCISE OVERVIEW

Exercise Name	**2018 Full Scale Exercises:** **LTC Coordinating Centers Cross-Regional Response**
Exercise Dates	Region 1 – June 12, 2018, 9:00am - 12:45pm Region 2 – June 13, 2018, 9:00am - 12:45pm Region 3 – June 14, 2018, 9:00am - 12:45pm Region 4 – June 18, 2018, 12:00pm - 3:45pm Region 5 – June 19, 2018, 9:00am - 12:45pm
Scope	The focus of these exercises was the full evacuation of two Disaster Struck Facilities (DSF) per region (One (1) Assisted Living Facility and One (1) Nursing Home) that created an opportunity for all participating MassMAP members to effectively practice and test their plans to be Resident Accepting Facilities (RAFs) and manage an influx of residents. The exercises also focused on having the Long Term Care Coordinating Centers (LTC Coordinating Centers) of neighboring regions assist and coordinate appropriate resident placement from the DSFs to the RAFs. To ensure an effective exercise, Subject Matter Experts (SMEs), multiple long-term care facilities (leadership and clinical representation), and local representatives from numerous agencies took part in exercise observation and evaluation.
Mission Area(s)	Response

Health Care Preparedness and Response Capabilities with associated Objectives

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:

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
- Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation
- Objective 7: Coordinate Health Care Delivery System Recovery

HCP&R Capability 4: Medical Surge

- Objective 2: Respond to a Medical Surge

Threat or Hazard

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.

Scenario

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.

Sponsor	**Massachusetts Long Term Care Mutual Aid Plan (MassMAP)** **Funded by: Massachusetts Department of Public Health and Plan Members**
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)
Points of Contact	**Massachusetts Senior Care Association POC:** Helen Magliozzi, RN, BSN Director of Regulatory Affairs Massachusetts Senior Care 800 South Street, Suite 280 Waltham, MA 02453 (617) 558-0202 ext. 228 hmagliozzi@maseniorcare.org

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Acronyms

ALS:	Advanced Life Support (Ambulance)
BLS:	Basic Life Support (Ambulance)
DSF:	Disaster Struck Facility
EMS:	Emergency Medical Services
ICS:	Incident Command System
LTC Coordinating Center	Long Term Care Coordinating Center
MA DPH:	Massachusetts Department of Public Health
MIC:	City of Boston Medical Intelligence Center
RAF:	Resident Accepting Facility
RPA:	Russell Phillips & Associates

EXECUTIVE SUMMARY

MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

- **Community Partner involvement.** MassMAP members from around the state took this full-scale exercise as an opportunity to invite and work with community partners such as Regional Health & Medical Coordinating Coalitions, Local Fire Departments and EMS. In many cases Emergency Management Directors were onsite in member command centers to help manage the simulated disaster.

- **Ability for LTC Coordinating Centers to assist the DSFs.** This year was the first time the LTC Coordinating Centers of neighboring regions stood up and managed the event for the impacted region. The primary objective of the LTC Coordinating Centers is to identify open beds based on their Categories of Care, identify available transportation and track all resident movement from the DSF to the RAFs. The MassMAP Responders were very successful in operationalizing the LTC Coordinating Centers and effectively managing the event with the MassMAP tools.

- **Testing member's internal operations and plans via robust Exercise Injects.** The exercise injects this year were specifically designed to test plan members and, if they needed them, to provide plan members tools they can utilize during a disaster and planning tools for the Regional Health & Medical Coordinating Coalitions. Examples of this include:

  - **Inject 1: Transportation Evacuation Survey.** All exercise participating members were requested to complete and post on the MassMAP Website a Transportation Evacuation Survey. This data will provide local Emergency Managers and Emergency Medical Services with the resources required to evacuate the facility.

  - **Inject 2: Credentialing Policy.** All participating members were informed they were receiving residents and staff from the Disaster Struck Facility (DSF). They were asked to respond to the following:
    1. Provide the details on how you will verify the credentials of the arriving DSF staff.
    2. Provide details on the immediate education you would need to provide to the incoming DSF staff.
    3. If you have a written Credentialing Policy, please submit it.

