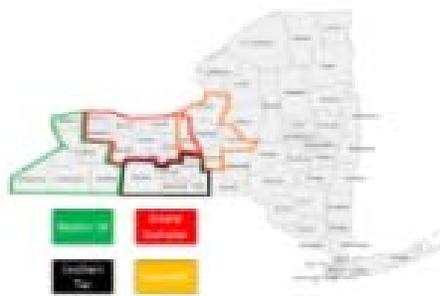


# LONG TERM CARE EXECUTIVE COUNCIL OF CENTRAL NEW YORK MUTUAL AID PLAN (LTC-MAP)

## REGIONAL FACILITY EVACUATION & RESOURCE / ASSET SUPPORT *FULL-SCALE EXERCISE* JUNE 8, 2021



## AFTER ACTION REPORT & IMPROVEMENT PLAN

Report Date: October 15, 2021

Report Prepared By:



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## EXERCISE OVERVIEW

<b>Exercise Name</b>	<b>2021 Long Term Executive Council of Central New York Mutual Aid Plan (LTC-MAP) Regional Facility Evacuation &amp; Resource / Asset Support Full-Scale Exercise</b>
<b>Exercise Date</b>	Tuesday, June 8, 2021, 9:00am - 12:30pm
<b>Scope</b>	<p>This Full-Scale Exercise was planned for Tuesday, June 8, 2021, for all Long Term Care Executive Council of Central New York Mutual Aid Plan (LTC-MAP) Member Facilities. Exercise play was limited to the scope of the exercise.</p> <p>The emphasis of this 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 Center operations to support the event.</p> <p>This exercise began with the necessary evacuation of one Disaster Struck Facility (DSF). The DSF was controlled by a Jensen Hughes 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, Resident Evacuation Tracking Sheets (identifying what residents were evacuating where), and other information, as necessary. All plan members participating therefore, 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 Report and Improvement Plan documenting their 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>
<b>Mission Area(s)</b>	Response

<p><b>2017-2022 Health Care Preparedness and Response Capabilities with associated Objectives</b></p>	<p>The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capabilities, published in November 2016, provided the foundation for development of the exercise objectives and scenario. The purpose of this exercise was to measure and validate performance of the following capabilities and their associated critical tasks:</p> <p><b>HCP&amp;RC Capability 2:</b> 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><b>HCP&amp;RC Capability 3:</b> Continuity of Health Care Service Delivery  <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation</p> <p><b>HCP&amp;RC Capability 4:</b> Medical Surge  <u>Objective 2:</u> Respond to a Medical Surge</p>						
<p><b>Threat or Hazard</b></p>	<p>Extreme weather emergency: 70-80 MPH winds were being experienced in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.</p>						
<p><b>Scenario</b></p>	<p>High winds impacted Nursing Homes and Assisted Living Communities resulting in the evacuation of one facility. “Mock Paper Residents” were evacuated to other facilities due to building structural damage, unreliable generator power, and loss of commercial street power.</p>						
<p><b>Sponsor</b></p>	<p><b>Long Term Care Executive Council of Central New York Mutual Aid Plan (LTC-MAP)</b></p>						
<p><b>Participating Organizations</b></p>	<table border="1"> <thead> <tr> <th data-bbox="397 1512 1429 1564">Participating Organizations</th> </tr> </thead> <tbody> <tr> <td data-bbox="397 1564 1429 1617">Jensen Hughes, Inc.</td> </tr> <tr> <td data-bbox="397 1617 1429 1690">Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs &amp; RAFs)</td> </tr> <tr> <td data-bbox="397 1690 1429 1743">LTC Executive Council MAP RCC: Van Duyn Center, Syracuse, NY</td> </tr> <tr> <td data-bbox="397 1743 1429 1795">LTC Executive Council MAP DSF: Crouse Community Center, Morrisville, NY</td> </tr> <tr> <td data-bbox="397 1795 1429 1879">Resident Accepting Facilities (identified in Appendix C: Facility Participation Report)</td> </tr> </tbody> </table>	Participating Organizations	Jensen Hughes, Inc.	Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs & RAFs)	LTC Executive Council MAP RCC: Van Duyn Center, Syracuse, NY	LTC Executive Council MAP DSF: Crouse Community Center, Morrisville, NY	Resident Accepting Facilities (identified in Appendix C: Facility Participation Report)
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**Points of  
Contact**

