EXERCISE EVALUATION GUIDE (EEG)

Exercise Name: New York June 2021 Long Term Care Mutual Aid Plan (LTC-MAP) Full Scale Exercise ***Exercise Date:*** _____	***Organizations:*** • Long Term Care Executive Council MAP • Greater Rochester MAP • Southern Tier MAP • Western New York MAP	***Location Evaluated:*** Disaster Struck Facility Command Center: _____ Facility Name

2017-2022 Health Care Preparedness and Response Capabilities with associated Objectives

The capabilities listed below provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

HCP&RC Capability 2: Health Care and Medical Response Coordination: Health care organizations, the HCC, their jurisdiction(s), and ESF-8 lead agency plan and collaborate to share and analyze information, manage, and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

HCP&RC Capability 3: Continuity of Health Care Service Delivery: Health care organizations, with support from the HCC and the Emergency Support Function-9 (ESF-8) lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or, ideally, improved operations.

HCP&RC Capability 4: Medical Surge: Health care organizations – including hospitals, emergency medical services (EMS), and out-of-hospital providers – deliver timely and efficient care to their patients even wen the demand for health care services exceeds available supply. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Homeland Security Exercise and Evaluation Program (HSEEP)

Disaster Struck Facility Command Center EEG   **New York Long Term Care Mutual Aid Plan (LTC-MAP)**
(RCC EEG)   **Full Scale Exercise**

Objective 1: Communication: Ensure the Regional Coordinating Center (RCC) establishes a continuous communications process with the Disaster Struck Facility and Resident Accepting Facilities.
Relates to Health Care Preparedness & Response Capabilities, Capability 2: Health Care and Medical Response Coordination
Critical Tasks:
- Notification properly received from the Disaster Struck Facility (DSF)? Note Time: _____.
- Activate the LTC-MAP Emergency Reporting System at www.mutualaidplan.org/ny.
- Notify the LTC-MAP members and Critical Partners through notification systems.
- Verified the Local Emergency Management Agency is aware of the incident (either direct communications or via the DSF contacting them)
- Established initial and a timeframe for ongoing communication with the Disaster Struck Facility (DSF)
- Ensured initial conference call took place with the Disaster Struck Facility (DSF) and Resident Accepting Facilities (RAFs)
- Resource requests (supplies, transportation, staffing) made by a facility were acted upon by the Regional Coordinating Center (RCC) team.
- Regional Coordinating Center (RCC) communicates stand down message at the conclusion of the exercise.

Objective 2: Planning: Ensure the Regional Coordinating Center (RCC) utilization of administrative tools within the LTC-MAP to support the evacuation and resident placement.
Relates to Health Care Preparedness & Response Capabilities, Capability 3: Continuity of Health Care Service Delivery
Critical Tasks:
- Ensure that 100% of facilities utilize the Emergency Reporting System at www.mutualaidplan.org/ny.
- Ensure the Regional Coordinating Center (RCC) ability to aggregate data from the LTC-MAP members to support open beds, operational issues, resources & assets needs, and staffing resources, and provide aggregate reports for Steering Committee Members and partners as requested.
- Did the Regional Coordinating Center (RCC) work on alternate strategies for placement of special care residents (dementia secured units) or look at larger groupings of beds for placement.

Objective 3: Resident Tracking: Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility to the Resident Accepting Facilities
Relates to Health Care Preparedness & Response Capabilities, Capability 3: Continuity of Health Care Service Delivery
Critical Tasks:
- Was the Resident / Medical Record / Staff / Equipment Tracking Sheets or other resident tracking information (census) received from the Disaster Struck Facility (DSF)?
- Was the Resident / Medical Record / Staff / Equip Tracking Sheets and/or the Influx of Residents Log received from the Resident Accepting Facilities (RAFs) after arrival of the residents?
- Were all residents properly tracked and accounted for ("close the loop")?

Source(s): New York Long Term Care Mutual Aid Plans and associated documents. Facility's Full Building Evacuation Plan.

Homeland Security Exercise and Evaluation Program (HSEEP)

Disaster Struck Facility Command Center EEG   **New York Long Term Care Mutual Aid Plan (LTC-MAP)**
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Capability Objective	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Objective 1: Communication: Ensure the Regional Coordinating Center (RCC) establishes a continuous communications process with the Disaster Struck Facility and Resident Accepting Facilities.	• Notification properly received from the Disaster Struck Facility (DSF)? Note Time: _____. • Activate the LTC-MAP Emergency Reporting System at www.mutualaidplan.org/ny. • Notify the LTC-MAP members and Critical Partners through notification systems. • Verified the Local Emergency Management Agency is aware of the incident (either direct communications or via the DSF contacting them). • Established initial and a timeframe for ongoing communication with the Disaster Struck Facility (DSF). • Ensured initial conference call took place with the Disaster Struck Facility (DSF) and Resident Accepting Facilities (RAFs). • Resource requests (supplies, transportation, staffing) made by a facility were acted upon by the Regional Coordinating Center (RCC) team. • Regional Coordinating Center (RCC) communicates stand down message at the conclusion of the exercise.		

Objective 2: Planning: Ensure the Regional Coordinating Center (RCC) utilization of administrative tools within the LTC-MAP to support the evacuation and resident placement.	• Ensure that 100% of facilities utilize the Emergency Reporting System at www.mutualaidplan.org/ny. • Ensure the Regional Coordinating Center (RCC) ability to aggregate data from the LTC-MAP members to support open beds, operational issues, resources & assets needs, and staffing resources, and provide aggregate reports for Steering Committee Members and partners as requested. • Did the Regional Coordinating Center (RCC) work on alternate strategies for placement of special care residents (dementia secured units) or look at larger groupings of beds for placement.		
Objective 3: Resident Tracking: Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility to the Resident Accepting Facilities.	• Was the Resident / Medical Record / Staff / Equipment Tracking Sheets or other resident tracking information (census) received from the Disaster Struck Facility (DSF)? • Was the Resident / Medical Record / Staff / Equip Tracking Sheets and/or the Influx of Residents Log received from the Resident Accepting Facilities (RAFs) after arrival of the residents? • Were all residents properly tracked and accounted for ("close the loop")?		
		Final Core Capability Rating	

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Any suggestions for NY LTC-MAP plan improvements:

Any Exercise Suggestions:

Other Disaster Struck Facility Command Center Comments:

Evaluator Name _____

Evaluator E-mail _____

Phone _____

Ratings Key
P – Performed without Challenges
S – Performed with Some Challenges
M – Performed with Major Challenges
U – Unable to be Performed

PLEASE FAX COMPLETED EEG TO 860-793-4880 or e-mail to
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By: June 11, 2021

Ratings Definitions

Performed without Challenges (P)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Performed with Some Challenges (S)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges (M)	The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Unable to be Performed (U)	The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).