ASPR TRACIE Technical Assistance Request

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Response Date: March 22, 2021
Type of TA Request: Complex

Request:

ASPR TRACIE received a request for information on specifics of what long-term care facilities (LTCs) should be evaluating to include in their COVID-19 After Action Reports (AARs).

Response:

Important Note: The ASPR TRACIE Team developed the COVID-19 After Action Report Resources and Examples document, which supersedes this technical assistance (TA) response document. This TA response document focuses on LTCs, while the more recent document is relevant to all healthcare facility types.

ASPR TRACIE reviewed several documents, including those in our COVID-19 Resource Page. Section I of this document includes sample considerations that healthcare entities (such as LTCs) can utilize when documenting their ongoing AAR process (gleaned from various sources). Section II includes additional relevant resources.

It is important to note that the HHS ASPR Exercise, Evaluation, and After Action Division (E2A2) noted that the "industry standard" is still to use the Homeland Security Exercise and Evaluation Program (HSEEP) AAR template (attached).

- A sample AAR template is available from the Texas Division of Emergency Management for COVID-19.
- Sample Participant Feedback Forms (Burn, Pediatric) have been designed as AAR surveys for previous exercises and can serve as a guide for similar questioning for COVID-19.
- Note that the AAR should help the organization in updating their emergency preparedness program (e.g., for LTC annually).

For CMS Emergency Rule information, review the ASPR TRACIE Long Term Care Requirements CMS Emergency Preparedness Final Rule document, which combines excerpts from the Final Rule, the Interpretive Guidelines, and revisions (New 3.6.19) from CMS to provide a consolidated overview document for the LTC requirements.

Additional ASPR TRACIE relevant resources:
- **COVID-19 Considerations for Long-Term Care Facilities.**

- **NOTE**: This toolkit is a compilation of considerations for LTCs facilities based on lessons learned during the early months of the COVID-19 pandemic accompanied by resources to inform planning and response efforts.
- COVID-19 Healthcare Delivery Impacts (tip sheet)- this document reviews short- and long-term impacts of COVID-19 beyond the initial infection. It may be helpful when discussing impacts to LTCs.
- COVID-19 Long-Term Care Resources
- Exercise Program Topic Collection (not COVID-19 specific)
- Long-term Care Facilities Topic Collection (not COVID-19 specific)

I.   Sample Elements to Include/ Consider for COVID-19 AAR

Review the ASPR TRACIE COVID-19 Considerations for Long-Term Care Facilities for specific considerations and additional details. Sample trigger questions are included.

- **Emergency preparedness planning**
  - Emergency operations plan, continuity of operations plans, and business continuity plan reviews.
    - Are these plans updated routinely and on an as needed basis?
    - Did you assess other emergency plans (e.g., fire, evacuation, shelter in place) for pandemic implications?
  - Information Sharing/ situational awareness.
    - What are the most valuable/ successful mechanisms used by your facility and among partners to share information?
    - Do you receive health alerts directly from the Centers for Disease Control and Prevention (CDC) or indirectly through your state or local health department, healthcare coalition, long term care association, or other entity?
    - How do you maintain emergency point of contact information for your residents?
  - Coordination with state, local, healthcare coalitions, and community partners.
    - How actively does your facility participate in the activities of your region's healthcare coalition?
    - What IT solutions do you use for information sharing and coordination and did you modify them during the pandemic?
- **Response**
  - Incident management.
    - What structure did you use for incident management in your facility? Was this altered during the response?
  - Communications/information sharing.
    - Did you adjust your information sharing during response (e.g., frequency, who to share information with, mechanisms for sharing)?

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- What was the most valuable/ important information shared among partners?
- What key data points did you routinely track? Were these identified as key elements of information prior to the pandemic or recognized as a need during the pandemic?
- How involved were you in policy decisions (e.g., facility access policies, employee travel policies) across your region?
- How did you communicate new policies and procedures to your staff, residents, and loved ones of your residents?
- What challenges did you encounter in meeting new federal reporting requirements?
- Does your organization have internal and external communication mechanisms in place to include redundancy methods?
- What strategies did you use to enable communication between residents and their loved ones?
- o Staff management.
  - Does your organization have a behavioral health plan in place for personnel who may need or request this support?
  - Did you revise your workforce exposure policy to address the pandemic? Does your workforce exposure policy account for staff who may also work in other facilities?
  - What infection prevention training did you provide to your staff?
  - Did you implement contingency strategies (e.g., leave cancelation, mandatory overtime, etc.) to ensure adequate staffing?
  - How did you acquire additional staff (if needed)?
- o Resident well-being.
  - How did you offer social activities for your residents while maintaining distancing requirements?
  - What did you do to encourage interactions between residents and their loved ones while visitor restrictions were in place?
  - How did you ensure access to caregivers from outside your staff (e.g., specialty providers, social workers, palliative care, behavioral health providers, etc.)?
- o Logistics and supply chain management.
  - How did you meet your PPE needs?
  - Did you implement any PPE optimization strategies?
  - Did you encounter challenges in acquiring other supplies (e.g., linen, nutrition, pharmaceuticals)?
  - How did the pandemic affect your procurement policies/contracting?
- o Infection prevention.
  - When and how did you implement an enhanced screening process for staff and visitors?

