Rhode Island
Long-Term Care Mutual Aid Plan (LTC-MAP)
2019 Full-Scale Exercises

Southern Region – June 18, 2019 (1:00pm – 4:45pm)
Northern Region – June 19, 2019 (9:00am – 12:45pm)

Executive Summary Report

Date: August 2019
These annual full-scale exercises, coupled with ongoing training and emergency reporting drills, promote the continued readiness of Rhode Island’s Long-Term Care Mutual Aid Plan (LTC-MAP), its various processes, and the LTC-MAP members to respond to disasters that may interrupt their routine operations with the threat of evacuation.

The core focus of this year’s exercise was the role of a Disaster-Struck Facility (DSF); this year, all LTC-MAP members participated as DSFs that had been impacted by a natural disaster, providing them the opportunity to rehearse both internal and LTC-MAP processes related to evacuation, including activation of the Incident Command System, identifying transportation requirements for residents, establishing Holding Areas, staff notification and call-backs, packaging residents for transport, etc..

LTC-MAP members were encouraged to invite external partners, such as local fire department and emergency medical services, into their command centers to observe the exercises. This type of community engagement is critical to ensuring an effective response, as it allows key responders the opportunity to familiarize themselves with facility and LTC-MAP operations prior to an actual disaster or evacuation.
EXERCISE OVERVIEW

Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) 2019 Full-Scale Exercises

Southern Region – June 18, 2019 1:00pm – 4:45pm
Northern Region – June 19, 2019 9:00am – 12:45pm

In this year’s exercise, all RI Long-Term Care Mutual Aid Plan (LTC-MAP) members participated as Disaster-Struck Facilities (DSF) that had 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 also their own internal emergency plans. Components of LTC-MAP and internal plans that were tested include:

- Activation of facility / community command centers;
- Reporting operational status
- Completion of Transportation Evacuation Surveys
- Development of an Incident Command System (ICS) chart with points of contact identified for each ICS position activated
- Completion and submission of census list to RIDOH
- Submission of the Resident / Medical Record / Staff / Equipment Tracking Sheet to RIDOH

While evacuation of the DSFs was notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current census. Members were also 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.

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 current-day resident censuses, Transportation Evacuation Surveys, and pictures taken.
of the exercise. As part of the exercise, LTC-MAP members were also instructed to select an RAF from their list of top-ten evacuation sites (found on their LTC-MAP member websites) to which to send their evacuating residents.

In order to support this year’s approach, no activity occurred in RIDOH’s Department Operations Center (DOC). Instead, LTC Responders were activated remotely to follow up with non-responding facilities to support their emergency reporting. Personnel who normally operate in the DOC, specifically RIDOH and HCRI personnel, visited several facilities during the exercise to observe the facilities’ internal responses and identify best practices and potential areas for improvement. As a component of the exercises, participating LTC-MAP members submitted all requested documents, including photos, Transportation Evacuation Surveys, and ICS charts to RPA, a Jensen Hughes Company, via e-mail prior to the conclusion of the exercises.

Response

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, provided the foundation for development of the exercise objectives and scenario. The purpose of this exercise was 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
- **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

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HCPR Capability 2: Health Care 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 Health Care 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

PHP Capability 3: Emergency Operations Coordination
  Function 2: Activate public health emergency operations

PHP Capability 6: Information Sharing
  Function 3: Exchange information to determine a common operating picture

PHP Capability 10: Medical Surge
  Function 1: Assess the nature and scope of the incident
  Function 2: Support activation of medical surge

Threat or Hazard
Heatwave

Scenario
Rhode Island had experienced a heat wave, with temperatures rising to the triple digits, that had been impacting the region over the past five days. Due to the collective power draw from Rhode Islanders trying to remain cool, many areas had been 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 it 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.

**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.

### Participating Agencies and Organizations

| All long-term care facilities and assisted living communities in 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 Association of Rhode Island [HARI]) |
| RPA, a Jensen Hughes Company |

### Points of Contact

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EXECUTIVE SUMMARY

MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

- **All participating LTC-MAP members had the opportunity to simulate responses as Disaster-Struck Facilities.** For the second year, all LTC-MAP members were designated as DSFs, allowing them to test their respective full-building evacuation plans. Leaders from nursing homes and assisted living communities in Rhode Island that have had to evacuate during actual disasters in the previous year credited their positive responses, in part, to having practiced it during previous LTC-MAP exercises. Because of the important lessons that were learned from these real-world evacuations, the exercise design team elected to revisit this theme in the hope that those lessons learned could be shared with the broader LTC-MAP community.

