MASSACHUSETTS LONG TERM CARE MUTUAL AID PLAN (MASSMAP) 2019 FULL SCALE EXERCISES

AFTER ACTION REPORT & IMPROVEMENT PLAN

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EXERCISE OVERVIEW

Exercise Name

2019 MassMAP Full Scale Exercises:

Exercise Dates

Region 1 – June 4, 2019, 9:00am - 12:45pm
Region 2 – June 5, 2019, 9:00am - 12:45pm
Region 3 – June 6, 2019, 9:00am - 12:45pm
Region 4 – June 11, 2019, 9:00am - 12:45pm
Region 5 – June 12, 2019, 9:00am - 12:45pm

Scope

All Massachusetts Long Term Care Mutual Aid Plan (MassMAP) 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 the LTC-MAP, but also their own internal emergency plans. Components of LTC-MAP and internal plans that were tested included:

- Activation of facility command centers;
- Reporting operational status;
- 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 email address provided;
- Activation of LTC Coordinating Centers in each Region to support an evacuation.

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 were also asked to simulate the evacuation of their floors using at least two of their staff members or other volunteers to act as mock residents. Members used this opportunity to test internal evacuation plans and equipment.
The LTC Coordinating Center that supported this incident were from an adjoining Region. Their exercise objectives include:

- Setting up the LTC Coordinating Center
- Establishing the Regional Conference Call Objectives
- Assigned staff to identify and manage:
  - Operational Issues
  - Beds
  - Transportation and Resident Tracking

All participating plan members were expected to complete a Facility After Exercise Report and Improvement Plan documenting their participation.

### Health Care Preparedness and Response Capabilities with associated Objectives

#### HCPR Capability 1: Foundation for Health Care and Medical Readiness
- **Objective 2: Identify Risk and Needs**
  - **Activity 2:** Assess Regional Health Care Resources

#### HCPR Capability 2: Health Care and Medical Response Coordination
- **Objective 2: Utilize Information Sharing Procedures and Platforms**
- **Activity 3:** Utilize Communications Systems and Platforms
- **Objective 3: Coordinate Response Strategy, Resources, and Communications**
  - **Activity 1:** Identify and Coordinate Resource Needs during an Emergency
  - **Activity 3:** Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency
HCPR Capability 3: Continuity of Health Care Services Delivery
Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation
Activity 1: Develop and Implement Evacuation and Relocation Plans
Activity 2: Develop and Implement Evacuation Transportation Plans

Threat or Hazard

Tropical Storm

Scenario

A tropical storm caused flooding, power outages, and structural damage to all nursing homes and assisted living communities in Massachusetts. With the threat of another tropical storm coming up the coast in the next 72 hours, all MassMAP members were forced to evacuate their facilities or communities.

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. Stood up for Region 5 exercise on 6/12/2019. |
| Region 3 LTC Coordinating Center - Aviv Centers for Living, Peabody. Stood up for Region 2 exercise on 6/5/2019. |
| Region 5 LTC Coordinating Center - Sarah Brayton Nursing Center, Fall River. Stood up for Region 4 A/B exercise on 6/11/2019. |
| Disaster Struck Facilities - All MassMAP plan members |
| Massachusetts Department of Public Health – Office of Preparedness and Emergency Management |
| Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs) |
| Regional Health and Medical Coordinating Coalitions (HMCCs) |
| RPA, a Jensen Hughes Company |
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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:

- **All Plan Members being designated as a Disaster Struck Facility (DSF):** This year was the first time that all plan members were designated as a DSF. This forced plan members to test their Full Building Evacuation (FBE) Plans. There was noticeably more energy from the participants in this exercise over previous exercises.

- **This exercise assisted in identifying gaps within plan members’ FBE Plans and allowed for good discussions among the facility leadership teams and community partners.**

- **Community Partner Engagement:** 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 members’ command centers to help manage the simulated disaster and work together. During the hotwash call, members who had community partners on site reported very positive results and spoke highly to the improved collaboration.

