Region H Coalition

COVID-19 Pandemic Response AAR/IP

After-Action Report/Improvement Plan

March 2020-June 2021

.

# Incident Overview

|  |  |
| --- | --- |
| Real-World Incident Name | COVID-19 Pandemic Response  |
| Response Dates | March 2020-June 2021 |
| Type | Real-World Incident |
| Scope | This is an ongoing National and State response to the COVID-19 Pandemic. This AAR/IP looks at the Coalition response/support of response for the duration of March 2020-June 2021 |
| Mission Area(s) | Communication, Coordination and Response |
| HPP Capabilities | Capability 2: Healthcare and Medical Response Coordination Capability 3: Continuity of Healthcare Service Delivery Capability 4: Medical Surge |
| Objectives | Utilize Information Sharing Procedures and PlatformsCoordinate Response Strategy, Resources, and CommunicationsProtect Responders’ Safety and Health Respond to a Medical Surge  |
| Threat or Hazard | Pandemic; Novel Infectious Disease  |
| Scenario | The COVID-19 pandemic was caused by a novel Coronavirus SARS-CoV-2. At the beginning of the pandemic, there was no specific vaccines or treatments for COVID-19. The WHO declared COVID-19 a Global Health Emergency on January 31, 2020. The virus spread widely across the country inundating hospitals and causing shortages of acute care beds, ventilators, personal protective equipment, and testing. By the end of 2020, two vaccines were approved by the FDA under an Emergency Use Authorization (EUA) and distributed to States for phased mass vaccination.  |
| Point of Contact | Name: Megan CraftTitle: Region H Healthcare Coalition Facilitator Phone: 678.767.8891Email: Megan.Craft@dph.ga.govName: Lynn Grant Title: Region H Healthcare Coalition Coordinator Phone: 478.230.3220Email: Dianna.Grant@hcahealthcare.com  |

# Incident Summary

The COVID-19 Pandemic was declared a Public Health Emergency on February 3, 2020, and a National Emergency on March 13, 2020. Governor Brian Kemp declared a Public Health State of Emergency in Georgia on March 14, 2020. Throughout the duration of the pandemic, healthcare facilities faced various shortages of space, staffing, supplies such as PPE, testing supplies and vaccines. As healthcare systems across the state faced unprecedented challenges, the Region H Healthcare Coalition worked to support its partners in their response. The Region H Coalition worked with the Georgia Department of Public Health and the South Central Health District to provide healthcare partners with PPE, resource request assistance, information on testing locations and availability and information on vaccine access and availability. The primary function of the Coalition was to maintain situational awareness by providing consistent and accurate information to its members. Region H Coalition used coalition and COVID funds to restock the Coalition PPE supply to be distributed to its members. Coalition member facilities worked with local public health, local community partners, and contract partners to secure COVID19 testing for their patients and residents. Several member organizations were able to provide their own testing services for their patients, staff, and the community. Hospitals and other organizations in the Coalition enrolled and registered to become vaccine providers in their community. These providers augmented the vaccination efforts of local health departments to meet the demand of their communities. Throughout the pandemic the Coalition held virtual quarterly meetings to check in with its members and to provide timely and relevant information to support and assist in the healthcare community response.

# Analysis of Core Capabilities

Aligning response objectives and core capabilities provides a standard for evaluation to support preparedness reporting and trend analysis. Table 1 includes the response objectives, aligned HPP capabilities, and performance ratings for each core capability as observed during the response and determined by the evaluation team.

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Utilize Information Sharing Procedures and Platforms  | Capability 2: Healthcare and Medical Response Coordination |  |   S |  |  |
| Coordinate Response Strategy, Resources, and Communications | Capability 2: Healthcare and Medical Response Coordination |  |  S  |  |  |
| Protect Responders’ Safety and Health by distributing resources. | Capability 3: Continuity of Healthcare Service Delivery  |  |  S |  |  |
| Respond to an Infectious Disease Surge | Capability 4: Medical Surge |  |  S  |  |  |
| **Ratings Definitions:*** Performed without Challenges (P): 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. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Performed with Some Challenges (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. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
* Performed with Major Challenges (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 of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
* Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).
 |

 Table 1. Summary of Core Capability Performance

The following section provides an overview of the performance related to overall response and each response objective and associated HPP capability, highlighting strengths and areas for improvement.

## Objective 1: Utilize Information Sharing Procedures and Platforms

### Strengths

1: The Coalition utilized Everbridge to send updates to Hospitals to update Essential Elements of Information. The Coalition also used Everbridge to notify Doctors and Private Practices to become providers for the vaccine once available.

2. The Coalition utilized WebEOC to provide updates and monitor facility updates during the event.

3. The Coalition utilized the Region H Gmail account to send weekly/biweekly COVID-19 updates to members. The Coalition also utilized the Gmail account to update members about the new use of WebEx to host Coalition meetings during the response.

### Areas for Improvement

1: Need education and training on Communication platforms such as WebEOC and Everbridge.

2: Increased turnover during response caused constant changes in facility contacts. Keep Gmail contacts updated.

