MASSACHUSETTS LONG TERM CARE MUTUAL AID PLAN (MASSMAP) FUNCTIONAL EXERCISE

Region 1 - June 23, 2014

Region 2 - June 24, 2014

Region 3 - June 25, 2014

Region 4 - June 26, 2014

Region 5 - June 27, 2014

After Action Report/Improvement Plan

September 24, 2014

Report Prepared By:

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Fire and Emergency Management for Healthcare Facilities

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Rev. April 2013
HSEEP-IP01

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EXERCISE OVERVIEW

Exercise Name	MassMAP Regional Evacuation & Resource/Asset Support Functional Exercise 2014
Exercise Dates	Week of June 23, 2014
Scope	This exercise was a Functional Exercise, covering, two and a half hours (2-1/2) in each region and concluded with a one hour (1) Hotwash Conference Call
Mission Area(s)	Response
Core Capabilities	**Core Capability:** 1 Healthcare System Preparedness Function 1: Develop, refine or sustain Healthcare Coalitions **Core Capability:** 3 Emergency Operations Coordination Function 3: Support healthcare response efforts through coordination of resources **Core Capability:** 6 Information Sharing Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture (includes Patient Tracking) **Core Capability:** 10 Medical Surge Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations Function 3: Provide assistance to healthcare with surge capacity and capability Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge
Objectives	1. Disaster Struck Facility (DSF) considers elements in coordinating with local Fire, EMS, and local Emergency Management. 2. DSF considers elements in coordinating with LTC Coordinating Center / Regional Medical Coordinating Center (RMCC) and MA DPH to support an evacuation. 3. DSF Command Center maintains communication with LTC Coordinating Centers / RMCC and Resident Accepting Facilities (RAFs). 4. DSF Command Center (with clinical staff support) reaches out to RAFs to ascertain available resources for accepting residents. 5. DSF Incident Command Center uses the Incident Command System to organize the disaster and evacuation response. 6. DSF Command Center coordinates the evacuation process, with attention to decision making, patient tracking and synchronizing the evacuation.

Objectives (cont.)	7. External communications are identified between the DSF Command Center and the LTC Coordinating Centers / RMCC, RAFs and other external partners. 8. All MassMAP members to provide Emergency Reporting within the timeline established. 9. Clinicians from the DSF to provide a clinical report to the RAFs on all residents that are being evacuated. 10. Residents are properly tracked through the evacuation process via the Resident Emergency Evacuation Form and MassMAP Electronic Patient Tracking system. 11. RAFs establish an intake area. 12. RAFs establish an influx area. 13. Upon residents' arrival, utilize the plan tools to document the arrival of residents. 14. DSF utilizes the Emergency Evacuation Form for all evacuated residents. 15. DSF utilizes the MassMAP Categories of Care to identify RAFs. 16. DSF completes the MassMAP Transportation Evacuation Survey. 17. LTC Coordinating Center / RMCC assists RAFs with resources and patient tracking, as needed.
Threat or Hazard	Tornado
Scenario	A Tornado will impact multiple Nursing Homes, Assisted Living Residences and Rest Homes across the Commonwealth resulting in full evacuations of some facilities. The evacuation of multiple facilities will take place in each region. "Mock Paper Residents" will be evacuated to other facilities due to building structural damage, unreliable generators, and loss of normal power.
Sponsor	Massachusetts Long Term Care Mutual Aid Plan (MassMAP) Funded by: Massachusetts Department of Public Health

Participating Organizations

Participating Agencies and Organizations
Disaster Struck Facility Region 1 – Chapin Center
Disaster Struck Facility Region 1 – East Longmeadow Skilled Nursing Center
Disaster Struck Facility Region 1 – Kindred Nursing and Rehab – Laurel Lake
Disaster Struck Facility Region 1 – Jewish Geriatric Services
Disaster Struck Facility Region 1 – Life Care Center of Wilbraham
Disaster Struck Facility Region 2 – Jewish Healthcare Center
Disaster Struck Facility Region 2 – The Meadows
Disaster Struck Facility Region 2 – Beaumont at Westborough
Disaster Struck Facility Region 3 – Hannah Duston Healthcare Center
Disaster Struck Facility Region 3 – Seacoast Nursing and Rehabilitation Center
Disaster Struck Facility Region 3 – Life Care Center of the North Shore
Disaster Struck Facility Region 4 – Golden Living Center - Heathwood

