



# **Mid Summer Night MARES Tabletop Exercise**

**February 22, 2012**

## **AFTER ACTION REPORT/IMPROVEMENT PLAN**

**PREPARED BY**

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**March 12, 2012**

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## EXECUTIVE SUMMARY

Long term care facilities must embrace and expand upon their knowledge of emergency management methodologies (National Incident Management System (NIMS) / Incident Command System (ICS) that are congruent with their external healthcare, public health, homeland security and emergency management partners with whom they may be required to work in conjunction with, during a regional catastrophic weather-related event or other disaster. Unfortunately, as demonstrated during recent large scale disasters within the United States, the functional needs of long term care facilities have not always been incorporated as part of local, state and regional disaster response systems.

The Mid Summer Night MARES tabletop exercise is tangible evidence of the Health Care Association of New Jersey's (HCANJ) commitment to ensure the safety of our membership, their facilities, staff, and visitors through education, Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercising and the development of collaborative partnerships that will help prepare them to respond to any emergency, whether natural or man-made.

The Mid Summer Night MARES tabletop exercise was developed to test the capabilities of long term care operations, including skilled nursing and assisted living facilities to respond to an unexpected medical surge of residents. The severe weather events of 2011 stressed to the exercise planning team, the importance of creating a challenging weather related scenario. Since many of the players participating in this exercise have had no prior experience in discussion-based exercises and due to the short time period allowed for the exercise, it was important that the design of this exercise draw out and identify facility weaknesses in a positive manner, as well as, encourage our member facilities to become more active in the HSEEP exercise process.

Based on the exercise planning team's deliberations, the following objectives were developed for Mid Summer Night MARES:

- **Objective 1:** Examine the ability to implement an internal emergency management system in order to effectively manage medical surge into a long term care facility during a regional catastrophic weather-related event.
- **Objective 2:** Evaluate the emergency management plans, policies and procedures of long term care facilities in response to the medical surge of new residents.
- **Objective 3:** Identify the scope and complexity of internal and external redundant communications systems utilized within long term care facilities.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions that will guide HCANJ's future emergency preparedness grant initiatives to advance overall emergency preparedness within each of our member facilities. As such, this AAR/IP will be made readily available to all HCANJ members via our website and will be distributed to all players for their review and comment.

## Major Strengths

The major strengths identified during this exercise are as follows:

- Long term care facilities have a good understanding of their pre-disaster preparedness needs when given sufficient advanced notice and are aware of their staffing and logistical needs to prepare for emergency events.
- HCANJ's Amerilert system functions well to provide member facilities with needed situational awareness during emergency events.
- Long term care facilities have a 72-hour reserve of supplies and medications.
- Long term care facilities have developed internal means of indentifying patient census, patient tracking and acuity typing.

## Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in the response to the scenario were identified. The primary areas for improvement are as follows:

- Long term care facilities have only a cursory understanding of the Incident Command System (ICS). ICS training of administrators and support staff is inconsistent and the specific tasks, roles and responsibilities of healthcare workers who may be involved in an emergency event need to be more clearly defined.
- Most long term care facilities were not familiar with the function and use Emergency Telecommunications Services such as the Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS).
- Long term care facilities overwhelmingly indicated that they have not conducted a Hazard Vulnerability Analysis (HVA) in conjunction with their local office of emergency management.
- Long term care facilities need to enhance their emergency management plans, policies and procedures (including their MOUs/MOAs) for medical surge events.
- Long term care facilities should establish pre-event relationships with their county Medical Reserve Corps, local emergency management and Medical Coordination Centers.
- Long term care facilities need to have more active participation in local, regional and state exercises and should to become more familiar with the Homeland Security Exercise and Evaluation Program (HSEEP) process.
- Travel credentials for key staff members "essential employees" are not universally recognized by emergency management officials across all jurisdictions of New Jersey.

