

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

Facility Name	_____
Incident Name	COVID-19 Pandemic (Initial Phase)
Incident Dates	March 1, 2020, to September 30, 2020
Scope	<p>In the initial phase of the COVID-19 pandemic, routine operations of all Rhode Island LTC-MAP members were affected in one way or another. Many nursing homes and assisted living communities had positive cases of COVID-19 among their resident and staff populations. For those that managed to remain COVID-19 free, efforts to remain as such through enhanced screening protocols, testing and visitor restrictions were nonetheless especially demanding. LTC-MAP was leveraged to not only ensure coordination among members, but also to improve situational awareness within the LTC-MAP community of the pandemic's impacts. Components of the LTC-MAP and facility plans that were utilized include:</p> <ul style="list-style-type: none">• Activation of facility command centers;• Regular reporting on operational status, beds, and supplies;• Managing requests for resources and assets. <p>All plan members are expected to complete an After-Action Report and Improvement Plan documenting their facility's actions, successes, and areas for improvement during the initial phase of the COVID-19 pandemic.</p>
Mission Area(s)	Response, Recovery
	<p>The capabilities listed below (2017-2022 Health Care Preparedness and Response Capabilities), published by the Office of the Assistant Secretary for Preparedness and Response in November 2016, provide a lens through which healthcare organizations' disaster responses can be evaluated and areas for improvement and best practices identified.</p> <p>HCPR Capability 1: Foundation for Health Care and Medical Readiness</p>

Health Care
Preparedness
and Response
Capabilities
with
Associated
Objectives

Objective 2: Identify Risks and Needs

Activity 1: Assess Hazard Vulnerabilities and Risks

HCPR Capability 2: Health Care and Medical Response Coordination

Objective 2: Utilize Information Sharing Procedures and Platforms

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

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

Activity 2: Assess Health Care Delivery System Recovery after an Emergency

HCPR Capability 4: Medical Surge

Objective 2: Respond to a Medical Surge

Activity 9: Enhance Infectious Disease Preparedness and Response

Activity 11: Manage Mass Fatalities

Threat or
Hazard

Emerging Infectious Disease– Global Pandemic

Scenario

The COVID-19 pandemic is currently 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 is easily transmitted between humans through droplets from coughing, sneezing, and exhaling. Additionally, it is believed that approximately 30% of the population may be asymptomatic carriers and spreaders of the virus. This makes detecting illness 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.

Sponsor

**Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)
 Funded by the Rhode Island Department of Health**

Participating Organizations

Participating Agencies and Organizations
All LTC-MAP members
Rhode Island Department of Health
Healthcare Coalition of Rhode Island (HCRI)
RPA, a Jensen Hughes Company

Points of Contact

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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	
What was your overall risk rating of "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" on your 2019 Annual Hazard Vulnerability Analysis (HVA)? Was it in your "Top 5" Events for your 2019 HVA?	
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.	
Strengths:	Areas for Improvement:
Other Comments:	

H CPR Capability 2, Objective 2, Activity 3: Utilize Communications Systems and Platforms	
Who conducted the regular online emergency reporting and how many people within the facility know how to conduct online emergency reporting should the primary person not be available?	
Was the daily reporting to www.mutualaidplan.org easy or difficult to complete? Did you reference the Quick Guide for completing Emergency Reporting? Did you refer to the LTC-MAP website documents section regularly for updated guidance documents, WebEx recordings, etc.?	
What other entities or portals did you report to during the COVID-19 pandemic? Did you find the questions were redundant?	
Did you participate in the RIDOH conference calls? Were they helpful in disseminating timely information to your facility related to the ongoing COVID-19 pandemic? Please provide any other feedback regarding the weekly calls.	
Strengths:	Areas for Improvement:
Other Comments:	

<u>HCPR Capability 2, Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency</u>	
Did you experience shortages of Personal Protective Equipment (PPE) during the incident? If so, what PPE was in short supply and most difficult to obtain?	
Did you reference and follow the CDC Guidance for optimizing the use of PPE? If so, what methods did you use?	
Describe your par level/stockpile of PPE before the COVID-19 pandemic.	
Have you or will you change your par levels/stockpile of PPE because of COVID-19?	
Were your commercial vendors able to support your PPE needs? If no, what was the situation (allocation, change of product type, or no product). How long did your vendors take to resume normal delivery?	
Were your PPE needs supported by your local emergency management agency and/or health department?	
Did you order and receive PPE from the State when you had gaps in your available supply? Describe the process.	
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 System (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)?	
Did you develop an Incident Action Plan (IAP) for your facility response to COVID-19?	
What were your primary objectives in your IAP? How often did you update your IAP (e.g. daily, weekly, every 2 weeks)?	
Strengths:	Areas for Improvement:
Other Comments:	