Participating Organizations (Continued)
Disaster Struck Facility Region 4 – Marina Bay
Disaster Struck Facility Region 4 – Somerville Home
Disaster Struck Facility Region 4 – Wingate at Needham
Disaster Struck Facility Region 4 – Brookhaven at Lexington
Disaster Struck Facility Region 4 – Marlborough Hills Healthcare Center
Disaster Struck Facility Region 4 – Sudbury Pines Extended Care
Disaster Struck Facility Region 4 – Springhouse Senior Living Community
Disaster Struck Facility Region 4 – Pond Home
Disaster Struck Facility Region 5 – Cape Regency Rehab & Health Care Center
Disaster Struck Facility Region 5 – Copley at Stoughton
Disaster Struck Facility Region 5 – Nemasket Healthcare Center
Disaster Struck Facility Region 5 – Southpointe Rehabilitation
Disaster Struck Facility Region 5 – Seashore Point
Region 1 LTC Coordinating Center / RMCC – Holyoke Healthcare Center
Region 2 Regional Medical Coordinating Center Central Mass EMS Corporation (CMED), Holden
Region 3 & 4 LTC Coordinating Center / RMCC – Hebrew Rehabilitation Center, Boston and the Boston Medical Intelligence Center (MIC)
Region 5 LTC Coordinating Center / RMCC - Sarah Brayton Nursing Center, Fall River
All Mass MAP Members
Massachusetts Department of Public Health – Emergency Preparedness & Health Care Quality
Local Fire Departments, EMS and Emergency Management Officials
Russell Phillips & Associates, LLC

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Acronyms

DSF	Disaster Struck Facility
EMS	Emergency Medical Services
HHAN	Health & Homeland Alert Network
RAF	Resident Accepting Facility
LTC Coordinating Center	Long Term Care Coordinating Center
MA DPH	Massachusetts Department of Public Health
MIC	Boston (Medical Intelligence Center)
RMCC	Regional Medical Coordinating Center (Region 2)

ANALYSIS OF CORE CAPABILITIES

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Activation

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Activation Systems. The two activation systems for MassMAP are the Health and Homeland Alert Network (HHAN) and email notification from the MassMAP website (www.massmap.org). Both of these notification systems performed very well.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Key Contacts. Not all MassMAP members received alerts as they are not listed in either system as a contact in the MassMAP.

Reference: Hotwash Conference Call

Analysis: The first step in receiving alert notifications is to enter your facility contacts in the MassMAP website. Go to www.massmap.org and log into your page. If you are not able to sign in, click on the help button and an email page will open. Detail the issue you are experiencing and a representative from Mass Senior Care will assist you.

To ensure you receive appropriate notifications via the Health and Homeland Alert Network (HHAN), login to the HHAN system at http://mass.gov/hhan and verify that the contact preferences specified in your personal profile are accurate. If you have forgotten your user name and password for the HHAN, please contact Dana Ohannessian at dana.ohannessian@state.ma.us.

Communications

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Overall Communication. The overall communication between the DSF, RAFs and LTC Coordinating Center / RMCC was very good. This provided a coordinated approach with the DSF, community partners and with the LTC Coordinating Center / RMCC.

Strength 2: Notifications. Notifications via the HHAN and MassMAP website was excellent. There were no complaints that messages were not received on any of the devices that members entered into system.

Communications

(continued)

Strength 3: DSF and LTC Coordinating Center / RMCC. With the challenge of multiple DSFs in each region, the communications between LTC Coordinating Center / RMCC and the DSFs was very good. The Incident Commander at the LTC Coordinating Center / RMCC assigned staff to be a liaison between the DSF and LTC Coordinating Center / RMCC. This provided a consistent approach to what information the LTC Coordinating Center / RMCC was requesting. To assist the LTC Coordinating Center / RMCC responders with identifying what questions they need to ask the DSF when they contact them, we have developed a Situation Status Form that will allow a consistent approach to the initial calls to the DSF. This will be utilized in all future trainings.

