

**WWHERC COVID-19 Final**

**After-Action Report / Improvement Plan**

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# Overview

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| **Incident Name** | COVID-19 Response | |
| **Incident Date** | This version of the AAR/IP reflects Western Wisconsin Healthcare Emergency Response Coalition (WWHERC) operational response from August 25, 2020 through April 1, 2022. | |
| **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 8, 2020, more than 36 million cases of COVID‑19 have been reported in more than 188 countries and territories, resulting in more than one million deaths, and more than 25 million people have recovered. During this timeframe of focus, the coalition was also managing over 13,000 Afghanistan refugees that were being processed for relocation in the US at the US Army Instillation at Ft McCoy, WI. | |
| **Capabilities** | Operational Coordination  Intelligence and Information Sharing  Communications  Employee Health & Safety  Planning | |
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# Executive Summary

In December of 2019, the world noticed 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. In February of 2020, the Western Wisconsin Healthcare Emergency Response Coalition Board (WWHERC) began sharing pertinent COVID-19 information regionally with all response partners through phone calls, email messaging, and other means as deemed necessary as emergency information arose. The coalition, in partnership with the State of Wisconsin, collected information from response partners to assist with developing response priorities. The coalition also assisted with resource acquisition from local stockpiles and through the Strategic National Stockpile. While the world and WWHERC alike continue to respond to COVID-19, WWHERC initiated a review of internal processes in responding to the incident. To gain insight and appropriately analyze the region’s response efforts, WWHERC partnered with HSS to author this report by utilizing surveys and interviews with key stakeholders across the health system. During the timeframe this report will focus on, it is important to note the region was also managing an influx of approximately 13,000 Afghanistan refugees that were being processed for resettlement I the US at Ft McCoy, WI which is located within the region. The regional support included, but not limited to hospitalization and treatment of various injuries, illnesses and other non-typical diseases not normally seen in the region, such as a measles outbreak. 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

Overall, Western Wisconsin HERC effectively responded to the demands of the global pandemic. Identified strengths of the coalition included:

* The coalition’s use of the Incident Command System to direct and control organizational activities.
* The establishment of weekly regional phone call provided a foundation for information sharing.
* Pre-established relationships across the region prior to the incident helped improve operational coordination.

Several areas of opportunity were identified to improve WWHERC planning and response efforts in the future. The primary areas for improvement were:

* Conduct additional training and exercises to ensure new staff are familiar with current practices and successes that have been experienced.
* Include other disciplines not normally part of information distribution lists; i.e., long term care, dialysis, and hospice to name a few.
* Electronic Incident Command System (eICS) training throughout the region.

# Analysis of Capabilities

## Operational Coordination

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

**Survey:** WWHERC continues to be effective for coordinating response to COVID-19.

Participants were asked if they Strongly Agreed, Somewhat Agreed, Neutral, Somewhat Disagreed or Strongly Disagreed with how the coalition responded to this capability. They overall agreed strongly with the section.

### Strengths

**Strength 1:** The coalition opened its operations center early and maintained it throughout the response allowing centralized coordination point of reference.

**Strength 2:** WWHERC facilitated weekly telephone calls/meetings to provide an effective collaboration point for regional organizations.

**Strength 3:** The coalition did a good job of information sharing throughout the pandemic while in response mode. This was seen as a critical link to all coalition partners. The partners considered all information coming out of the HERC as valid and trustworthy.

### Areas for Improvement

#### Area for Improvement 1: familiarity with ics roles and positions

This improvement remains consistent with the initial input from the midpoint AAR. The Incident Command System (ICS) is a standardized approach to incident management.

For personnel to function effectively in the NIMS framework, they should receive regular and consistent training, and application of that training, through exercises. While most entities used ICS to organize their COVID-19 response activities, many organizations found staff members unfamiliar with aspects of ICS and operated outside of their functional position.

Training and exercises help identify and assess how well an organization or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of the workforce.

##### Corrective Action 1: ICS training program

Ensure all staff identified to serve in Incident Management Team (IMT) roles participate in regular training to understand their role and responsibilities, key functions, and coordination amongst the entire ICS structure. The WWHERC should develop a training program with a multi-year training plan to create depth of position and prepare for diverse hazards. Incorporate training on the electronic Incident Command System (eICS) into normal training schedules, ensure that back up staff are trained as well.

