

## FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

<b>Facility Name</b>	<hr/>
<b>Exercise Name</b>	<b>2021 Full-Scale Exercises: All Members Participated as Disaster Struck Facilities (DSFs)</b>
<b>Exercise Date</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Region 1, Monday, October 4, 2021</b></li><li><input type="checkbox"/> <b>Region 2, Tuesday, October 5, 2021</b></li><li><input type="checkbox"/> <b>Region 3, Wednesday, October 6, 2021</b></li><li><input type="checkbox"/> <b>Region 4-A/B / 4-C, Thursday, October 7, 2021</b></li><li><input type="checkbox"/> <b>Region 5, Friday, October 8, 2021</b></li></ul>
<b>Scope</b>	<p>These Full-Scale Exercises are planned for October 4-8, 2021, for all Massachusetts Long-Term Care Mutual Aid Plan (MassMAP) Facilities. Exercise play is limited to the scope of this exercise.</p> <p>In this year's exercise, all MassMAP members participated as Disaster-Struck Facilities that were impacted by a natural disaster. Resident Accepting Facilities were simulated by the exercise facilitator during the exercises. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans, as well. Components of LTC-MAP and internal plans that was tested include:</p> <ul style="list-style-type: none"><li>• Activation of facility command centers;</li><li>• Reporting operational status;</li><li>• Completion of Transportation Evacuation Surveys;</li><li>• Activation and setup of internal holding areas;</li><li>• Matching residents categories of care to available Resident Accepting Facility beds;</li><li>• Submission of the "Resident / Medical Record / Staff / Equipment" tracking sheet to the email address provided;</li></ul>

While the evacuation of the Disaster-Struck Facilities (DSFs) generally will be notional, all members will receive a request to complete their Transportation Evacuation Survey using real information from their current censuses. Members will also be 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 should use this opportunity to test internal evacuation plans and equipment.

The LTC Coordinating Center that will support this incident will be from Connecticut. This is the first time that we have had a cross-jurisdiction LTC Coordinating Center support a MassMAP exercise. Their exercise objectives included:

- Set-Up of CT LTC-MAP Coordinating Center
- Establish Regional Conference Call Objectives
- Assign staff to identify and manage:
  - Operational Issues
  - Identify available Beds
  - Identify available Transportation from plan members
  - Tracking and accountability of all Residents

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

**Mission Area(s)**

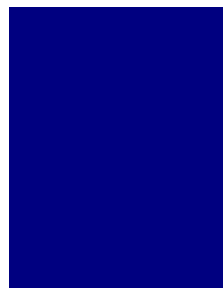
**Response**

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

The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capacities, published by the Office of the Assistant Secretary for Preparedness and Response in November 2016, provide the foundation for the development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate the 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

**HCPR Capability 2:** Health Care and Medical Response Coordination  
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 6, Activity 1: Develop and Implement Evacuation and Relocation Plans

**Threat or Hazard**

Tropical Storm

**Scenario**

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

**Sponsor**

**Massachusetts Long Term Care Mutual Aid Plan (MassMAP)  
Funded by: Massachusetts Department of Public Health**

**Participating Organizations**

Participating Agencies and Organizations
CT Region 1 LTC Coordinating Center – Lord Chamberlain, Stratford, CT. Standing up for MassMAP Region 1 exercise on October 4, 2021.
CT Region 2 LTC Coordinating Center – Masonicare Health Center, Wallingford, CT. Standing up for MassMAP Region 2 exercise on October 5, 2021.
CT Region 3 LTC Coordinating Center – Town of Manchester EOC / Regional Coordinating Center (RCC) at Dept. of Public Works, Manchester, CT. Standing up for MassMAP Region 4-A/B, 4-C exercise on October 7, 2021.
CT Region 4 LTC Coordinating Center – Harrington Court, Colchester, CT. Standing up for MassMAP Region 3 exercise on October 6, 2021.
CT Region 5 LTC Coordinating Center – Newtown Rehabilitation and Health Care Center, Sandy Hook, CT. Standing up for MassMAP Region 5 exercise on October 8, 2021.
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)
Jensen Hughes



**Points of  
Contact**

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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.

<b>H CPR Capability 2, Objective 3, Activity 1</b>	
Did your leadership team review the needs of vendor support during the exercise? e.g., Transportation Vendor	
What vendors would you need to contact during this scenario? Where is their contact information located?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>HCPR Capability 3, Objective 6 Activity 2</b>	
Did you determine the transportation needs of the full census of the building at the time of the exercise by completing Transportation Evacuation Survey and post the results in the transportation tab on the MassMAP website?	
Did you activate and set up internal holding areas to prepare residents for movement?	
Where was the holding area established and why was this area chosen?	
Was the Resident / MR / Staff / Equipment Tracking Sheet Form properly filled out by staff?	
Did your facility experience any trouble while completing the Emergency Evacuation Forms as well as determine proper placement for the mock resident via mock Resident Accepting Facilities (RAFs)?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>HCPR Capability 3, Objective 6 Activity 1</b>	
Did your staff demonstrate effective response and evacuation coordination by DSF personnel using the Incident Command System (ICS) and Community Partner involvement?	
Did your staff demonstrate the ability to match categories of care of mock residents to provided Resident Accepting Facilities?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>HCPR Capability 2, Objective 2 Activity 3</b>	
What redundant communication systems are in place at your facility (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications).	
Who conducted the online emergency reporting and what other members within the facility know how to complete emergency reporting on the MassMAP website should the primary person not be available?	
What is your process to manage to send resident's medical records to Resident Accepting Facilities? (e.g. electronic chart vs paper chart)	
What is your process to track staff and residents as they leave the building?	
Strengths:	Areas for 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 the 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"> <li>1. Develop options to add air conditioning to our alternate power source.</li> <li>2. Develop contingency plans.</li> </ol>	<i>Director of Maintenance</i>	<i>12/31/2021</i>

Primary Areas for Improvement identified during this exercise	Action Plan for Improvement:	Responsible	Projected Completion Date