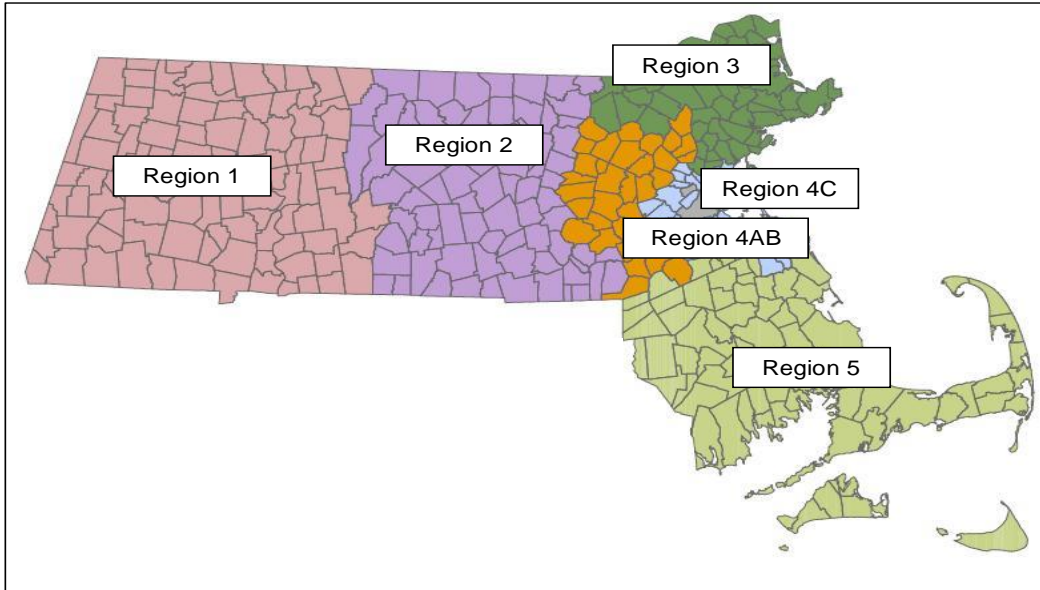


# Massachusetts

## Long Term Care Mutual Aid Plan (MassMAP)



### Executive Summary Report

### 2021 Full-Scale Exercises: October 4 – 8, 2021

Report Prepared By:



These annual Full-Scale Exercises, coupled with ongoing training and drills, provide continued readiness for MassMAP members and MassMAP support structures (Long Term Care Coordinating Centers, local and state responders, etc.).

There were two core focuses for this year's exercise. The first was for all MassMAP members to participate as Disaster-Struck Facilities (DSFs) that have been impacted by a natural disaster. This allowed members to test not only elements of MassMAP, but their internal emergency plans.

The second core focus was utilizing the Connecticut Long-Term Care Coordinating Centers (LTC Coordinating Centers) to support the MassMAP exercise. To ensure an effective exercise, Subject Matter Experts (SMEs), multiple long-term care facilities (leadership and clinical representation), and local representatives from numerous agencies took part in the exercise as observers and evaluators.

# EXERCISE OVERVIEW

<b>Exercise Name</b>	<b>2021 All Members Exercise as Disaster Struck Facilities &amp; LTC Coordinating Centers Cross-State Response</b>
<b>Exercise Dates</b>	Region 1 – Monday, October 4, 2021 (12:00pm-3:30pm) Region 2 – Tuesday, October 5, 2021 (9:00am-12:30pm) Region 3 – Wednesday, October 6, 2021 (9:00am-12:30pm) Region 4 – Thursday, October 7, 2021 (9:00am-12:30pm) Region 5 – Friday, October 8, 2021 (9:00am-12:30pm)
<b>Scope</b>	<p>In this year's exercise, all Massachusetts Long Term Care Mutual Aid Plan (MassMAP) members participated as Disaster-Struck Facilities that had been impacted by a natural disaster. Resident Accepting Facilities were simulated by the exercise controllers. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their internal emergency plans. Components of LTC-MAP and internal plans that were tested included:</p> <ul style="list-style-type: none"><li>• Activation of facility command centers.</li><li>• Reporting operational status in the MassMAP website.</li><li>• Completion of a <i>Transportation Evacuation Survey</i> on the MassMAP website.</li><li>• Activation and setup of internal holding areas.</li><li>• Matching residents to available Resident Accepting Facility beds.</li><li>• Submission of the <i>Resident / Medical Record / Staff / Equipment Tracking Sheet</i> to the email address provided.</li><li>• Activation of LTC Coordinating Centers in each Region of the Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) to support an evacuation.</li></ul> <p>While the evacuation of the Disaster-Struck Facilities (DSFs) generally will be notional, all members received a request to complete their <i>Transportation Evacuation Survey</i> using real information from their current census on the day of the exercise. Members were 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 vertical evacuation equipment if applicable.</p> <p>The LTC Coordinating Center that supported this incident was from Connecticut. This is the first time that we have had cross-jurisdiction</p>