##### Corrective Action 2: exercise program

Enhance exercise offerings for organizations’ Incident Management Team (IMT) members and responding employees. Explore mechanisms to partner with various groups to provide diverse exercise experiences. Consider having secondary staff observe exercises or have secondary staff act as primary roles with the traditional primary staff act as observers. Practice various functional aspects for both short and long-term incident responses. Develop a multi-year exercise program in collaboration with WWHERC organizations.

##### Corrective Action 3: position redundancy

Identify a process where specific organizational positions are aligned with like management functions in the Incident Management Team (IMT). Once those positions are identified, participants would regularly participate in training and exercises related to their role to develop and maintain the skillset required of the IMT position. The process should also identify redundancies in the system that allows for secondary and tertiary staffing of key IMT positions. For those organizations with limited personnel resources, explore the use of regional or external support.

#### Area for Improvement 2: Information sharing

Information sharing is the ability to share real-time information related to the emergency, and situational awareness across the various response organizations and levels of government.

Throughout the response, there has been a torrent of information from countless sources. Often, people would share, and reshare, the same information. Identified issues included: information not vetted, no prioritization of messaging, overwhelming influx of information. Consequently, some information may have been ignored due to the inability to sort messaging and keep up with the amount of incoming information.

##### Corrective Action 1: develop Information sharing procedures

eICS could provide a solution and function as a repository or share point for all to collaborate on and provide updates when they become available. A routine would need to be incorporated into everyone’s daily practices to check the site for updates.

#### Area for Improvement 3: Joint information center

This item has been identified as a major improvement that the coalition needs to address. Currently the coalition does not have a successful means of addressing proper messaging for any type of situation that it may face. This is a crucial piece of successful operations that needs to be addressed as soon as possible. It was noted that during the pandemic, a consensus could not be reached for what type of messaging should be provided by the coalition to the communities across the region. It was determined that a qualified public information officer is needed to assist with shortcomings in the future.

##### Corrective Action 1: addition of a PIO to the herc staff

The coalition will vote on a proposal to hire a PIO for any and all future events and exercises. This will address the shortcomings that have been discussed by members of the coalition. A vote on the funding by the coalition will take place at the June 2022 joint partners meeting.

CORRECTIVE ACTION 2: ESTABLISH A JOINT INFORMATION CENTER (JIC)\_\_\_\_\_\_\_\_\_\_\_\_\_

To ensure coordination of this information, WWHERC members should consider the use of a Joint Information Center (JIC). This JIC can be at an actual location or virtual and facilitates the operation of the JIS.

## Intelligence and Information Sharing

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:** WWHERC provided timely, accurate, and actionable information.

Participants were asked if they Strongly Agreed, Somewhat Agreed, Neutral, Somewhat Disagreed or Strongly Disagreed with how the coalition responded to this capability. They overall agreed strongly with the section.

### Strengths

**Strength 1:** A high amount of trust was given to the coalition when the information was provided to the region and its partners. The partners considered all information coming out of the HERC as valid and trustworthy.

**Strength 2:** The coalition did a good job of information sharing throughout the pandemic while in response mode and beyond. This was seen as a critical link by all coalition partners.

### Areas for Improvement

#### Area for Improvement 1: information sharing

##### Although the coalition provided timely and accurate information, this is still seen as an area of improvement. Information sharing is the ability to share real-time information related to the emergency, and situational awareness across the various response organizations and levels of government.

##### Throughout the response, there has been a torrent of information from countless sources. Often, people would share, and reshare, the same information. Identified issues included: information not vetted, no prioritization of messaging, overwhelming influx of information. Consequently, some information may have been ignored due to the inability to sort messaging and keep up with the amount of incoming information.

##### Corrective Action 1: inormation sharing

eICS could provide a solution and function as a repository or share point for all to collaborate on and provide updates when they become available. A routine would need to be incorporated into everyone’s daily practices to check the site for updates.

#### Area for Improvement 2: Include other herc members to participate

Many people credited the WWHERC for facilitating information sharing at weekly meetings. While these meetings provided an opportunity for many organizations to exchange information, attendance at these meetings was sporadic. The coalition needs to expand it attendance list and encourage other members to participate on a regular basis during times of emergency situations. This will lead to a great expanse of knowledge and wider coordination and collaboration during urgent times.

##### Corrective Action 1: incentivize participants

Explore ways to promote attendance and participation at coalition meetings. If partners are not attending crisis meetings, follow up after to gain an insight as to conflicts an organization may have in attending meetings. Seek out partners who maybe unfamiliar with how these meetings could benefit them and incorporate this into future trainings or exercises to reinforce the importance of attending. Meetings also reinforce the strong relationships built in advance of the COVID-19, or any crisis.