**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](mailto:djaltwarg@cs.com)

**Jensen Hughes POC (Exercise Support):**

Andrew McGuire, CEM, EMT-P  
Lead Fire & Emergency Management Consultant  
Jensen Hughes  
31 Cooke Street  
Plainville, CT 06062  
(860) 390-1949  
[andrew.mcguire@jensenhughes.com](mailto:andrew.mcguire@jensenhughes.com)

**Acronyms**

<b>BLS:</b>	Basic Life Support (Ambulance)
<b>DSF:</b>	Disaster Struck Facility
<b>EMS:</b>	Emergency Medical Services
<b>HCP&amp;RC:</b>	Health Care Preparedness & Response Capabilities
<b>JH:</b>	Jensen Hughes
<b>NHICS:</b>	Nursing Home Incident Command System
<b>RCC:</b>	Regional Coordinating Center
<b>RAF:</b>	Resident Accepting Facility

## EXECUTIVE SUMMARY

### MAJOR STRENGTHS

The major strengths identified during this exercise are as follows:

- **Plan Member Facility Command Centers.** LTC-MAP members took this full-scale exercise as an opportunity to stand up their internal leadership / incident management team and setup a command center within their facilities. Some plan members took the opportunity to invite and work with community partners. Local Fire Departments, EMS, Emergency Management Directors and Local Health Departments were onsite in some member's command centers to help manage the simulated disaster, build relationships, and work together.



Photo: DSF Command Center - Crouse Community Center, Morrisville, NY

- **Facility based After Action Report and Improvement Plan.** To assist LTC-MAP Members with compliance to the Centers for Medicare & Medicaid Services (CMS) new regulations, Jensen Hughes developed a Facility After-Action Report and Improvement Plan. If plan members completed the after-action section and developed an improvement plan, they will meet their requirement of participation in a Full-Scale Exercise. In addition, a plan wide After-Action Report is provided that documents the members exercise participation, strengths, and areas for improvement.
- **Members correctly handled the Media / Press Release inject.** It is a very real probability that facilities may be asked to provide a press release to local media and/or participate in a press conference during a disaster incident. The best time to learn how to interact with the media is before a real incident occurs and have a plan in place to manage the development of press releases and determine who the authorized representative of the facility is to authorize the release of information to the media. LTC-MAP members were given an inject that stated that local media was arriving at their facility and requesting a statement from the facility regarding what was happening and how they were contributing to the evacuation that was occurring. They wanted to know if the facility had received any evacuated residents and if they were okay. Plan members were asked to develop a press statement / press release for the onsite media and identify what authorizations would be needed prior to releasing the statement to the onsite media. Some plan members successfully used the media / press release guide and developed well thought out and properly formatted press release statement.

## MEDIA / PRESS RELEASE

FOR IMMEDIATE RELEASE: (6/8/21)

Contact Name Jason Newman  
Organization (Facility and/or Corporate) Bishop Rehab  
Phone Number 3154741561  
Email [treedy@bishopcare.com](mailto:treedy@bishopcare.com)

### Bishop Rehab Welcomes Disaster Residents

*Disaster strikes local nursing home, residents displaced and accepted by Bishop Rehab.*

**Syracuse, NY:** A strong storm hit a local nursing home damaging the roof of Crouse Community Center, residents were displaced as the nursing home was forced to evacuate. Bishop Rehabilitation accepted 10 of those displaced residents to ensure their safety and well-being.

Administrator Tim Reedy stated that “We are happy to assist another local facility in this time of need knowing that they would do the same for us.” Tim also said “We will be reaching out to the family members of the residents we have taken in, to assure them their loved ones are being well taken care of.”

Families of the residents we have taken in are welcome to call Bishop Rehab at 315-474-1561 with any questions or concerns.

Bishop Rehabilitation is 440 bed facility located in the heart of Syracuse, NY offering both long term care and short term rehabilitation for the community. Please visit their website at [www.bishopcare.com](http://www.bishopcare.com) for additional information services provided.

###

- **Disaster Carts.** Based on tools previously provided by the Mutual Aid Plan, it was great to see during this exercise that members have started to design and implement “disaster carts”. There is a lot to store and have readily available in an emergency, such as Incident Command Center binders, MAP forms and general emergency preparedness equipment. Members are embracing the opportunity to better organize their supplies and emergency equipment to be in a “ready-state” to respond to disasters.

