

FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	
Exercise Name	2023 Full-Scale Exercises: All Members Participated as Disaster Struck Facilities (DSFs)
Exercise Date	<ul style="list-style-type: none"><input type="checkbox"/> Region 3, Monday, October 23, 2023<input type="checkbox"/> Region 2, Tuesday, October 24, 2023<input type="checkbox"/> Region 4, Wednesday, October 25, 2023<input type="checkbox"/> Region 1, Thursday, October 26, 2023<input type="checkbox"/> Region 5, Friday, October 27, 2023
Scope	<p>The Annual Full-Scale Exercises were conducted October 23-27, 2023, for all Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Facilities. Exercise play was limited to the scope of this exercise.</p> <p>In this year’s exercise, all CT LTC-MAP members participated as Disaster Struck Facilities (DSFs) impacted by a natural disaster. The exercise facilitator simulated the Resident Accepting Facilities during the exercises. This allowed members the opportunity to test not only elements of the LTC-MAP but also their own internal emergency plans. Components of the LTC-MAP and internal plans that were tested include:</p> <ul style="list-style-type: none">• Activation of facility command centers.• Setup and operation of internal holding areas.• Completion of Transportation Evacuation Surveys.• Reporting operational status.• Matching resident categories of care to available Resident Accepting Facility (RAFs) beds.• Submission of the “Resident / Medical Record / Staff / Equipment” tracking sheet to the email address provided.• Submission of Exercise Evaluation Guides for the Facility Command Center and Holding Area.

While the evacuation of the Disaster Struck Facilities (DSFs) was notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current censuses. Members were also 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.

The LTC Coordinating Center that supported this incident was from Massachusetts (MassMAP). This is the third year we have had a cross-jurisdiction LTC Coordinating Center support the CT LTC-MAP exercises. Their exercise objectives included:

- Set up of the MassMAP Coordinating Centers.
- Establish Regional Conference Call Objectives.
- Assigning staff to manage:
 - Facility Operational Issues.
 - Coordinating available Beds.
 - Coordinating available plan member transportation vehicles.
 - 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)

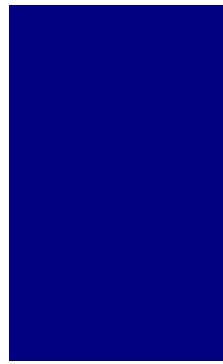
Response

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

Strong Category 1 Hurricane

Scenario

A Category 1 Hurricane has caused flooding, power outages, and structural damage to all nursing homes and assisted living communities across Connecticut. With the threat of a tropical storm coming up the coast in the next 72 hours, all CT LTC-MAP members are evacuating their facilities and communities.

Sponsor

**Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)
Funded by: Connecticut Department of Public Health**

Participating Organizations

Participating Agencies and Organizations
Connecticut Department of Public Health (DPH) – Facility Licensing & Investigations Section (FLIS)
Connecticut Department of Public Health (DPH) – Office of Public Health Preparedness and Response (OPHPR)
Connecticut Department of Emergency Services & Public Protection (DESPP), Division of Emergency Management & Homeland Security (DEMHS)
Disaster Struck Facilities – All CT LTC-MAP plan members
Jensen Hughes
Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs)
MassMAP Region 1 LTC Coordinating Center – Jewish Geriatric Services, 770 Converse Street, Longmeadow, MA. Standing up for CT LTC-MAP Region 2 exercise on Tuesday, October 24, 2023.
MassMAP Region 4 LTC Coordinating Center – Hebrew Rehabilitation Center, 1200 Centre Street, Roslindale, MA. Standing up for CT LTC-MAP Region 4 exercise on Wednesday, October 25, 2023.
MassMAP Region 5 LTC Coordinating Center – Sarah Brayton Skilled Nursing Center, 4901 N. Main Street, Fall River, MA. Standing up for CT LTC-MAP Region 1 exercise on Thursday, October 26, 2023.

**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.

H CPR Capability 2, Objective 3, Activity 3	
Does your facility have a mass notification communication system to contact families? (If so, list who has the authority to send emergency messaging)	
Does weekend, evening, and overnight staff have access and the knowledge to complete emergency reporting?	
Did you have any discussions with the MassMAP LTC Coordination Center during the exercise? If yes, what was discussed and requested?	
Strengths:	Areas for Improvement:

HCPR Capability 2, Objective 3 Activity 1,2 &3	
Did you complete an Incident Action Plan (IAP) on NHICS Form 200 at the beginning of the exercise? Yes / No	
Did your leadership team review the need for a Transportation Vendor(s) to support you during the exercise? If so, list the number of residents requiring Wheelchair Chair Transport.	
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., phone tree or electronic notification system)	
Strengths:	Areas for Improvement:
Other Comments:	

HCPR Capability 3, Objective 6 Activity 1

Did your staff demonstrate effective response and evacuation coordination by DSF personnel using the Incident Command System (ICS) and Community Partner involvement? List the support that your Community Partners could provide.

Did your staff demonstrate the ability to match the Categories of Care of mock residents to the provided mock Resident Accepting Facilities (RAFs)?

Strengths:

Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 6 Activity 2	
Did you determine the transportation needs of your current census of the building at the time of the exercise by completing a Transportation Evacuation Survey and entering the results in the Transportation Tab on the LTC-MAP website?	
Did you set up internal holding areas to prepare residents for evacuation from the building?	
Where was the holding area established, and why was this area chosen?	
Did staff properly fill out the Resident / MR / Staff / Equipment "Tracking Sheet"?	
Did your facility experience any trouble while completing the Resident Emergency Evacuation Forms and determining proper placement for the mock residents via the mock Resident Accepting Facilities (RAFs)?	
Strengths:	Areas for Improvement:
Other Comments:	

HCPR Capability 4, Objective 2, Activity 2	
Describe your process for sending your resident's medical records to Resident Accepting Facilities (RAFs).	
Describe your process for sending your resident's medications to Resident Accepting Facilities (RAFs).	
Describe your process for tracking staff and residents as they leave the building.	
Strengths:	Areas for Improvement:
Other Comments:	

General Comments / Observations

Use This Area If More Space Is Needed for Your Responses

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: *E.g. Our mass notification system worked well for communicating with staff and family.*

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 Party	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"> 1. Develop options to add air conditioning to our alternate power source. 2. Develop contingency plans. 	<i>Director of Maintenance</i>	<i>12/31/2023</i>

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