H CPR 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:

Strengths:

Areas for Improvement:

Other Comments:

<u>H CPR Capability 2, Objective 3, Activity 4: Communicate with the Public during an Emergency</u>	
Did you interact with the media during your response to COVID-19? If yes, please describe:	
Did you (or corporate) prepare a press release on behalf of your facility/operator for the media?	
Did you conduct or participate in a press conference during the COVID-19 response? If so, did you feel prepared to effectively interact with the media?	
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:

- Laboratory:

- Radiology:

- Pharmacy:

- Supply chain management (leasing, purchasing, and delivery of critical equipment and supplies such as medical devices, blood products, personal protective equipment (PPE), and pharmaceuticals):

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

- 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 and patient billing):

- Central Supply / Materials Management:

- Transportation services:

- Nutrition and dietary services:

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

- Laundry:

- Human Resources:

Strengths:

Areas for Improvement:

Other Comments:

<u>H CPR Capability 3, Objective 2, Activity 4: Plan for Health Care Organization Sheltering-in-Place</u>	
What date did you commence with visitor/vendor restrictions and screening of all persons entering the facility?	
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:	

<u>H CPR Capability 3, Objective 5, Activity 1: Distribute Resources to Protect the Health Care Workforce</u>	
Describe your daily process for PPE distribution to staff.	
How did you secure your PPE resources/stockpile?	
Strengths:	Areas for Improvement:
Other Comments:	

H CPR Capability 3, Objective 5, Activity 2: Train and Exercise to Promote Responders' Safety & Health	
Did your facility participate in the RIDOH/Rhode Island National Guard Congregate Setting Support Team (CSST) for training on PPE and/or resident cohorting (hot/warm/cold zones for COVID areas)?	
Were your staff competent in donning and doffing PPE before the COVID-19 pandemic? If not, where did you obtain the course materials to conduct the training during the response? Who conducted staff training during the response?	
Were your staff fit-tested for N95 respirators before the COVID-19 pandemic? If not, were you able to conduct fit testing for your staff during the pandemic?	
Do you have an established Respiratory Protection Program for your facility?	
Strengths:	Areas for Improvement:
Other Comments:	

<u>H CPR Capability 3, Objective 5, Activity 3: Develop Health Care Worker Resilience</u>	
Did you experience staffing shortages during the COVID-19 response? If yes, what was the cause (if known)?	
<p>What strategies did you use to mitigate staffing shortages?</p> <ul style="list-style-type: none"> • 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 Skills for Rhode Island's Future (Skills RI) and/or Rhode Island Medical Reserve Corps volunteers? 	
Strengths:	Areas for Improvement:
Other Comments:	

<u>HCPR Capability 4, Objective 2, Activity 9: Enhance Infectious Disease Preparedness and Response (Resident Cohorting)</u>	
Describe how you maintained three distinct resident areas in your facility during the pandemic, (COVID Positive Unit, COVID Observation Unit, COVID Negative Unit).	
<ul style="list-style-type: none"> • 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?	
Point Prevalence Survey (PPS) Testing – How many rounds of PPS testing of your residents did you perform? How did the results of each PPS test impact your cohorting strategy of your residents?	
Strengths:	Areas for Improvement:
Other Comments:	

<u>H CPR Capability 4, Objective 2, Activity 11: Manage Mass Fatalities</u>	
Did you experience any resident deaths due to COVID-19? If yes, how many?	
Did you experience any staff deaths related to COVID-19? If yes, how many?	
Did you experience difficulties managing resident deaths with the local funeral homes/directors? If yes, please explain.	
Did your facility provide staff support for behavioral health issues due to high death rates in facilities?	
Strengths:	Areas for Improvement:
Other Comments:	

General Comments / Observations

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:
<i>E.g. Our mass notification system worked well for communicating with staff and family.</i>

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"
<i>EXAMPLE: We determined that we don't have air conditioning in 100% of our building while on Generator.</i>	<ol style="list-style-type: none"> 1. <i>Develop options to add air conditioning to our alternate power source.</i> 2. <i>Develop contingency plans.</i> 	<i>Director of Maintenance</i>	<i>8/1/19</i>