- **Triage / Intake & Surge Areas Identified and Set up.** Some members successfully identified and set up triage / intake and surge areas. These internal plans were the result of members implementing LTC-MAP provided plans and lessons learned from previous exercises. This process helped members visualize how the setup process would be performed, what the staff requirements and supply / equipment needs would be in a true emergency. Some members took photos of their triage / intake and surge areas to demonstrate what the identified areas would look like in an actual emergency to better enable them to reproduce them in an actual incident.



Photo: Triage / Intake Area – The Cottages at Garden Grove, Cicero, NY

- **Ability of the Regional Coordinating Center (RCC) to assist the DSF.** The primary objective of the Regional Coordinating Center was to identify open beds based on their Categories of Care, identify transportation resources that were available by plan members and track all resident movement from the DSF to the RAFs. During this exercise the staff at the Regional Coordinating Center was successful in utilizing the web-based incident management tool dashboard feature to quickly scrutinize data to support the evacuating facility and those with other operational issues.



Photo: Regional Coordinating Center – Van Duyn Center, Syracuse, NY

Operational Issues					Facilities With Power Issues					
Facility	City	No Impact	Minor	Moderate	Severe		Severe	Moderate	Minor	No Impact
Total		-	-	3	1		1	-	-	-
Region Central NY		-	-	3	1		1	-	-	-

Equipment and Supplies								
Facility	City	Last Report	SHOWING NUMBER OF FACILITIES					
			On-Hand	Available for Others	Low Urgency	Routine Urgency	Urgent	General Notes
Total			15	2	9	1	1	3
Region Central NY			15	2	9	1	1	3

Reporting Compliance (within time period above)				Closest Facility Locator	
Facility	City	Member	Non-Member	Get geographic distances and directions to other plan member facilities from a selected facility	
Total		25 of 28	89%	0	
Region Central NY		25 of 28	89%	0	

LTC Open Bed Summary									
Facility	City	Last Report	Total Licensed	Total Open	Male	Female	Either	Vent Dependent	Dementia Secured
Total			3173	707	259	368	80	0	56
Region Central NY			3173	707	259	368	80	0	56

Available Vehicles							
Facility	City	Last Report	Patient Transport Vehicles	Patients Capacity	Wheelchair Capacity	E&S Transport Vehicles	Drivers
Total			18	83	38	15	26
Region Central NY			18	83	38	15	26

## PRIMARY AREAS FOR IMPROVEMENT

Throughout the exercise, opportunities for improvement were identified to enhance the ability of the LTC-MAP members to respond and assist during an incident. The primary areas for improvement are as follows:

- **Plan Member Participation Report:** The CMS regulations that took effect on November 15, 2017, state that Nursing Homes are to participate in a full scale exercise each year. Jensen Hughes developed a Facility Participation Report to document the facilities degree of participation in these full-scale exercises. The following benchmarks were established to document each facility’s level of participation:
  1. Completion of Emergency Reporting:
    - Within the first 30 minutes of plan activation
    - By the end of the exercise (2.5 hours from plan activation)
    - Did not complete

2. Submitted Press Statement
3. Submitted Photos of the activated areas: Command Center, Triage / Intake and Surge areas

During the exercise some facilities fully participated and met many of the benchmarks that were established. 75% (21/28) of the plan member facilities completed emergency reporting using the online web-based emergency reporting system within the first thirty minutes or by the end of the exercise. Jensen Hughes will continue to monitor plan member reporting participation with the Nursing Homes and Assisted Living Communities in future exercises and reporting drills and look to identify opportunities to improve overall reporting. 25% (7/28) of the plan member facilities received and responded to the injects and sent in photos of their established areas during the exercise. The overall level of participation was attributed to several factors: leadership changes, contact information not current on the LTC-MAP website, facilities not receiving the LTC-MAP e-mail messages to complete their reporting and some facilities simply chose not to participate in the exercise due to the ongoing COVID-19 Pandemic with localized outbreaks in facilities and continued staffing challenges. Reference Appendix C for the Plan Member Participation Report.

