



End-Stage Renal Disease
Network of New York

ISO
9001:2008
CERTIFIED

network2.esrd.ipro.org

NW2 Emergency Closure After Action Report (AAR)

Please use this report to evaluate your emergency event activities, and emergency planning. A one year exemption from Community Emergency Drill will be granted after the completed AAR has been reviewed and accepted by the Network Emergency Manager and State Department of Health.

The purpose of this After Action Report (AAR) is to analyze the event, document results, identify strengths, identify potential areas for further improvement, and support development of corrective actions as follows:

Identify issues resulting from the event

Identify the entities involved and the activities (Meetings) they performed – before, during and after the emergency,

Identify areas of strength regarding the performance of the facility staff,

Identify areas of weakness regarding the performance of the facility staff,

Identify opportunities for quality improvement for facility Emergency Preparedness

Conclusion

* 1. Your Name, Facility and Title

Name:

Facility:

Title

City/Town:

Email Address:

Cell Phone #

2. Facility CCN # (#xx-XXXX)

3. Please list:

Date Network notified of status

Date Department of Health notified (NYPORTS)

4. Event Type

- Weather Emergency
- Water Issues
- Power Loss
- Structural Damage
- Other (please specify)

5. Please List Incident Date(s)

Date Closed/Altered

Date Returned to Normal Business Hours

6. Did staff utilize the Facility Emergency Plan?

- YES
- NO

If NO, why?

7. Please describe the impact on patient population (no PHI) Please use whole numbers i.e. # of missed treatments, # sent to ER, #rescheduled, # sent to backup facility.

Event Overview

8. Description of issues/barriers to care resulting from the event (e.g. communication issues, transportation issues, patient issues) [can be a list of issues or "no Issues/Barriers Identified"]

9. Entities Involved in the Emergency:
(the organizations and stakeholders that were involved in managing event response)

(Primary) Lead Staff
Member

(Back-up) Lead Staff
Member

Partner Involvement
(government agencies and
other stakeholders
involved in the emergency
(if any))

Off site Management (List
names of LDO/Corporate
management involved (if
any))

10. Meeting and Calls (please list event related meetings and calls)

Staff Meeting(s)

Calls to Staff

Calls to Patients

Other Meetings

11. Hotwash/After Action Staff Meeting (Please list date and highlights of post event meeting to discuss emergency activities and improvements)

Self Analysis: Describe briefly the strengths and challenges discovered during the incident

12. The two major strengths identified during this event are as follows:

Strength #1

Strength #2

13. The two major challenges identified during this event are as follows:

Challenge #1

Challenge #2

14. **Conclusion:** Describe the resolution. Briefly describe the lessons learned and the improvements to be developed, which tie into the body of this report and the updating Emergency Planning/Training and or your Improvement Plan (IP).