This exercise met all pre-established objectives related to the identification of internal plans, policies and procedures essential to address a regional catastrophic weather-related event resulting in evacuations and medical surge. HCANJ member participants indicated that the exercise was a positive learning experience, that they had the opportunity to network with their colleagues, and expressed an increased interest in HCANJ's emergency preparedness program.

# SECTION 1: EXERCISE OVERVIEW

## Exercise Details

### Exercise Name

Mid Summer Night MARES

### Type of Exercise

Discussion Based – Tabletop Exercise – (TTX)

### Exercise Start Date

February 22, 2012 – 9:00am

### Exercise End Date

February 22, 2012 – 12:30pm

### Duration

3.5 hours

### Location

Robert Wood Johnson Center for Health and Wellness

### Sponsor

Health Care Association of New Jersey (HCANJ)

Grant funding provided under the auspices of the New Jersey Department of Health and Senior Services (NJDHSS), United States Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP) Hospital Preparedness Program (HPP)

### Program

Healthcare Association Emergency Preparedness Program

### Mission

Response

### Capabilities

Communications, Medical Surge

### Scenario Type

Catastrophic regional weather-related event – (Hurricane)

## **Exercise Director**

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## **Participating Organizations**

Valley View Health & Rehab Center, AristaCare at Cedar Oaks, Hunterdon Care Center, Christian Health Care Center, Chesire Home, Absecon Manor, Acorn Glen Assisted Living, Arcaria Nursing & Rehab Center of Hamilton, Burlington Woods, Chelsea at Brookfield, Forest Hill Health Care Center, Hamilton Continuing Care Center, Merry Heart Nursing Home, OceanView Center for Rehab, Phillipsburg Center, Raritan Health & ECF, Saint Anne Villa, Seacrest Village, Elms of Cranbury, Hospicomm, White House Healthcare & Rehab Center, New Jersey Department of Health and Senior Services, Home Care Association of New Jersey, New Jersey Primary Care Association, New Jersey Office of Homeland Security and Preparedness

## **Number of Participants**

Players - 46

Evaluators - 6

Facilitators - 7

## SECTION 2: EXERCISE DESIGN SUMMARY

### Exercise Purpose and Design

The state of New Jersey was adversely affected by several severe weather events in the year prior to the Mid Summer Night MARES exercise, including Hurricane Irene. This storm placed an enormous stress on the entire healthcare emergency management system and identified several shortcomings that long term care representatives need to be prepared to address in the future, especially given the large volume of medically frail elderly individuals who required evacuation and sheltering as a result of the hurricane. The associated challenges identified by HCANJ facilities that were impacted due to the hurricane, were the precursor for the creation of the Mid Summer Night MARES tabletop exercise.

One of the primary purposes of Mid Summer Night MARES was to further familiarize HCANJ member facilities to the HSEEP exercise process, especially since many of our members indicated that they have never participated in the process before. The specific areas of improvement that are identified during this exercise will be utilized to build upon future emergency preparedness grant program initiatives through the continuous improvement process.

The Exercise Director solicited the assistance of subject matter experts including healthcare partners with expertise in long term care, healthcare emergency management, and exercise design. This exercise provided participants with an opportunity to evaluate their facility's medical surge capabilities in response to a severe weather event. This exercise also focused on the implementation and coordination of internal emergency management plans, polices and procedures, critical decision making, communications capabilities and the ability of our member facilities to manage an emergency situation due to medical surge. The Exercise Director ensured that the scenario, the event timeline, and expected observable actions were clearly defined, technically accurate and achievable, given the established time parameters of the exercise.

### Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that are derived from the Target Capabilities List (TCL). Each capability is linked to several corresponding activities and tasks to provide additional detail. The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise.