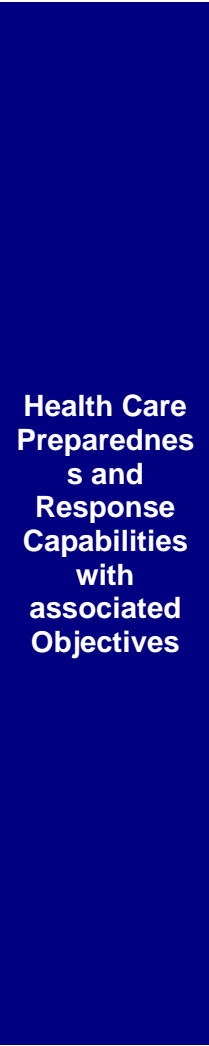
LTC Coordinating Centers support a MassMAP exercise. The exercise objectives included:

- Set-Up of CT LTC - 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 were 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, provided the foundation for the development of the exercise objectives and scenario. The purpose of this exercise was to measure and validate the performance of the following capabilities and their associated critical tasks:

**H CPR Capability 1: Foundation for Health Care and Medical Readiness**

- Objective 2: Identify Risk and Needs
- Activity 1: Assess Hazard Vulnerabilities and Risks

**H CPR Capability 2: Health Care and Medical Response Coordination**

- Objective 2: Use Information Sharing Procedures and Platforms
- Activity 3: Use Communications Systems and Platforms
- Objective 3: Coordinate Response Strategy, Resources, and Communications
- Activity 1: Identify and Coordinate Resource Needs during an Emergency
- Activity 2: Coordinate Incident Action Planning During an Emergency
- 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 6: Plan for and Coordinate Health Care Evacuation and Relocation  
Activity 1: Develop and Implement Evacuation and Relocation Plans  
Activity 2: Develop and Implement Evacuation Transportation 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 and Plan Members**

**Participating 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 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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# EXECUTIVE SUMMARY

## MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

- **All Plan Members designated as a Disaster Struck Facility (DSF):** This year all plan members were designated as a DSF. This forced plan members to test their Full Building Evacuation (FBE) Plans. There was no doubt a lot more energy involved with this exercise among all the participants. This exercise assisted in identifying gaps within plan members' FBE Plans and allowed for good discussions among the facility leadership teams and community partners.
- **Community Partner Engagement:** Plan members from around the state took this full-scale exercise as an opportunity to invite and work with community partners such as Local Fire Departments and EMS. In many cases, Emergency Management Directors were onsite in members' Command Centers to help manage the simulated disaster and work together. From the comments on the Exercise Evaluation Guides submitted, discussions included vehicle staging, vertical evacuations, and command and control of the incident.
- **Connecticut LTC Coordinating Centers supporting MassMAP DSFs:** With the multiple catastrophic events that have befallen place over recent years the decision was made to begin cross-training the LTC Coordinating Center Responders to support other MassMAP Regions. A LTC Operations Manual was developed and training of responders was implemented. There were three Responder training sessions and one full-scale exercise per year. This evolved into the Connecticut LTC-MAP Coordinating Centers supporting MassMAP DSF's in this year's annual disaster exercise . This is the first time cross-jurisdiction LTC Coordinating Centers supported a MassMAP exercise. The primary objectives of the LTC Coordinating Centers were to identify open beds based on facilities Categories of Care and identify available transportation by plan members who completed Emergency Reporting. The CT-LTC Coordinating Center Responders were very successful in operationalizing the LTC Coordinating Centers and effectively managing the event with the LTC Coordinating Center tools, the Emergency Reporting Dashboard, and available MassMAP reports.
- **Testing members' internal operations and plans via exercise injects.** This year's exercise injects were specifically designed to test plan members response to a full building evacuation. Plan members were required to submit a response for each inject. The intent of the injects was for plan members without a comprehensive emergency plan to use the details they obtained for the inject response to assist them in developing policies. The injects were as follows:
  - **Electronic Medical Records.** One of the Resident Accepting Facilities (RAFs) is asking how you plan to provide them with access to Electronic Medical Records (EMR) of the resident(s) you are

evacuating to them.