**Objective 2: Coordinate Response Strategy, Resources, and Communications**

Strengths

1. Coalition provided weekly/biweekly updated COVID-19 information to maintain situational awareness.

2. Coalition provided PPE to facilities and shared information on how to request additional PPE through ReadyOP link.

3. Connected Coalition members with local and state partners to provide them information and points of contact for testing, vaccination, resource requests and other information.

4. Utilized Coalition and COVID budgets to provide members with cleaning supplies, disinfectants and PPE needed to protect staff and facility against COVID-19.

Areas for Improvement

1. Lack of PPE to meet demand from member facilities and the beginning of the response.

2. Provide Coalition members with updates inventory lists and information on how to obtain Coalition resources.

3. Exhausted use of staff for how many times PPE was delivered to our Zone 3 from the State Warehouse per week.

**Objective 3: Protect Responders’ Safety and Health by distributing resources.**

Strengths

1. Apart from providing responders with PPE the Coalition shared information and resources from DBHDD for mental health support and contacts.

2. Provided Region H EMS/EMA and Local LE with Fit Testing kits to be correctly fitted for N95’s.

### Areas for Improvement

1: Need more resources and training in Psychological First Aid/Disaster Mental Health for responders and families of responders.

2. Did not have enough brands, types or sizes of N95’s on hand to provide multiple masks for each first responder.

## Objective 4: Respond to an Infectious Disease Surge

### Strengths

1: Assisted in the distribution of medical countermeasures such as PPE, ventilators, and resources for testing and vaccinations.

### Areas for Improvement

1: Confusion about Coalitions’ ability to provide testing and vaccination and associated supplies to members.

## Overall Response/Support of Response

### Strengths:

1: 79.31% of the members that responded to the AAR survey thought that the Region H Healthcare Coalition supported its members in the response extremely well with the remaining 20.69% stated we responded fairly well.

2: Region H leadership was available and easily accessible throughout the entire pandemic response to provide communication and updates, PPE/resources and support to members whenever needed.

### Areas for Improvement:

1: Lack of knowledge of what Region H can provide to its members.

2: Lack of knowledge in members knowing the difference between role of Public Health Districts and Healthcare Coalitions, and their associated jurisdictions.

# Appendix A: Improvement Plan

| **Objective** | **Issue/Area for Improvement** | **Corrective Action** | **Primary Responsible Organization** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| Objective 1: Utilize Information Sharing Procedures and Platforms  | Limited use of knowledge of communication platforms. | Continue to provide training on Communication platforms (WebEOC, Everbridge, ReadyOp). | Region H Coalition leadership and members. | 6.30.2021 | Ongoing |
|  | High turnover leading to constant changes in contact information for member facilities. | Conduct annual update of Coalition contact lists and remind members to update their contacts in Coalition database. | Region H HCF and Coalition members | 6.30.2021 | Ongoing |
| Objective 2: Coordinate Response Strategy, Resources, and Communications | Members need education and training in Healthcare Incident Command System. | Provide Incident Command System Training to members. | Region H Healthcare Coalition | 6.30.2021 | Ongoing |
|  | Lack of PPE to meet demand from member facilities. | Keep and ongoing supply of PPE in Region H inventory to provide resources to facilities in high demand when DPH/GEMA can’t. | Region H Healthcare Coalition | 6.30.2021 | Complete |
|  | Lack of knowledge about Coalition inventory and what resources are available to member healthcare facilities. | Keep an updated inventory list of resources on Coalition website and provide education on resource request process. | Region H Healthcare Coalition | 6.30.2021 | Complete  |
| Objective 3: Protect Responders’ Safety and Health by distributing resources.  | Need for more resources and training in Psychological first aid/disaster mental health. | Provide Disaster Mental Health/Psychological First Aid training opportunities to members. | Region H Healthcare Coalition | 6.30.2021 | Ongoing |
|  | Need for more resources for all first responders with Fit Testing to properly fit for N95s. | Provide Fit Testing kits and N95s to first responders. | Region H Healthcare Coalition | 6.30.2021 | Ongoing |
| Objective 4: Respond to an Infectious Disease Surge | Confusion about Coalition’s ability to provide testing, vaccination and supplies to members. | Provide education on the scope of the Coalitions functions and distinction from Public Health Districts.  | Region H Healthcare Coalition | 6.30.2021 | Ongoing |
| Overall Response/Support of Response | Lack of knowledge about Region H Healthcare Coalition and its function among the healthcare community.  | Engage in community outreach to promote the Coalition and the vital role it plays in healthcare emergency preparedness and response. | Region H Healthcare Coalition | 6.30.2021 | Ongoing |
|  | Knowledge gap as it relates to distinction between role of Public Health Districts and Healthcare Coalitions and their associated jurisdictions. | Provide continuing education on the role of Public Health Districts vs Healthcare Coalition and their appropriate jurisdictions and contracts.  | Region H Healthcare Coalition and Public Health District 5-1 and 5-2. | 6.30.2021 | Ongoing |

# Participating Agencies

Due to the nature of this event, all members of the Coalition were involved, including state and local DPH partners.