    Members were provided with a sample Credentialing Policy for their use.

    The intent of this inject was for facilities who don't have a comprehensive Credentialing Policy to use the details they obtained for the inject response to assist them in developing a policy.

- **Inject 3: Loss of Commercial Power.** During previous storms and during the most recent MassMAP Education Sessions, it was evident that plan members did not know who their local Emergency Manager was. As the local Emergency Manager is the one to place the plan member on a priority power restoration list, we requested all participating members complete a worksheet (see below) that identifies their Power Company and local Emergency Manager contact information. The intent was for them to place the completed worksheet in their Emergency Operations Procedures binder.

MassMAP Exercise 2018

Loss of Commercial Power Worksheet

Please complete the following:

Date: 1e/18/18

Your Facility Name: Briarwood Rehabilitation & Healthcare Center

Facility Address: 150 Lincoln Street Town Needham

Primary Contact: Peter Burdick

Primary Contact Phone Number: 508-

Power Company / Vendor Information:

Name of your Power Company / Vendor: Eversource

Phone Number to Report an outage: 888-544-4826

Email to Report an outage: No email listed

Your Local Emergency Manager Contact Information:

Name: First: Dennis Last: Condon

Office Phone Number: 781-455-7580

Off Hours Phone Number: 781-455-7565

Email: Dcondon@needhamma.gov

(If you need assistance in identifying your local Emergency Manager please follow this link https://www.mass.gov/find-your-local-emergency-management-director-emd)

It is recommended that after completion of this worksheet you place it in your Emergency Operations Plan.

Example provided by Briarwood Rehabilitation & Healthcare Center

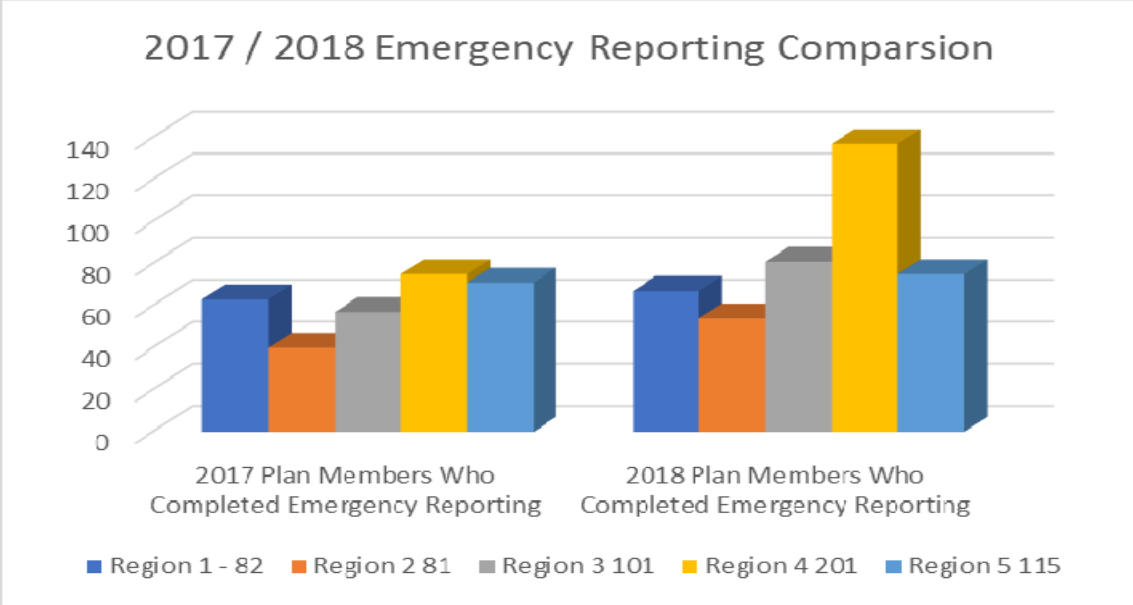
- **Surge Areas Identified and Setup.** Members successfully identified and setup surge areas. These internal plans were the result of members implementing LTC-MAP provided plans and lessons learned from previous exercises. This process helped members visualize how the setup process would be performed in a true emergency. Many of the members took photos of their surge areas and placed the photos in their internal emergency operations plan.