Strength 4: Regional Conference Call. The LTC Coordinating Center / RMCC initiated a Regional Conference Call for providing an update to all MassMAP members in the region. During this call, a briefing was provided by the DSFs detailing the infrastructure failure at their facility and what assistance they were requesting from the LTC Coordinating Center / RMCC and the Resident Accepting Facilities (RAFs). The LTC Coordinating Center / RMCC provided an update on the number of facilities that completed their Emergency Reporting, the number reporting operational issues (brief summary) and the available beds in the region.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Communications Devices – LTC Coordinating Centers / RMCC. Shortfalls exist with the communications devices in a few of the LTC Coordinating Centers / RMCC.

Reference: LTC Coordinating Center / RMCC Controllers

Analysis: Areas for improvement are listed below, by region:

- Region 1:
  - For this exercise the LTC Coordinating Center was at Holyoke Healthcare Center, as Jewish Geriatric, the normal LTC Coordinating Center, was a DSF for this exercise. The room had two (2) phones in place and there were no operational issues with them. The fax was across the hall and worked well. Discussions will be taking place with their leadership team to have them identified as an alternate LTC Coordinating Center for the region. If this takes place they would need to build some communication redundancy into their system such as adding at least one more phone into the room.
- Region 2 (RMCC):
  - The printer near the cabinet would not connect to the network and therefore, did not allow wireless printing. This was being addressed by the CMED supervisor at the conclusion of the exercise. All other devices worked well.

Communications

(continued)

Region 3 / 4:

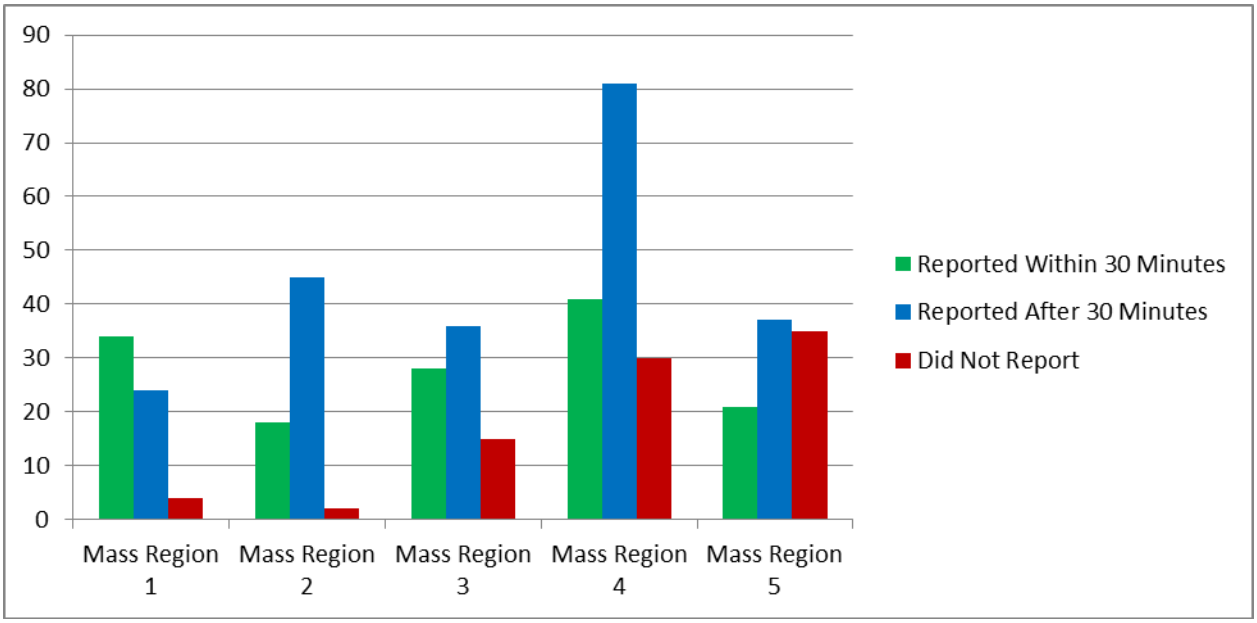
- While the fax machine kept up with the large demand, someone needs to monitor the paper status.
- A protocol should be written detailing how to set the room up upon activation, including where equipment is located, the placement of phones and computers, and how to establish the network connection to the printer, as no instructions were available.

