



SEMNDHC Long Term Care HMACC & Compact Communications Exercise 2019 Functional Exercise

After-Action Report / Improvement Plan 2019

Exercise Date: May 15, 2019

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EXERCISE DESCRIPTION

Exercise Name	SEMNDHC Long Term Care Compact Communications 2019 Functional Exercise
Exercise Date	May 15, 2019
Scope	This functional exercise was conducted on May 15, 2019 from 8:30 am to 11:00 am with members of the Long Term Care (LTC) Disaster Preparedness Workgroup (DPW) and specific exercise locations of Mayo Clinic in Rochester, MN and Chosen Valley Care Center in Chatfield, MN. The members included long term care, hospice, intermediate care facilities, and home health agency partners across the Southeast Minnesota Disaster Healthcare Coalition. Exercise play focused on the SEMN Healthcare Multi-Agency Coordination Center (H-MACC) activation and the Long Term Care and Home Health Agency Compact conference call to gather Essential Elements of Information (EEI's) related to the evacuation of residents from Chosen Valley Care Center.
Mission Area(s)	Response
HPP Capabilities	HPP #1 - Foundation for Health Care & Medical Readiness HPP #2 - Health Care and Medical Response Coordination
Objectives	<ol style="list-style-type: none"> 1. Test the ability of an evacuating facility and its coalition partners to request activation of H-MACC and Long Term Care and Home Health Agency Compact conference call. 2. Assess coalition members' ability to communicate information requested from the EEI listing for the Long Term Care and Home Health Agencies for a facility needing to be evacuated.
Threat or Hazard	Fire with possible chemical release.
Scenario or Incident Description	The scenario was a fire with possible chemical release at a nearby industrial building in close proximity to Chosen Valley Care Center. Law enforcement arrived at the facilities door and stated they need to prepare to evacuate their 110 residents in 3 hours. After the H-MACC and Long Term Care and Home Health Agency Compact conference calls were completed the number of available beds in the region was enough to house the evacuated residents. The facility needed to transport and temporarily house 64 females and 56 males for a total of 110 residents. After the phone call there were 125 open beds with 27 LTC facilities identified. Two of those facilities needed extra staff to house the residents, but multiple facilities identified

	they had available staff if needed.
Sponsor	Department of Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR), SEMNDHC, and Mayo Clinic.
Participating Organizations	Participants by organization type is listed in Appendix B.
Point of Contact	Kristen Sailer, SEMN DHC Regional Healthcare Preparedness Coordinator ksailer@cemainc.com

EXECUTIVE SUMMARY

On May 15, 2019, various long-term care facilities (LTCs), home health agencies, hospices, intermediate care facilities, and Southeast Minnesota Disaster Health Coalition's (SEMNDHC) Healthcare Multi-Agency Coordination Center (H-MACC) participated in a two-hour functional exercise to test the activation and process of the H-MACC communication call and Long Term Care and Home Health Compact conference call. The Department of Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR) grants require communities to conduct exercises to improve disaster response operations capabilities. Additionally, the Joint Commission requires ambulatory care facilities to conduct exercises periodically. The Healthcare Preparedness Program (HPP) also requires periodic exercises to assess specific regional response capabilities. The region recognizes the importance of understanding expectations, roles, and responsibilities of work areas during an incident.

The purpose of this functional communications exercise was to test the SEMNDHC Long Term Care (LTC) Disaster Preparedness Workgroup's (DPW) newly formed compact. The elements of play helped to:

- Test the LTC contact list in our mass communication system (Mission Mode).
- Test the LTC agency request process to activate the H-MACC System and Long Term Care and Home Health Compact conference call.
- Gather the Essential Elements of Information (EEI) using the spreadsheet for Long Term Care and home health agencies evacuation and resource needs.

The scenario was a fire and possible chemical release at a nearby industrial building in close proximity to Chosen Valley Care Center in Chatfield, Minnesota. Law enforcement arrived at their facility and stated they need to prepare to evacuate their 110 residents in 3 hours. The process involved Chosen Valley requesting a Southeast Minnesota Healthcare – Multi Agency Coordination Center (H-MACC) call. Chosen Valley formed their Incident Command Leadership group. The incident commander called the Mayo Emergency Communication's Center (ECC) number 1-855-606-5458. The Incident Commander talked to the ECC and the other command staff was in the room to provide additional information. Chosen Valley requested to initiate a H-MACC Call from the ECC. The ECC told Chosen Valley to call back into the H-MACC call in 5 minutes. They called in to H-MACC. Members of Mayo Leadership, ECC, EMS, and ATC were on the phone. Chosen Valley provided a situation report, the requested resources, and requested a LTC Compact call. Then the ECC instructed them to hang up and call into the LTC Compact call in 5-7 minutes. The H-MACC team asked the following questions and statements during our conference call:

- Anyone requiring lockdown for dementia?

