[COVID-19 Pandemic]

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns response objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Response information required for preparedness reporting and trend analysis is not included; the function of this report is to act as an overarching view of systemwide activities during the response to the COVID-19 Pandemic

# Incident Overview

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| **Facility Name** | **All Facility Review** |

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| **Incident Name** | **COVID-19 Pandemic** |

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| **Incident Dates** | **March 1, 2020 to December 31, 2020** |
| **Scope** | CAHF members, residents and staff have been impacted by the COVID-19 Pandemic (COVID) in a myriad of ways. Most of the Long Term Care (LTC) facilities had positive cases of COVID among their residents and staff. For those who remained COVID free, daily operations were significantly intensified. To manage effectively during the pandemic, providers have used various emergency functions including:   * Activation of facility command centers; * Reporting to local healthcare coalitions and/or the Department of Health on operational status, beds and supplies; and * Managing scarce resources (e.g., staff and PPE) and requesting emergency assets as needed.   The response to this emergency clearly meets the regulatory intent to test the facility’s Emergency Management Program as required by the “Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” Final Rule (81 FR 63860, Sept. 16, 2016) as found in 42 C.F.R . §483.73. This After Action Review and Improvement Plan is intended to document the analysis and evaluation of facility responses, LHD actions, HCC actions and the lessons learned. |
| **Mission Area(s)** | **Response, Recovery** |
| **Health Care Preparedness and Response Capabilities with Associated Objectives** | The capabilities listed below, as identified in the [2017-2022 Health Care Preparedness and Response (HCPR) Capacities](https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capablities.pdf), published by the Office of the Assistant Secretary for Preparedness and Response in November 2016, provided the foundation for the response and recovery to the COVID-19 Pandemic. The goal of the after-action reporting process was to measure and validate performance of the following capabilities, their associated critical tasks and identify areas and opportunities for continued improvement:  **HCPR Capability 1:** Foundation for Health Care and Medical Readiness  *Objective 2: Identify Risk and Needs*  Activity 1: Assess vulnerabilities and risks  Activity 2: Assess regional health care resources  Activity 3: Prioritize resource gaps and mitigation strategies  Activity 5: Assess and identify regulatory requirements  *Objective 4: Train and Prepare Health Care Workforce*  Activity 2: Educate and train on identified preparedness gaps  Activity 5: Evaluate response to emergency  Activity 6: Share leading practices and lessons learned  **HCPR Capability 2:** Health Care and Medical Response Coordination  *Objective 1: Develop and Coordinate Health Care Response Plans*  Activity 1: Develop a Health Care Organization Emergency Operations Plan  *Objective 2: Utilize Information Sharing Procedures*  Activity 1: Develop Information Sharing Procedures  Activity 3: Utilize Communications Systems and Platforms  *Objective 3: Coordinate Response Strategy, Resources, and Communications*  Activity 1: Identify and Coordinate Resource Needs during an Emergency  Activity 2: Coordinate Incident Action Planning During an Emergency  Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency  Activity 4: Communicate with the Public during an Emergency  **HCPR Capability 3:** Continuity of Health Care Services Delivery  *Objective 1: Identify Essential Functions for Health Care Delivery* Activity 1: Identify Essential Functions for Health Care Delivery  *Objective 2: Plan for Continuity of Operations*  Activity 1: Develop a Health Care Organization Continuity of Operations Plan  Activity 3: Continue Administrative and Finance Functions  *Objective 3: Maintain Access to Non-Personnel Resources during an Emergency*  Activity 1: Assess Supply Chain Integrity  Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements  *Objective 5: Protect Responders’ Safety and Health*  Activity 1: Distribute Resources Required to Protect the Health Care Workforce  Activity 2: Train and Exercise to Promote Responders’ Safety and Health  Activity 3: Develop Health Care Worker Resilience  *Objective 7: Coordinate Health Care Delivery System Recovery*  Activity 3: Facilitate Recovery Assistance and Implementation  **HCPR Capability 4:** Medical Surge  *Objective 1: Plan for a Medical Surge*  Activity 1: Incorporate Medical Surge Planning  *Objective 2: Respond to a Medical Surge*  Activity 2: Implement Out-of-Hospital Medical Surge Response  Activity 8: Respond to Behavioral Health Needs During Response  Activity 9: Enhance Infectious Disease Preparedness and Response  Activity 11: Manage Mass Fatalities |
| **Threat or Hazard** | Emerging Infectious Disease (EID) – Global Pandemic |
| **Scenario** | The COVID-19 Pandemic was a global outbreak of a novel Coronavirus, SARS-CoV-2, originating from Wuhan, China in late December 2019. The virus made its way into the United States via a human vector in late January / early February 2020. The SARS-CoV-2 virus was easily transmitted between humans through droplets from coughing, sneezing and even exhaling. Additionally, it was believed that approximately 30% of the population became asymptomatic carriers and spreaders of the virus. This made detecting illness extremely difficult and without widespread testing capability at the onset, almost impossible to prevent the spread of the disease into our most vulnerable populations in long-term care facilities. |
| **Participating Organizations** | |  | | --- | | **Participating Agencies and Organizations** | | California Association of Health Facilities Disaster Preparedness Program | | Corporate Partners | | Local Healthcare Coalitions | | Departments of Health | | Local emergency partners and stakeholders (e.g., Fire, EMS, Emergency Management) | |
| **Point of Contact** | **Facility Name (bolded)**  Name of person completing document  Title of person completing document  Facility Address  Facility phone number  Email of person completing document |

# 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) |
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| [Objective 1] | [Core capability] |  |  |  |  |
|  | [Core capability] |  |  |  |  |
| [Objective 2] | [Core capability] |  |  |  |  |
| [Objective 3] | [Core capability] |  |  |  |  |
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| **Ratings Definitions:**   * 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 accordance with applicable plans, policies, procedures, regulations, and laws. * 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.

## [Objective 1]

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

## [Core Capability 1]

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## [Core Capability 2]

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

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

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

# Appendix A: Improvement Plan

This IP has been developed specifically for [Facility] as a result of [Exercise Name] conducted on [date of exercise].

| **Core Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Core Capability 1: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |
| [Corrective Action 3] |  |  |  |  |  |
| 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |  |

# Appendix B: AAR/IP Participants

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| Participants |
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