Surge Area

PRIMARY AREAS FOR IMPROVEMENT

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

- **Reporting Compliance – All Regions.** There was a noticeable improvement with reporting compliance in 2018 from 61.2% in 2017 to 84.3 % in 2018 (see graph below for regional specific comparison); however, there is still room for improvement, as our benchmark is 100% of facilities reporting to parallel our expectation of 100% Compliance during an actual regional incident.



To increase Emergency Reporting compliance, MassMAP members need to receive the notification to complete their Emergency Reporting. This starts with being listed as a contact. Contact updates will continue to be a focus area for us. It was noted during the Hotwash Conference Calls after the exercise that there were less plan members who did not receive the HHAN messages and Constant Contact Injects than last year.

- **Nursing Home Incident Command System (NHICS).** There is still a gap across the plan, as most plan members are not formally using the NHICS. The controllers at the DSF and LTC Coordinating Centers pushed the members to develop Incident Action Plans and follow the NHICS. It was evident that plan members do not have a clear understanding of how to execute this at their facilities. Mass Senior Care and RPA will partner to review funding options to conduct training sessions in 2019.

- **Incident Command Center.** It was noted on the Hotwash Conference Calls and by DSF Controllers that facilities struggled with identifying the location of the Command Center, and what communications components should be in the Command Center. RPA has developed a quick reference guide detailing the equipment that should be in place in your Command Center (see Appendix F to this report).

- **Plan Member Participation.** The CMS regulations that took effect on November 15, 2017 state that Nursing Homes must conduct at least one full scale exercise per year. This year, to document member participation in this full-scale exercise, RPA developed a Facility Participation Report (see Appendix C). The following benchmarks were used to document participation:
  1. Completion of Emergency Reporting:
     - Within the 30 Minutes as requested
     - By the end of the exercise (2.5 Hours from the plan activation)
     - Did not complete
  2. Submitted Credentialing Policy or statement
  3. Submitted Loss of Commercial Power Worksheet
  4. Submitted Photos of the following areas:
     - Command Center
     - Intake Triage Area
     - Surge Area
  5. Updated Transportation Evacuation Survey on the MassMAP website.
  6. Participated on the post exercise conference call.

During this exercise, it was noted that more nursing homes participated than last year (see chart below). Facilities who participated, participated at an elevated level, and many met the established benchmarks. Similar to last year, there was a low percentage of participation by assisted living facilities. RPA will review improving participation with the Assisted Living Associations in 2019. Please reference Appendix C for the Plan Member Participation Report by region.

Region	Assisted Living	Nursing Home
Region 1	16 of 27 (60%)	46 of 55 (84%)
Region 2	15 of 29 (52%)	38 of 52 (73%)
Region 3	27 of 36 (75%)	54 of 71 (76%)
Region 4	41 of 79 (49%)	92 of 115 (80%
Region 5	11 of 32 (34%)	65 of 79 (82%)

- **LTC Coordinating Center Operations Manual:** As part of the restructuring process for the LTC Coordinating Center, RPA has developed an Operations Manual. The manual provides step by step instructions for MassMAP Responders upon plan activation. The manual was utilized for all regional exercises, and we were able to enhance the tools to become more efficient and improve the response process.

- **Recovery Plan:** Many of the DSFs did not have a robust recovery plan in their Emergency Operations Procedures. As with any disaster, recovery needs to start quickly. To assist plan members with the development or enhancement of their current Recovery Plan, RPA developed a reference guide (Appendix D) that provides the stages of recovery, a plan of action and an assessment checklist.