- **Command Center Locations:** Several members reported having to move their Command Centers due to poor layout, poor location, or inadequate resources. Command Centers can be crowded, noisy and tough to manage during an emergency incident if they are not in well thought out locations. An effective Command Center should be large enough to accommodate the leadership team, have phone and internet access as well as a means to communicate with their triage / intake and clinical areas.
- **Resident Placement Confusion:** Better communication between the Regional Coordinating Center and the DSF must be made to ensure a smooth resident placement process. When a facility is being evacuated, a challenge can be ensuring the Regional Coordinating Center and the DSF are not calling the same RAFs. During this exercise, as members were entering their emergency status online, both the Regional Coordinating Center and the DSF were calling the same RAFs, which caused some confusion due to duplication of efforts. In addition, by exercise design, there were several simulated “waves” of evacuated residents. The first was a simulated wave of evacuated residents that was sent to all RAFs via LTC-MAP e-mail. Some of the facilities did not receive this wave most likely due to lack of current e-mail addresses in the system or their e-mail server / firewalls blocking the e-mail. The second wave of evacuated residents came from the identified DSF. Only RAFs selected by either the DSF or the Regional Coordinating Center received the second wave of evacuated residents. This caused confusion amongst the RAFs as to the exact number of residents they would be receiving. The Regional Coordinating Center has a script for the responders to utilize when contacting the DSF to facilitate accurate information gathering to determine what actions have already been taken by the DSF and what specific resources and assets support are

needed. Continued training and exercises with the RCC team will focus on using the script to ensure this process is hard-wired into the RCC protocols.

## ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent classification for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

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

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

#### Objective 2: Utilize Information Sharing Procedures and Platforms

Activity 3: Utilize Communications Systems and Platforms

#### Associated Actions:

- Ensure ongoing communication capability throughout the disaster (exercise) by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the LTC-MAP website).

#### Strengths:

The capability level can be attributed to the following strengths:

**Strength 1: Standing Up the Plan.** The DSF initiated activation of the plan by calling the RCC and requesting activation. The RCC subsequently activated the incident on the LTC-MAP web-based management system and sent e-mail notification messages to all plan members contacts. The LTC-MAP e-mail system worked well for those facilities that received them.

**Strength 2: LTC-MAP Web-Based Management System – Emergency Reporting System.** The efficiency of time with the newly implemented web-based management system was significant as compared to the prior process of RCC responders having to place phone calls to all RAFs to determine open beds and transportation. Additionally, the prior approach would require the RCC team to then spend significant time collating the collected data to determine the most appropriate resources and assets for the DSF.

#### Areas for Improvement:

##### Area for Improvement 1: Key Contacts have not been updated

**Reference:** Regional Coordinating Center Controller, RAFs EEGs

**Analysis:** This year has been a learning process for all LTC-MAP members with the introduction of the web-based management system and new processes for maintaining facility planning data including contact information for key facility personnel (Administrators / Executive Directors, Directors of Nursing / Resident Care Directors

and Maintenance Directors). Many plan members have not accessed the LTC-MAP website and input the basic facility planning data including current contacts. If plan member facilities do not have current contacts listed, then they will not receive the e-mail alert messages when the plan is activated. See Appendix D, Quick Reference Guide – Updating Facility Contacts.

### **Area for Improvement 2: Communications Strategies – Initial Call with DSF**

**Reference:** DSF Controller

**Analysis:** During the initial call between the DSF and the RCC, there was no sharing of contact info including phone and fax numbers, and email. A second call was required to accomplish this. Time could be saved by addressing this during the first interaction between the RCC and the DSF. The RCC responders were provided a script to guide them during the initial and ongoing communications with the DSF. Further training and exercising of the plan utilizing the scripts will work to hard-wire the process to ensure proper contact information is shared between the DSF and the RCC.

### **Area for Improvement 3: Communications Strategies – RCC Cell Phone Number**

**Reference:** DSF Controller

**Analysis:** The DSF tried at one point to contact the RCC via the cell phone number listed in the plan and there was no answer. Need to determine if the cell phone number is accurate and going to be used during RCC activations going forward.

### **Area for Improvement 4: Communications Strategies – County Emergency Management and Public Health Phone Numbers**

**Reference:** DSF Controller

**Analysis:** The Mutual Aid Plan includes key phone numbers for Emergency Management and Public Health for the various counties that have plan members. However, there is no information for Madison County. These numbers need to be inserted into the plan. Madison County Emergency Management (315-366-2789) and Madison County Public health (315-366-2361).