- Region 5:
  - As of February 1, 2014 a Region 5 LTC Coordinating Center was established at Sarah Brayton Nursing Center in Fall River. There were a few items needed to better operationalize, such as office supplies and a power strip. These items have already been purchased and placed in the LTC Coordinating Center Equipment Cart.

Area for Improvement 2: **Facilities not completing their emergency reporting, others were not aware of the plan or the exercise that was taking place.**

Reference: LTC Coordinating Center / RMCC Controller

Analysis: All facilities were requested to complete their Emergency Reporting within 30 minutes from the start of the exercise. Some regions did very well but others struggled. (See Region specific compliance below)



Communications

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The LTC Coordinating Center / RMCC communicated with facilities (as time allowed) who did not complete their Emergency Reporting. They experienced challenges with people being unaware an exercise was taking place, people stating they would complete their Emergency Reporting and then failing to do so, and people who were unsure how to complete their Emergency Reporting. RPA developed a guide to assist MassMAP members on the questions they will be asked when they provide their Emergency Reporting. See **Appendix C** Internal Situation Status Report tool for each facility and the **Appendix D**: LTC Coordinating Center / RMCC Call Script for Non-Reporting Facility.

Area for Improvement 3: **Fax vs. Scanning Documents to LTC Coordinating Center / RMCC may be more efficient.**

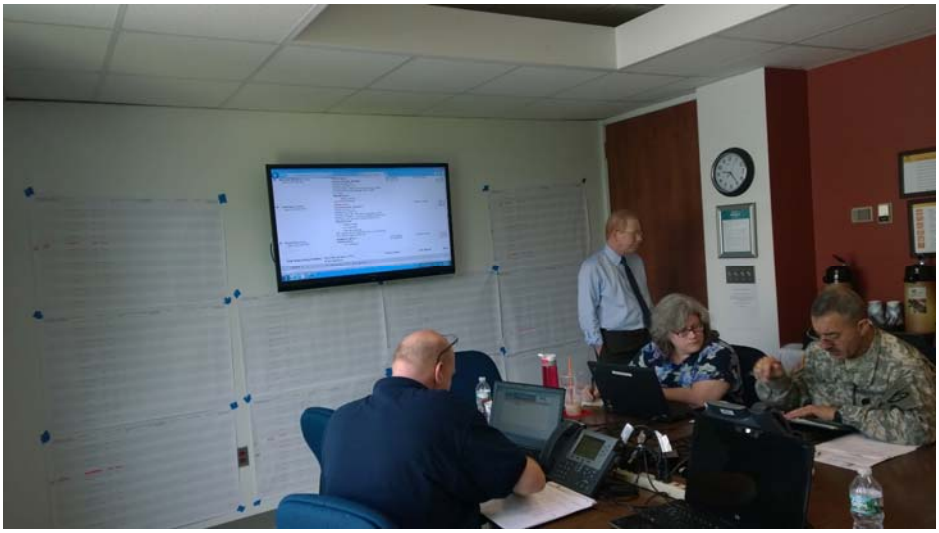
Reference: Hotwash Conference Call, LTC Coordinating Center / RMCC Controllers

Analysis: Due to fax machine overload issues at the LTC Coordinating Centers / RMCC, many MassMAP members have requested the capability to scan documents; specifically, the RAFs were requesting to scan the Influx of Residents Log. It should be noted that the fax issues would not be as prevalent in a real world event. This exercise is compressed to 2-1/2 hours and at a certain point in the exercise, all RAFs were faxing their influx forms to the LTC Coordinating Center / RMCC, causing the fax system overload.

Area for Improvement 4: **Inadequate Briefings within the LTC Coordinating Centers / RMCC.**

Reference: LTC Coordinating Center / RMCC Controllers

Analysis: There was a lack of briefings among the responders within the LTC Coordinating Centers / RMCC. When briefings were held, there was no consistency with the data collected. The briefing should be conducted to identify what resources have been allocated to the incident, provide a status update of the DSF's, and provide a permanent record of the initial response to the incident.