ANALYSIS OF CORE CAPABILITIES

The exercise objectives describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by the Steering Committees (Regional and State), plan members and selected by the Exercise Planning Team.

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

Core Capabilities:

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

Objective 2: Utilize Information Sharing Procedures and Platforms

Activity 3: Utilize Communications Systems and Platforms

- Ensure 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).

Strengths

The capability level can be attributed to the following strengths:

Strength 1: MassMAP Activation. MassMAP members are notified of a plan activation by the Health and Homeland Alert Network (HHAN) and an email notification from the MassMAP system. The HHAN system is managed by The Office of Preparedness and Emergency Management (OPEM). The HHAN activation system and the MassMAP system worked well with no technical issues reported. We wish to thank the OPEM for their support to MassMAP during these exercises.

Strength 2: LTC Coordinating Center Communication Devices. During these exercises all the primary and redundant communication equipment was tested at every LTC Coordinating Center. There were no communication device failures to report. This is due to the support of the LTC Coordinating Center Coordinators.

Strength 3: Facility Staff & Family Notifications. Many facilities noted that they used a mass notification system to alert their staff and resident families of the exercise. These facilities should be commended on utilizing this technology to rapidly provide staff call backs and family notifications.

Areas for Improvement

Area for Improvement 1: Emergency Reporting Compliance

Reference: LTC Coordinating Center Controller

Analysis: Not all facilities were compliant in providing their Emergency Reporting (ER). Please reference the Executive Summary (page 12) for the regional details. As we have learned from the 2018 blizzards where there were multiple power outages, the facilities who completed their ER were monitored by their Regional Healthcare Coordinating Coalitions. The coalitions then provided an update to DPH, who provided an update to the utility companies. In conjunction with Mass Senior Care, we will identify the non-compliant facilities and provide outreach education for them in the fall of 2018.

Area for Improvement 2: LTC Coordinating Center Communications

Reference: LTC Coordinating Center Controller

Analysis: It was noted at multiple LTC Coordinating Centers that fax numbers and phone extensions have changed. Although all systems worked well, this caused some confusion during the initial activation of the plan.

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

Objective 3: Coordinate Response Strategy, Resources, and Communications

Activity 1: Identify and Coordinate Resource Needs during an Emergency

- 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.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: LTC Coordinating Center Ability to Identify Open Beds. This was the first occasion for neighboring LTC Coordinating Centers to support another region. Even though the adjacent LTC Coordinating Center Responders were not familiar with the facilities in the other region, they were successful in identifying the appropriate open beds and transportation utilizing the plan tools.

Areas for Improvement

Area for Improvement 1: LTC Coordinating Centers Resident Placement

Reference: LTC Coordinating Center Controller

Analysis: The LTC Coordinating Center Responders had some difficulty coordinating with the DSFs as to what facilities they were evacuating their (30) thirty mock resident to. There needs to be a discussion early on to obtain from the DSF the facilities they have identified as receiving facilities. To facilitate a cleaner process, RPA will update the Initial Intake Form used by the LTC Coordinating Center to clearly identify the receiving facilities.

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

Objective 3: Coordinate Response Strategy, Resources, and Communications

Activity 2: Coordinate Incident Action Planning During an Emergency

- 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.
- Each responding entity prepares an Incident Action Plan (IAP) which identifies their operational period(s) and tactical objectives to be accomplished.