- **There was strong participation from LTC-MAP member personnel in supporting DSF operations.** Many participating members were clearly well prepared for an emergency that prompts at least a partial evacuation of their facilities. Participating members demonstrated a strong commitment continual improvement and were eager to hear and learn of best practices from members of RIDOH and HCRI who visited their facilities during the exercise. As a component of the exercise, facilities activated their Incident Command Systems and assigned personnel to fill key roles, which led to further staff engagement within the facilities. Several facilities even went beyond the scope of the exercise (e.g., primary Incident Command personnel watched so that secondary team members could participate and practice; simulating loss of power by turning off facility command center lights and forcing Incident Command to work only with flashlights and emergency lanterns). Many participating facilities used at least five live (i.e., not mannequin) mock evacuating residents.
LTC-MAP members leveraged the exercises to build relationships with key community partners. LTC-MAP members from around the state took this full-scale exercise as an opportunity to invite and work with community partners, such as local fire departments, emergency medical services, and emergency management agencies. In many cases, personnel from local emergency management agencies were onsite in members’ command centers to offer guidance and observe the facility’s evacuation processes. Establishing these relationships with key community partners prior to an actual disaster is certainly a best practice, and these exercises provide an optimal opportunity to do so.
LTC-MAP members had the opportunity to test their respective emergency operations plans and evacuation plans. In addition to testing elements of LTC-MAP, participating facilities used the exercise as an opportunity to activate and test their respective emergency operations plans and evacuation plans. Continual review of these documents by personnel, particularly within the context of a drill or exercise, further reinforces familiarity among key personnel, and also provides the opportunity to identify areas for improvement within the plans.
**Primary Areas for Improvement**

The Primary Areas for Improvement identified during this exercise are as follows:

- **The exercise’s design resulted in an exercise that placed more focus on individual members’ respective plans rather than the LTC-MAP as a whole.** Since the exercise’s scenario entailed the participation of all LTC-MAP members as DSFs (i.e., no facility functioned as a Resident Accepting Facility, or RAF), only an initial component of LTC-MAP – specifically the functions of a DSF (reporting status, identifying transportation requirements, etc.) – were tested. As previously mentioned, this approach was adopted by the exercise design team in order to capitalize on lessons learned and best practices from recent real-world activations of LTC-MAP in which facilities were evacuated. It was noted, however, that this approach might come at the cost of maintaining competence among LTC-MAP members on the use of LTC-MAP and its accompanying web-based system to perform more general functions not directly related to the role of a DSF. Future exercise design efforts will take this into consideration.

- **A number of facilities attempted to preempt the exercise scenario by activating surge areas.** Even though the exercise’s scenario did not include Resident Accepting Facility functions (e.g., the establishment of surge areas to accept incoming evacuees), a number of facilities activated surge areas because they had been conditioned to do so by past exercises and real-world events. In order to maximize the value and experience of these exercises, participating facilities should play close attention to the exercise’s scenario and scope, and not attempt to outsmart the exercise’s design.

- **Difficulty with implementation of the Incident Command System within LTC-MAP member facilities indicates that there is room for improvement.** Gaps remain in the ability of LTC-MAP members to effectively implement Incident Command System structures to coordinate their facilities’ responses. Tasks associated with the use of the Incident Command System (e.g., the development of an Incident Action Plan that outlines response objectives) were also inconsistently performed. It is likely that these gaps stem from a lack of adequate and consistent training on the Incident Command System and its use inside healthcare facilities. Effort should be taken by LTC-MAP members to further familiarize their personnel with the concepts of the Incident Command System and how it can be employed to support their respective facilities during disasters. Effort should be similarly taken by HCRI and Rhode Island’s LTC-MAP leadership to identify suitable training opportunities for personnel from LTC-MAP member facilities.
The response rate following the activation of the Emergency Reporting System remained relatively stable when compared to last year's LTC-MAP exercises. There was marginal improvement in emergency reporting compliance in 2019 (see graph below for a comparison with response rates from last year's exercises). Ideally, 100% of members from both the Northern and Southern regions should complete their emergency reporting when prompted by the LTC-MAP system. Room for improvement remains.

![2018 / 2019 Emergency Reporting Comparison](image)

Performance evaluation and quality improvement are integral components of emergency response exercises. Each exercise should, if properly conducted, raise areas for improvement, best practices, and lessons learned to the attention of participants and exercise evaluators. To capture these important insights, an overarching After-Action Report (AAR) detailing evaluators’ and participants' findings from this year’s exercises is currently in development. This AAR will be made available for review by LTC-MAP members. However, this AAR does not preclude LTC-MAP members from the need to evaluate their own performance at the facility level. Each participating LTC-MAP member is strongly encouraged to develop their own AARs that detail areas for improvement, best practices, and lessons learned observed at their facilities during exercise play. Not only will this effort further advance your facility’s own emergency preparedness, it will also be invaluable to fulfilling certain regulatory requirements related to emergency preparedness; the overarching AAR will not help an individual facility meet these requirements.
2019’s LTC-MAP exercise participants should all be proud of their hard work during the exercises. Thank you for your continued participation in this important initiative that strengthens not only your facility’s resilience, but also that of the entire healthcare system.

Sincerely,

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