FVHERC Region 6 COVID-19 AAR Phase 3

Summary of Findings and Improvement Plan

FV-HERC
Fox Valley Healthcare Emergency Readiness Coalition

Incident Date: June 1st, 2021 - March 30th, 2022

Incident Name: Covid-19 Phase 3 AAR

Incident Date/Location: June 1, 2021- March 30, 2022

Incident Hazard or Threat: COVID-19 Pandemic

Incident Summary: The COVID-19 pandemic is an ongoing global pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS CoV2). 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, 2020. As of April 27, 2022, more than 500 million cases of COVID-19 had been reported resulting in more than 6 million deaths**.**

After Action Debriefing and Report: The purpose of this document is to provide an analysis of the operational coordination and communications provided by HERC Region 6 during the third phase of the COVID-19 pandemic which spanned from June 30, 2021 - March 30, 2022. Agencies involved in the response of the incident discussed the outcomes through a virtual survey and interviews concluding on April 15, 2022 that included:

Amanda Neuman, Thedacare New London	Claire Holzschuh, Menasha Public Health Department
Julia McCarroll, Green Lake County Health Department	Jose Rivera, Children's WI
Patti A Wohlfeil, Waushara County Health Department	Holly Brockman, Hand to Shoulder Center of Wisconsin
Brenda Lefeber, RN Executive Director, Ascension at Home Together with Compassus	Cathy Ellis, Calumet county Public Health
Sara Cass, Partnership Community Health Center	Stephanie Mille, Preferred Home Health Care
Kelly Schmude, TCB	Kim Olsen, ThedaCare
Paula Rieder, Outagamie County Emergency Management	Cassidy Walsh, City of Appleton
Ashley Milahupt, Orthopedic & Sports Surgery Center	Shelley Brown-Giebel, Winnebago County Health Department
Eric Halverson, Waupaca County Emergency Management	Corey Tienor, St. Paul Elder Services
Kelly Hanink, Grand Chute Fire Department	Kristen Jones, ThedaCare-Wild Rose
Jean Coopman-Jansen, Primary Care Associates of Appleton	Sara Cass, Partnership Community Health Center
Cindy Lee Buchkowski-Hoffmann, Ascension	Jed Wohlt, Waupaca County Public Health
Kerry L Ahrens, Region 6 HERC Medical Advisor	Ashley Kolberg, SSM Ripon Hospital
Elizabeth Parizo, Family Health La Clinica	JP Heim, Outagamie County Public Health
Nick Mau, Shawano Public Health	Sarah A Jensen, Marquette County Health Department
Tracey Froiland-FVHERC	Tracy Miller- AMCO

The survey and interviews allowed an opportunity to solicit stakeholder feedback and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing.

Table 1-Summary of Core Capability Performance

Core Capability Performance	Rating
Operational Coordination	S
Information Sharing	S
Communication	S
Health & Safety	S
Planning	S
Ratings Definitions	

- **(P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s).
- **(S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **(M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures.

Core Capability: Operational Coordination

Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Analysis and Key Observations: Phase 3 of the COVID-19 pandemic continues to present unique challenges of coordinating information and resources to support the HERC and its stakeholders. A key tool in the communication and information sharing of this incident was virtual weekly meetings and continuous email chains from the FVHERC.

Participants discussed the importance of these weekly meetings through the form of GoToMeeting/Zoom. These meetings were crucial for giving status updates on cases, bed counts, and patient transfers. The weekly check-in provided all stakeholders a place to come and gain insight into the happenings of the entire region. During this time, different parties were able to partner together to roll out vaccine distribution, testing sites, contact tracing information, and quarantine guidelines pertaining to the vaccine. HERC Region 6 should continue to include all stakeholders on email chains and virtual meetings for information sharing. **THIS WAS A LESSON LEARNED IN PRIOR AAR- IMPROVEMENT MADE!*

Utilization of a system such as RAVE (call-down alerting system), has been discussed by the coalition in the past. RAVE is not currently in use by HERC Region 6. The training and potential of RAVE have been heavily discussed, however the implementation of the tool across the region has yet to be officially

rolled out. If this tool were to be implemented, it would benefit operational coordination across the region in the event of emergent information needing to be shared, like many times during phase 3 of COVID-19.