- Anyone needing special transportation?
- Any special needs/cares for specific residents?
- How many needed for wheelchairs?
- Asked ECC if they can provide any BLS
- Where is Chosen Valley located?

At 9:26 am, Chosen Valley Care Center and the coalition were placed into the Compact Conference Call. While LTC agencies were joining the conference call, the Coalition took roll call. Once everyone joined, each agency was asked to provide bed availability and other appropriate EEI's such as transportation and specialty care available.

After the phone call the Regional Healthcare Preparedness Coordinator collated all the available beds, and provided the numbers to Chosen Valley. Chosen Valley was then able to match their residents to available beds in the region. They ultimately were able to find placement for all 110 residents in various facilities throughout SEMN.

At the completion of the exercise, participants discussed the outcome of the exercise and identified numerous strengths & areas for improvement in how participant agencies could perform their emergency plans & procedures to implement the core capability activities in response to the scope of scenario challenges. These identified strengths & areas for improvement are captured in this After Action Report (AAR) and document suggested corrective actions for improvement.

Strengths:

In general the core capability strengths identified in this exercise were:


- Willingness of all agencies to help.
- Was a good learning event to be part of how a call may go in the event of an emergent situation. Can see how by practicing for an event like this will make it easier and less stressful when and if any of our agencies need to go through it.
- Very organized with clear instructions and expectations. Limited confusion or feelings of chaos.
- Good and timely communication with multiple venues.
- This seemed to work very well, don't have anything to change.
- The coalition cumulative availability of handicap transportation.
- Great participation from all agencies.
- Leadership during call, (keeping voices to a minimum).
- Engaged partners.
- Partners were ready with information to assist.
- Sounded like a lot of transportation assistance is available, if needed.
- New contact process worked well.
- Organized and flowed well.

- The process for providing our information about bed / resource availability was efficient once we made it through the first few.
- Availability of Licensed staff from the hospice agencies.
- The conference call was an effective way of to establish communication between providers in the region to quickly identify resources, including beds and transportation. Available transportation through facility buses/vans was a strength. It also appeared that there were many beds available.
- Specific needs relayed (locked, vs. unlocked, etc).

Areas for Improvement:

In general, the areas for improvement identified in this exercise were:

- Availability of facility resident medical profiles to get them placed for evacuation.
- As a facility, should have a list we can keep handy for this purpose so we are more prepared.
- Maybe a more organized form so we have certain info at our fingertips to gather faster. I know we use texting as it gets people faster than in larger numbers and all can follow the conversation.
- All of the facilities need the information template for us to have on hand of what information we will be asked. Many were not prepared with the information.
- Need to identify Locked units in the region patients need to go to a similar unit on receiving end.
- Mission Mode message went to voicemail and the message said to press 2 to retrieve additional details and when did that, the line went dead. Attempted to retrieve it multiple times.
- Gathering of information seemed a little unorganized as far as who was giving info, who had already given info, others wanting to add to their info after hearing others speak.
- There were a lot of people on the phone to call/check-in and could get difficult to hear with disruptions.
- Thought the exercise went very well and was helpful in our planning processes. It would have been nice to carry the process through to the next steps (i.e. compiling a list of available resources and see how it matches up to the need). However, for this exercise to test the mission mode system, efforts were adequate.
- Some facilities had little knowledge of number of people to be able to transport including myself.
- Ensuring that members mute their phones on the conference call and not put them on hold.
- During the Compact Call, it was a struggle to understand where everyone was going, and the roll call at the beginning of the call made it slightly lengthier, but it was a great learning experience.
- Communication with LTC facilities within the coalition.