### **Area for Improvement 5: Communications Strategies – “Closing the Loop”**

**Reference:** Regional Coordinating Centers Controller, RAFs EEGs

**Analysis:** Accountability of all relocated residents is paramount in an evacuation situation. The primary method for “Closing the Loop” between the DSF, RAFs and the Regional Coordinating Center was fax technology, by exercise design. An option that was tested in this exercise was scanning / e-mailing to the Regional Coordinating Center. Many of the RAFs experienced difficulty in sending the Influx Logs via fax due

to overall call volume and faxes not going through. Scanning of the Influx Logs and sending via e-mail went through one hundred percent of the time. Further exploration of an e-mail address to use for the LTC-MAP and how the responder teams would have access to it needs to occur. Additional approaches may include pdf attachments on the incoming e-mails being deposited to a specific location where they may be retrieved from the web-based management system (e.g., on the ERS dashboard).

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

### 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 4: Communicate with the Public during an Emergency

#### Associated Actions:

- Demonstrate the ability of the RCC to match evacuating residents with appropriate bed types at RAFs using the categories of care found within the LTC-MAP in a timely and effective manner.
- RCC coordinates the requests of equipment from the DSFs and RAFs with the assistance of the Healthcare Coalitions, community partners and plan members.
- Demonstrate effective response and evacuation coordination by RCC, DSF and RAFs personnel through the use of an Incident Command System structure.
- Utilize the Incident Action Planning (IAP) Quick Guide to develop an IAP for each facility's command center.
- All plan members to develop and submit a press statement on their actions as it pertains to the exercise.

#### Strengths

The capability level can be attributed to the following strengths:

**Strength 1: Clinical Placement.** Throughout the exercise, the responders at the Regional Coordinating Center utilized the dashboard and reports within the LTC-MAP website to identify the proper receiving facilities based on resident mobility, clinical diagnosis and identified RAFs Categories of Care.

#### Areas for Improvement

##### Area for Improvement 1: Use of the Incident Command System by plan members

**Reference:** RAF EEGs

**Analysis:** Evaluators, community partners and plan members themselves, noted a lack of familiarity and comfort using a formal or informal Incident Command System (ICS). The DSF and Regional Coordinating Center needed prompting by the controllers to

establish Incident Action Plans (IAPs) to assist in managing the incident. The California Association of Health Facilities has developed the Nursing Home Incident Command System (NHICS) program. Members need to adopt an Incident Command Structure consistent with that used in their local community. The NHICS follows the basic framework outlined in the National Incident Management System (NIMS) and is consistent with most community Incident Command Systems. The NHICS program, charts, Job Action Sheets, Forms, and instructional tools are all available online at the California Association of Health Facilities (CAHF) website at: <https://www.cahfdisasterprep.com/nhics>.

## Area for Improvement 2: Command Center Layout

**Reference:** RAF EEGs

**Analysis:** Proper setup and location of the facility Incident Command Center was lacking in some RAF member's facilities. Facility Incident Command Centers help the leadership stay on task and focus on ensuring the incident response is effective and efficient. Phone calls, resident placement decisions, resident tracking, and overall management of the emergency is conducted from the command centers. Members should have a checklist of items regarding how to setup and function their internal command center and thresholds for when to activate them, as part of their internal Emergency Operations Plan (EOP) or Disaster Plan. See Appendix G, Quick Reference Guide – Facility Incident Command Center.

## Area for Improvement 3: Incident Action Plan

**Reference:** Controllers / RAF EEGs

**Analysis:** DSF and RAFs were challenged to create an Incident Action Plan (IAP) during the initial phases of the exercise. Developing and documenting a formal Incident Action Plan (IAP) is a critical step in the beginning of incident response. Typically accomplished by the Incident Command Team, the IAP drives the decision making, determining strategy and tactics, and assigning tasks / actions for each operational period. Having this plan "up front and center" (e.g., displayed on a white board, ICS form or other method), throughout a disaster, will keep the team on track and focused. Jensen Hughes has provided a guide to assist in developing the IAP. See Appendix I, Nursing Home Incident Command System (NHICS) Incident Action Plan (IAP) Quick Start (NHICS Form 200). We recommend this tool becomes part of every facilities Emergency Operations Plan and Command Center tool kit as it can assist in the development and documentation of the Incident Action Plan, thereby keeping your team on task in managing the event.