As this was the third HCANJ sponsored tabletop exercise that our facilities had opportunity to participate in, the three broad objectives of Mid Summer Night MARES were directly linked with two specific target capabilities from the Target Capabilities List including **Communications and Medical Surge**. The three objectives of the Mid Summer Night MARES medical surge exercise that were met include:

- **Objective 1:** Examine the ability to implement an internal emergency management system in order to effectively manage medical surge into a long term care facility during a regional catastrophic weather-related event.
- **Objective 2:** Evaluate the emergency management plans, policies and procedures of long term care facilities in response to the medical surge of new residents.
- **Objective 3:** Identify the scope and complexity of internal and external redundant communications systems utilized within long term care facilities.

## Scenario Summary

The Mid Summer Night MARES tabletop exercise was organized into three separate modules; each designed to introduce and elicit a specific response from players who consisted of long term care facility administrators, nursing and support staff. Forty six (46) players, representing twenty (20) different skilled nursing and assisted living facilities engaged in this discussion-based exercise. Players were encouraged to respond to each section of the scenario as specified within their facility specific emergency management plan. Interactive discussion and evaluation was ensured by pairing several groups of facilities from different public health regions of the state (players) with a facilitator and an evaluator.

### Module 1: “They Always Veer Right – Right?”

Category III Hurricane Espo is “certain” to make landfall directly into the central coastal counties of New Jersey in a manner which has never before been seen. Air temperatures and ocean water temperatures are extremely high, even for this time of the year. Due to the impending storm surge, each of the coastal counties from Cape May to Monmouth is now anticipating a mandatory evacuation order. A “Emergency Waiver” notice has been issued by the New Jersey Department of Health and Senior Services. Your long term care facility has previously entered into a memorandum of agreement (MOA) to accept evacuated residents from a coastal facility. The media is abuzz with conflicting reports on storm tracking, potential shortages of supplies, power outages and how state emergency management agencies will deal with the aftermath of this storm. **Key issues for players to consider during this part of the scenario include: uncertain storm tracking, timing of the storm during the summer season, winter emergency waivers, and communications.**

### Module 2: “Build It – They will Come”

The Governor has declared a “State of Emergency”. The State is now a few hours from anticipated landfall of Hurricane Espo. Evacuation of long term care and other healthcare facilities, including hospitals, are now well under way, but luckily, your operations are not in the mandatory evacuation zone. Medical shelters across the state are at capacity. Healthcare facilities continue to scramble to address evacuation orders and find available bed space. Transportation assets to assist in evacuations are at a premium. The evacuating facility advises that they will require space to accommodate approximately twenty five (25) geriatric residents. Your facility’s staff is becoming anxious about the impending storm and has concerns about the well-being of their family members and homes, especially since many of them live along the

Jersey Shore. Some of your staff members indicate that they may not report to work. Road closures, contraflow, and travel bans now commence across New Jersey. **Key issues for players to consider during this part of the scenario include: declared “State of Emergency” and travel bans, facility staffing issues, medical shelters at or near capacity and reimbursement.**

### **Module 3: “They’re Here!”**

Several buses and ambulances arrive at your facility carrying evacuated residents and their belongings. Sally Jones is the insulin-dependent diabetic, wheelchair-bound wife of a resident from the evacuating facility. She had nowhere else to go and accompanies her husband on the bus to your facility and forgot her insulin. Few support staff ultimately accompany the evacuated residents. Hurricane Espo makes direct landfall in Point Pleasant, New Jersey. Upon making landfall, Hurricane Espo’s storm surge takes out barrier islands. Across the state, utility companies report numerous power outages, roads are blocked, and emergency management personnel advise that reoccupation of evacuated facilities will not be accomplished for days or perhaps weeks. **Key issues for players to consider during this part of the scenario include: arrival of evacuated residents, fatigued support staff, stressed communications and supply chain.**

## **SECTION 3: ANALYSIS OF CAPABILITIES**

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of Mid Summer Night MARES are listed below, followed by the corresponding activities. Each activity is followed by related observations, which include analysis and recommendations.

### **Capability 1: Communications**

**Capability Summary:** Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they possess sufficient wireless communications capabilities to meet their daily internal and emergency communication requirements before they focus on interoperability.