- What administrative policies did you enforce to improve infection prevention?
- If you have a respiratory protection program, how was it modified during the pandemic? If you do not have a respiratory protection program, how did you ensure proper use and fit of PPE by staff?
- What modifications did you make to your physical space or systems to protect staff and residents from exposure to the virus?
- Did you cohort residents?
- Did you have a location to isolate residents with suspected infection while awaiting laboratory confirmation?
- Laboratory/ testing capabilities.
  - When and how did you establish your testing plan?
  - Did you require assistance from partners or contractors for specimen collection?
  - Did you use serial testing?
- Treatment/ transport/ discharge protocols.
  - Did your jurisdiction implement any policies that made it easier or more difficult to transfer patients from hospitals to long term care facilities or vice versa?
  - How did you communicate with hospitals and emergency medical services providers about transfers/transports?
  - Did you use telemedicine to reduce resident transports to providers and/or to reduce the number/frequency of providers entering your facility to see residents?
- Case Management protocols (to also include clinical care and fatality management).
- Medical countermeasures (e.g., therapeutics, vaccines).
  - How are you coordinating with partners on monoclonal antibody administration?
  - What mechanisms are you using for vaccine administration?
  - How are you educating your staff, residents, and their loved ones on vaccination?
  - How have you dealt with vaccine hesitancy?
- **Recovery**
  - Administrative/ financial.
    - How did you track your pandemic-related expenses for potential reimbursement/cost recovery?
    - How did you assess your eligibility for federal or state COVID-19 financial relief programs?
  - Policies/ processes updates and revisions.
    - What went well that you will continue to implement for future responses and what did not go well?

- What are your priorities for preparedness, resources, or coordination as your organization anticipates recovery/ return to a new normal? What will you keep and what will you return to pre-COVID?

II.   Additional Resources

California Hospital Association. (2020). [COVID-19: Mid-Response and After Action Reporting Webinar.](#)

> This webinar provides an overview of tools hospitals can use to provide COVID-19 response feedback, including analyzing what went right, what needs improvement, and how to improve a facility's response to the virus. Though this is geared to California hospitals, it may be helpful/ applicable to other healthcare facilities.

Chamberlin, M., Okunogbe, A.T., Moore, M., et al. (2015). [Intra-Action Report — A Dynamic Tool for Emergency Managers and Policymakers](#). Rand Corporation. PE-147-RC.

> This document outlines a framework that can be used as a tool to assist with the development of Intra-Action Reports focused on emergency response activities. Using the Ebola outbreaks of 2014-2015 as an example event, guidance highlights how to track, synthesize, evaluate, and communicate lessons learned and best practices. A comprehensive table categorizes key areas of activity and sources of information that can be broadly applied to a variety of response and recovery efforts.

Connecticut Department of Public Health. (2020). [COVID-19 Pandemic Facility After-Action Report/ Improvement Plan](#).

> This AAR template for Connecticut's Long Term Care Mutual Aid Plan (LTC-MAP) members provides objectives by which facilities can measure and validate their capabilities during the response and recovery phases of the COVID-19 pandemic. It includes detailed questions to assess performance related to four core capabilities.

European Centre for Disease Prevention and Control. (2020). [Conducting In-action and After-action Reviews of the Public Health Response to COVID-19](#).

> This report provides guidance and best practices for conducting and implementing AARs and in-action reviews within an organization. Section 1 outlines a phased approach to developing and implementing such reviews that include key actions such as forming a team, selecting a methodology, and best practices for collecting information. Section 2 provides specific considerations for conducting reviews in the context of the COVID-19 pandemic. Annexes at the end of the document provide supplemental information such as

trigger questions to facilitate responses and a matrix to assist with identifying proper stakeholders.

Health Information Sharing and Analysis Center (H-ISAC). (2020). [Capturing Lessons Learned: COVID-19 After Action Report.](#)

This article provides tips for healthcare facilities on how to begin the AAR process during the pandemic.

Kidney Community Emergency Response (KCER). (2020). [End Stage Renal Disease Community COVID-19 After-Action Report and Improvement Plan](#).

This AAR identifies, assesses, and documents operations of the End Stage Renal Disease community, including KCER, during the COVID-19 pandemic. It includes four core capabilities: situational assessment, operational communication, operational coordination, and logistics and supply chain management.

Vermont Healthcare Emergency Preparedness Coalition . [COVID-19 Pandemic Response AAR/IP](#). (2020).

This AAR from the healthcare coalition in Vermont focuses on the following capabilities: gathering situational awareness to enhance information sharing for a common operating picture; and providing resource coordination support to the State Emergency Operations Center and Health Operations Center.

World Health Organization. (2020). [Guidance for Conducting a Country COVID-19 Intra-Action Review (IAR)](#).

This document outlines effective methods that can be used to conduct periodic reviews of COVID-19 response activities during the pandemic. While IARs are broadly discussed at the country-level, strategies are applicable to organizations and public health facilities. Considerations include identification of key stakeholders, document scoping, IAR formats, and processes for response documentation and follow-up.

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