
**After Action Report / Improvement Plan
COVID 19
Fox Valley Healthcare Emergency Readiness Coalition
Phase 2 – October 2020-March 2021
Testing>patient surge>vaccine**



FV-HERC

Fox Valley Healthcare Emergency Readiness Coalition

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OVERVIEW

Incident Name	COVID-19 Response
Incident Date	This version of the AAR/IP reflects Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) operational response from through October 1, 2020.
Threat or Hazard	Global Pandemic
Situation	The COVID-19 pandemic is an ongoing global pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on January 30, 2020 and a pandemic on March 11. As of October 1, 2020, more than 33 million cases of COVID-19 had been reported resulting in more than 1,009,270 deaths.
Capabilities	Operational Coordination Intelligence and Information Sharing Communications Health & Safety Planning
Point of Contact	Tracey Froiland RN, MSN Fox Valley HERC Coordinator Wisconsin Division of Public Health Tracey.Froiland@fvherc.com 920.427.2229 Gabbie Froiland, M.A. Public Health Consultant GMURPHYCONSULTING, LLC gmurphyconsultingllc@gmail.com 920.427.1229

EXECUTIVE SUMMARY

In December of 2019, the world began to notice a rapid rise in a novel coronavirus, COVID-19. First identified within China, global efforts to contain the spread failed and it rapidly grew internationally. On February 5, 2020, the State of Wisconsin announced the first positive case of COVID-19 from a recent traveler to China. As the pandemic continued, the State of Wisconsin and the Fox Valley Healthcare Emergency Readiness Coalition (FV-HERC) became inundated with COVID-19 positive individuals. The FV-HERC worked with its internal partners, state, and federal agencies to share information, provide resources, and respond to the ongoing hazard.

As the international response to COVID-19 is ongoing, FV-HERC initiated a mid-stream review of internal processes in responding to the incident. To gain insight and appropriately analyze the organizations response efforts, FV-HERC partnered with HSS to author this report by utilizing surveys and debriefs with key stakeholders across the region. This report examines the strengths and areas for improvement for five capabilities as defined by the Federal Emergency Management Agency:

- Operational Coordination
- Intelligence and Information Sharing
- Communications
- Health & Safety
- Planning

Phase 2 of the covid response saw the Initiation phase move into acceleration, as there was a rapid increase in cases as communities resumed more normal operations. The number of cases began climbing in July. Fourth of July celebrations occurred, businesses were reopened with varying degrees of mitigation measures, some summer sports began, families began vacationing, and worksites brought more employees back. The majority of the spread during Phase 2 came from the younger population, those 20-29 years old while most fatalities were older than 65 years of age. Many cases were linked back to their presence at bars and other large social gatherings. Fortunately, the acuity of the cases from this age group was typically less severe, however, disease spread from this population to older adults led to more critical cases.

FVHERC Phase 2 Summary Data	
Average case/day (3/1 - 9/3/20)	33.8
Weekly positivity rate (3/1 - 9/3/20)	Range: 1 - 13% Mean: 6.2% Median: 8% Mode: 8%
Average weekly COVID –19 inpatients (3/1 - 9/3/20)	34

Average weekly COVID-19 ICU inpatients (3/1 - 9/3/20)	13
Healthcare workers cases (cumulative as of 10/1/2020)	345 (11%)
Average outbreaks/week (3/1 - 9/3/20)	54
Total deaths	Phase 1: 12 (as of 3/31/20) Phase 2: 65 (3/31 - 9/30/20) Total: 77 (as of 8/31/20)

Source: FVHERC weekly data collection/Wisconsin DHS

Overall, the FV-HERC and regional partners effectively responded to the demands of the global pandemic. Identified strengths of the organizations included:

- The coalition continued to facilitate a collaborative message and share best practices.
- FV-HERC provided valuable intelligence and information that was timely, relevant, and actionable. Respondents highlighted the constant updates supported operations in a very fluid environment.
- **FV-HERC facilitated successful but a challenging coordination between partners regarding surge testing, patient surges, and rollout of phase 1A vaccinations.**
- **Timely communication, Collaborations of partners, outstanding partner participation, prior relationships and ability to work well together.**

Several areas of opportunity were identified to improve FV-HERC’s planning and response efforts in the future. The primary areas for improvement were:

- Improving communications between cities/counties and the State of Wisconsin.
- Future planning in Continuity of Operations/Continuity of Government, extended COVID-19 testing strategies, and vaccine administration within the coalition.
- **Improve coordination to counties outside of the tri-county area, the entire region.**
- **More staff and coverage 24/7 for all partners, PIO collaboration needed, One place that all partners received same information from DHS.**
- **Need for a more robust public health structure.**

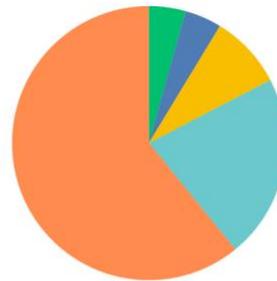
ANALYSIS OF CAPABILITIES

OPERATIONAL COORDINATION

Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of incident objectives.

Survey Poll: The FV-HERC partners were effective in coordinating with other key partners in the event of surge testing, patient surges, and the Phase 1A Vaccine Rollout.

Strongly Agree	14
Slightly Agree	5
Neutral	2
Slightly Disagree	1
Strongly Disagree	1



1 - strongly disagree 2 - slightly disagree 3 - neutral 4 - slightly agree
5 - strongly agree

STRENGTHS

Strength 1: Process was in place for bed reporting- EmResource and communicating frequently. Weekly /frequent meetings with all partners.

Strength 2: The coalition partners attended and reported as needed at EOC's and other regional and state meetings.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: EXTENDED OPERATIONS PREPAREDNESS

Phase 2 began with testing challenges and then hospital surge. Early in the response, test kits and lab capacity were in short supply in Wisconsin and nationwide. As response continued, infrastructures were built to support the massive testing need. As allowable with the Wisconsin emergency declaration due to COVID-19, The Wisconsin National Guard was assigned to assist with community testing and proved to be a valuable asset. They provided 25 teams to cover community testing across the state and collected more than 72,000 samples as of May 27, 2020; they were especially helpful in supporting large outbreaks. The Guard support was integral in providing local communities time needed to build capacity and develop community testing plans of their own.

The below Corrective actions will be focused on 3 categories: Testing, Surge and Vaccine.

CORRECTIVE ACTION 1: COLLABORATION OF RESOURCES

The FVHERC regional partners had a challenge to communicate and operationalize testing throughout the region. Creating a system to help communicate equally with all partners and give real time information would be useful. This was also true at the beginning of Vaccination efforts.

CORRECTIVE ACTION 2: SHORTAGES

Throughout much of Phase 2, there was a continued shortage of reagent needed for testing. In addition, results from reference labs lagged, sometimes taking up to eight days. As summer came to an end, weekly testing throughput became noticeably lower. The National Guard teams continued to fill the specimen collection resource need, public health departments feverishly worked with their community partners to develop local testing plans, to be completed and ready for implementation by mid-September and continues through Phase 2. Due to shortages of testing supplies, skilled nursing facility testing stopped after the first round of testing. Aggressive efforts have been made to contract with private labs designated specifically to handle the skilled nursing testing, and contracts were signed for this at the end of August. In addition, there was a push to provide nursing homes with Point of Care (POC) antigen testing devices and pair them with a testing lab by end of September.

At the end of October, the FVHERC region began our COVID patient surge. Soon all of our covid beds were filled without any ICU beds available. Daily meetings and sharing information between health system was key in finding beds for our most critical patients. A statewide triage system would be beneficial.

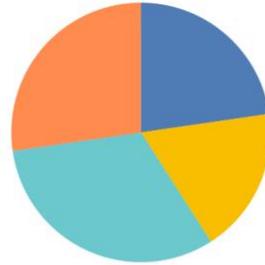
We were informed that we should plan for vaccine as early as December 1, 2020. Many partners were unable to begin planning due to lack of personnel and our current surge of patients.

INTELLIGENCE AND INFORMATION SHARING

State, Federal, and local partners provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information. Provide all decision makers with decision-relevant information regarding COVID-19, any cascading effects, and the status of the response.

Survey Poll: Partners provided timely, accurate, and actionable information on testing, surge and vaccine.

