

Unthinkable Surge - TTX

After-Action Report/Improvement Plan

March 4, 2014

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

EXERCISE OVERVIEW

Exercise Name	Unthinkable Surge
Exercise Dates	February 11, 2014
Scope	This tabletop exercise was conducted in three hours
Mission Area(s)	Response
Core Capabilities	Medical Surge, Emergency Operations Coordination, Operational Communications
Objectives	<ol style="list-style-type: none"> 1. Evaluate long term care facility plans, policies and procedures related to the medical surge during a mass casualty event. 2. Evaluate long term care facility plans, policies and procedures related to operational communications with regional coalition healthcare stake holders during a mass casualty event. 3. Evaluate long term care facility plans, policies and procedures to engage incident management at the Emergency Operations Center to coordinate multi-agency information and resource allocation.
Threat or Hazard	Severe weather resulting in medical surge of multiple long term care facilities
Sponsor	Health Care Association and Leading Age New Jersey
Participating Organizations	Administers and support staff from HCANJ and LANJ membership
Point of Contact	<p>J. David Weidner, MPH, REHS, MEP, CEM Director, Emergency Preparedness Health Care Association of New Jersey 4 AAA Drive – Suite 203 Hamilton, NJ 08691 609-890-8700</p>

ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core 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 core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Evaluate long term care facility plans, policies and procedures related to the medical surge during a mass casualty event.	Medical Surge		S		
Evaluate long term care facility plans, policies and procedures related to operational communications with regional coalition healthcare stake holders during a mass casualty event.	Operational Communications		S		
Evaluate long term care's plans, policies and procedures to engage incident management at the Emergency Operations Center to coordinate multi-agency information and resource allocation.	Emergency Operations Coordination		S		
Ratings Definitions: <ul style="list-style-type: none"> Performed without Challenges (P): The targets and critical tasks associated with the core 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 core 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 core 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 					

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>accordance with applicable plans, policies, procedures, regulations, and laws.</p> <ul style="list-style-type: none"> Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). 					

Table 1. Summary of Core Capability Performance

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

Strengths

The capability level can be attributed to the following strengths:

Strength 1: Attendees of this tabletop exercise were a good mix of individuals representing several different areas within long term care including administration, nursing, security and maintenance.

Strength 2: Attendees recognize the importance of utilizing the incident command system to manage an incident within their facility, but also recognize that more employees must be trained.

Strength 3: Attendees all participated in a manner that encouraged positive feedback and the trading of ideas. For example, one facility representative indicated that they use programmable LED message boards on resident floors as a means of internal communications. Several participants indicated that they would explore this inexpensive and effective means of internal communications within their facility.

Areas for Improvement

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

Core Capability – Medical Surge

Area for Improvement 1: Most participants did not all bring a copy of their facility emergency management plan to the exercise, but still recognized that many of their plans do not adequately account for resources that might be needed to support a large scale surge of residents into their facility.

Analysis/Improvement Plan: Administrators need to exercise and evaluate their emergency management plans to determine where gaps exist that can be eliminated. Specifically, during large scale disasters and emergencies, critical resources such as food, water, oxygen, linens, communications modalities, transportation, emergency power supplies and other items critical to ensuring medical care to residents of long term care facilities may become limited or exhausted all together. For this reason, the importance of maintaining multiple or redundant resource vendors is vitally important. Long term care facilities should endeavor to fortify Memorandums of Understanding (MOUs) with multiple resource providers and verify contact number accuracy of a routine basis.

Core Capability – Emergency Operations Coordination

Area for Improvement 2: Participants commonly did not all have a completed Hazard Vulnerability Analysis (HVA) within their emergency management plan.

Analysis/Improvement Plan: Completing a HVA is commonly recognized as one of the first steps in establishing a comprehensive emergency management plan. As such, HVA templates have been made available to our membership via the library sections of each association website. Additionally, the use of an HVA will be a subject topic at LANJ’s annual conference.

Core Capability – Operational Communications

Area for Improvement 3: Participants indicated that they need to expand their communications with additional external stakeholders including local, county and state offices of emergency management, medical coordination centers and public health agencies.

Analysis/Improvement Plan: This tabletop provided the facilitator with an excellent opportunity to promote the importance of the newly established NJ Healthcare Emergency Preparedness Coalitions across the state. Participating healthcare coalitions will enable long term care facilities the opportunity to increase networking with organizations across the broad range of the healthcare continuum, as well as, emergency management and homeland security. Healthcare coalitions will help to ensure coordination and cooperative planning of public and private medical and health assets. Communications with key emergency management and public health stakeholders is important as it helps to expedite resource requests, promote situational awareness and minimize or eliminate duplication of services.

Both the HCANJ and LANJ are involved in furthering the education and training of long term care facilities across the state. One initiative, the “You Have a Plan – Now What?” conference series, speaks specifically about the importance of involving the long term care community in healthcare coalitions. Additionally, a portion of the conference series also helps long term care facilities to determine how they would conduct critical communications during times of emergency via a facilitated practical exercise. As a planning team member for these conferences, the Director of Emergency Preparedness has worked to assist in the development and coordination of these conferences and will continue to promote long term care member facility participation New Jersey’s regional healthcare emergency preparedness coalitions.

EXERCISE PARTICIPANTS

Participating Organizations	
Member Facility	
Allendale Nursing Home	
Clare Bridge of Hamilton	
Hamilton Continuing Care Center	
Brandywine Senior Living @ Wall	
Brakely Park Center	
Lutheran Social Ministries of NJ/ALP	
Oceanview Center	
New Jersey Department of Health – Exercise Support Team	