- **Ability for LTC Coordinating Centers to assist the DSFs:** This year was the second time that neighboring region’s LTC Coordinating Centers stood up and supported the impacted Region. The primary objective of the LTC Coordinating Centers is to identify open beds based on their Categories of Care, and to identify transportation that is available by plan members who completed their Emergency Reporting. The MassMAP Responders were very successful in operationalizing the LTC Coordinating Centers and effectively managing the event with the MassMAP LTC Coordinating Center tools and the Emergency Reporting Dashboard and available reports.

- **Testing member’s internal operations and plans via robust Exercise Injects:** The exercise injects in this year’s exercise were specifically designed to test plan members response to how they would transfer Medical Records and Medications. Plan members were required to submit a response for each inject (Other than inject 1). The injects were follows:
  - **Inject 1:** List of accepting facilities.
  - **Inject 2: Electronic Medical Records.** All exercise participating members were asked how they plan to provide access to Electronic Medical Records (EMR) of the resident(s) they are evacuating. The
expatriation was that they would review internally and based off their discussions to develop a policy. (See example below.)

**Inject # 2 Constant Contact Message**

**Time of Deployment:** 9:45am to Region in Exercise

**To be delivered via: Constant Contact to all Regional Contacts**

Dear MassMAP Members,

**THIS IS A DRILL**

You are receiving this e-mail regarding the exercise currently underway.

One of the Resident Accepting Facilities (RAFs) is asking how you plan to provide them with access to Electronic Medical Records (EMR) of the resident(s) you are evacuating to them.

Please review this with your leadership team and detail in the space below how you would provide the Medical Records to the RAFs.

Upon completion of today’s exercises, please send your response to our office. Please click [Uploading Instructions](#) for further details.

**Facility Name:** Longmeadow of Taunton

**Submitted by:** [Signatures]

**Date:** 09/12/19

**Region:** 5

We are able to access our residents' EMR from any device utilizing our URL. On Wi-Fi or using data services, we would supply the RAF a a login & password to access our EMR system. I do not have the ability to assign a password or username for someone to access our EMR system. It is possible we would supply a staff member & the resident to the RAF to access the system as well.

*Inject # 2 Example: Longmeadow of Taunton – Region 5*
o **Inject 3: Transportation of Medications / Narcotics.** All exercise participating members were informed that a resident they were evacuating had medications, specifically narcotics, that needed to be transported with them. The intent for this inject was for facilities who need to enhance their comprehensive Medication Transport policy can use the details they obtained from this inject response to assist them in the development of a policy.

o **Inject 4: Regulatory Notifications, Restoration Vendor and internal person who would manage, maintain insurance documents for insurance claims.** During previous storms and during the most recent MassMAP Education Sessions, it became quite evident that not all members had a restoration vendor and were not clear as to who would manage the restoration process. The intent was for plan members to discuss this internally and use these discussions as a base plan.

- **Holding Area Identified and Setup:** Members successfully identified and established a Holding Area. As part of the exercise, members were instructed to activate and implement their internal Full Building Evacuation Plans. This process provided members the actual experience of establishing a holding area as it would need to be established in a true emergency. Members were requested to take photos of the holding areas and place the photos in their Full Building Evacuation Plan so they can be used as a reference during a true emergency (see photo below).
This year we had a noticeable increase in our overall participation. We attribute this to the plan members regulatory agencies and the recent events across the country that have forced healthcare facilities to relocate. Under CMS regulations Nursing Homes must conduct at least one full scale exercise per year as noted in E0039 – EP Testing Requirement. Executive Office of Elder Affairs (EOEA) states that Assisted Living Facilities must provide training and testing to employees on their emergency preparedness plan (651 CMR 12.04 (11)).