**Activity 1.1: Pre-Event Mitigation and Preparedness. Conduct pre-event and preparedness plans, policies and procedures of facility evacuation incident.**

**Observation:** When tasked to determine if their facility is equipped with sufficient redundant interoperable communications equipment (radios) to support emergency communications during incident management, there was wide range of communications capabilities throughout the various long term care facilities who participated as players. For example, several facilities indicated that they had amateur radio capabilities, but others lack any means of supplemental or back up communications. These communications devices not only include amateur radios, but also radios that might be utilized to support internal

command and control operations and emergency hand crank-type radios that can be used to procure external situational awareness and weather alerts.

Although all facilities indicated that they had an employee “call down” phone list; updates and maintenance to this database was difficult and was not always completed on a routine basis. Additionally, most long term care facilities were not familiar with the function and use Emergency Telecommunications Services such as the Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS).

**Analysis:** Although it is highly unlikely that all means of phone communications including both land line and cell phone capabilities would be rendered completely inoperable during a single disaster event, redundant means of communications must be further investigated and incorporated into long term care facility planning efforts, especially since with limited access during a disaster, phone communications systems could quickly become overwhelmed.

**Recommendations:** HCANJ should also promote the use amateur radio, Government Emergency Telecommunications Service (GETS), and the NJDHSS Hippocrates situational awareness system within long term care facilities. Individual facilities should ensure that their employee “call down” lists are updated and validated on routine basis.

**Activity 1.2: Incident Management: In response to the notification of an incident, provide and receive communications to local, county, State and Federal emergency management partners to support medical surge operations.**

**Observation:** HCANJ’s Amerilert system is consistently maintained and member facilities receive consistent, accurate, and relevant public health, incident response and medical information.

**Analysis:** The ability to provide HCANJ’ member facilities with accurate situational awareness is important so that senior leadership can relay this information to their staff, responders, residents and family in a timely manner.

**Recommendations:** HCANJ must continue to promote adoption of the Amerilert system by our members and must continue to test/validate the system on a routine basis. Additionally, HCANJ member facilities should provide the HCANJ’s Director, Emergency Preparedness with any facility changes so that situational awareness can be communicated as it is received from Offices of Emergency Management, Homeland Security, and the NJDHSS Health Command Center.

**Observation:** Many long term care facilities have pre-established relationships with their local or county Office of Emergency Management (OEM) partners, however, this fact did not appear consistent across all public health regions of the state.

**Analysis:** Any means by which additional emergency management partnerships can be strengthened and developed prior to an emergency event, will surely prove positive during an

emergency. Local and county OEM points of contact can be also be further augmented by introducing long term care facilities to the function, role, and mission of New Jersey’s Medical Coordination Centers (MCCs).

**Recommendations:** HCANJ should provide all members with a listing of the most current points of contact for county Offices of Emergency Management. Additionally, contact information related to New Jersey’s MCCs across each of the five public health regions of the state should also be disseminated, validated and updated by NJDHSS. Moving into the next grant cycle that incorporates a merging of CDC and ASPR target capabilities the concept of “healthcare coalitions” must be widely promoted across New Jersey.

## Capability 2: Medical Surge

**Capability Summary:** Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

**Activity 2.1: Pre-Event Mitigation and Preparedness.** Conduct pre-event and preparedness plans, policies and procedures of facility evacuation incident.

**Observation:** Long term care facilities have developed internal systems for tracking available beds by bed/acuity type, equipped capacity by type and occupancy by type.

**Analysis:** The ability to track bed status and acuity levels internally is important to recognize when planning to receive surge residents into a facility. However, there currently does not appear to be a robust means of communicating this same information to external partners.

**Recommendations:** Healthcare coalitions should work together to establish a statewide means in which bed status can be accurately and effectively monitored in conjunction with patient tracking systems during an evacuation event.

