COVID-19 PANDEMIC
FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	**Facility Name**
Incident Name	**COVID-19 Pandemic**
Incident Dates	**March 1, 2020 to Present**
Scope	Long term care providers, residents and staff have been impacted by the COVID-19 pandemic (COVID) in a myriad of ways. Many long term care (LTC) facilities and assisted living (AL) communities 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., 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 the facility's response and the lessons learned.

Mission Areas

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, 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 Risks and Needs
    Activity 1: Assess Hazard Vulnerabilities and Risks

HCPR 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 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

Objective 2: Plan for Continuity of Operations
    Activity 4: Plan for Health Care Organization Sheltering-in-Place

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
    <u>Activity 2:</u> Assess Health Care Delivery System Recovery after an Emergency

HCPR Capability 4: Medical Surge
Objective 2: Respond to a Medical Surge
    <u>Activity 3:</u> Develop an Alternate Care System

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 and preventing its spread extremely difficult, especially without widespread testing capability at the outset.

Participating Organizations

Participating Agencies and Organizations
Name of facility completing document
AHCA/NCAL and its members
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

The following section provides an overview of the performance related to each core capability, objective, corresponding activity, strengths and areas for improvement.

HCPR Capability 1, Objective 2, Activity 1: Assess Hazard Vulnerabilities and Risks
Did you have a written plan for an "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" as part of your facility Emergency Operations Plan (EOP)? If yes, did you reference the plan during your COVID-19 response?
What preparedness efforts (writing/reviewing the plan, staff training, purchasing/stockpiling supplies, etc.) did you do in 2019 for an "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic"?
Have you conducted an exercise (table-top, functional or full-scale) related to "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" in the last five years? If yes, please describe.
Did you have a comprehensive OSHA respiratory program in place including medical evaluation, fit testing and training?
Did you have a written infection control practices plan/procedures in place? Did you provide infection control training?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency
Did you experience shortages of Personal Protective Equipment (PPE) and/or testing supplies during the incident? If so, what specifically was in short supply and most difficult to obtain?
Did you reference and follow the CDC Guidance for the extended use of PPE? If so, what methods did you use?
Have you or will you change your par levels / stockpile of PPE because of COVID-19?
Were your vendors able to support your PPE needs? How long did your vendors take to resume normal delivery?
Were your PPE needs supported by your local emergency management agency, health care coalition and/or health department?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 2: Coordinate Incident Action Planning During an Emergency
Did your staff demonstrate effective response and recovery coordination by using the Nursing Home Incident Command Center (NHICS) structure and tools?
What NHICS positions did you activate during the COVID-19 response? Did you assign a Medical / Technical Specialist position (e.g. Infection Control, etc.)?
Did you develop an Incident Action Plan (IAP) for your facility response to COVID-19?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Describe your ongoing communications with the following entities (What was communicated, how was it communicated and when was it communicated / how often?):

Clinical Staff:

Non-Clinical Staff:

Residents:

Families:

Community Stakeholders:

Authorities Having Jurisdiction (including DOH or DPH):

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 4: Communicate with the Public during an Emergency

Did you interact with the media during your response to COVID-19? If yes, please describe:

Strengths:

Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 1: Identify Essential Functions for Health Care Delivery

Briefly describe how you maintained, altered or adjusted the following mission critical services / vendors and systems during your response to COVID-19:

- Pharmacy:

- Facility infrastructure (e.g. temporary walls, structure, physical plant, fire protection systems):

- Medical gases (oxygen):

- Air handling systems (heating, ventilation, and air conditioning [HVAC], includes negative pressure ventilation):

- Telecommunications and internet services (bandwidth capability):

- Information technology (e.g., software and hardware for EHRs):

- Nutrition and dietary services:

- Security (PPE stockpile, visitor / vendor restrictions):

- Laundry:

- Human Resources:

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 2, Activity 4: Plan for Health Care Organization Sheltering-in-Place

Describe your process (staff involved, signage, entry points, supplies/equipment utilized, documentation, etc.) for screening all persons entering the facility?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 1: Distribute Resources to Protect the Health Care Workforce

Describe your processes for PPE distribution to staff:

Describe your processes for providing COVID-19 testing for staff:

Describe your processes for providing vaccinations to staff:

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 2: Train and Exercise to Promote Responders' Safety & Health

Were your staff competent in donning and doffing PPE prior to the COVID-19 pandemic? If not, where did you obtain the course material to conduct the training during the response? Who conducted staff training during the response?

Were your staff fit-tested for N95 masks prior to the COVID-19 pandemic? If not, how did you accomplish fit testing for your staff during the pandemic?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 3: Develop Health Care Worker Resilience

Did you experience staffing shortages during the COVID-19 response? If yes, what was the cause (if known)?

What strategies did you use to mitigate staffing shortages?

- Altered staff schedules (e.g. 12-hour shifts)?

- Tracked staff who were out sick / identified return to work date?

- Followed the CDC Return to Work Guidance?

- Established a staff incentive program / shift bonus?

- Supplemented staffing with agency staff? Were they able to support you? At what expense? Detail the orientation program that was used to onboard the agency staff.

- Supplemented staffing with Medical Reserve Corps volunteers?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 7, Activity 2: Assess Health Care Delivery System Recovery

Visitation – What types of visitation did you begin allowing and when did you initiate them? Describe your process.

- Window visits –

- Outdoor / patio visits –

- Indoor visits –

Activities / Group Events – When did you begin allowing group activities, communal dining, etc.? Describe your process.

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 4, Objective 2, Activity 3: Develop an Alternate Care System (Resident Cohorting)

Describe if and how you maintained three distinct resident areas in your facility during the pandemic, (COVID Positive Unit, COVID Observation Unit, COVID Negative Unit)?

- COVID Positive Unit –

- COVID Observation Unit –

- COVID Negative Unit –

Admissions / Re-admissions – What was your policy and practice regarding new resident admissions and returning residents from the hospital?

Strengths:	Areas for Improvement:

Other Comments:

EXECUTIVE SUMMARY / IMPROVEMENT PLAN

Major Strengths

Instructions to participant: *Summarize at least 3-5 items identified as major strengths in your planning, procedures and response.*

The major strengths identified are as follows:
E.g. Our mass notification system worked well for communicating with staff and family.

Primary Areas for Improvement

Instructions to participant: *Prioritize the top 3-5 issues identified as primary areas for improvement in your planning, procedures and response, and develop an action plan for improvement:*

Primary Areas for Improvement identified	Action Plan for Improvement:	Responsible	Projected Completion Date"
EXAMPLE: We determined that we don't have a plan to allow family visitation during an infectious disease outbreak.	*1. Develop a plan to allow family visitation during an infectious disease outbreak.*	*Activities Director*	*8/1/21*