EXERCISE EVALUATION GUIDE (EEG)

Exercise Name: New York September 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)**
(RAF EEG)   **Full Scale Exercise**

Objective 1: Activation: Demonstrate effective response and evacuation coordination by Regional Coordinating Center (RCC) and RAF personnel through the use of the Incident Command System (ICS).
Relates to Health Care Preparedness & Response Capabilities, Capability 2: Health Care and Medical Response Coordination
Critical Tasks:
- Did the RAF establish a Command Center?
- Was the Command Center functional? (e.g., enough phones, fax machine, computer, and printer nearby)
- Was the Incident Command System used to organize the disaster and influx response?
- Were key positions such as Incident Commander, Operations, Planning, Logistics Section Chiefs, and a Public Information Officer established?

Objective 2: Information Sharing: Provide healthcare situational awareness that contributes to the incident common operating picture (includes Resident Tracking).
Relates to Health Care Preparedness & Response Capabilities, Capability 2: Health Care and Medical Response Coordination
Critical Tasks:
- RAFs provided Emergency Reporting within the first thirty minutes of the exercise?
- RAFs receive clinical hand offs from the DSF, on all residents that are being evacuated?

Objective 3: Emergency Operations Coordination: Demonstrate the ability of the Regional Coordinating Center (RCC) to match evacuating residents with appropriate bed types at RAFs using the categories of care data found within the LTC-MAP in a timely and effective manner.
Relates to Health Care Preparedness & Response Capabilities, Capability 3: Continuity of Health Care Service Delivery
Critical Tasks:
- Did the RAF receive residents to their level of care?
- Did the Regional Coordinating Center (RCC) correctly identify / match residents to RAFs utilizing the Category of Care data / report?

Objective 4: Information Sharing: Develop, refine, and sustain redundant, interoperable communication systems.
Relates to Health Care Preparedness & Response Capabilities, Capability 2: Health Care and Medical Response Coordination
Critical Tasks:
- Were there any communication failures with any of the communication devices throughout the exercise (e.g., telephone, cellular, e-mail, fax, and LTC-MAP website)?

Objective 5: Medical Surge: Ensure that RAFs can surge to accept influxes of evacuating residents by Regional Coordinating Center (RCC) facilitating resource requests and resident tracking, as needed.

Relates to Health Care Preparedness & Response Capabilities, Capability 4: Medical Surge

Critical Tasks:

- Did RAFs request from the Regional Coordinating Center (RCC) assistance with resources?
- Did RAF conduct Resident Tracking with the DSF or Regional Coordinating Center (RCC) by completing an Influx of residents Log and faxing it to the Regional Coordinating Center (RCC) and or calling them to close the loop?
- Did RAFs properly implement their influx of resident's plan?
- Did RAFs establish a Triage/Intake area?
- Did RAFs establish an Influx /surge area?

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

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Capability Objective	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
Objective 1: Activation: Demonstrate effective response and evacuation coordination by Regional Coordinating Center (RCC) and RAF personnel through the use of the Incident Command System (ICS).	• Did the RAF establish a Command Center? • Was the Command Center functional? (e.g., enough phones, fax machine, computer, and printer nearby) • Was the Incident Command System used to organize the disaster and influx response? • Were key positions such as Incident Commander, Operations, Planning, Logistics Section Chiefs, and a Public Information Officer established?		
Objective 2: Information Sharing: Provide healthcare situational awareness that contributes to the incident common operating picture (includes Resident Tracking).	• RAFs provided Emergency Reporting within the first thirty minutes of the exercise? • RAFs receive clinical hand offs from the DSF, on all residents that are being evacuated?		
Objective 3: Emergency Operations Coordination: Demonstrate the ability of the Regional Coordinating Center (RCC) to match evacuating residents	• Did the RAF receive residents to their level of care? • Did the Regional Coordinating Center (RCC) correctly identify / match residents to RAFs utilizing the Category of Care data / report?		

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with appropriate bed types at RAFs using the categories of care data found within the LTC-MAP in a timely and effective manner.			
Objective 4: Information Sharing: Develop, refine, and sustain redundant, interoperable communication systems**.**	• Were there any communication failures with any of the communication devices throughout the exercise (e.g., telephone, cellular, e-mail, fax, and LTC-MAP website)?		
Objective 5: Medical Surge: Ensure that RAFs can surge to accept influxes of evacuating residents by Regional Coordinating Center (RCC) facilitating resource requests and resident tracking, as needed.	• Did RAFs request from the Regional Coordinating Center (RCC) assistance with resources? • Did RAF conduct Resident Tracking with the DSF or Regional Coordinating Center (RCC) by completing an Influx of residents Log and faxing it to the Regional Coordinating Center (RCC) and or calling them to close the loop? • Did RAFs properly implement their influx of resident's plan? • Did RAFs establish a Triage/Intake area? • Did RAFs establish an Influx /surge area?		
		Final Core Capability Rating	

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: September 20, 2021

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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).