A real-time communication tool would allow for real-time reporting and would allow the HERC to expand its operational organization when spreading information. In utilizing a tool like this, the outreach would be more expansive, allowing rural communities to be reached. It would also allow less duplication of work, as operational organization would be heightened with a real-time communication tool. EMResource allowed the hospital a platform for real time reporting. WHA also had daily reporting on their website, both improvement from Phase 1 and 2.

Strength(s):
● 	HERC Region 6 provided timely and accurate information on bed counts, vaccine supplies, testing resources, and information on vaccine distribution.
● 	EMresource was used daily for real-time information with healthsystems.

Recommendation(s):
1. 	Utilize a real-time communication tool to minimize duplication of work and incorrect reporting of data.
2. 	Ensure that rural health partners are reached through timely communication and extra outreach.
3. 	Implement and disseminate mental health/post trauma resources.

Core Capability: Information Sharing

Description: Provide timely, accurate, and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by local, state, tribal, territorial, federal, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.

Analysis and Key Observations: The mission of HERC Region 6 to be the most effective multidisciplinary, multi-organizational team dedicated to facilitate coordination and communication among FV-HERC (East Central) healthcare organizations, local and state response agencies regarding preparedness planning and response as it pertains to emerging and emergent disaster events. The management of these efforts is led by the HERC Region 6 Coordinator. Over the span of these several months, the HERC Region 6 Coordinator did excellent sharing information through weekly meetings, focus groups, and continuing to change and evolve with all stakeholders' best interest in mind. The monthly newsletter along with continuous email chains pertaining to testing, vaccine, treatment, bed availability, and education contributed to very successful information sharing, overall. Participants also noted that there was continuous support from the HERC through always doing a pulse check on weekly meetings for any stakeholders who might need a resource.

New vaccine groups including booster #1, monoclonal antibodies and later in 2022 the availability of antivirals remained challenging. The information on who, where and when to get them, was sporadic from state and local levels.

The state EOC was no longer in operation, causing confusion, lack of information and leadership from state level. WEM lead the EOC for the first 2 phases of this pandemic. There was no clear communication nor response to re-opening a likewise state structure. Many local EOC's continued, they met less often for briefings than prior phases.

One challenge faced throughout Phase 3 of the COVID-19 pandemic, was continuously changing information. On occasion, old information was being shared due to lack of unified command at the state level. This presented a unique challenge of some partners not knowing who to go to get correct information.

Strength(s):
● HERC Region 6 shines when it comes to information sharing. The weekly meetings and monthly newsletters allow stakeholders to get a broad look into information throughout the entire region.
● HERC Region 6 Coordinator is always receptive to new ideas.
● All HERC partners engaged in meetings, newsletters and sharing.

Recommendation(s):
1. Streamlining communication between partners through having more ease of access to contact information on the HERC Region 6 website.
2. Implement and disseminate information on recovery.

Core Capability: Communication

Description: Ensure the capacity for timely communications in support of security, situational awareness, and operations available, among and between affected communities in the impact area and all response forces.

Analysis and Key Observations: HERC Region 6 strives for excellent communication in several ways. Participants noted that the HERC disseminated information in a clear, concise, and digestible manner. As previously mentioned, the HERC communicated information through email chains, weekly stakeholder meetings, a weekly newsletter, and EMResource. The combination of these platforms allows the HERC to communicate from the top down and then from the bottom up. Through this type of communication, the HERC excelled in sharing bed counts/hospital status, patient transfers, vaccine distribution, vaccine criteria, testing supplies, and reaching hard to reach groups like kids and minorities.

Participants noted that there was a delay in getting communication from the state level. On several occasions, the media would announce information before HERC partners were able to act, which caused confusion across the board and ultimately left HERC partners looking untrustworthy. One recommendation to streamline this process was to create a one-stop-shop website, where the general public can access vaccinations and testing based on county.

Strength(s):
● The HERC Coordinator organizing accessible ways to communicate (ie: meetings, newsletters, and emails)
● The PHEP coordinators met regularly, shared and assisted each other which demonstrated great cross jurisdictional cooperation.

Recommendation(s):
1.   Create an all-encompassing website/online resource where the general public can go in order to gain access to information on vaccines, testing, guidelines, etc. specific to their county/region.

2.   Implement a regional PH/hospital/EMS/EM PIO group would be helpful to create joint messaging.

Core Capability: Health & Safety

Description: Conduct appropriate measures to ensure the protection of the health and safety of the public and workers, as well as the environment, from all-hazards in support of responder operations and the affected communities.