Region 4 LTC Coordinating Center

Evacuation

Strengths

The capability level can be attributed to the following strengths:

Strength 1: DSF Pre Exercise Preparation. The staff at the DSFs were responsible for organizing mock resident discharge paperwork, simulating the packaging of medications and personal belongings, utilizing MASSMAP patient tracking forms, notifying the RAFs that the residents were enroute to their facility, and then utilizing the MASSMAP Patient Tracking System. This proved at times to be stressful, but was very successful and we want to thank the DSFs for their efforts.

Strength 2: Clinical Support Teams. Each DSF established clinical support teams to receive calls from the RAFs dealing specifically with clinical issues.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: MassMAP forms. All MassMAP members need to become fluent with the MassMAP forms.

Reference: Hotwash Conference Call, LTC Coordinating Center / RMCC Controllers

Analysis: The primary forms include the *Resident Emergency Evacuation Form* (one per resident), the *Resident/Medical Record/Staff/Equipment Tracking Sheet* (run sheet of residents going to a specific facility and the transportation vehicles they are traveling in) and the *Influx of Residents Log* (completed at the RAF to cross-reference everyone that was received). It should be noted that a ballpoint pen should be used and to press hard when filling out the forms for all copies to be legible (write on a clipboard or other hard surface). Plan members struggled with the location of the Influx Forms.

Area for Improvement 2: DSF Command Centers were found to be lacking in physical location & staffing.

Reference: Hotwash Conference Call

Analysis: It was noted that many of the current DSF Command Center locations were too small, and lacked an adequate number of phones and staff to support an actual evacuation.

Patient Tracking

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Paper Patient Tracking System. The existing paper patient tracking system, a component of the MassMAP, worked well. The LTC Coordinating Centers / RMCC were able to provide accountability of all resident movement with the MA Resident Evacuation Forms and the influx forms that were received.

Patient Tracking

(continued)

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: **Communicating Receipt of Received Residents.** RAFs did not consistently contact the LTC Coordinating Center / RMCC to confirm the arrival of evacuated residents.

Reference: LTC Coordinating Center / RMCC Controllers

Analysis: There was substantial delay in all the RAFs sending their Influx of Residents Log to the LTC Coordinating Center / RMCC, as they were trying to manage the online system as well.

Area for Improvement 2: **Incomplete Documentation on Influx of Residents Log.**

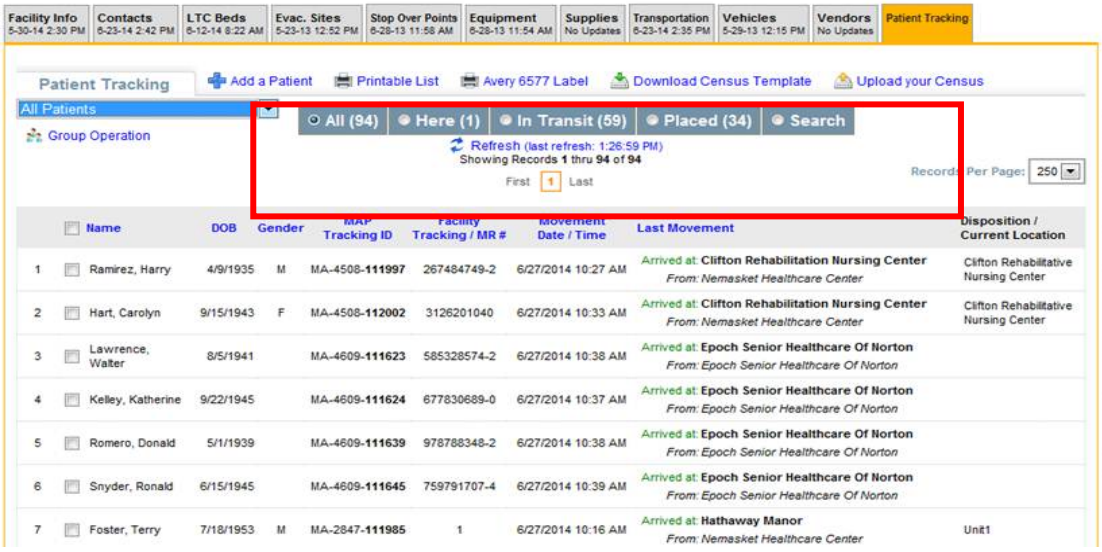
Reference: LTC Coordinating Center / RMCC Controllers

Analysis: Forms were received that lacked a full resident name, date of birth, were illegible or a screen shot of the electronic patient tracking showing the residents that arrived was used. This caused a challenge in verifying what residents were received by the specific RAFs.

