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TECHNICAL REPORT

Facilitated Look Backs

A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza

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Prepared for the U.S. Department of Health and Human Services



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The research described in this report was prepared for the U.S. Department of Health and Human Services. This research was produced within the RAND Health Center for Domestic and International Health Security. RAND Health is a division of the RAND Corporation.

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Published 2006 by the RAND Corporation
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SUMMARY

Since influenza pandemics¹ are relatively infrequent, public health agencies have limited opportunities to learn from direct experience with them. In contrast, routine annual influenza occurs each year with some predictability, and this routine occurrence offers important opportunities for public health and pandemic preparedness. Each routine annual influenza season presents unique challenges and lessons that may be applicable to pandemic influenza and other public health preparedness activities. For example, unanticipated events in the past decade, such as influenza vaccine shortages, high numbers of influenza-associated deaths among U.S. children, and unexpected surges in demands for patient care, have underscored the need for better preparation—specifically, the importance of early planning and responsiveness to different contingencies that may arise.

With the specter of pandemic influenza before the American populace, the RAND team sought to harness opportunities arising from the annual occurrence of influenza to help public health agencies improve their response to routine annual influenza and to incorporate lessons into pandemic and emergency public health preparedness planning. Specifically, we set out to develop and test a “Look-Back” methodology to assist state public health agencies (SPHAs) in systematically assessing their experiences from each routine annual influenza season and translating those experiences into future public health practice.

A Look-Back is a quality improvement tool that seeks to identify relevant and applicable lessons for routine annual and pandemic influenza preparedness by asking a broad and diverse group of participants who have been involved in routine annual influenza activities to critically evaluate their management of the past routine annual influenza season. We developed the Look-Back by focusing primarily on an SPHA’s role in routine annual influenza activities. Because of the SPHA’s role in these routine activities, we pilot-tested the Look-Back with three SPHAs and relevant stakeholders between June and August 2005.

¹ An *influenza pandemic* is defined by the emergence of a novel influenza virus, to which much or all of the population is susceptible, that is readily transmitted person to person and that causes outbreaks in multiple countries. See U.S. Government Accountability Office (2005).

By involving a broad and diverse group of participants, Look-Backs seek to foster open, candid, no-fault, systems-level analyses of routine annual influenza management. A Look-Back traces the series of events that unfolded during the past influenza season, key decisions that were made by various stakeholders, and how those decisions were perceived and acted upon by others.

The general framework for a Look-Back includes an independent, objective facilitator or discussion leader who helps to stimulate the discussion and guides the participants in a critical evaluation of recent historical events and activities based on such general topic areas as the organizational structure of decision making; influenza surveillance; vaccine procurement and distribution; routine annual influenza vaccination campaigns; vaccine administration; priority groups and implications of changing priorities; non-vaccine and public health strategies; communication; and unanticipated events.

In advance of the Look-Back, the facilitator and the SPHA will need to select from three to six discussion topics, as well as suggested questions, or probes, that the facilitator may use to keep the participants on track and to ensure that particularly relevant or timely issues are not overlooked. In addition to topic-specific issues, we developed the following core questions, which are broadly applicable to all of the discussion topics:

1. What are activities, roles, and responsibilities during routine annual influenza season?
2. What are specific issues that came up last year?
3. What went well, and are past successes sufficiently institutionalized? What specific problems emerged?
4. What might have been done differently?
5. What should be done differently in the future?
6. What are lessons for an influenza pandemic?

Appendix A provides advance-planning and logistical checklists for Look-Backs. Suggested presentation slides that may be used to guide the Look-Back are contained in Appendix B.

To translate the new information that emerges from the Look-Back into concrete steps to improve future public health practice and preparedness, we ended each topic session with a discussion dedicated to eliciting specific lessons learned. We then ended the overall Look-Back with a session to review, prioritize, and document all such lessons. An after action report (AAR) is a summary of the general discussion that highlights specific strengths and systems-level improvements identified by the group. It addresses all participants' needs and serves as an important vehicle for broadly disseminating past successes, strengths, and lessons learned. It also facilitates incorporation of new individuals or functions into routine annual influenza season management. A suggested outline for an AAR is provided in Appendix C.

The AAR also informs the development of an Action Plan, or Improvement Plan. Following development and review of the AAR, specific strengths, lessons, and systems-level ideas for improvement identified during the Look-Back can be developed into a detailed, comprehensive plan that outlines specific steps, or actions, and that identifies individuals accountable for those actions, as well as explicit performance benchmarks. The Action Plan is the means by which lessons learned are translated into concrete, measurable steps that result in improved response capabilities.

We tested the Look-Back methodology with only three SPHAs and their community stakeholders. Nevertheless, we identified four design issues and implementation changes that were common across sites:

1. Advance planning and investigation allow for customized Look-Backs.
2. Facilitator objectivity and independence are critical.
3. It is a challenge to produce effective and broadly agreed-upon AARs.
4. AARs can generate valuable dialogue if they are broadly disseminated and reviewed by individuals not typically involved in routine annual influenza activities.

The fourth point is especially apt because it is inclusive of more than those who participate in a specific Look-Back: In at least two cases, both individual and organizational tensions resulted from the functional separation of routine annual influenza management and influenza pandemic preparedness. In one case, broad dissemination of the AAR resulted in a new level of engagement by the state epidemiologist in routine

annual influenza. Previously, epidemiologists tied functionally to the division of emergency planning and preparedness viewing routine annual influenza as outside of their purview.

In addition to having overall design and implementation issues in common, our three pilot SPHAs shared several important lessons and areas of improvement with respect to the 2004–2005 influenza season. Look-Backs with all three SPHAs revealed that several areas of planning are particularly important for enhancing routine annual influenza management and pandemic preparedness in the future, including (1) leveraging state emergency preparedness resources and infrastructure; (2) establishing clear lines of communication with the SPHA and between and among SPHAs, local public health agencies (LPHAs), healthcare providers, and the public; and (3) facilitating the distribution and administration of vaccine.

Look-Backs have utility as a relatively simple, effective quality improvement tool that any level jurisdiction can use to systematically assess actual recent past events to strengthen management and communications systems relevant to future routine annual and pandemic influenza. Adoption and implementation of Look-Backs with regular frequency (i.e., annually) by public health agencies will capitalize on routine annual influenza to better prepare for pandemic influenza (a rare opportunity in public health); document and formalize learning from successes as well as from problems; encourage follow-through on lessons learned; and reinforce the role of public health during annual and pandemic influenza, as well as during other public health emergencies. Although we pilot-tested the Look-Backs only with SPHAs, the tool may also be relevant to LPHAs. This guide should therefore be of broader interest to policymakers, public health professionals, and individuals who are involved in routine annual influenza management and emergency preparedness.