Strengths

The capability level can be attributed to the following strengths:

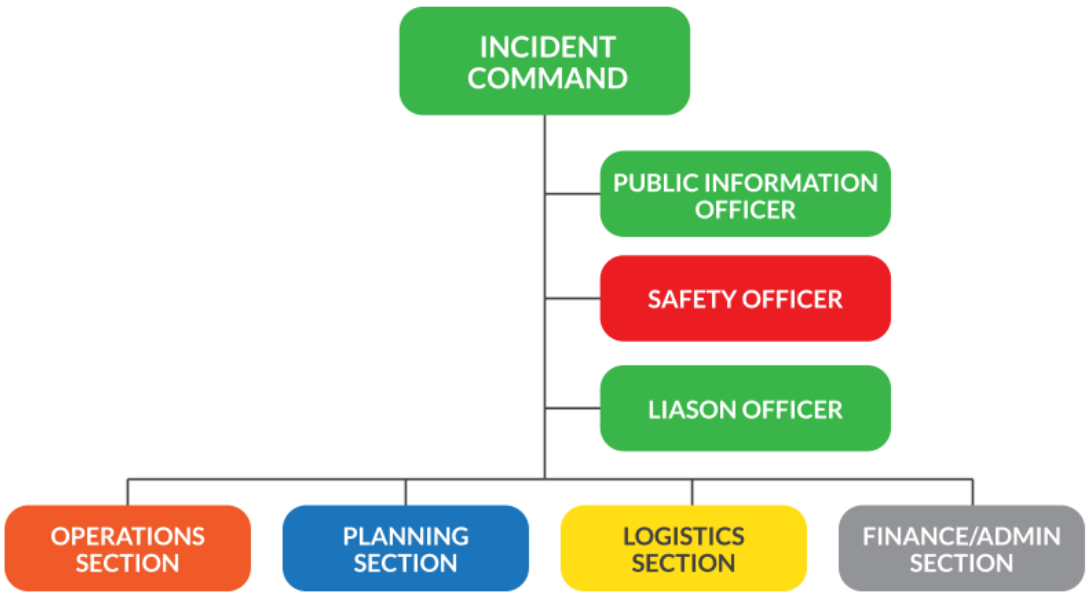
Strength 1: **Community Partner Support.** During this exercise it was noted by many of the DSFs and RAFs that they had their fist responders involved and at the facilities. They were able offer guidance on how to effectively manage an incident utilizing the incident command system, and foster crucial relationships with the facilities.

Areas for Improvement:

Area for Improvement 1: **Use of the Incident Command System by Plan Members.** Not all members were comfortable with using a formal or semi-formal incident command system.

Reference: DSF Controllers / LTC Coordinating Center Controllers

Analysis: Evaluators, community partners and plan members themselves, noted a lack of familiarity and comfort using a formal or semi-formal Incident Command System (ICS). The DSFs and LTC Coordinating Centers all needed prompting by the controllers to establish Incident Action Plans to assist in managing the incident. The California Association of Health Facilities has developed a Nursing Home Incident Command System (NHICS) program course. Members should become familiar with (NHICS) and can accomplish this by reviewing their website, http://cahfdisasterprep.com/NHICS.aspx. As noted in the Executive Summary, we will look for funding to provide an NHICS Course.



Area for Improvement 2: Incident Action Plan. DSFs & the LTC Coordinating Centers struggled to create an Incident Action Plan during the initial phases of the exercise.

Reference: DSF Controllers / LTC Coordinating Center Controller

Analysis: Developing and documenting a formal Incident Action Plan (IAP) is a critical step in any incident response. Typically accomplished by the Incident Command Team, the IAP drives the decision making and actions for any operational period. Having this plan "front and center" (e.g., displayed on a white board, formal form or other method see photo below) throughout a disaster will keep the team on track. RPA has provided a guide to assist you in developing your IAP, Nursing Home Incident Command System (NHICS) Incident Action Plan (IAP) Quick Start (see Appendix E). We recommend incorporating this tool into your facility Emergency Operations Plan, as it will assist you in staying on task and managing the event.

Area for Improvement 3 : Incident Command Center Communications

Reference: DSF Controllers / Hotwash Conference Call

Analysis: Facilities struggled with identifying the location of and what communications components should be in your Command Center. To assist with this RPA developed a reference guide (see Appendix F) that details the recommended equipment that should be in place in your Command Center.