**Observation:** The vast majority of player facilities do not have emergency management plans that incorporate a recent Hazard Vulnerability Analysis (HVA) that is conducted in conjunction with their local emergency management partners.

**Analysis:** It is important that long term care facilities identify and recognize the manmade,

natural, and technological hazards that may have negative impacts on humans, property and business.

**Recommendations:** Long term care facilities should conduct a Hazard Vulnerability Analysis (HVA) using an assessment tool (such as the one commonly utilized by healthcare facilities that was been developed by Kaiser Permanente). The HVA should be conducted and reviewed on a yearly basis, in conjunction with their local or county Office of Emergency Management and a copy maintained within the facility's emergency management plan.

**Observation:** Many long term care facility emergency management plans do not have adequately detailed and up-to-date MOU/MOAs with other health care facilities, community medical/public health, transportation or private sector providers that may be involved in supporting a large scale regional evacuation or medical surge event.

**Analysis:** The emergency management plans of long term care facilities need to be reviewed, augmented, and updated on a routine basis.

**Recommendations:** All MOUs/MOAs should be validated on a yearly basis and each long term care facility should review and expand their existing emergency management plans. More specific details related to items such as key supplies and inventoried items should be included in plans to provide a better operating picture, especially during emergency events that may occur for more than 72 hours.

**Activity 2.2: Incident Management: In response to notification of an evacuation event, activate the healthcare organization's Emergency Operations Plan to support medical surge operations.**

**Observation:** Although all players recognized "life safety" as a first priority during evacuations and medical surge events, many players stated that they did not have NIMS compliant Incident Response Plans which incorporate the use of the Incident Command System or had only a vague understanding of the Incident Command System.

**Analysis:** It is important that long term care facilities become more familiar with the Incident Command System and the National Incident Management System, as these systems have proven effective in the management of small and large scale disasters and are recognized by our emergency management partners.

**Recommendations:** Long term care facilities should develop pre-event Incident Action Plans (IAP) for a facility medical surge event and become familiar with Job Action Sheets that have been specifically developed for nursing homes and assisted living facilities. Job action sheets may be incorporated as part of each facility emergency management plan and the IAP will serve as a "playbook" for the event that can be readily modified as required for event response. In addition, administrators and key emergency management personnel within skilled nursing and

assisted living facilities should be trained to ICS level 200, with command and general staff to ICS level 300 and 400 respectively. HCANJ should continue to provide basic instruction in ICS 100/NIMS 700 and further promote ICS/NIMS independent study via Federal Emergency Management Agency (FEMA) website (<http://training.fema.gov/IS/crslist.asp>) and other ICS classroom instruction as appropriate.

**Observation:** Emergency management plans within long term care facilities place little emphasis on response to medical surge events.

**Analysis:** Long term care facility emergency operations plans place greater emphasis on the evacuation component of their plan whereby their residents would be removed from their operations, however, planning procedures related to medical surge appear to require improvement.

**Recommendations:** Long term care facilities should be included in local and regional exercises that demonstrate Expanded Treatment Areas (ETA) and Alternate Care Sites (ACS) so that they become more familiar with the medical sheltering and treatment capabilities that exist within their communities. Additionally, regional ETA/ACS plans should take into account the function needs of elderly frail individuals who may be received during evacuation events.

**Activity 2.3: Increase Medical Bed Surge Capacity: Increase as many staffed and resourced long term care beds as clinically appropriate to support evacuation.**

**Observation:** Facility plans indicate space to be utilized to maximize utilization of available beds and increase additional surge beds.

**Analysis:** The NJDHSS letter of February 16, 2011 addressed to all licensed inpatient facilities administrators that permits healthcare facilities affected by disaster (during a declared State or federal disaster due to a nature disaster, other disaster or epidemic), to exceed licensed bed capacity, add beds prior to Certificate of Need approval, physical space requirements or staff qualification requirements to accommodate evacuated patients/residents from a another facility is an excellent means of saving time and confusion during a large scale emergency event. This waiver letter may significantly increase the likelihood that LTC facilities will assist outside organizations during times of disaster without fear of regulatory reprisal.

