Foundation *for*
Healthy Communities

2019 Novel Coronavirus Response

Mid-Event After Action Report

Executive Summary

Granite State Health Care Coalition

February 2021

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Response to the 2019 novel Coronavirus SARS-CoV-2 became the main focus of hospitals, healthcare, public health, EMS, and emergency management agencies and organizations throughout 2020. The global pandemic has impacted every community and healthcare organization in New Hampshire. For Granite State Health Care Coalition (GSHCC) members and partners, the COVID-19 pandemic response has surpassed the scope and duration of any previously experienced public health emergency in New Hampshire.

The purpose of the 2019 Novel Coronavirus Response Mid-Event After Action Report is to:

1. capture and share the response experiences of GSHCC members and partners;
2. offer an analysis of response through September 2020; and
3. provide recommendations to enhance current and future planning efforts.

As an initiative of the Foundation for Healthy Communities, the Granite State Health Care Coalition led the development of this Report under a contract with the State of New Hampshire Department of Health and Human Services (NH DHHS). The United States Department of Health and Human Services (HHS) provided grant funding to the state, which financed this project.

The GSHCC Team tasked an independent review team to conduct the review process and compose the Mid-Event After Action Report. The review 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
Responses: 185
The questionnaire included 43 targeted questions revolving around the participants direct involvement in the COVID-19 response. The questionnaire included open-ended responses, rating scales, and multiple-choice questions.

GSHCC General Membership Meeting Focus Groups
Participants: 100
Subject matter experts facilitated focus groups to gain insight into strengths, areas for improvement, best practices, and key champions during the initial phase of the COVID-19 response. Focus group discussions centered on specific preparedness areas.

Key Informant or Stakeholder Interviews
Interviews: 21
Analysts conducted one-on-one interviews with select individuals that played a vital role in the COVID-19 response. The one-hour interviews conducted in a conversational format included specific talking points and inquiries used to focus the discussion. The review team assured participants their response would not be subject to attribution to support a candid dialogue.

The review 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.

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. Successes and areas for improvement may not be universally experienced across every sector the same way. For some, a listed success was experienced as an area for improvement. This Executive Summary attempts to present high level findings considered to be consensus among the participants.

Below are some high-level successes discovered through this process:

- Regional partnerships proved to be valuable for resource and information sharing. This foundation proved to be critical, especially early in the Pandemic response.
    - Collaboration and open communication between agencies, facilities, and regional partners provided support in a variety of areas including resource sharing which allowed for a faster and more efficient response.
- A variety of consistent communication channels kept lines open and assisted with the flow of information to key personnel, depending on sector. Examples include weekly calls with NH DHHS, and daily email communications from the New Hampshire Hospital Association.
- Staff and personnel safety became a priority across all sectors early in the response. Some of these considerations included conducting training for proper donning and doffing of PPE, updates for screening for personnel, and the quick move to virtual and telehealth medicine.
- The state began supplying PPE when regular supply chains were disrupted and inconsistent providing necessary PPE supplies. Additional PPE vendor contact information was distributed regularly by the GSHCC to its listserv to assist partners in locating PPE.

The pandemic required the State of New Hampshire, healthcare, EMS, emergency management, public health, and others to implement plans and supporting procedures during a demanding and resource-intensive event. Several key opportunities for improvement include, but are not limited to, the following:

Preparedness

- Plans lacked specific strategies for acquiring the amount of and specific types of PPE required during a pandemic of this scope.
- Plans lacked specific strategies to combat staffing shortages, considering a nationwide shortage of skilled staff existed prior to the pandemic. The pandemic response timeline has highlighted these gaps.
- Plans lacked specific policies and procedures for fatality management including logistics of acquiring resources, location, or placement of, and potential tracking of human remains.
- Training and understanding of structure, roles, and responsibilities under ICS/HICS/NHICS is not widely exercised.

Incident Management

- Organizational structure was not clear during the onset of the pandemic, which led to uncertainty of who had leadership authority. This was seen at the federal, state, local, and organizational levels.
- Duplication of efforts and difficulty making timely decisions resulted in loss time, resources, and inefficiencies. This was seen at the federal, state, local, and organizational levels.
- Guidelines/Health Alert Notices were inconsistently disseminated. This led to confusion among organizations as to the latest guidance and in some cases set unrealistic expectations

for the implementation of the guidance. Many required new policies or procedures to be implemented without advanced notice.

Information Management

- Information came from a variety of agencies creating confusion as the information, regulations, and recommendations varied. Federal and state guidance were often inconsistent.
- Key stakeholders were often informed of changes at the same time as the public. This lack of transparency provided little time for healthcare and public health organizations to understand and adapt to the information or guidance prior to its release.
- Lack of clarity on testing guidelines as they rapidly evolved. The type of test, rhythm of testing, how to access test results, and what the test results meant for staff and residents or patients was constantly shifting. Many organizations were not familiar with or had previous experience reporting test results which caused confusion and delays in reporting.

Surge Management

- There were significant staffing shortages without a clear process to backfill essential positions as staff became sick, had to quarantine, or were unable to work for precautionary reasons.
    - There was a lack of clarity with non-state organizations with how to best access out-of-state clinical resources.

Countermeasures and Mitigation

- An overall tactical approach for obtaining significant amounts of PPE, once normal supply chains were disrupted, did not exist for a pandemic of this magnitude.
- There is an overall need for PPE stockpile, rotation, and distribution processes that is managed and maintained regularly. The Emergency Use Authorization for expired PPE allowed for continued use for some already expired items.
- Lack of clarity for how facilities and organizations should calculate PPE burn rates. This led to inconsistencies for PPE usages. Not all facilities applied extended PPE usage guidelines the same.
- Timeliness for COVID-19 test results varied, which led to more exposure as people waited for results to come in. This also led to delays in returning staff to work earlier.

The key findings, observations, and recommendations found within this Executive Summary are meant to serve as a high-level quick read that may not apply equally across all sectors. The report identifies and documents numerous lessons learned during this pandemic response from January 2020 to October 2020. This Report and the 2019 Novel Coronavirus Response Mid-Event After Action Report (AAR) supports the ongoing efforts of the Granite State Health Care Coalition and the healthcare system in the state of New Hampshire throughout a sustained response to COVID-19. More specific and detailed information can be found in the AAR listed above.