RPA developed a Facility Participation Report (See Appendix C). The following benchmarks were established to document plan members participation:

1. **Completion of Emergency Reporting:**
   - Within the first 30 Minutes of the exercise, as requested
   - By the end of the exercise (2.5 Hours from the plan activation)
   - Did not complete

2. **Submitted Injects 2, 3, and 4**

3. **Submitted Photos of the following areas:**
   - Command Center
   - Holding Area

4. **Updated Transportation Evacuation Survey on the MassMAP website**

5. **Participated on the post exercise conference call.**

![Assisted Living Exercise Participation % Comparison 2018 / 2019](chart.png)
**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 2019 (See graph below for regional specific comparison); however, there is still room for improvement as our benchmark was 100% of facilities reporting.
- **Nursing Home Incident Command System (NHICS).** There is still a gap across the plan; most plan members are not formally using the NHICS. The controllers at the Disaster Struck Facilities (DSFs) pushed the members to develop Incident Action Plans and follow the NHICS. It was quite evident that plan members do not have a clear understanding of how to execute this at their facilities. We will continue to explore options to provide plan members with this education.
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:

HCPR Capability 2: Health Care and Medical Response Coordination

Objective 2: Utilize Information Sharing Procedures and Platforms

Activity 3: Utilize Communications Systems and Platforms

- Evaluate ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the MassMAP website).

- Evaluate that 100% of activated of MassMAP members complete Emergency Reporting within the timeline established.

- Evaluate that MassMAP members provide ongoing information and situational reports via online emergency reporting system as their internal situations escalate.

Strengths:

The capability level can be attributed to the following strengths:

Strength 1: The HHAN messages were delivered flawlessly, the messages were clear and understandable. It appears that key leadership received the messages as it was not noted during the hotwash calls.

Strength 2: Prior to the exercises plan members were requested to update their facility contacts to ensure they would receive the injects on the day of the exercise and the HHAN messages. This year we had over four hundred and fifty (450) contact updates over a two-week period. Due of the many contact updates, it is believed that more plan members received the exercise notifications.

Strength 3: Plan members utilized various technological platforms to notify staff of the disaster and to recall staff to achieve optimal staffing levels. Many of the members used internal call trees or mass notification systems to call back additional staff to help manage the incident. Several members also contacted residents’ families to alert them
After-Action Report/ Massachusetts Long Term Care Mutual Aid Plan Improvement Plan (AAR/IP) Full Scale Exercise

Analysis of Core Capabilities

MassMAP

Homeland Security Exercise and Evaluation Program (HSEEP)

to the situation and to determine if certain residents could be sent home, in lieu of relocating to an Resident Accepting Facility (RAF). (Note: Electronic systems used included Voice Friend, Rave, On Shift and others.)

Areas for Improvement:

Area for Improvement 1: Internal Communications

Reference: DSF Observers / Hotwash Call

Analysis: Plan members continue with Internal communications. Specifically, redundant communications to be able to effectively and reliably communicate between the Command Center and the Holding Area. We would recommend the use of two-way radios, cell phones and, as a last resort, the use of runners.

Area for Improvement 2: Local Emergency Contact Information

Reference: DSF Observers

Analysis: In any disaster, it is important for plan members to contact their municipal Emergency Manager, utility vendor, staff, families and if applicable members of their corporate team. We highly recommend that plan members have their facilities' Communication Plan in the Command Center and that there is an updated vendor, staff and family contact list readily available.

Area for Improvement 3: Listing of Operational Issues in Emergency Reporting

Reference: LTC Coordinating Center Controller

Analysis: Plan members were very competent in entering operational issues into the MassMAP Emergency System. During the exercise it became clear that there was not a guide on how to update the system when normal operations have resumed.

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 Evacuation Transportation Plans

- Determine the transportation needs for the full census of their building at the time of the exercise by completing Transportation Evacuation Surveys.

- Activate and set up internal holding areas to prepare residents for movement.
• Demonstrate the ability to track residents by properly completing required documents (Staff / Equipment Tracking Sheets)

**Strengths:**

The capability level can be attributed to the following strengths:

**Strength 1: Use of Plan Forms by DSFs and LTC Coordinating Centers:** Plan members and the LTC Coordinating Centers utilized the MassMAP Evacuation form and the Medical Record / Staff / Equipment Tracking Sheets. These were reported to be very valuable resources for tracking staff and residents. The LTC Coordinating Center maintained their process and had the ability to track all simulated resident movement.