Area for Improvement 3: **Challenges Using the MassMAP Electronic Patient Tracking System.**

Reference: LTC Coordinating Center / RMCC Controller, Hotwash Conference Call

Analysis: The Patient Tracking System is in beta form. If and when used, there will be webinars / web-ex training and tutorials accessible to all plan members. We want to thank everyone for realizing this was the cause of some frustration among plan members. We reviewed your comments from the surveys and the Hotwash Conference Call regarding being able to quickly identify the status of residents who are still at the DSF, in transit or arrived at the RAFs. In response to this review we have added a toolbar (see below) to allow you to quickly obtain the status of all resident movement.

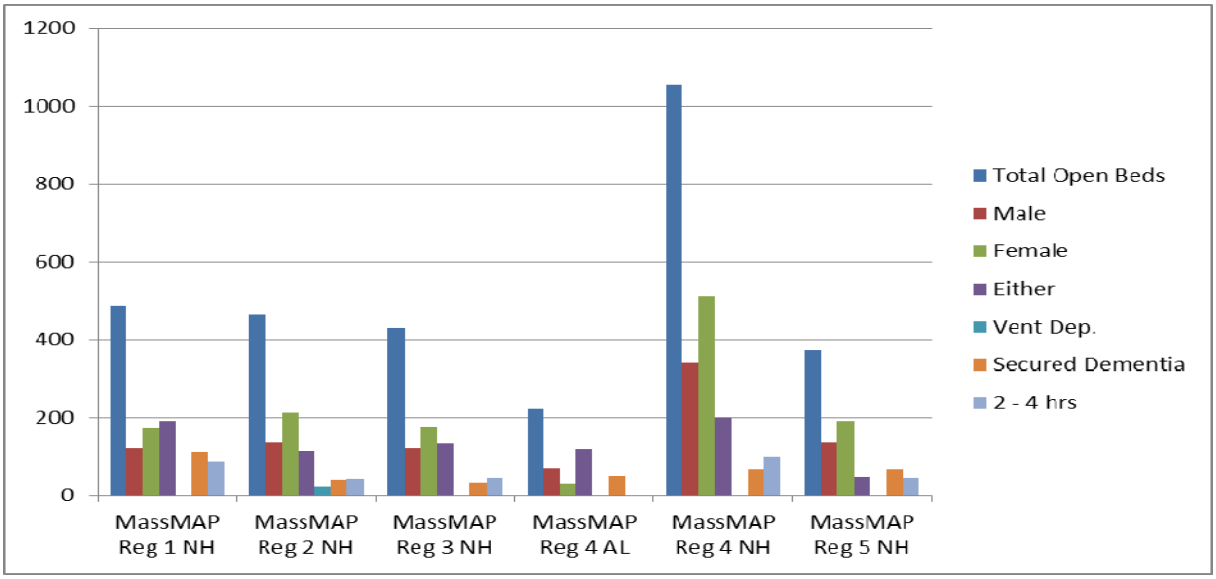


Planning

Strengths

The capability level can be attributed to the following strengths:

Strength 1: **Emergency Response Reports.** With the aid of the MassMAP Emergency Reporting System, the LTC Coordinating Center / RMCC was able to identify open beds, facilities that were experiencing operational issues, and the available transportation that MassMAP members could provide to others. (See below for open bed breakdown by region)



Strength 2: **Accountability.** The LTC Coordinating Center / RMCC contacted all non-reporting facilities as time allowed. The LTC Coordinating Center staff made the decision to contact all the facilities in the towns where the DSF was located. The accountability for all MassMAP members is a priority for the LTC Coordinating Center / RMCC and in a real world event **all** facilities would have been contacted.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: **Emergency Response Reports.** The inability of some of the DSFs and responders at the LTC Coordinating Center / RMCC to generate reports was problematic.

Reference: LTC Coordinating Center / RMCC Controller

Analysis: As the LTC Coordinating Center / RMCC responders were tasked with identifying what facilities were experiencing operational issues and what facilities did not report their Emergency Reporting it became clear that not all responders were fluent on how to run reports.

