Foundation *for* Healthy Communities

2019 Novel Coronavirus: Phase 3

After Action Report Executive Summary

Granite State Health Care Coalition
November 2022

The Granite State Health Care Coalition is an initiative of the Foundation for Healthy Communities financed under a contract with the State of New Hampshire, Department of Health and Human Services, with funds in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

Through this phase of the pandemic, through the end of the state of emergency to June 2022, health care, public health, emergency medical services, and emergency management agencies have continued to develop and implement strategies to control and mitigate the impacts of COVID-19. While some partners began to see a much needed reprieve, planning for subsequent surges of COVID-19 infections and the administration of vaccines became the focus of partners statewide. At the writing of this Report, partners and members continue to respond more than two years into the incident as we move towards recovery .

The purpose of the *2019 Novel Coronavirus: Phase 3* is to:

1. capture and share the response experiences of GSHCC members and partners;
2. offer an updated analysis of response from June 2021 through June 2022; and
3. provide recommendations to enhance current and future planning efforts.

It is important to note that there are variances in every GSHCC member and partner organization's capabilities and resources. Not all recommendations contained within the *2019 Novel Coronavirus: Phase 3 After Action Report* and *Executive Summary* will apply to every organization. Not all strengths and areas for improvement may be applicable to each individual agency or organization, and individual experiences may vary. Identified strengths and areas for improvement represent the collective experience of members and partners during extended response to COVID-19 between June 2021 to June 2022.

Continued evaluation and assessment of the healthcare response to the COVID-19 pandemic in New Hampshire will continue through the event's extended Response and Recovery Phase. However, the *Report* contributes to the Granite State Health Care Coalition's effort to support members and partners in improving emergency preparedness and response capabilities statewide.

As an initiative of the Foundation for Healthy Communities, the Granite State Health Care Coalition led the development of the *2019 Novel Coronavirus: Phase 3 After Action Report* and *Executive Summary* under a contract with the State of New Hampshire Department of Health and Human Services (NH DHHS) in partnership from the New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS), Bureau of Emergency Preparedness, Response, and Recovery. The United States Department of Health and Human Services (HHS) provided grant funding to the state, which financed this project.

Methodology

The GSHCC team collected data and feedback from various sources using multiple methods. Each subsequent activity aimed to gather additional detail on emerging themes and shared experiences.

GSHCC COVID-19 AAR Online Questionnaire

The questionnaire included nearly 70 questions organized by HPP-PHEP Preparedness Domain that characterized the participant's direct involvement in the COVID-19 response, including specific questions regarding vaccination operations and vulnerable populations. The questionnaire included open-ended responses, rating scales, and multiple-choice questions.

Key Informant or Stakeholder Interviews

Members of the GSHCC team conducted one-on-one interviews with select individuals that played a vital role in the COVID-19 response. Interviewees represented hospitals, public health,

EMS, Emergency Management, and other healthcare and public health stakeholders and also included perspectives from state, regional, and local jurisdictions. The one-hour interviews conducted in a conversational format included specific talking points and inquiries used to focus the discussion. These talking points were informed by themes identified in the GSHCC COVID-19 AAR PHASE Three Online Questionnaire. The review team assured participants their response would not be subject to attribution to support a candid dialogue.

The GSHCC team also reviewed open-source information to develop a common picture of response throughout New Hampshire. These sources include:

- NH DHHS Press Releases,
- NH DHHS Health Alert Network (HAN) Messages,
- NH Governor-directed Emergency Orders,
- NH State Emergency Operations Center (SEOC) Situation Reports, and
- Other Open-Source Reports and References.

On November 7, 2022, the GSHCC team facilitated an After-Action Meeting with partners and stakeholders to review and validate the Report's observations. Additionally, the participants discussed noted areas for improvement and developed strategies to improve response efforts moving forward.

Organization of Report

The findings in the Report address the "Six HPP-PHEP Domains of Preparedness" adopted and modified by the GSHCC. Domains include Community Resilience "Preparedness," Incident Management, Information Management, Surge Management, and Countermeasures and Mitigation.[1] Vaccination Operations is highlighted outside of these domains to capture the multiple intricacies involved in planning for, conducting, and demobilizing mass vaccination efforts. Strengths and areas for improvement are presented by Public Health Emergency Preparedness (PHEP) capability, covering Medical Materiel Management and Distribution, Vaccine Administration, and Volunteer Management.

Successes and areas for improvement may not be universally experienced across every sector. For some, a listed success was experienced as an area for improvement. Key findings are associated with a domain based on a root-cause analysis of participant observations and experiences. Additional analysis of identified strengths and areas for improvement with accompanying observation statements and narrative provides a further context within each key finding statement.

The full *2019 Novel Coronavirus: Phase 3 After Action Report* also contains several appendices to provide additional references and supporting data.

This *Executive Summary* and the *2019 Novel Coronavirus: Phase 3 After Action Report (AAR)* supports the ongoing efforts of the Granite State Health Care Coalition to support members and partners through continued response and recovery efforts. For more specific and detailed information surrounding these topics, members and partners are encouraged can be found in the full AAR listed above. Additionally, an evaluation of prior activities can be found in the *2019 Novel Coronavirus Extended Response After Action Report from June 2021.*

[1]Centers for Disease Control and Prevention. (2020). HPP-PHEP Preparedness Domains. https://www.cdc.gov/cpr/whatwedo/phep.htm

Summary of Notable Successes and Areas for Improvement

Notable Successes

The COVID-19 pandemic resulted in an unprecedented response effort by hospitals, healthcare, public health, EMS, and emergency management. In general, inter-agency collaboration contributed to an integrated healthcare system response. This collaboration must continue to sustain mitigation efforts and preserve partners' and members' ability to maintain essential healthcare services.