Area for Improvement 4: LTC Coordinating Center Responder Education

Reference: LTC Coordinating Center Onsite Evaluator

Analysis: As the LTC Coordinating Responder group becomes more solidified, we recommend that all responders complete the following online Incident Command Course (by December 31, 2018):

1. IS-100.C Introduction to the Incident Command System
    a. https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c
2. IS-200.HCa is designed to provide training on the Incident Command System (ICS) to healthcare professionals
    a. https://training.fema.gov/is/courseoverview.aspx?code=IS-200.HCa

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.

- RAFs to receive clinical hand-offs from the DSFs, on their actual mock residents who are being evacuated.
- Plan Members to provide ongoing information and situational reports to the neighboring regions LTC Coordinating Centers as their internal situation escalates.
- 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.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Number of member facilities that attempted staff recalls. As noted in the Executive Summary, many more facilities completed staff recalls and provided family notifications this year than in years past. Although there were lessons learned that will be discussed below, plan members should be commended for going through this process, as it determined in real time the actual number of staff you could get to support your incident.

Areas for Improvement

Area for Improvement 1: Staff Recall Information

Reference: Hotwash Conference Call

Analysis: Many plan members who conducted staff call backs noted that they did not have the most recent employee phone list. As part of your Communications Plan, you should have a system in place (Best Practice) that details when the phone list will be updated and who is responsible to complete the task. We recommend that all plan members begin this practice.

Area for Improvement 2: Clinical Hand Offs from the DSF to the RAFs.

Reference: Hotwash Conference Call

Analysis: The clinical hand offs of the (30) thirty mock residents that each DSF completed went quite well. There was a disconnect with the Resident Evacuation Forms. Recognizing this, MassMAP has updated the Resident Evacuation Form and the Resident Medical Record / Equipment / Staff Tracking Sheets. Please contact Mass Senior Care for updated forms.

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

- 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.
- The neighboring regions LTC Coordinating Centers manage the requests for equipment from the DSFs and RAFs with the assistance of the Healthcare Coalitions and plan members.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Vendor Support Requests completed by LTC MAP members "real time". Many plan members reached out to their vendors during the exercise and requested the availability and arrival times of beds, medications and medical supplies. While there were lessons learned, we commend the plan members who participated at this level, as it only enhances your Emergency Preparedness Program.

Areas for Improvement

Area for Improvement 1: Supply and Asset Support of the Health and Medical Coordinating Coalitions

Reference: LTC Coordinating Center Controllers

Analysis: As the DSF and RAFs placed equipment transportation requests to the LTC Coordinating Centers, it became evident that the LTC Coordinating Center Responders from other regions needed assistance in finding the resources. For example, the Region 2 LTC Coordinating Center, supporting the Region 1 exercise, was unsure of an EMS provider who had a Bariatric Wheelchair capability. As we continue to develop the LTC Coordinating Center Responder program, we will add in the Job Action Sheet (JAS) for the Incident Commander to request a liaison from the effected region report to the LTC Coordinating Center, or at a minimum be available by phone or email, to assist them.

To further operationalize the LTC Coordinating Center, RPA has in development a **LTC Coordinating Center Operations Manual.** The intent of this manual is to provide step by step instructions for the MassMAP Responders upon a plan activation. The manual was utilized for all the regional exercises and we were able to enhance the tools to become more efficient and enhance the response process.

Additionally, the JAS will include a note to consider the Regional HMCC Project Manager as an available resource. RPA will be enhancing the LTC Coordinating Center Incident JAS to identify the items listed above.

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

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation

Activity 1: Develop and Implement Evacuation and Relocation Plans

- DSFs prepare and coordinate the evacuation of their residents, using an Incident Command system, coordination with their local authorities and establishing an efficient holding / evacuation area.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: **Community Partners Assisting LTC Members.** Many community partners, such as local Fire Departments and EMS agencies, participated with plan members during this exercise. This proved very beneficial, as they provided guidance on managing the incident. Specifically, with the DSFs, discussions took place regarding transportation resources, staging areas and managing resources.