**Recommendations:** N/A

**Activity 2.4: Implement Surge Staffing Procedures: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.**

**Observation:** All player facilities indicated that they call in additional staff in advance of an emergency event to ensure that staffing resources are available. Although this is possible to complete prior to a planned event or event that can be readily forecasted, this may not

always be possible with no-notice events. Facility plans do not indicate the ability to support medical surge capacity by using volunteer resources such as the Medical Reserve Corps (MRC).

**Analysis:** Many player facilities were not aware of the role and function of New Jersey’s Medical Reserve Corp program.

**Recommendations:** Information about the Medical Reserve Corps should be provided to all HCANJ members and each facility should become familiar with their County LINC’s agency that typically coordinate MRC functions across the state. After establishing MRC relationships, emergency plans may incorporate MRC as a potential option to increase staffing levels, especially as MRC personnel will have pre-established and validated credentialing and may be an available resource during times of emergency. Facility “call-down” lists should be exercised on a routine basis.

**Activity 2.5: Demobilize Surge: Prepare long term care facility and staff to return to normal operations.**

**Observation:** Player facilities have inconsistent planning capabilities related to the demobilization process and repatriation of their facilities after an emergency or disaster.

**Analysis:** HCANJ’s emergency management plan template outlines basic items that need to be addressed when evacuated residents are returned to their home facility. Most player facilities indicated that they conduct a “hot wash” or similar review of emergency or disaster events after they occur, however, it is critical to develop an after action report and improvement plan that addresses strengths, areas for improvement, as well as, assigns responsibility for corrective actions according to HSEEP guidance.

**Recommendations:** Player facilities should review their emergency management plans and develop facility specific checklists of issues that need to be assessed prior to reoccupying their buildings. These items may include inspections of physical operations, ensuring that all resident records, charts and packaged medicines can be accounted for, return of usable supplies and equipment, conducting critical stress debriefings with staff and residents, and ensuring that the appropriate emergency management and NJDHSS personnel are advised as required by regulation.

The HSEEP exercise process has been readily adopted by many emergency management agencies and healthcare facilities across New Jersey. Long term care facilities typically have not been targeted to participate in the three day HSEEP training sessions as offered by the NJDHSS Exercise Design Team. The HSEEP program should be more readily marketed to long term care facilities across the state, regardless of their participation in the regional grant process, as they should be included in more exercises with the implementation of new Assistant Secretary for Preparedness and Response (ASPR) target capabilities guidance related to their inclusion within “healthcare coalitions”.

## SECTION 4: CONCLUSION

The Mid Summer Night MARES tabletop exercise was conducted in an effort to examine how a regional severe weather event would impact the businesses of HCANJ's membership, but most importantly, how such a weather event would affect the elderly and frail functional needs population that we have been entrusted the responsibly to care for on a daily basis. This discussion based exercise proved successful as a means of educating participants about the importance of exercising their internal plans, procedures and protocols in response to a regional catastrophic weather-related event requiring medical surge operations.

The Improvement Plan enclosed herein focuses on four primary capability elements including:

- **Training/Education** – program development to educate, train and exercise HCANJ members
- **Exercises** – increase LTC participation in the HSEEP exercise process
- **Communications**– improved promotion of emergency communications systems and healthcare coalitions
- **Planning** – Refinement of existing emergency plans to address identified gaps

The success of HCANJ's emergency preparedness program hinges on active participation and input from our membership, so that our organization can assist our members in preparing for, responding to, and recovering from emergencies that impact their residents, staff, and family. It is the responsibility of each participating organization to reflect on the analyses and recommendations contained herein and to further develop improvements to their own emergency management plans.