## Area for Improvement 4: Categories of Care identified in the LTC-MAP website

**Reference:** Regional Coordinating Centers Controller

**Analysis:** There were multiple occasions where the Regional Coordinating Center was trying to place residents and when cross checking the Categories of Care between the

DSF and RAF it was noted the potential RAF did not have their Categories of Care data completed in their facility planning data tabs on the web-based management system. See Appendix E, for a Quick Reference Guide on updating the facility's Categories of Care.

### **Area for Improvement 5: Maps for the Regional Coordinating Center**

**Reference:** Regional Coordinating Center Controller

**Analysis:** There were multiple occasions when the Regional Coordinating Center responders were trying to place residents from the DSF to the closet RAF. In addition, deployment of resources, such as available transportation, is better enabled with a poster sized map where the Regional Coordinating Center responders are able to identify the RAFs and their proximity to the DSF. In some cases, there are closer facilities in neighboring regions / plans than a farther distance from within the same region / plan. Having a map that details all the healthcare facilities in the region, their facility types, and the location of the Regional Coordinating Center would be instrumental to informed decision making in the RCC. In addition, the web-based management system dashboard has a Closest Facility Locator Tool as one of the available widgets in the dashboard. As the RCC responders are new to using the ERS dashboard, most were not familiar with that feature. Just-in-time education on the use of the ERS dashboard occurred in the RCC to familiarize all the responders with the available features, filters, and resource identification tools.

### **Area for Improvement 6: Media Press Releases / Statements**

**Reference:** RAF Inject Responses

**Analysis:** When responding to a disaster, inevitably the media is going to show up looking for information. In some cases, RAFs gave too much information to the media which could be damaging to the DSF, residents or their families. In other cases, RAFs either provided little information or no press release was provided at all. Members should have a Press Release Statement template that could be easily filled out to help capture appropriate information pertaining to the disaster. In addition, the template could be used by the Public Information Officer (PIO) as part of the Incident Command System team to work with media to benefit the DSF and RAFs. Jensen Hughes has provided a Media Press Release Guide (See Appendix J) for all members to incorporate into their Emergency Operations Plans (EOPs).

### **Area for Improvement 6: Facilities Generator Hookups for Rental Generators**

**Reference:** DSF Controller

**Analysis:** A call was made to the DSF generator vendor during the exercise to validate if they could provide a portable generator if necessary. The vendor encouraged the DSF to contact United Rental. The facility realized that while a temporary generator may be available, it will require specialized cables, connections, and an electrician to tie into the electrical system. This process could take a great deal of time during an emergency.

Facilities should consider having a quick connection installed to mitigate this issue if the need ever arises for hooking up a rental generator.

### **HCP&RC Capability 3: Continuity of Health Care Service 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

#### **Associated Actions:**

- Ensure that 100% of LTC-MAP activated members provide Emergency Reporting within the timeline established.
- DSF prepares and coordinates the evacuation of their residents, using an Incident Command System structure, coordination with their local authorities and establishing an efficient holding / evacuation area. Communicate with RAFs as appropriate.
- RCC coordinates transportation resources needed by the DSF based on the current transportation / evacuation survey of DSF residents.

#### **Strengths**

The capability level can be attributed to the following strengths:

**Strength 1: Overall DSF Evacuation and Transportation Plan.** The success of the Long Term Care Mutual Aid Plan rests in the ability of the Disaster Struck Facility to activate the plan, RCC responders to stand up the Regional Coordinating Center and plan members to receive a notification message enabling them to report their status of available open beds and transportation to support the DSF. With the use of the web-based incident management system, efficiencies of time were realized as plan members were able to rapidly report their status and RCC responders were able to determine appropriate open beds and transportation at Resident Accepting Facilities very quickly. Through the use of the Incident Action Planning process, the RCC was able to organize their objectives, priorities, determine strategies and tactics, and assign tasks to RCC personnel. By the end of the exercise, the overall evacuation and transportation plan for the DSF was determined and communicated to the DSF as simulated evacuations were underway to the RAFs.

**Strength 2: Family Involvement.** Many of the plan members informed residents and families of the exercise they were participating in. This was a chance for resident and families to see how the facility and community would handle such an event. CMS requirements specify that facilities must have a communication plan on how facilities will communicate with families before, during and after a disaster. This provided a good opportunity to develop those plans and detail how communications will take place and by what means.

