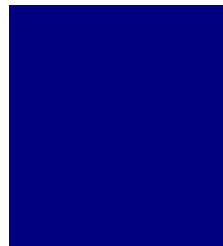


FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	_____
Exercise Name	2019 Full Scale Exercises: All Members Exercised as Disaster Struck Facilities (DSFs)
Exercise Date	June ____, 2019
Scope	<p>This year's exercise, all RI Long Term Care Mutual Aid Plan (LTC-MAP) members participated as Disaster-Struck Facilities that have been impacted by a natural disaster. Resident Accepting Facilities were simulated by the exercise controllers. This allowed members the opportunity to test not only elements of LTC-MAP, but their own internal emergency plans, as well. Components of LTC-MAP and internal plans that were tested include:</p> <ul style="list-style-type: none">• Activation of facility / community command centers;• Reporting operational status;• Completion of Transportation Evacuation Surveys;• Development of Incident Command chart with points of contact identified for each ICS position activated; and• Submission of the "Resident / Medical Record / Staff / Equipment" tracking sheet to HCRI <p>While evacuation of the Disaster-Struck Facilities (DSFs) was notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current census. Members were asked to simulate the evacuation of units or floors using at least five staff members or other volunteers as mock residents. DSF leadership and staff used this opportunity to test internal evacuation plans and equipment.</p> <p>LTC-MAP members were asked to submit completed Resident / Medical Record / Staff / Equipment tracking sheets, Incident Command System charts with points of contact identified for each ICS position activated, facility / community, Transportation Evacuation Surveys, and pictures taken of the exercise. LTC-MAP members selected a RAF(s) from their list of top-ten evacuation sites.</p>



In order to support this year's approach, minimal activity occurred at RIDOH's Department Operations Center (DOC). Personnel who normally operate in the DOC, specifically RIDOH and HCRI personnel, visited several facilities during the exercise to observe their internal responses and identify best practices and potential areas for improvement.

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 Healthcare and Medical Readiness
Objective 2, Activity 2: Assess Regional Health Care Resources
Objective 2, Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs
Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation

HCPR Capability 2: Healthcare and Medical Response Coordination
Objective 2, Activity 1: Develop Information Sharing Procedures
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

HCPR Capability 3: Continuity of Healthcare Services Delivery
Objective 2, Activity 1: Develop a Health Care Organization Continuity of Operations Plan
Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans
Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans

	<p>PHP Capability 3: Emergency Operations Coordination <u>Function 2:</u> Activate public health emergency operations</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 <u>Function 2:</u> Support activation of medical surge</p>					
<p>Threat or Hazard</p>	<p>Heatwave</p>					
<p>Scenario</p>	<p>Rhode Island experienced a heat wave, with temperatures rising to the triple digits, that impacted the region over five days. Due to the collective power draw from Rhode Islanders trying to remain cool, many areas were affected by intermittent power outages and surges, forcing the power company to institute rolling brownouts. These issues caused some LTC-MAP members to lose commercial power and even adversely impacted generator function. The rising temperatures inside buildings with no commercial or generator power led to the decision by LTC-MAP members to evacuate their facilities and communities.</p>					
<p>Sponsor</p>	<p>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) 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, the Hospital Preparedness Program Cooperative Agreement through the Assistant Secretary for Preparedness and Response, and CMS Civil Monetary Penalty Funds provided through the RI Executive Office of Health and Human Services</p>					
<p>Participating Organizations</p>	<table border="1"> <thead> <tr> <th data-bbox="440 1535 1377 1583">Participating Agencies and Organizations</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 1583 1377 1656">All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td data-bbox="440 1656 1377 1698">LeadingAge Rhode Island</td> </tr> <tr> <td data-bbox="440 1698 1377 1782">Local fire departments, EMS, and emergency management officials</td> </tr> <tr> <td data-bbox="440 1782 1377 1856">The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital</td> </tr> </tbody> </table>	Participating Agencies and Organizations	All long-term care facilities and assisted living communities in Rhode Island	LeadingAge Rhode Island	Local fire departments, EMS, and emergency management officials	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital
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**Points of
Contact**

Association of Rhode Island [HARI])
Rhode Island Assisted Living Association
Rhode Island Health Care Association
Rhode Island Long-Term Care Ombudsman
RPA, a Jensen Hughes Company

Rhode Island Department of Health - Center for Emergency Preparedness and Response (CEPR) POC:

Alysia Mihalakos, MPH
Chief

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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 1, Activity 1</u>	
Did your leadership team implement internal disaster notification and activate Disaster Struck Facility Command Center?	
Upon plan activation, what internal actions did the person in charge to take?	
Strengths:	Areas for Improvement:
Other Comments:	

HCPR Capability 1	
Did the facility demonstrate effective response and evacuation coordination by DSF personnel using ICS and community partner involvement?	
Did your facility experience any trouble while completing the Rhode Island Emergency Evacuation Forms as well as demonstrate the ability to match categories of care of mock residents to RAFs identified in the facility's plan (LTC-MAP Evac Sites tab)?	
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">• Did the facility ensure ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, the Rhode Island Health Notification System, and LTC-MAP website)? • 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 / HCPR Capability 1, Objective 2, Activity 4	
Did the facility activate and set up an internal holding area to prepare residents for movement here? 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?	
Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 1 / Objective 2, Activity 2, Objective 2, Activity 4	
Did the facility demonstrate the ability to match categories of care of mock residents to RAFs identified in the facility's plan (LTC-MAP Evac Sites tab)?	
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>