HCANJ recognizes that the in order to be further successful with our preparedness efforts, we must "harvest" the collective ideas of our membership. This After Action Report and the completion of our subsequent Improvement Plan are contingent upon joint partnerships which we will seek to expand upon both internally within our respective organizations, but also externally with our healthcare, public health, homeland security and emergency management partners.

## APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for HCANJ membership as a result of the Mid Summer Night MARES tabletop exercise conducted on February 22, 2012. These recommendations draw on issues identified during the player hot wash and evaluator EEGs.

Table A.1 *Improvement Plan Matrix*

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Medical Surge	LTC facilities require more familiarization with the use and implementation of the Incident Command System (ICS) during an emergency event.	Provide additional ICS training and education	Provide HCANJ members with FEMA ICS training information	Training	Joint venture between HCANJ and individual member facilities	HCANJ	3/5/12	6/30/12
	LTC facilities have not conducted a Hazard Vulnerability Analysis (HVA).	Provide HVA tool and encourage member facilities to complete with their local/county OEM official.	Provide HVA tool	Planning	Joint venture between HCANJ/Members and OEM	HCANJ	3/5/12	6/30/12

Capability: Medical Surge	Long term care facilities should enhance their emergency management plans, policies and procedures related to medical surge, surge inventory and the mobilization, operation, and demobilization of Expanded Treatment Areas (ETA)/ Alternate Care Sites (ACS)	Encourage all HCANJ member facilities to routinely review and revise their emergency operations plans. Enhance regional surge planning initiatives and update all facility specific MOUs/MOAs on a yearly basis	Augment existing emergency management plans.	Planning	Individual member facilities	Individual Admins	3/5/12	6/30/12
Capability: Medical Surge	Long term care facilities should establish pre-event relationships with their county Medical Reserve Corps.	Provide long term care facilities with information about their county Medical Reserve Corps and encourage them to establish pre-event relationships with their county LINCS agency	Provide MRC information	Planning	Joint venture between HCANJ and individual member facilities	Individual Admins	3/5/12	6/30/12

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Medical Surge	Long term care facilities need to have more active participation in local, regional and state exercises	Long term care facilities require training on the Homeland Security Exercise and Evaluation Program (HSEEP) process.	Provide training opportunities to LTC facilities and allow them to participate in HSEEP training.	Training Exercise	Joint venture between HCANJ, NJDHSS Exercise Support Team and individual member facilities	HCANJ	3/5/12	6/30/12
	Travel credentials for key staff members "essential employees" are not universally recognized by emergency management officials across all jurisdictions.	Develop state-wide travel credentialing system for essential healthcare workers	Universal travel credential system	Planning	State OEM	State OEM	In Progress	TBD

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
Capability: Communications	Individual LTC facilities need to augment their internal and external redundant communications capabilities	Individual LTC facilities should procure low cost means of internal and external communications for use during emergencies including handheld radios, amateur radio, and hand crank radios.	Augment communications capabilities	Communications	Individual member facilities	Individual Admins	3/5/12	6/30/12
Capability: Communications	Redundant means of emergency communications have not been universally adopted.	Continue the promotion of the Government Emergency Telecommunications Service (GETS) and the NJDHSS Hippocrates	Provide educational opportunities and technical assistance on the use of amateur radio, GETS and Hippocrates	Communications	HCANJ and individual member facilities	HCANJ	3/5/12	6/30/12
	Pre-event relationships with OEM/MCCs are inconsistent	Promote increased pre-event relationships with OEM/MCCs via email and web based modalities.	Distribute and maintain webpage listing of local/county OEM contacts and regional MCC contacts	Planning	HCANJ and individual member facilities	HCANJ	3/5/12	6/30/12
Capability: Communications	Bed status, bed availability and acuity levels are not easily accessed	Introduce LTC facilities into the NJDHSS Hippocrates system	LTC facilities do not have access to NJDHSS Hippocrates System	Communications	Joint venture between HCANJ, NJDHSS and LTC	HCANJ	3/5/12	6/30/12

