

## FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

<b>Facility Name</b>	
<b>Exercise Name</b>	<b>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP), 2022 Full-Scale Exercises: All Members Participated as Disaster Struck Facilities (DSFs)</b>
<b>Exercise Date(s)</b>	<input type="checkbox"/> <b>Northern Region, Tuesday, September 20, 2022</b> <input type="checkbox"/> <b>Southern Region, Wednesday, September 21, 2022</b>
<b>Scope</b>	<p>These Full-Scale Exercises were planned for September 20-21, 2022, for all Rhode Island Long-Term Care Mutual Aid Plan (LTC-MAP) Facilities. Exercise play is limited to the scope of this exercise.</p> <p>In this year’s exercise, all RI LTC-MAP 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 were 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 resident’s categories of care to available Resident Accepting Facility beds / Apartments;</li><li>• Submission of the “Resident / Medical Record / Staff / Equipment” tracking sheet to the email address provided;</li></ul> <p>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 were 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 used this opportunity to test internal evacuation plans and equipment.</p>



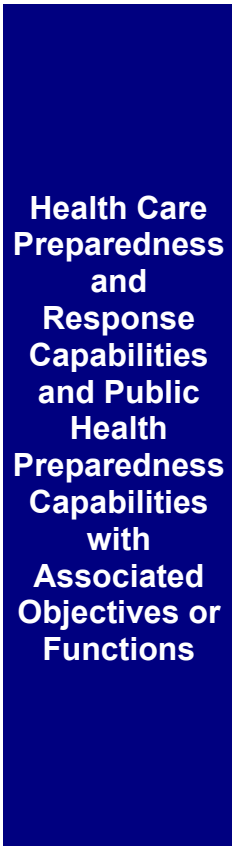
The Department Operations Center was activated to support simultaneous multiple facility evacuations. Their exercise objectives included:

- Set-Up of the Department Operations Center (DOC)
- 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 evacuated Residents

All participating plan members were expected to complete a Facility After Action Report and Improvement Plan documenting their participation.

**Mission Area(s)**

**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, 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:

**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 2: Coordinate Incident Action Planning During an Emergency.  
Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients (Residents), and Visitors during an Emergency.

**HCPR Capability 3:** Continuity of Health Care Services Delivery  
Objective 3, Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements  
Objective 6, Activity 1: Develop and Implement Evacuation and

	<p>Relocation Plans <u>Objective 6, Activity 2</u>: Develop and Implement Evacuation Transportation Plans</p> <p><b>HCPR Capability 4: Medical Surge</b> <u>Objective 2, Activity 2</u>: Implement Out-of-Hospital Medical Surge</p> <p><b>PHP Capability 3: Emergency Operations Coordination</b> <u>Function 2</u>: Activate public health emergency operations</p> <p><b>PHP Capability 6: Information Sharing</b> <u>Function 3</u>: Exchange information to determine a common operating picture.</p>								
<p><b>Threat or Hazard</b></p>	<p>Tropical Storm / Hurricane</p>								
<p><b>Scenario</b></p>	<p>A tropical storm / hurricane has caused flooding, power outages, and structural damage to all nursing homes and assisted living communities in the affected region. With the threat of another tropical storm coming up the coast in the next 48-72 hours, all RI LTC-MAP members are forced to evacuate their facilities and communities.</p>								
<p><b>Sponsor</b></p>	<p><b>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)</b> 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.</p>								
<p><b>Participating Organizations</b></p>	<table border="1"> <thead> <tr> <th data-bbox="431 1436 1382 1482">Participating Agencies and Organizations</th> </tr> </thead> <tbody> <tr> <td data-bbox="431 1482 1382 1524">All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td data-bbox="431 1524 1382 1566">LeadingAge Rhode Island (LARI)</td> </tr> <tr> <td data-bbox="431 1566 1382 1671">The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])</td> </tr> <tr> <td data-bbox="431 1671 1382 1713">Rhode Island Assisted Living Association (RIALA)</td> </tr> <tr> <td data-bbox="431 1713 1382 1755">Rhode Island Health Care Association (RIHCA)</td> </tr> <tr> <td data-bbox="431 1755 1382 1797">Rhode Island Long-Term Care Ombudsman</td> </tr> <tr> <td data-bbox="431 1797 1382 1833">Jensen Hughes</td> </tr> </tbody> </table>	Participating Agencies and Organizations	All long-term care facilities and assisted living communities in Rhode Island	LeadingAge Rhode Island (LARI)	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])	Rhode Island Assisted Living Association (RIALA)	Rhode Island Health Care Association (RIHCA)	Rhode Island Long-Term Care Ombudsman	Jensen Hughes
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**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 2, Activity 3</b> <b>PHP Capability 6, Function 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 LTC-MAP website should the primary person not be available?	
Did you make contact with the RIDOH Department Operations Center (DOC) during the exercise? If yes, what was discussed and/or requested?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>H CPR Capability 2, Objective 3, Activity 1, 2 &amp; 3</b>	
Did you complete an Incident Action Plan (IAP) on NHICS Form 200 at the beginning of the exercise?	
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?	
Did you conduct a simulated facility staff recall during the exercise? If yes, how was this completed and what were the results? (i.e. via phone tree or electronic notification system)	
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 the provided mock Resident Accepting Facilities (RAFs)?	
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 a Transportation Evacuation Survey and enter the results in the Transportation Tab on the LTC-MAP 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 Resident 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:	



**HCPR Capability 4, Objective 2, Activity 2**

Did you arrange for the transfer of staff, supplies and equipment, as needed, for the continuity of care of your residents at the receiving facilities?

What is your process 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.

<b>The major strengths identified during this exercise are as follows:</b>
<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>12/31/2022</i>