## Areas for Improvement

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

### Area for Improvement 1: LTC-MAP Member Emergency Reporting.

**Reference:** Hotwash Conference Calls / Regional Coordinating Center Controller

**Analysis:** When disasters occur, it is important to capture critical information pertaining to facility operational issues, open beds, available transportation and other resources within the affected and neighboring regions / plans. The established emergency reporting benchmarks were within the first 30 minutes, within 2.5 hours (the exercise time frame) or no report. See Appendix C for the detailed facility compliance. There are several explanations for why emergency reporting may have not been completed by some facilities. Examples include: the facility contacts did not get the message to report, the facility contacts do not know how to complete emergency reporting, and the facility contacts were distracted by other exercise or real-world events and neglected to complete the online emergency reporting. To facilitate increasing facility institutional knowledge on emergency reporting, Jensen Hughes has provided a Quick Reference Guide – How to Complete Emergency Reporting (see Appendix F).

## HCP&RC Capability 4: Medical Surge

**Objective 2:** Respond to a Medical Surge

Activity 2: Implement Out-of-Hospital Medical Surge Response

### Associated Objectives:

- Ensure that RAFs properly implement their influx of resident's plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival and placement of evacuated residents.

## Strengths

The capability level can be attributed to the following strengths:

**Strength 1: New Charts.** Upon receiving the mock residents, many of the RAFs created a new chart for each resident. This proved to be beneficial to the RAFs as it made it easier for them to place the resident into a room and immediately start a Care Plan.

**Strength 2: RAFs Triage / Intake Areas.** A component of the process for Resident Accepting Facilities (RAFs), is to set up a triage / intake area at the RAFs. Incoming evacuated residents are processed through this area and a number of functions are performed including a resident wellness check, assessing of vital signs, reviewing of medical records and transfer paperwork that came with the resident and assigning a specific area within the facility for the resident to stay. Many facilities took advantage of the exercise to physically setup their triage / intake areas and appropriately staffed the

areas with clinical and non-clinical staff. Evidence of this was verified in the photos that facilities took and sent into the lead exercise controller.

### **Area for Improvement**

The following area requires improvement to achieve the full capability level:

#### **Area for Improvement 1: RAFs Surge Areas**

**Reference:** RAFs EEGs

**Analysis:** While some RAFs setup appropriate areas for surge capacity, many struggled with setting them up efficiently and effectively. There are specific minimum space parameters as well as staffing requirements and distance from the nearest nurse's station. To enhance the Long Term Care Mutual Aid Plan (LTC-MAP) members in developing their surge capacity plans, a Triage / Surge Capacity Development Guide needs to be developed. We recommend that all MAP members review and implement the guidelines and develop a hard-wired triage / intake and surge capacity plan.

## CONCLUSION

There were many strengths identified in these exercises by both plan members and the Regional Coordinating Center.

Every year we educate, drill and exercise to ensure all LTC-MAP members are aware of how to handle an internal or external disaster that may or may not require resident relocations. With that comes challenges to not only to a DSF but also RAFs regarding managing staff, residents, families, and media all while maintaining a safe environment and continuity of care for all residents.

During this exercise we noticed the presence of community partner's involvement during the exercises in their Command Centers. Local emergency managers, local health directors, emergency medical services directors and regional healthcare coalition partners participated across all regions during the exercises. Many plan members took advantage of the exercises to reach out to their local community partners to begin or continue building good working relationships.

Many plan members utilized the Nursing Home Incident Command system in some form (e.g., wearing vests, establishing positions within the Incident Command System, using the various forms).

All LTC-MAP members need to continue to work toward the goal of completing their emergency reporting in a timely manner. Along with reporting compliance, the LTC-MAP continues to focus on resident tracking and consistent communication between the DSF and the Regional Coordinating Center. We understand that during disasters there are many challenges and requests the DSF and Regional Coordinating Centers encounter. Through the use of a designated Point of Contact from the Regional Coordinating Center and regular briefings with the DSF, the responder teams are able to stay on task, accomplish established operational period objectives and respond accordingly to the various resource requests from the DSF.

We continue to build off of each year's exercises with the goal of strengthening the members' knowledge and confidence level of how to effectively manage a disaster. Disasters can happen at any time and members must remain in a constant state of readiness.