Strongly Agree	6
Slightly Agree	7
Neutral	4
Slightly Disagree	5
Strongly Disagree	0



1 - strongly disagree 2 - slightly disagree 3 - neutral 4 - slightly agree
5 - strongly agree

STRENGTHS

Strength 1: The coalition provided valuable intelligence and information that was timely, relevant, and actionable. The frequent written updates, as well as routine video calls that supported operations in a very fluid environment.

Strength 2: FV-HERC weekly calls provided an open-environment to share information when many other external entities' calls only provided a brief out and no ability to discuss.

Strength 3: FV-HERC shared covid information effectively when provided by state, federal and local partners.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: SITUATIONAL AWARENESS

Information was changing quickly. At times it was difficult to bring members together on short notice. Health systems and PH partners had non HERC members assigned to tasks that were not relayed to HERC in a timely fashion. At times testing, supplies and vaccine planning was done in a bubble. Hospital systems often had several individuals that were not previously associated with the HERC in charge of different operations. An improvement would be more EM staff in hospital systems.

CORRECTIVE ACTION 1: EXAMPLE: DUE TO TESTING RESTRICTIONS, ASYMPTOMATIC HEALTH CARE WORKERS HAD TO BE QUARANTINED UNTIL COVID+ FAMILY MEMBER CLEARED BEFORE THEY COULD RETURN TO WORK. THIS WAS NOT CONSISTANT ACROSS THE REGION OR STATE.

CORRECTIVE ACTION 2: INFORMATION SHARING

All partners needed support in this area. Some partners had to get clearance to share information which was difficult to manage and decipher. Consistency in messaging, processes and procedures was a challenge. One health system might have 5-6 different counties it covers. This was a challenge with each county/city doing things differently.

Throughout this pandemic information sharing has been critical. Over the past 6 months this has improved throughout the region. The challenge identified is getting ahead of the media as well as information sharing equally with all involved partners. An example is that DHS has meetings with public health, Emergency Managers, HERCS all at different times with different state leaders/liaisons. This format has proven to have gaps including delayed information, inaccurate sharing of information and silos. Every partner needs to know the same information at the same time to assure the messaging and mission is the same.

Regionally we continue to be challenged with county/city boundaries. Some counties work with their adjacent counties while others do not. From a regional perspective this is counterproductive at times. The same goes for health systems, though throughout phase 2 of this pandemic the health systems met regularly and shared information, policies and procedures.

A challenge is that one health system may be in 7 counties/cities. When a Health department contacts the local hospital the question or request may need to be taken to the corporate hospital/system for decision or announcement as it would be a system wide approach. Therefore, delays and misinformation occurred.

One area for improvement would be to have a list of contacts at each health department and at each hospital/health system for each phase or project. Testing, Surge, Vaccine ect. The WHA patient volume information was extremely helpful. See below for example.

Hospital Admissions			
	Current	1 day Δ	7 day Δ
Total COVID-19 Patients	16	3	3
ICU COVID-19 Patients (included in total COVID-19 patient count above)	4	1	4

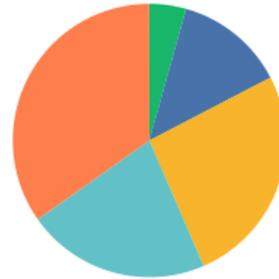
Data last updated: 5/25/2021 3:30:16 PM

COMMUNICATIONS

State, regional, and local entities deliver coordinated, prompt, reliable, and actionable information to the whole organization through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding COVID-19, as well as the actions being taken and the assistance being made available, as appropriate.

Survey Poll: FV-HERC effectively delivered coordinated, prompt, reliable, and actionable information to the coalition throughout the COVID-19 response.

Strongly Agree	8
Slightly Agree	5
Neutral	6
Slightly Disagree	3
Strongly Disagree	1



1 - strongly disagree 2 - slightly disagree 3 - neutral 4 - slightly agree
5 - strongly agree

STRENGTHS

- Strength 1:** The coalition was able to communicate with state partners to clarify and confirm information.
- Strength 2:** FV-HERC regional partners participated in frequent regional and state meetings.
- Strength 3:** FV-HERC regional partners have strong relationships and assist each other willingly.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: COMMUNICATION PROCESSES

There continues to be delayed or nonexistent timely communication from the state. This made for re-work and at times poor communication. A regional PIO group would have been helpful. At times all jurisdictions were able to work together and at time

Due to the hazards that typically impact the Fox Valley Region, many of these activities have been unnecessary. Due to this, many respondents felt under-prepared to implement a JIS or felt that their PIO was not adequately trained for the exhaustive response required to COVID-19.