**THIS IS A DRILL. The MassMAP 2021 disaster exercise is currently underway.**

**Exercise injects are listed below. Please discuss and answer the inject questions with your leadership team.**

1. One of the Resident Accepting Facilities (RAFs) is asking how you plan to provide them with access to Electronic Medical Records (EMR) of the resident(s) you are evacuating to them. Use the Resident / MR / Staff / Equipment Tracking forms to determine the proper placement of the mock resident you are evacuating in today's exercise. Factor in open bed availability, appropriate levels of care, and other influences when selecting an evacuation site. Please review this with your leadership team and detail in the space below how you will provide the Medical Records to the RAFs.

Most of our records are on paper but some documentation is in the EMR. We would give a user name and password for our Matrix web based application for temporary access. We would copy MARS, TARs, if possible, if unable due to power issues we would send the originals.

Inject 4 Example: Mayflower Place of Nursing Center – Region 5

- **Transport of Narcotics.** One of the resident's you plan to evacuate has medication (narcotics) that will need to be transported with them. Please review this with your leadership team and detail how you will transport narcotics to the Resident Accepting Facilities.
- **Restoration Vendor.** To restore your building to its original condition you will need a restoration company. Do you have a contract with a Restoration Vendor? If so, list their name and contact number.
- **Regulatory Agencies Notification.** What regulatory agencies would you need to notify if you evacuated your building? List the agency and phone numbers of who you would notify.
- **Management of Insurance Claim.** Who in your organization would be responsible to maintain all the pertinent records to file an insurance claim?



- **Holding Area Identified and Setup.** Members successfully identified and established a holding area. As part of the exercise, members were instructed to activate and implement their internal Full Building Evacuation Plans. This process provided members the actual experience of establishing a holding area as would be needed in a true emergency. Members were requested to take photos of the holding areas and place the photos in their Full Building Evacuation Plan to be used as a reference during a true emergency (see photo below).



Photo: Jeffrey and Susan Brudnick Center for Living (Region 3) – Holding Area

- **Testing of Evacuation Equipment.** There were plan members who incorporated into the exercise the use of their vertical evacuation equipment. We commend the plan members who provided staff training on the equipment then tested them during the exercise.



Photo: Jeffrey and Susan Brudnick Center for Living (Region 3)

## PRIMARY AREAS FOR IMPROVEMENT

Throughout the exercises, several opportunities for improvement were identified to enhance the ability of MassMAP members to respond and assist during an incident. The primary areas for improvement are as follows:

- **Nursing Home Incident Command System (NHICS).** There is still a gap across the plan, as most plan members are not formally using the NHICS. The evaluators at the DSFs pushed the members to develop Incident Action Plans and follow the NHICS. The community partners also noted that plan members were lacking knowledge of the Incident Command System. It was evident that plan members do not have a clear understanding of how to execute this at their facilities. To support plan members NHICS will be provided during the 2022 annual education.
- **Plan Member Participation.** Under CMS regulations Nursing Homes must conduct at least one full-scale exercise per year. The Executive Office of Elder Affairs (EOEA) requires Assisted Living Facilities to provide training and testing to employees on their emergency preparedness program. Jensen Hughes has developed a Facility Participation Report (will be provided in the After-Action Report) to document participation in a full-scale disaster exercise. The following benchmarks were established to document a facility's participation:

- Completion of Emergency Reporting:
  - Within 30 Minutes as requested
  - By the end of the exercise (2.5 hours from the plan activation)
  - Did not complete
- Submitted Injects
- Submitted photos of the following areas:
  - Command Center
  - Holding Area
- Updated Transportation Evacuation Survey on the MassMAP website

There was a noticeable decrease in participation in this year's exercise. There is no doubt that the COVID-19 pandemic played a role as we heard from plan members that they were seeing a rise in positive cases. However, it appears the main cause was the lack of staff. Plan members are stating "40% of their direct care staff are working overtime to ensure adequate care coverage and over half of the Commonwealth's nursing facilities have reported denying or limiting admissions due to what many have described as the worst staffing crisis in our history." As we still have members submitting their exercise material, we will compare past years' participation in the annual Disaster Exercise in the After-Action Report.

Every successful exercise identifies areas for improvement and this exercise was no exception. Jensen Hughes is in the process of completing the After-Action Report (AAR) for this exercise. The AAR will analyze exercise results, identify strengths to be maintained and built upon, identify areas for further improvement, and support the development of corrective actions. All MassMAP members will be notified via a Constant Contact email message when the After-Action Report is completed and posted on the MassMAP website.

All participants should be proud of their hard work and allow the momentum of this process to carry forward. We wish to thank all of you who participated and made this a very successful exercise.

Sincerely,



Jim Garrow  
Senior Fire & Emergency Management Consultant  
Manager, Plainville CT Office