- It needs to be clearly stated on the phone call; at least several times as people are coming onto the phone, the nature of the emergency, where the facility is located, and what type of facility has been impacted. Needed more information on what the specific client needs are...there are multiple types of LTC facilities in the compact and we don't all share the same client types and services. There was terminology used that I was not well versed in, because we don't provide senior/skilled nursing services.
 - Other staff members at our facility need to update contact information and contact information in our communications plan.
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ANALYSIS OF HPP CAPABILITIES

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

Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Table 1 Summary of Capability Performance

The following sections provide an overview of the performance related to each exercise or incident objective and the associated HPP Capability, highlighting strengths, and areas for improvement.

Objective	HPP Capability	P	S	M	U
1. Test the ability of an evacuating facility and its coalition partners to request activation of H-MACC and Long Term Care and Home Health Agency Compact conference call.	#1 Foundation for Health Care & Medical Readiness		X		
2. Assess coalition members' ability to communicate information requested from the EEI listing for the Long Term Care and Home Health Agencies for a facility needing to be evacuated.	#2 Health Care & Medical Response Coordination		X		

Ratings Definitions:

- * Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- * Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- * Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- * Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

EVALUATION OF STRENGTHS AND AREAS FOR IMPROVEMENT

HPP Capability #1: Foundation for Health Care & Medical Readiness

- 1. Objective:** Test the ability of an evacuating facility and its coalition partners to request activation of H-MACC and Long Term Care and Home Health Agency Compact conference call.

Gap Addressed: LTC DPW Coalition disaster response needs testing.

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

Strengths

The following strengths were identified during the exercise for this objective:

Strength 1: Each of the individuals included on the Mission Mode list for our facility received the message by phone, email, and a couple by fax.

Strength 2: The notification that a conference call was being organized to respond to the request for assistance was very effective. Agencies received text, fax, email and phone calls to all numbers/email addresses provided.

Strength 3: The Long Term Care and home health agencies tested the newly updated H-MACC Guidelines and experienced what the H-MACC process and long term care compact conference call process included.

Areas for Improvement

The following areas for improvement were identified during the exercise for this objective:

- 1.1. Area for Improvement:** The need for contact information for the MN Duty Officer and Public Health to be placed in communications plan.

Reference: SEMN DHC Communications Plan Template.

Analysis: The agencies who participated identified the need for the MN Duty Officer and Public Health contacts to be placed in their communications plan contact listing. The Minnesota Duty Officer Program provides a single answering point for local and state agencies to request state-level assistance for emergencies, serious accidents or incidents, or for reporting hazardous materials and petroleum spills. The duty officer is available 24 hours per day, seven days per week.

Recommendations:

- 1.1.1** Encourage LTC agencies to add the Contact Information for the MN State Duty officer to their communication plans.

1.1.2. Encourage LTC agencies to add the contact information for the Minnesota Department of Health SE District Office.

1.2. Area for Improvement: Mission Mode message process training and exercise.

Reference: Mission Mode procedures or policy

Analysis: Mission Mode message went to voicemail and the message said to press 2 to retrieve additional details and when the number 2 was pressed the line went dead. The caller attempted to retrieve it multiple times.

Recommendations:

1.2.1. Train agencies on Mission Mode system message.

1.2.2. Conduct future LTC and Home Health Agency Compact call exercises.

1.3. Area for Improvement: Add H-MACC Leadership Questions to Guidelines

Reference: H-MACC Guidelines

Analysis: The H-MACC team asked the following questions and statements during our conference call:

- Anyone requiring lockdown for dementia?
- Anyone needing special transportation?
- Any special needs/cares for specific residents?
- How many needed for wheelchairs?
- Asked ECC if they can provide any BLS
- Where is Chosen Valley located?

Recommendations:

1.3.1. Update H-MACC Guidelines to include questions going to be asked by leadership.

HPP Capability #2: Health Care & Medical Response Coordination

2. Objective: Assess coalition members' ability to communicate information requested from the EEI listing for the Long Term Care and Home Health Agencies for a facility needing to be evacuated.

Gap Addressed: Essential Elements of Information gathered.

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

Strengths

The following strengths were identified during the exercise for this objective:

Strength 1: It was great to see that in a half in hour, our facilities residents/tenants had a location and transportation due to all of the facilities quick action and participation.

Strength 2: All agencies were knowledgeable with staff information and what they can supply during an event.

Strength 3: The exercise flowed well. It did not take much time. Resources were found as needed for the facility.

