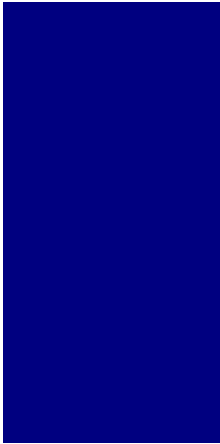


FACILITY AFTER ACTION REPORT / IMPROVEMENT PLAN

Facility Name	<hr/>
Exercise Name	September 2021 New York LTC-MAP Facility Evacuation & Resource / Asset Support Full Scale Exercises:
Exercise Dates	<ul style="list-style-type: none"> <input type="checkbox"/> LTC Executive Council MAP, Tuesday, September 14, 2021 <input type="checkbox"/> Southern Tier MAP, Wednesday, September 15, 2021 <input type="checkbox"/> Western NY MAP, Thursday, September 16, 2021 <input type="checkbox"/> Greater Rochester MAP, Friday, September 17, 2021
Scope	<p>These were Full Scale Exercises planned for the week of September 13, 2021, for all New York LTC-MAP Member Facilities. Exercise play was limited to the scope of the exercise.</p> <p>The emphasis of these exercises was to implement the LTC-MAP and to provide practice, as well as opportunity to improve the plan, with a focus on the MAP Web-Based technology system, emergency reporting, resident evacuation, communications, and the ability of Resident Accepting Facilities (RAFs) to manage an influx of residents. This included the Regional Coordinating Centers operations to support the events.</p> <p>These exercises began with the necessary evacuation of one DSF. The DSF was controlled by a JH team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSF provided real-time information to the Regional Coordinating Center and the RAFs, including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying what residents are evacuating where), and other information, as necessary. All plan members participating acted as RAFs other than the one identified DSF. These members were expected to communicate with the DSF and/or the RCC during the preparation, evacuation, and final relocation of the mock (paper) residents. RAFs received, via an e-mail message, all the necessary information on the residents and when they arrived. All participating facilities were expected to complete a Facility After Action Exercise Report and Improvement Plan documenting their</p>

	<p>participation.</p> <p>All participating plan members, in addition to being a DSF or RAFs, had the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.</p>
<p>Mission Area(s)</p>	<p>Response</p>
<p>2017-2022 Health Care Preparedness and Response Capabilities with Associated Objectives</p>	<p>The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capabilities, published in November 2016, provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:</p> <p>HCP&RC Capability 2: Health Care and Medical Response Coordination <u>Objective 2:</u> Utilize Information Sharing Procedures and Platforms <u>Objective 3:</u> Coordinate Response Strategy, Resources, and Communications</p> <p>HCP&RC Capability 3: Continuity of Health Care Service Delivery <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation</p> <p>HCP&RC Capability 4: Medical Surge <u>Objective 2:</u> Respond to a Medical Surge</p>
<p>Threat or Hazard</p>	<p>Extreme weather emergency: 70-80 MPH winds are being experienced in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.</p>
<p>Scenarios</p>	<p>High winds will impact Nursing Homes and Assisted Living Communities resulting in the evacuation of some facilities. The evacuation of one facility will take place in each MAP. "Mock Paper Residents" will be evacuated to other facilities due to building structural damage, unreliable generators, and loss of commercial street power.</p>
<p>Sponsor</p>	<p>New York Long Term Care Mutual Aid Plans (LTC-MAP); Greater Rochester MAP, LTC Executive Council MAP, Southern Tier MAP, Western NY MAP.</p>