Areas for Improvement

Area for Improvement 1: Local First Responders Unfamiliarity With MassMAP, its resources and its process.

Reference: DSF Controllers / DSF Onsite Evaluators / Hotwash Conference Call

Analysis: First responders commented that they would like to enhance the knowledge their line staff has of MassMAP. RPA will work with the Fire and EMS associations to provide an education seminar at their association conferences.

Area for Improvement 2: DSFs With Multiple Floors Not Prepared for a Vertical Evacuation and lacking a robust Full Building Evacuation (FBE) Plan

Reference: DSF Controllers

Analysis: Many of the DSFs were lacking robust FBE Plans, and did not have vertical evacuation equipment. It is recommended that all facilities develop a robust FBE plan. To assist with the development of this plan, RPA has provided a Table of Contents (see Appendix G) of what should be contained in your plan to maintain compliance with CMS. It is also recommended that if you have multiple floors, you determine the best vertical evacuation equipment for your facility. We recommend including your local Fire, EMS and Emergency Manager in this discussion.

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

Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation

Activity 2: Develop and Implement Transportation Plans

- The LTC Coordinating Centers from neighboring regions manage the transportation needs for the DSFs evacuating residents, utilizing plan member owned and available vehicles and drivers, commercial transportation providers and other assets, as needed.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: LTC Coordinating Centers managed the requests for transportation very well utilizing the plan tools.

Area for Improvement 1: The need for Statewide Maps for the LTC Coordinating Center

Reference: LTC Coordinating Center Controller

Analysis: As the LTC Coordinating Center Responders were from other regions, there was a need for a statewide maps to assist the staff with identifying RAFs and transportation resources. RPA will obtain statewide maps and place them in the LTC Coordinating Center Operations Manual.

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

Objective 7: Coordinate Health Care Delivery System Recovery

Activity 2: Assess Health Care Delivery System Recovery after an Emergency

- The DSFs activate their internal recovery plans after their residents are successfully evacuated, to begin the process of restoring their facilities to normal operations. The DSFs are to establish a timeline and objectives for the recovery process.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Community Partners Assisted with the DSFs Recovery Plan

Areas for Improvement:

Area for Improvement 1: Facilities lacking a robust Recovery Plan

Reference: DSF Controllers / DSF Onsite Evaluators / Hotwash Conference Call

Analysis: It was noted that only two (2) of the DSFs had a well written Recovery Plan. It was also noted that only three (3) of the DSFs had a contract with a Restoration Company. We highly recommend that all facilities obtain a contract with a Restoration company so you will be supported in a disaster. We would further recommend that you develop a Recover Plan that includes but not limited to structural and utility stability, life safety functions, vital consumable materials. Please see Appendix D Recover Plan Reference Guide.

HCP&R Capability 4: Medical Surge

Objective 2: Respond to a Medical Surge

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

- Ensure that RAFs properly implement their influx of residents 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.

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Members successfully identified and setup surge areas. These internal plans were the result of members implementing LTC-MAP provided plans and lessons learned from previous exercises. This process helped members visualize how the setup process would look in a true emergency. Many of the members took photos of their surge areas and placed the photos in their internal emergency operations plan.

Strength 2: Massachusetts Department of Public Health, Division of Health Care Facility Licensure and Certification participated in the exercise by approving four (4) RAFs who requested to surge above their licensed beds. The process went very well and we are thankful for their involvement.

Areas for Improvement:

Area for Improvement 1: Surge Waiver

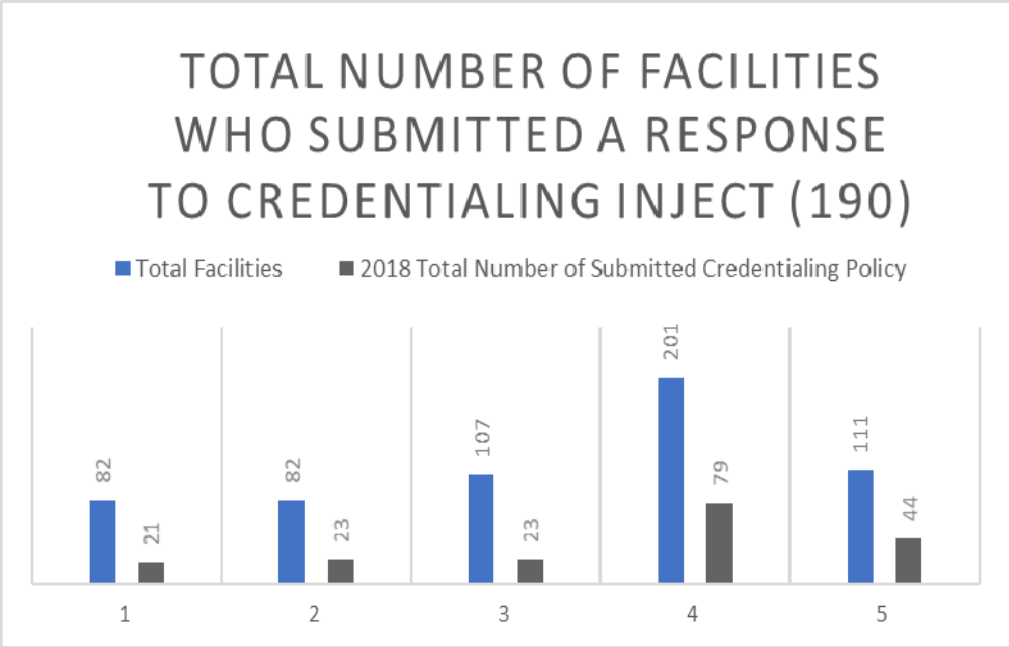
Reference: Hotwash Conference Call

Analysis: As part of the exercise preparation calls that took place we requested plan members to have a copy of the DPH waiver to shelter evacuated LTC Residents when required to surge above their licensed beds. It was noted on these calls and the hotwash calls after the exercises that members did not have this waiver readily available. We have attached the required waiver in Appendix H. We recommend that you print this waiver and place it in your Emergency Operations Plan.

Area for Improvement 2: Credentialing Process / Policy

Reference: Hotwash Conference Call / RAF Submitted Injects

Analysis: Plan members received an inject to detail how they would verify the credentials of staff from the DSFs, the immediate education they needed to provide, and submit their Credentialing Policy, if they had one. As we only received one-hundred and ninety (190) (see graph below) responses statewide, many plan members either do not have a Credentialing Policy or opted not to comply. Based on the number of comments on the hotwash call, we have provided a best practice guide for developing your Credentialing Program (see Appendix I).


TOTAL NUMBER OF FACILITIES WHO SUBMITTED A RESPONSE TO CREDENTIALING INJECT (190)
Total Facilities
2018 Total Number of Submitted Credentialing Policy
82
21
82
23
107
23
201
79
111
44
1
2
3
4
5

CONCLUSION

There were many strengths identified in these exercises by both plan members and LTC Coordinating Centers.

Each year we drill, educate and exercise to ensure all MassMAP members are prepared to handle an internal or external disaster that may require resident relocations. With that comes challenges to not only a DSF but also to RAFs regarding managing staff, residents, families and media while maintaining a safe environment and continuity of care for all residents.

During this exercise there was a strong community partner and corporate entity involvement. Specifically, assisted living corporate entities became more involved with their members' overall preparedness level.

We continue to see areas of potential improvement. All MassMAP partners will continue to work together toward the goal of getting all members to complete their emergency reporting in a timely manner. Along with reporting compliance, MassMAP will continue to focus on resident tracking and consistent communication between DSF(s) and the LTC Coordinating Center(s). We understand that during disasters there are many challenges and requests the DSF(s) and LTC Coordinating Centers encounter. However, regular briefings can promote a consistent message to all.

Disasters can happen at any time, and members must remain in a constant state of readiness in our ever-changing environment.