**Strength 2: Establishment of Holding Areas:** During the hotwash call, many of the plan members described how they fully set up their holding areas with appropriate staffing, equipment, and medical supplies, which was a first-time experience for many. These facilities and communities now have a better understanding of where to set up holding areas and the time it will take to do so.

**Areas for Improvement:**

**Area for Improvement 1: Incomplete Transportation Evacuation Survey**

**Reference:** MassMAP Website

**Analysis:** Not all plan members completed the Transportation Evacuation Survey during the exercises (See chart below). An objective of the exercise was for plan members to complete a Transportation Evacuation Survey based on real resident information. This survey helps determine the optimal mode of transportation plan.
members will require to safely evacuate their respective facilities and is a planning tool for the local Healthcare Coalitions, Fire and EMS agencies and local Emergency Managers. We have generated a report that identifies the required transportation by Town / City for your community partners. (See Appendix D)

Area for Improvement 2: Members not clear on how to complete a Transportation Evacuation Survey

Reference: DSF Observers

Analysis: It was noted by the DSF Observers that not all plan members were fluent on completing a Transportation Evacuation Survey, specifically determining the patients that would need Advanced Life Support vs Basic Life Support Ambulance service. As this is so important to your community partners, we have attached a Transportation and Evacuation Resource Tool (See Appendix E) to assist in completing your Transportation Evacuation Survey.

Area for Improvement 3: Transportation Vendors

Reference: Hotwash Call

Analysis: During the hotwash call it was noted in multiple Regions that plan members were lacking a contract with a transportation vendor who could supply bus transportation. We would recommend that you review this with your local Emergency Manager as they typically have access to your local transit companies. We would also recommend that you run a vendor report from the MassMAP website and review the transportation vendors to assist you in identifying a vendor.
Area for Improvement 4: Holding Area Operations

Reference: DSF Observers / Hotwash Call

Analysis: As noted above as a strength was the fact that many plan members established a Holding Area for the first time. There were many comments on the hotwash call or as noted by the DSF observers where plan members were struggling with the locations, the equipment and staffing needed to support the area. We would recommend that you develop a kit that would house all your equipment / supplies to support your holding area. We have developed a Holding Area checklist (See Appendix F) for the Holding Area Coordinator that details their actions and has a recommend equipment list.

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

Objective 6: Plan for and Coordinate Healthcare Evacuation and Relocation

Activity 1: Develop and Implement Evacuation and Relocation Plans

- 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.
- Demonstrate the ability to match categories of care of mock residents to provided RAFs.

Strengths:
The capability level can be attributed to the following strengths:

Strength 1: The LTC Coordinating Center Responders did an excellent job managing the incident. All responders were assigned a DSF, where they contact them to determine the number of beds and transportation resources they would require. They then using the MassMAP Emergency Reporting system and the MassMAP LTC Coordinating Center Operations Manual worksheets identified open beds, based off of the DSFs categories of care and required wheelchair transportation.

Strength 2: It was noted from years past that many of the DSFs seem to be grasping the concept of establishing a command center and have the appropriate infrastructure, supplies and equipment present.
Areas for Improvement:

Area for Improvement 1: Enhancements to Emergency Reporting Bed, Staffing and Transportation Reports.

Reference: LTC Coordinating Center Controller

Analysis: As the LTC Coordinating Center Responders were managing the incident it was noted that the address of the reporting facilities was not on the report. As these facilities will become Resident Accepting Facilities (RAFs) there address would need to be provided to the DSFs. This was also the case for the staffing and transportation reports. The other request was to have the header print out on all pages of the report.

Area for Improvement 2: Categories of Care Additions

Reference: LTC Coordinating Center Controller / Hotwash Call

Analysis: During the first exercise a plan member contacted the LTC Coordinating Center and asked if we knew what Assisted Living facilities would take service animals or pets. We were not able to determine this without a specific request to plan members. We will be adding this to our Categories of Care list and requesting plan members to update their Categories of Care.