Participating Organizations	Participating Organizations
	Jensen Hughes, Inc.
	Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs & RAFs)
	Greater Rochester MAP RCC: Honeoye Falls FD, Honeoye Falls, NY
	Greater Rochester MAP DSF: The Hurlbut, Rochester, NY
	LTC Executive Council MAP RCC: Van Duyn Center, Syracuse, NY
	LTC Executive Council MAP DSF: Crown Park Rehabilitation & Nursing Center, Cortland, NY
	Southern Tier MAP RCC: Chemung County Nursing Facility, Elmira, NY
	Southern Tier MAP DSF: Elderwood at Waverly, Waverly, NY
	Western NY MAP RCC: Beechwood Health Care Center, Getzville, NY
Wester NY MAP DSF: Absolut Care of Aurora Park, East Aurora, NY	
Points of Contact	<p>Greater Rochester Mutual Aid Plan (MAP) POC: Steve Woodruff, Steering Committee Co-Chair Deputy Director of Long-Term Care Livingston County (585) 243-7217 swoodruff@co.livingston.ny.us</p>
	<p>LTC Executive Council Mutual Aid Plan (MAP) POC: Janet Dauley Altwarg, Director LTC Executive Council of CNY Syracuse, NY (315) 689-2170 djaltwarg@cs.com</p>
	<p>Southern Tier Mutual Aid Plan (MAP) POC: Ed Linsler, Steering Committee Co-Chair, Administrator Elcor Nursing & Rehabilitation Center Horseheads, NY (607) 739-3654 x235 elinsler@elcor.us</p>
	<p>Western NY Mutual Aid Plan (MAP) POC: Chris Cox, Steering Committee Co-Chair Elderwood Corporate Buffalo, NY (860) 398-1435 ccox@elderwood.com</p>
	<p>Western NY Mutual Aid Plan (MAP) POC: Melody Parker, Steering Committee Co-Chair, Administrator Cloverhill Adult Residence</p>



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(585) 589-7832
Cloverhill87@yahoo.com

Jensen Hughes POC (Exercise Support):
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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.

<u>(DSF & RAF) Activation (HCP&RC Capability 2: Health Care and Medical Response Coordination)</u>	
Did your leadership team receive notification of the LTC-MAP activation?	
Upon plan activation, what internal actions did the person in charge to take?	
Strengths:	Areas for Improvement:
Other Comments:	

(DSF & RAF) Communications (Facility Staff, Families & Community Partners)

(HCP&RC Capability 2: Health Care and Medical Response Coordination)

Does your Communication Plan include communications with:

- On and off duty staff? What communication did you have with off duty staff? (e.g., staff call backs)

- Resident Families - How and what would you communicate with resident's families?

- Community Partners - What Community partner would you or did you communicate with?

Were all your communication devices in working order?

Do you have a plan that addresses the loss of communication devices? (e.g., phones, internet, call bells)

Strengths:

Areas for Improvement:

Other Comments:

(DSF & RAF) Command Center Operations:
(HCP&RC Capability 2: Health Care and Medical Response Coordination)

- Did you activate your Command Center?
- What positions / sections did you assign / fill? (e.g., Incident Commander, PIO, Safety, Operations, Logistics)

Was the room compatible for your needs? (e.g., enough phones, fax nearby, computer, internet, white board)

Did you have any community partners present?
If so, who and what feedback did they offer?

Strengths:

Areas for Improvement:

Other Comments:

DSF Holding Area (HCP&RC Capability 3: Continuity of Health Care Service Delivery)	
Where did you set up the Evacuation Holding area?	
Did you have enough supplies and staffing to manage the area?	
What is your process to manage resident's personal belongings, medical records, and durable medical equipment?	
Strengths:	Areas for Improvement:
Other Comments:	

RAF Intake Area (HCP&RC Capability 4: Medical Surge)	
Where did you set up an Intake / Triage area?	
Did you have enough supplies and staffing to manage the area?	
What is your process to manage medical records? (e.g., start a new paper or electronic chart)	
Strengths:	Areas for Improvement:
Other Comments:	

RAF Influx / Surge Area: (HCP&RC Capability 4: Medical Surge)	
Where did you set up an Influx / Surge area? Describe the area.	
Explain the process you would need to follow if you needed to surge over your licensed beds (e.g., local authorities' approval, fire marshal, health department, etc.)	
Is your surge plan readily available and are the surge areas listed on the LTC-MAP website on your LTC Beds tab in the planning data section?	
Strengths:	Areas of Improvement:
Other Comments:	

DSF & RAFs Coordination / Communication with the Regional Coordinating Center (RCC) (HCP&RC Capability 3: Continuity of Health Care Service Delivery)	
Describe the communication flow with the Regional Coordinating Center (RCC):	
DSF - Did the RCC provide you beds and transportation availability in a timely manner? RAF's - Did the RCC respond to requests for resources and assets and/or other operational issues you identified?	
Was the process to track residents followed? Were you notified by the RAFs or RCC of the receipt of your evacuated residents? (e.g., "Close the Loop")	
Strengths:	Areas of 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>Example: 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 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 do not have heat in 100% of our building while on generator.</i>	<ol style="list-style-type: none"> 1. Develop options to add heat to our alternate power source. 2. Develop contingency plans. 	<i>Director of Maintenance</i>	<i>12/1/17</i>