CORRECTIVE ACTION 1: COMMUNICATIONS TRAINING

The FV-HERC should provide training opportunities in both the Joint Information System process and PIO position-specific training.

CORRECTIVE ACTION 2: REGIONAL COMMUNICATIONS

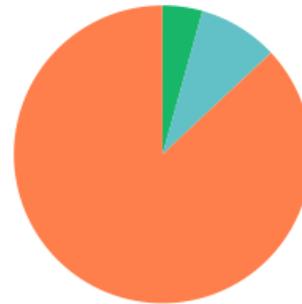
Need a system that does real time communication with all partners!

HEALTH AND SAFETY

Conduct appropriate measures to ensure the protection of the health and safety of the patients, visitors, staff, the public, and other stakeholders.

Survey Poll: FV-HERC effectively provided information/education in appropriate measures to aid in the protection of the health and safety of employees and the public.

Strongly Agree	20
Slightly Agree	2
Neutral	0
Slightly Disagree	0
Strongly Disagree	1



1 - strongly disagree 2 - slightly disagree 3 - neutral 4 - slightly agree
5 - strongly agree

STRENGTHS

- Strength 1:** FV-HERC was able to expedite information requests and responses for Personal Protective Equipment, Contact Tracing, COVID-19 Surge Testing, and Vaccine Rollout.
- Strength 2:** FV-HERC facilitated resource sharing requests between members to streamline asset and information sharing during testing, surge and vaccine.
- Strength 3:** The PPE stockpile was an invaluable resource for members to lean on when other supplies were not available. Testing and vaccine supplies were shared with members and patients were transferred within region as appropriate.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: INVENTORY MANAGEMENT/ SUPPLIES

CORRECTIVE ACTION 1: INVENTORY MANAGEMENT SYSTEM

FV-HERC should look to implement an inventory management system to effectively monitor needs in real time. Finding testing supplies, vaccine and other supplies was cumbersome at times, with limited personnel.

CORRECTIVE ACTION 2: REVIEW INVENTORY

COVID-19 vaccine trials were in phase 3 by summer. Predictions of a vaccine for tiered, public use was estimated to be ready by the end of 2020. Health Departments began developing and updating mass vaccination plans in preparation. Reviewing mass clinic plans as a region may have been helpful.

AREA FOR IMPROVEMENT 2: OFF-SITE ACCESSIBILITY

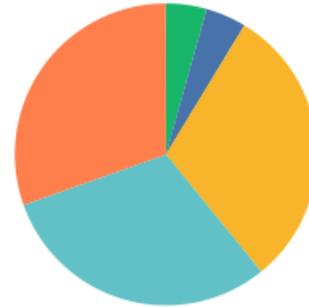
Testing, patient surge and vaccine were all off site for many partners. The state opened an alternative care center in Milwaukee. FVHERC pushed for this assistance as our hospitals became overwhelmed. Testing continued at community locations along with health systems and local retail. Vaccine planning for PH was off-site mass vaccination.

PLANNING

Conduct a systematic process in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Survey Poll: FV-HERC plans, policies, and procedures were effective at providing executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Strongly Agree	7
Slightly Agree	7
Neutral	7
Slightly Disagree	1
Strongly Disagree	1



1 - strongly disagree 2 - slightly disagree 3 - neutral 4 - slightly agree
5 - strongly agree

STRENGTHS

Strength 1: FV-HERC was appreciated for its ability to collating planning materials across the region, anonymizing them, and sharing amongst members to define best practices especially for mass vaccinating.

Strength 2: FV-HERC processes and procedures were pertinent and adequate for an unprecedented situation.

Strength 3: FV-HERC remained flexible and adapted plans and procedures to new relevant guidance.

AREAS FOR IMPROVEMENT

AREA FOR IMPROVEMENT 1: RESPONSE PLANNING

CORRECTIVE ACTION 1: LONG-TERM TESTING AND VACCINE PLANS

FV-HERC should support member preparedness efforts in preparing long-term testing strategies with a focus on regional coordination. These plans should account for weather conditions, possible modifications to available testing supplies, and resource sharing amongst FV-HERC members. PPE decontamination was also available. Advancement of patient treatments was communicated and the HERC assisted as needed with this.