Area for Improvement 3: LTC Coordinating Center Responder Operations Manual

Reference: LTC Coordinating Center Controller

Analysis: This was the first true test, utilizing the LTC Coordinating Center Responder Operations Manual. The responders found that the tools within the manual worked very well and were able to meet the objectives of the exercise. There were multiple areas on the intake form and Bed and Transportation Worksheets where enhancements will be made to better operationalize a response.

Area for Improvement 4: Nursing Home Incident Command (NHICS)

Reference: DSF Observers / Hotwash Call / EEGs from Community Partners

Analysis: In many facilities, there was an obvious lack of any semblance of an Incident Command Structure in place; no organization chart, no Job Action Sheets, no vests, no identification of who was in which roles and no Incident Action Plan (IAP). This continues to be a gap that we continue to see among plan members.
Area for Improvement 5: Vertical Evacuation

Reference: DSF Observers / Hotwash Call / EEGs from Community Partners

Analysis: Because everyone was a DSF, it was an eye opening experience as to how plan members would get their residents down to the discharge floor if there was a loss of elevators. Most plan members don’t have vertical evacuation equipment. It became quite evident that plan members need to have their own internal plan for vertical evacuation along with recommendations on evacuation equipment selection, training and be safety focused.

Area for Improvement 6: Disaster Supply Storage / Kits / Carts

Reference: DSF Observers / Hotwash Call

Analysis: It was noted on every hotwash call the need for disaster carts or kits to store disaster supplies. This was an after-action item in 2016 and 2017 but not doubt it needs to be addressed again. Please see (Appendix G) for a recommend content list for a Disaster Cart.

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 to fill resource gaps through members’ vendor support process.

Strengths:

The capability level can be attributed to the following strengths:

Strength 1: As part of this exercise plan members received three (3) injects where they had to respond and submit their response. Plan members did an outstanding job as most were well thought out discussions that took place with their leadership teams.

Areas for Improvement:

Area for Improvement 1: Inject 3 Medication Transport (Specifically Narcotics)

Reference: DSF Observers / Hotwash Call
**Analysis:** Plan members were requested to provide details on how they would coordinate the transportation of medication and accountability of narcotics during transport. There were many versions noted on how this would take place. The real issue that arose was the narcotics transport and maintaining accountability (Custody Log). To assist plan members, RPA has been in contact with Partners Pharmacy who are Pharmacy vendors for many plan members with the goal of developing a transport policy.

**Area for Improvement 2: Inject 4 Restoration Contractor**

**Reference:** Hotwash Call

**Analysis:** With disasters that force the evacuation of healthcare facilities the immediate process of repatriation needs to begin. Without a contract with a Restoration Contractor this process can be seriously delayed. It was noted from the returned inject that many members do not have a formal contract with a Restoration Contractor.

**Area for Improvement 3: Stop Over Points not Identified**

**Reference:** DSF Observers / Local Emergency Managers

**Analysis:** As all plan members were designated as evacuating DSF it was noted that many do not have stop over points listed or if they do the information is outdated. We would recommend that you review your stop over point information in the MassMAP website and if warranted update the information. We would recommend that you review your stop over locations with your local Emergency Manager. If you need guidance in determining a stopover point go to the MassMAP website (www.massmap.org), to the Search for Documents box and type in “stopover”. There were multiple documents to assist you, including a sample Memorandum of Understanding.

**Area for Improvement 4: EM First Responder MassMAP Education**

**Reference:** Hotwash Call / Community Partners EEGs

**Analysis:** As there are many Community Partners who interact with MassMAP members during exercises and true disasters it became evident that not all Community Partners were fluent in the resources that MassMAP could provide to them.
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 aware of how to handle an internal or external disaster that may require resident relocations. With that comes challenges not only to a DSF but also RAFs regarding managing staff, residents, families, media and regulatory agencies all while maintaining a safe environment and continuity of care for all residents.

During this year’s exercises we noticed a stronger presence of community partner involvement as well as corporate entities, specifically assisted living corporate entities became more involved with their members overall preparedness level.

We also continue to see some 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.

As we know disasters can happen at any time and members must remain in a constant state of readiness in our ever-changing environment.