

2019 Novel Coronavirus: Recovery

After-Action Report Executive Summary

Granite State Health Care Coalition September 2023

Since 2020, 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. Some partners have begun to see a much-needed reprieve and move toward recovery and a "new normal," planning for subsequent surges of COVID-19 infections as well as potential future emerging special pathogens. At the writing of this Report, partners, and members continue to fight to protect the public's health, more than 36 months into the pandemic.

The purpose of the 2019 Novel Coronavirus: Recovery After-Action Report is to:

- 1. Capture and share the recovery activities and experiences of GSHCC members and partners;
- 2. Offer an updated analysis of recovery from July 2022 through June 2023; and
- 3. Provide recommendations to enhance current and future planning and recovery 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: Recovery 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 recovery from COVID-19 between July 2022 through June 2023.

Recovery activities from the COVID-19 pandemic are still ongoing. Continued evaluation and assessment of recovery efforts in New Hampshire may take years to be fully realized. However, the Report contributes to the Granite State Health Care Coalition's effort to support members and partners in improving emergency preparedness and recovery 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: Recovery 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, 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 brief questionnaire included over 30 questions that characterized the participant's direct involvement in COVID-19 recovery activities, including specific questions regarding agency recovery activities, partner collaboration, gap analysis, and vulnerable populations. The questionnaire included open-ended 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 within COVID-19 recovery. Interviewees represented hospitals, public health, EMS, Emergency Management, and other healthcare and public health stakeholders 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 Online Questionnaire. The review team assured participants their responses 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 recovery 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.

Organization of Report

The findings in the Report address Incident Management and Information 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: Recovery After-Action Report also contains several appendices to provide additional references and supporting data.

This Executive Summary and the 2019 Novel Coronavirus: Recovery After-Action Report (AAR) supports the ongoing efforts of the Granite State Health Care Coalition to support members and partners through continued recovery efforts. More specific and detailed information surrounding these topics can be found in the full AAR listed above. Additionally, an evaluation of prior activities can be found in the 2019 Novel Coronavirus Response After-Action Report 3 from November 2023, 2019 Novel Coronavirus Response Mid-Event After-Action Report from February 2021, as well as the 2019 Novel Coronavirus Response Extended Response from October 2021.

Summary of Notable Successes and Areas for Improvement

Notable Successes

The COVID-19 pandemic resulted in unprecedented response and recovery efforts by hospitals, healthcare, public health, EMS, and emergency management. In general, inter-agency collaboration contributed to an integrated healthcare system recovery. 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, and continue to be, successfully leveraged to fill gaps in healthcare and public health infrastructures.
- Inventory Management as a priority enabled organizations to effectively address supply needs.

 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

Recovery from 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 recovery needs if addressed.

- Inconsistent alignment between state and CDC guidance caused partners to be caught between state, healthcare accreditation organizations, and Center for Medicare & Medicaid Services (CMS) rules.
- A lack of inclusion of appropriate stakeholders in recovery and planning efforts created significant challenges for partners.
- Lack of recovery-focused guidance and priorities left partners confused and unsure of next steps transitioning away from over three years of response activities.
- Frequent turnover of staff, including those in key positions across organizations engaging in response and recovery activities, led to a loss of institutional knowledge as well as a drop in organizational capabilities.

Strengths and Areas for Improvement by Domain

Incident Management

Strengths

- 1. Organizations continued to engage concerned members of the community during the COVID-19 recovery phase.
- 2. Loosening of COVID-19 response restrictions eased organizations' operational burdens.
- 3. Prioritizing inventory management allowed organizations to effectively address supply needs.

Areas for Improvement

- 1. Expiration of the Federal Public Health Emergency and State Public Health Incident affected patient care flexibilities and recovery activities as well as funding sources.
- 2. Allocation and shifting of resources have been challenging for certain healthcare entities.
- 3. Frequent turnover of staff contributed to a loss in institutional knowledge and capacity.

Information Management

Strengths

- 1. COVID-19 strengthened the relationships between healthcare entities and created a mechanism by which resources can be shared across the state.
- 2. Virtual meeting platforms such as Zoom and Microsoft Teams continued to provide tremendous opportunity for partners to meet while balancing conflicting priorities.

Areas for Improvement

- 1. Guidance and guidelines for recovery did not address care equally across all healthcare sectors.
- 2. Partners lacked sufficient understanding and guidance regarding recovery efforts and priorities.

Conclusions and Next Steps

Sustained response to the COVID-19 pandemic has demanded a conscious focus and effort from partners and members from across the health care and public health continuum and has extended into the recovery phase. The toll of extended response over 36 months has not gone unnoticed and is felt by all. However, what was accomplished throughout the response phase is only as good as how lessons learned and best practices are applied to future preparedness efforts. 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. Through this evaluation effort, the GSHCC team has gained insight into what has contributed to success and strength in recovery.

Next Steps

GSHCC members and partners are encouraged to develop internal after-action reports and improvement plans that summarize and evaluate recovery capabilities specific to their organization's recovery efforts as well as begin the process of identifying and implementing corrective actions to build and sustain future recovery capabilities.

At the time of writing this report, the COVID-19 pandemic recovery process is ongoing as communities and organizations continue to address non-COVID related inpatient high hospital census while actively transitioning back to pre-pandemic operations.