## Communications

Deliver coordinated, prompt, reliable, and actionable information to the whole coalition 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:** WWHERC effectively delivered coordinated, prompt, reliable, and actionable information to the coalition throughout the COVID-19 response.

Participants were asked if they Strongly Agreed, Somewhat Agreed, Neutral, Somewhat Disagreed or Strongly Disagreed with how the coalition responded to this capability. They overall agreed strongly with the section.

### Strengths

**Strength 1:** The WWHERC provided clear and concise information in a timely manner.

**Strength 2:** There was good communication to all coalition partners with appropriate information as it became available.

### Areas for Improvement

**Area for Improvement 1: limit information distribution to one poc at each organization**

Often information and requests for information were distributed to more than one point of contact (POC) at various organizations, which at times seems to have caused confusion. It might be wise to limit that to only one POC to ensure that information is tracking, recorded and properly responded to at the organizational level.

##### Corrective Action 1: LIMIT INFORMATION DISTRIBUTION

Each organization must identify a primary POC for information to flow to during crisis situations. This POC should be available at all times or have a secondary POC identified either on a list or out of office message to ensure the information or information requests are received.

#### Area for Improvement 2: too much information presented

There was a lot of information being provided by state, local and federal government agencies. It was hard to keep track of it all and what to provide coalition partners. Many partners were reporting they had over 100 emails to deal with at any one time, thus important information was being overlooked or lost due to the high volume.

##### Corrective Action 1: Information Management System

The WWHERC should work with the State of Wisconsin to develop an information management system (IMS) that can be standardized across all of the HERCs. The IMS should provide a repository of past and present situational awareness for verified partners. Through this system, WWHERC could share, post, and update the most recent information without concern the information would get lost in e-mail. Members could transition from reactive reception of information to proactive searching from an authoritative source.

##### Corrective Action 2: Regional Communications

The WWHERC can facilitate an opportunity to enhance regional communications. eICS could be a capability that provides a repository for information that partners could review at a time that is acceptable to them. eICS also has an event log capability that could be used as a message board for ongoing events for others to follow. The system can also be set up to send alerts to various partners that require action of some kind. eICS training needs to incorporated into future training plans and exercises to reinforce familiarity.

## 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:** WWHERC effectively provided information to assist organizations with education in appropriate measures to aid in the protection of the health and safety of employees.

Participants were asked if they Strongly Agreed, Somewhat Agreed, Neutral, Somewhat Disagreed or Strongly Disagreed with how the coalition responded to this capability. They overall agreed strongly with the section.

### Strengths

**Strength 1:** Good subject matter experts to help guide organizations along when needed.

**Strength 2:** Provided training early on and regularly and larger systems provided redundancy to its affiliates to ensure success.

**Strength 3:** Critical areas, such as infection prevention, was well staffed and trained. This facilitated strengths 1 & 2.

### Areas for Improvement

#### Area for Improvement 1: keep up with changes as they occur

Entities within the WWHERC experienced continuous updates to the guidance for a myriad of protocols, at times creating confusion and improper response. Often times it was noted that state plans were out of date and of no value, as no updates to outdated plans were in the process.

##### Corrective Action 1: use your sme’s to reinforce standards and practices

The region should rely on some of the SME’s located with various organizations to assist with updating and presenting new guidance/changes as they occur. The coalition already practices routine meetings during crisis events, having a regional SME present on any changes during these meetings would be a big advantage. Thus, leveraging internal assets and reinforcing strong partnerships.

##### Corrective Action 2: train all the staff, not just frontline staff

Collaborate with WWHERC members to develop a joint understanding of supply chain vulnerabilities and strategies to address them. Explore opportunities to formalize ad hoc work arounds and processes. Ensure an effective inventory management system to effectively monitor and track the current inventory.

#### Area for Improvement 2: TRAIN ALL THE STAFF, plan for retraining

It was found that many organizations focused on the frontline staff for training on interacting with patients during a crisis situation. At times during various situations, it was found staff that were called upon for assistance were not fully trained to handle the situation. Retraining was also a concern, not only for current staff, but also for new staff that either came from other organizations or were new to the medical field.

##### Corrective Action 1: develop training plans for new and current staff

Ensure training plans account for staff that will augment and assist frontline staff with duties in times of crisis. In addition to supplementary staff, new staff need to be trained and validated as they are added to the rosters. Regardless if they are frontline staff or supplementary staff. In times of need all may be called up to assist where needed and trained, train now and not during the event when quality training may not be available.