Analysis and Key Observations: Health and Safety is on the top of the HERC Region 6 priority list. The physical health and safety of HERC partners during Phase 3 of the COVID-19 pandemic was protected through the distribution and adequate supply of PPE. HERC Region 6 has a substantial stockpile of PPE that was put to great use during Phase 3, especially when it came to vaccination and testing sites. Participants also noted, the HERC Region 6 coordinator was constantly surveying partners to gauge the needs for PPE, which then would be ordered (if available).

In regard to the vaccine, the HERC Region 6 gathered and disseminated multiple resources on the safety of vaccines. This was very important due to the rising skepticism of the COVID-19 vaccine. Spreading positive information about the vaccine also played a crucial role in reaching harder to reach groups, such as children, elderly, minorities, and non-English speakers.

One major downfall when it comes to health and safety is the impact that the COVID-19 pandemic has had on everyone's mental health. A traumatic event, like this pandemic, that continues to go on for over two years is bound to have a lasting mental health effect on all parties involved.

Strength(s):
●   The HERC always made sure stakeholders had the proper equipment as available.
●   Dissemination of proper vaccine education.
●   Reporting of testing and vaccine sites that did not meet state standards
●   Regional vaccine coordinator

Recommendation(s):
1.   Implement and disseminate healthcare mental health resources.
2.   Continue to order and reorder PPE and equipment based on the needs of partners.
3.   Continue to implement focus groups and small committees to come up with creative ways to educate harder to reach people groups to ensure equity among the community in terms of health and safety.

Core Capability: Planning

Description: Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or tactical-level approaches to meet defined objectives.

Analysis and Key Observations: HERC Region 6 has always been dedicated the planning through exercises and drills. There is no exercise that could have ever prepared the HERC to handle an incident with the magnitude of the COVID-19 pandemic. Although there was no way to prepare completely, the HERC did keep a stockpile of PPE and resources in the event of a disease outbreak. This helped the region keep it's stakeholders safe and also allowed for time to adapt to each phase. Participants also noted that the pre-existing relationship between the HERC stakeholders played a key role in the successful preparedness of this on-going event. Although there was no way to prepare for a disaster of this magnitude, the exercises and drills allowed stakeholders to practice information sharing and communication, which are key in this situation. Additionally, past response plans were a great foundation for implementing proper response to this specific situation.

Strength(s):
- Partners were able to lean on past exercises and incidents and apply skills to this situation.
- Regional networking and prior relationships.

Recommendation(s):
1. Update response and recovery plans with learned knowledge from this phase of the pandemic.
2. More training in utilization of outside resources, such as WING.
3. Implement eICS to use during incidents.

Appendix A-Improvement Plan (IP)

This IP has been developed specifically for HERC Region 6 based on the response to Phase 3 of the COVID-19 pandemic from June 1, 2021 - March 30, 2022.

Core Capability	Recommendations	Capability Element[1]	Primary Responsible Organization	Target Completion Date
Operational Coordination	Utilize a real-time communication tool to minimize duplication of work and incorrect reporting of data.	Organization	HERC/contractor	July 2023
	Ensure that rural health partners are reached through timely communication and extra outreach.	Organization	HERC	July 2023
	Implement and disseminate mental health/burnout resources.	Planning/Organization	HERC/all partners	Ongoing Completed 4/19/22 Now What resource
Information Sharing	Streamlining communication between partners through having more ease of access to contact information on the HERC Region 6 website.	Organization	FVHERC board	November 2022
	Implement and disseminate mental health/burnout resources.	Planning/Organization	All partners	December 2022
Communication	Create an all-encompassing website/online resource where the general public can go in order to gain access to information on vaccines, testing, guidelines, etc. specific to their county.	Organization	TBD	TBD
Health & Safety	Implement and disseminate mental health/burnout resources	Planning/Organization	All partners	TBD
	Continue to order and reorder PPE and equipment based on the needs of partners.	Equipment	FVHERC	December 2022

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[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Core Capability	Recommendations	Capability Element[1]	Primary Responsible Organization	Target Completion Date
	Continue to implement focus groups and small committees to come up with creative ways to educate harder to reach people groups to ensure equity among the community in terms of health and safety.	Organization/Planning	PH partners	Ongoing
Planning	Update response and recovery plans with learned knowledge from this phase of the pandemic.	Planning	FVHERC	July 2023
	More training in utilization of outside resources, such as WING.	Training/Exercise	TBD	TBD