CORRECTIVE ACTION 2: VACCINE ADMINISTRATION PLANS

FV-HERC supported all partners in vaccine planning. Assisting in communication, supplies, logistics and collaboration.

CORRECTIVE ACTION 3: CONTINUITY OF OPERATIONS/GOVERNMENT PLANNING

FV-HERC should support the development of Continuity of Operations (COOP) and Continuity of Government (COG) planning efforts. This is in process.

AREA FOR IMPROVEMENT 2: CHECKPOINT AND POST-INCIDENT REVIEW

COVID-19 continues to impact the entire world. To further improve the resiliency of the FV-HERC region, its members must learn from the strengths and areas of improvement of their individual and regional response. Activities such as After-Action Report/Improvement Planning at multiple checkpoint intervals and post-incident will be integral to drive improvement to all-hazards preparedness moving forward both at the jurisdictional and HERC levels.

CORRECTIVE ACTION 1: AFTER-ACTION REVIEW/IMPROVEMENT PLANNING

Post-incident, the FV-HERC should conduct an additional in-depth review of all the activities and actions taken throughout the response. This will be critical to understand the positive results of the response, as well as areas that can be improved for future incidents. A complete After-Action Report and Improvement Plan should account for all stakeholders across the region, including external stakeholders, to continue process improvement moving forward.

Improvement Plan

Capability	Area for Improvement	Corrective Action	Primary Responsible Department	Start Date	Completion Date
Operational Coordination	Extended Operations Preparedness	NIMS Training Opportunities	FVHERC/EM		
		Public Health/Health system formal forum/planning	WAHLDAB		
	Systematic way to coordinate services	Sustaining ongoing skilled nursing facility testing	CMS/SNF		
		Unified Regional command with all partners-exercise	EM		
	Staffing	Staffing shortages among all sectors- fatigue	State/county boards		
Intelligence and Information Sharing	Situational Awareness	Information Management System for all partners	FVHERC/OPEHC		
		Information Sharing platform- eICS	FVHERC		
Communications	Communication Processes	Instances of lack of information sharing among partners prior to media releases	OPEHC		
		Regional Communications- new platform and training	FVHERC		
Health and Safety	Inventory Management	Inventory Management System visible to all partners	FVHERC		
		Need to assign logistics to someone ongoing	FVHERC Board		
	Limited supplies	Need for formal crisis standards of care	STATE DHS		
	Hospital surge	Surge plans do not account for long term incidents that affect the entire state	HOSPITAL SYSTEMS		
	Vaccine	Public apprehension of COVID-19 vaccine and distribution planning	LPH/ State/Health Systems		
Planning	Recovery planning	Long-term Testing Plans	All FVHERC partners		
		Long term vaccination plans	PH/Health Systems		
		HERC COOP/BCP plan	FVHERC		
	Checkpoint and Post-Incident Review	After-Action Review/Improvement Planning	FVHERC		

Participating Organizations
Federal
Assistant Secretary for Preparedness and Response (ASPR)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Federal Emergency Management Agency (FEMA)
State
Wisconsin Department of Health Services (DHS)
Wisconsin Division of Public Health (DPH)
Wisconsin Division of Quality Assurance (DQA)
Wisconsin Emergency Management (WEM)
Wisconsin Hospital Association (WHA)
Office of Preparedness and Emergency Health Care (OPEHC)
Regional
Fox Valley Healthcare Readiness Coalition (FVHERC)
Public Health
Calumet County PH
Outagamie PH
City of Appleton PH
Green Lake PH
Marquette County PH
Oneida Nation PH
Shawano County PH

Menomonie County PH
Waushara County PH
Waupaca County PH
Winnebago Count PH
City of Menasha PH
Hospitals
Advocate Aurora Oshkosh
Ascension- St E's Appleton
Ascension- Mercy Oshkosh
Ascension- Calumet
Ripon Medical Center
ThedaCare- Appleton
ThedaCare- Neenah
ThedaCare- New London
ThedaCare- Shawano
ThedaCare- Berlin
ThedaCare- Wild Rose
ThedaCare- Waupaca
Childrens Hospital of Wisconsin- Fox Valley
Winnebago Mental Health Institute
Partnership Community Health Center
Family Health La Clinica