## Planning

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

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

Participants were asked if they Strongly Agreed, Somewhat Agreed, Neutral, Somewhat Disagreed or Strongly Disagreed with how the coalition responded to this capability. They overall agreed strongly with the section.

### Strengths

**Strength 1:** WWHERC opened their EOC early and kept it open until this spring. First one to open an EOC for this kind of event in the state. Established a operational rhythm and objectives for all to follow.

**Strength 2:** Regional partners worked very well together, shared information, collaborated on ideas and challenges together to ensure success for the entire coalition.

**Strength 3:** Regional partners worked to develop a PPE working group that identified high use items and then purchased these once quantities calculated. This remains a regional asset to this day.

### Areas for Improvement

#### Area for Improvement 1: Crisis Standards of care plan from state

Hospitals across the region were in need of a crisis standards of care plan (CSC) which the state did not have a current plan for. Hospitals were not prepared to utilize their own and looked to the state for guidance on the topic but found nothing. This is a critical item to have during a crisis such as this

##### Corrective Action 1: CRISIS STANDARDS OF CARE PLAN

The state has hired a contractor for such a document. However, this continues to be an ongoing item and it is not finished. Many have been asking for this and the state has had the contractor in place for over 2 years working the project. The previous plan could have been utilized, but was never used or recommended. The old one should have been made available until the new one is in place.

#### Area for Improvement 2: Alternate care facility (ACF)

The region tried to establish an ACF, but found that it lacked resources and funding. A location was found and validated for use by the Army Corp of Engineers and identified by the state as acceptable. The state spent approx. $24M on a site that was too far from many of the regions in the state and was not utilized to its fullest extent.

##### Corrective Action 1: Acf use

Due to the underutilization of the states ACF, the state needs to consider reallocating some of the equipment and staffing to regional locations to assist with easing the burned for those too far from the main location. Regional hospitals were short of manpower and equipment, but this gap could have been filled by realigning from the state level ACF to a regional perspective.

#### Area for Improvement 3: additional prior planning efforts, more exercises and training for the region

It was noted that additional planning efforts need to be undertaken by the coalition to better prepare for additional future surges in the pandemic. These planning efforts need to look at a wide range of factors and develop potential courses of action to address the needs. With the “knowns” from the pandemic it was determined that additional exercises and training events should be planned and conducted to better prepared regional partners for future events such as these.

##### Corrective Action 1: Future planning efforts

With the pandemic at a very low rate of infection, the coalition should consider conducting additional planning for future event such as these. Using some of the lessons learned by various partners, a planning group should be identified and begin collaborating what additional planning efforts will look like. This working group will have significant impact on the region and well qualified personnel should be selected for this group.

##### Corrective Action 2: training and exercises

As was stated throughout this report, additional training and exercises needs to be incorporated into all future plans. Regional leadership, as well as individual organizational leadership, need to ensure that staff are trained in all areas of a response, to include need staff and refresher training for those that have been with the organization for a while. Complacency will be a down fall if not stressed to all. Leadership needs to demonstrate they are not above this and participate when appropriate. Once training has been completed, a well-planned exercise needs to be a capstone event to ensure all have a good understanding of their roles and responsibilities.

# Improvement Plan

| **Capability** | **Area for Improvement** | **Corrective Action** | **Primary Responsible Department** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| Operational Coordination | Familiarity with ICS Roles and Positions | Develop ICS Training Program | Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| Create Exercise Program | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Ensure Position Redundancy | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Operational Communications | Develop Information Sharing Procedures | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| Utilize a Joint Information System | Establish Joint Information Center | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| Intelligence and Information Sharing | Information Sharing | Information Sharing | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| HERC Participation | Incentivize Participants | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Communications | Utilize One POC at Organizations | Limit Information Distributed | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Too Much Information Distributed | Information Management System | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Regional Communications | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Employee Health and Safety | Keep Up With Changes | Use SME’s | HERC | 1 Nov 2021 | 30 Sep 2022 |
| Train All Staff | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| Train All Staff, Plan for Sustainment | Develop Training Plan | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |
| Planning | Crisis Standards of Care (CSC) | CSC Plan Development | State / Individual Organizations | 1 Nov 2021 | 30 Sep 2022 |
| Alternate Care Facility (ACF) | Develop Plan to Establish & Utilize an ACF | HERC / State | 1 Nov 2021 | 30 Sep 2022 |
| Additional Planning for Training & Exercises | Increased Planning for Exercises & Training | HERC / Organizational Leadership | 1 Nov 2021 | 30 Sep 2022 |