Areas for Improvement

The following areas for improvement were identified during the exercise for this objective:

2.1. Area for Improvement: Facility Resident Medical Profiles

Reference: Facility Medical Profiles

Analysis: Availability of facility to prepare resident medical profiles to get them placed for evacuation.

Recommendations:

2.1.1. Each facility will fill out EEI information to break out list: ambulatory, wheel chair, special equipment (tube feeding, etc.).

2.1.2. Further surveys will be conducted to gather resource information for EEI's including facilities which are locked facilities.

2.2. Area for Improvement: Add information to the EEI Spreadsheet template

Reference: EEI Spreadsheet

Analysis: It needs to be clearly stated on the phone call, at least several times as people are coming onto the phone, the nature of the emergency, where the facility is located, and what type of facility has been impacted. Needed more information on what the specific client needs are...there are multiple types of LTC facilities in the compact and client types and services are all different. Making sure all terminology being used is understandable by all on the phone call.

Recommendations:

2.2.1. Add procedure to Compact Call to update facilities every 10 minutes on current situation and need.

2.2.2. Add data fields to EEI Spreadsheet to document where receiving facility is located and if they have wand guards for locked residents.

2.2.3. Add data field to EEI if facility is a locked facility.

- 2.2.4.** Explore possible use of MNTrac for all healthcare agencies.

APPENDIX A: IMPROVEMENT PLAN (IP)

This IP has been developed for the Southeast Minnesota Disaster Healthcare Coalition as a result of the SEMNDHC LTC Compact 2019 Functional Exercise conducted on May 15, 2019.

Issue / Area for Improvement	Corrective Action	Capability Element ¹	POC/Agency	Start Date	End Date
HPP Capability #1: Foundation for Health Care & Medical Readiness					
1.1 The need for contact information for the MN Duty Officer and Public Health to be placed in communications plan.	1.1.1 Encourage LTC agencies to add the Contact Information for the MN State Duty officer to their communication plans.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2019
	1.1.2. Encourage LTC agencies to add the contact information for the Minnesota Department of Health SE District Office.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2019
1.2 Mission Mode message process	1.2.1 Train agencies on Mission Mode system message.	Skills/Training	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
	1.2.2 Conduct future LTC and Home Health Agency Compact call exercises.	Skills/Training	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
1.3 Add H-MACC Leadership Questions to Guidelines	1.3.1 Update H-MACC Guidelines to include questions going to be asked by leadership.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
HPP Capability #2: Health Care & Medical Response Coordination					

1. Capability Elements: Planning, Skills/Training, Equipment/Technology
2. Please submit a copy of this AAR/IP to health.hpp@state.mn.us

Issue / Area for Improvement	Corrective Action	Capability Element ¹	POC/Agency	Start Date	End Date
2.1 facility resident medical profiles	2.1.1 Each facility will fill out EEI information to Broke out list: ambulatory, wheel chair, special equipment (tube feeding, etc.).	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
	2.1.2 Further surveys to be conducted to gather resource information for EEI's including facilities which are locked facilities.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
2.2 Add information to the EEI Spreadsheet template	2.2.1 Add procedure to Compact Call to update facilities every 10 minutes on current situation and need.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
	2.2.2 Add data fields to EEI Spreadsheet to document where receiving facility is located and if they have wand guards for locked residents.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
	2.2.3 Add data field to EEI if facility is a locked facility.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020
	2.2.4 Explore possible use of MNTrac for all healthcare agencies.	Planning	Kristen Sailer SEMNDHC RHPC	July 7, 2019	July 30, 2020

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
Regional	
SEMNDHC	
Hospitals	
Mayo Clinic	
LTCs	
Accra Home Health	Ostrander Care and Rehab
Chosen Valley Care Center	Pine Haven Community
Ecumen Hospice in Owatonna	Rochester East
Fairview Care Center	Rochester Rehab and Living
Field Crest Care Center	Sacred Heart Care Center
Good Shepherd of Rushford	Samaritan Bethany
Hiawatha Homes	Sauer Healthcare Winona
International Quality Homecare	Spring Valley Living
Kenyon Senior Living	St Anne Winona
Lake Winona Manor	St. Crispin Living Community
Laura Baker Service Association	Stewartville Care center
Mayo Clinic Health System Hospice	Three Links Care Center
Mayo Clinic Hospice	
Moments Hospice	
EMS	
SE EMS	