The review team identified the following examples that represent notable successes throughout the healthcare system:

- Locally forged relationships have been successfully leveraged to fill gaps in healthcare and public health infrastructures.
- Leveraging Juvare as an information management system, though with challenges, proved to be a useful tool for maintaining situational awareness and fulfilling federal reporting requirements.
- Partners and members exhibited creative problem solving and out-of-the-box thinking to stabilize healthcare delivery in conjunction with shifting resources and regulations.

Areas for Improvement

Continued response to the COVID-19 pandemic also required GSHCC members and partners to implement plans and supporting procedures during a demanding and resource-intensive event. There are several key opportunities for improvement (not all-inclusive) that may improve future response if addressed.

- Inconsistent alignment between state and CDC guidance caused partners to be caught between state and CMS rules.
- A general lack of inclusion of appropriate stakeholders in strategy and operational planning efforts created significant challenges for partners between jurisdictions.
- Constantly shifting guidance and priorities, with little to no advance notice to partners caused confusion and did not allow for sufficient time to implement.
- Frequent turnover of staff, including those in key positions across the response apparatus, led to a loss of historical knowledge.

Strengths and Areas for Improvement by Domain

Community Resilience

Strengths

1. Pre-existing community partnerships contributed to a more efficient and collaborative response effort at the local level.
2. COVID strengthened the community of hospitals and created a mechanism by which resources can be shared across the state.

Areas for Improvement

1. The duration of this response has far surpassed assumptions made in existing emergency plans.
2. Partners lacked sufficient equipment and supplies to address the needs specific to a pandemic response.

3. Agreements between organizations to address emerging incident response priorities were not consistently implemented.

Incident Management

Strengths

1. Response agencies were able to remain flexible to the incident and communication between each other effectively.

Areas for Improvement

1. Significant confusion surrounding chain of command and incident leadership statewide persists across community sectors and jurisdictions.
2. Significant confusion surrounding guidance from state and CDC were often not in alignment.

Information Management

Strengths

1. Regular cadence of informational and coordinating calls, emails, as well as Health Alert Network notifications proved to be valuable for partners remaining up to date.
2. Virtual meeting platforms such as Zoom provided tremendous opportunity for partners to meet while balancing conflicting priorities and public health guidance such as social distancing.
3. Leveraging Juvare as an information management system, though with challenges, proved to be a useful tool for maintaining situational awareness and fulfilling federal reporting requirements.

Areas for Improvement

1. Constant shifting guidance and priorities, with little to no advance notice to partners, caused confusion and delays in implementation.
2. Information and guidance released were numerous and lacked organization and ability to search and review.

Surge Management

Strengths

1. Overall, partners felt that there were appropriate partnerships, relationships, or agreements in place at the community level to be able to effectively and efficiently manage ongoing medical surge. If needed these resources were or could have been called upon.

Areas for Improvement

1. Frequent turnover of staff in key positions contributed to a loss in historical knowledge.
2. System for vetting volunteers during the incident was inconsistent.

Countermeasures and Mitigation

Non-Pharmaceutical Interventions/Community Mitigation Measures

Strengths

1. State (NH DHHS) support with testing and responsiveness to outbreaks in congregate living facilities was instrumental to ongoing containment and mitigation efforts among vulnerable populations.

Areas for Improvement

1. Shifting quarantine and isolation guidance caused implementation to be inconsistent.
2. No centralized policy for managing misinformation and disinformation existed at the state level which contributed to barriers in implementing non-pharmaceutical interventions.

Responder Safety and Health

Strengths

1. Agencies that addressed the physical, social, and emotional needs of staff proactively have seen better outcomes in staff retention and morale.

Areas for Improvement

1. Processes for ensuring staff remained fully vaccinated was inconsistent across healthcare systems

Vaccine Distribution

Strengths

1. The flexibilities provided to leverage EMS personnel significantly augmented the number of personnel within the workforce who were authorized to administer vaccinations.

Areas for Improvement

1. Vaccination sites were often not accessible for certain vulnerable populations, and those working with such groups were not included in the decision-making process.
2. Frequent changes to the vaccination documentation systems were not adequate to meet the needs of responding agencies administering vaccines in the field
3. Lack of initial vaccination policy contributed to issues such as ensuring informed training and equipment across all vaccination sites
4. The operationalized vaccination plans differed significantly from existing plans that partners had developed and trained partners to implement.

Bio Surveillance

Bio surveillance generally refers to the continued monitoring of information sources for the purposes of detecting and managing an outbreak or other public health event, whether naturally occurring or deliberate. The goal of bio surveillance is to provide situational awareness—an understanding of what is going on—with respect to the occurrence of biological threats and to guide efforts to control them[2].

Strengths

1. Quality assurance processes and procedures were in place and were followed across mobile and fixed vaccination sites.

Areas for Improvement

1. Mobile van operations for vaccinations would have allowed for better access to vaccinations across the state.

Conclusions and Next Steps

Sustained response to the COVID-19 pandemic has continued to demand a conscious focus and effort from partners and members from across the health care and public health continuum. The toll of extended response has not gone unnoticed and is felt by all. The perseverance, grit, and dedication of health care workers, public health practitioners, EMS, first responders, and emergency managers to serve the residents and visitors of the State of New Hampshire is commendable.

At the time of writing for this report, the COVID-19 pandemic response continues as communities address additional waves of cases and hospitalizations driven by the delta and omicron variants. Health care and public health partners are actively engaged in mass vaccination clinics to ensure all who would like to receive a vaccine have the opportunity to do so.

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5314963/