Influx / Surge Capacity

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Influx / Surge Capacity. From the comments on the Hotwash Conference Call and the online questionnaire, it appears many facilities either simulated or physically tested their Influx / Surge Capacity actions.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Knowledge of and familiarity with the Department of Public Health Request for Waiver Process for Influx / Surge.

Reference: Hotwash Conference Call, LTC Coordinating Center / RMCC Controller

Analysis: It was evident that most RAFs did not have the Department of Public Health Waiver forms on hand. The LTC Coordinating Center / RMCC received many calls as to the location of the forms, to the extent that we moved the form under RAFs documents under the 2014 Exercise Documents and announced their location in the regional conference calls.

Area for Improvement 2: Triage / Intake Areas. Established Triage / Intake areas at RAFs were noted as too small or lacking proper supplies to support the area.

Reference: Hotwash Conference Call, Online Questionnaire

Analysis: While receiving residents, groups noted that they were prepared to handle 1 or 2 at a time, but not the volume they were receiving (or potentially could receive).

Area for Improvement 3: Identification of Surge Areas.

Reference: Hotwash Conference Call

Analysis: Many facilities actually established a full surge area to test internal capabilities to expand over licensed beds. Many were not prepared for the large number of residents that they actually received and had to determine where they would place residents rapidly.

Vendor Activation

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Vendor Communication. During the exercises, some of the DSFs and RAFs contacted their vendors to obtain availability of supplies and equipment and were able to simulate acquiring the supplies and equipment they would need to accomplish an influx of residents or solve their operational issues.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Vendor Communications. It would benefit all facilities to contact primary vendors during disaster exercises. This ensures a process is in place to communicate with vendors during a crisis.

Reference: Online Questionnaire

Analysis: In review of the online questionnaire it was noted that only 32 facilities had entered any comments about contacting their vendors. Additionally, not all members have updated their vendors in the MassMAP website.

General Observations

Strengths

The capability level can be attributed to the following strengths:

Strength 1: The LTC Coordinating Center / RMCC worked very well together. For many, this was a new experience, as we have new responders and the Region 5 LTC Coordinating Center was active for the first time. The responders established internal teams where they identified open beds, contacted facilities who have not completed their Emergency Reporting, and tracked the movement of a very large number of mock residents.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Disaster Cart / Kit.

Reference: Hot Wash Conference Call

Analysis: MassMAP members continue to state they did not have a kit with the key supplies and resources needed to manage an evacuation or influx / surge.

Area for Improvement 2: LTC Coordinating Center / RMCC Staffing.

Reference: LTC Coordinating Center / RMCC Controller

Analysis: It was noted that the LTC Coordinating Center / RMCC had minimal staffing in two (2) of the regions.

Area for Improvement 3: Location of Plan Forms on the website.

Reference: LTC Coordinating Center / RMCC Controller, Hotwash Conference Call

Analysis: MassMAP members struggled to find the plan forms they needed in an evacuation.

Area for Improvement 4: Addressing Family / Media calls to DSFs, LTC Coordinating Center / RMCC and RAFs.

Reference: LTC Coordinating Center / RMCC Controller, Hotwash Conference Call

Analysis: There were many comments with good lessons learned regarding how MassMAP members addressed the calls they received. Many did fine and gave limited information and obtained a contact number to call the caller back; others had not informed the receptionist that they were involved in an exercise. These calls went to voicemail or were sent to the wrong person, who could not answer the questions.

Area for Improvement 5: Memorandum of Understanding (MOU).

Reference: Hotwash Conference Call

Analysis: On a Hotwash Conference Call the question was asked by a MassMAP member on how the payment structure would work for the seven (7) residents he accepted. We briefly reviewed the process and he was directed to the MOU in Section 9 of the Mutual Aid Plan. If facilities want to be reimbursed for accepting residents, it is imperative that all MassMAP members have a signed MOU on file with Massachusetts Senior Care Association. If you have not signed the MOU, contact Helen Magliozzi, Director of Regulatory Affairs, Massachusetts Senior Care by phone at (617) 558-0202 ext 228 or by email at hmagliozzi@maseniorcare.org.

APPENDIX A: IMPROVEMENT PLAN

(SEE EXCEL ATTACHMENT)